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) Amy Shrago, Chief of Staff Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 07/03/23 **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 🗌 Event Description: \_\_\_\_\_88 South Show Live Date(s) \_\_\_\_6 23 4 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? 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 BOS D5 4 employee morale, retention, exemplary service, or staff Number Name of Individual Identify one of the following: of Ticket(s)/ Β. (Last, First) Passes Ceremonial Role Income Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income

#### 4. Verification

C.

Name of Outside Organization

(include address and description)

3.

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.

Number

of Ticket(s)/

Passes

	Amy Shrago	Chief of Staff	07/03/23	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				
Drin	Clear		FPPC Form 802 (2/2016)	

If checking "Ceremonial Role" or "Other" describe below:

Describe the public purpose made pursuant to the agency's policy

Area Code/Phone Number (510) 272-6692       E-mail Gabriela.Christy@acgov.org       Date of Original Filing:         2. Function or Event Information Does the agency have a ticket policy?       Yes ⊠ No □       Face Value of Each Ticket/Pass \$	(Month, Day; Year) 100
Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Gabriela Christy         Area Code/Phone Number (510) 272-6692         E-mail Gabriela.Christy@acgov.org         Date of Original Filing:         Date of Original Filing:         Event Description Description Oakland A's vs. Tampa Bay Rays Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?         Yes Into Information Does the agency have a ticket policy?         Yes Into Information Does the agency have a ticket policy?         Yes Into Information Does the agency have a ticket policy?         Yes Into Information Does the agency have a ticket policy?         Yes Into Information Does the agency have a ticket policy?         Yes Into Information Does the agency have a ticket policy?         Yes Into Information Does the agency have a ticket policy?         Yes Into Information Does the agency have a ticket policy?         Yes Into Information Does the agency have a ticket policy?         Yes Into Information Does the agency have a ticket policy?         Yes Into Information Does the agency have a ticket policy?         Yes Into Information Does the agency have a ticket policy?         Yes Information         Yes Information         Yes Information         Yes Information	For Official Use Only rovide explanation in Part 3.) (Month, Day, Year) 100
Board of Supervisors         Designated Agency Contact (Name, Title)         Gabriela Christy         Area Code/Phone Number (510) 272-6692         E-mail Gabriela.Christy@acgov.org         Date of Original Filling:         2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □         Event Description Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠         Free Value of Each Ticket/Pass \$ Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠         Was ticket distribution made at the behest No □ Yes ⊠	rovide explanation in Part 3.) (Month, Day, Year) 100 
Designated Agency Contact (Name, Title)         Gabriela Christy         Area Code/Phone Number (510) 272-6692       E-mail Gabriela.Christy@acgov.org         Date of Original Filling:         2. Function or Event Information Does the agency have a ticket policy? Yes INO       Face Value of Each Ticket/Pass \$	(Month, Day, Year) 100 // urce District 2
Designated Agency Contact (Name, Title)         Gabriela Christy         Area Code/Phone Number (510) 272-6692       E-mail Gabriela.Christy@acgov.org         Date of Original Filling:         2. Function or Event Information Does the agency have a ticket policy? Yes INO       Face Value of Each Ticket/Pass \$	(Month, Day, Year) 100 // urce District 2
Area Code/Phone Number (510) 272-6692       E-mail Gabriela.Christy@acgov.org       Date of Original Filing: Date of Original Filing:         2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □       Face Value of Each Ticket/Pass \$	(Month, Day, Year) 100 /// urce District 2
Area Code/Phone Number (510) 272-6692       E-mail Gabriela.Christy@acgov.org       Date of Original Filing: Date of Original Filing:         2. Function or Event Information Does the agency have a ticket policy? Yes INO       Face Value of Each Ticket/Pass \$	(Month, Day, Year) 100 // urce District 2
(510) 272-6692       Gabriela.Christy@acgov.org       Date of Original Filling:         2. Function or Event Information       Does the agency have a ticket policy? Yes INO I       Face Value of Each Ticket/Pass \$	(Month, Day, Year) 100 // urce District 2
2. Function or Event Information         Does the agency have a ticket policy?       Yes ⊠ No □       Face Value of Each Ticket/Pass \$	100
Does the agency have a ticket policy?       Yes X       No        Face Value of Each Ticket/Pass \$	urce District 2
Event Description       Oakland A's vs. Tampa Bay Rays       Date(s)       06       12       23         Provide Title/Explanation       If no:       Oakland Athletics         Ticket(s)/Pass(es) provided by agency?       Yes       No       If no:       Oakland Athletics         Was ticket distribution made at the behest       No       Yes       If yes:       Valle, Richard- Supervisor I	urce District 2
Ticket(s)/Pass(es) provided by agency? Yes No No If no: Oakland Athletics Name of So Was ticket distribution made at the behest No Yes Kief Valle, Richard- Supervisor I	urce District 2
Was ticket distribution made at the behest No Yes X If yes: Valle, Richard- Supervisor I	District 2
Was ticket distribution made at the behest No Yes X If yes: Valle, Richard- Supervisor I	District 2
Was ticket distribution made at the behest No Ves X If ves: Valle, Richard- Supervisor	District 2 Last, First)
of agency official? Official's 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 individual.     Use Section C to identify an individual.	
A. Name of Agency, Department or Unit Ticket(s) Pass(es) Describe the public purpose made pursuant	to the agency's policy
B. Name of Individual Number of Ticket(s) Identify one of the follow	ing:
B. (Last First) Ticket(s) Identify one of the follow Pass(es)	nig.
Ceremonial Role Other	Income
If checking "Cersmonfal Role" or "Other" describe below:	
·	
Ceremonial Role D Other	Income
If checking "Ceremonial Role" or "Other" describe below:	
To successful a sub-site sub-s	
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) To reward a school or nonprofi organization for its contribution	Senore noticut
the community	15 10
Rites of Passage 1720 Broadway, 2nd Floor Oakland, CA 94612 18/4	
	-
Founded in 2009, Positive programs that offer positive lifestyle alter	natives by providing
Communication Practices (PCP) develop guidance and positive direction while created the opportunity for both begins and	
4. Verification	
These read and ungerstand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance we	11 . 1
Gabriela Christy Supervisor's Assistan	t 4/10/2073
V Signature of Agency Heed or Designee Print Name Title	(Month, Day, Year)
Comment:	

<b>Ceremonial Ro</b>	eremonial Role Events and Ticket/Pass Distributions					Public Document
1. Agency Name					Date Stamp	California 802 Form
Alameda County						
<b>Division</b> , Departme	ent, or Region (if a	pplicable)				For Official Use Only
Board of Supervis	ors					
Designated Agency	Designated Agency Contact (Name, Title) Sergio Ardila					
Sergio Ardila						vide Explanation in Part 3.)
Area Code/Phone I	Number E-mai	1				Shae Explanation in Fant 3.7
(510) 272-6693	sergi	oardila.corzo@	)acgov.org		Date of Original Filing: _	(month, day, year)
2. Function or Ev	ent Informatio	n				237.50
Does the agency	have a ticket poli	icy? Yes I			Each Ticket/Pass \$	237.30
Event Description	Twice 5th Worl	d Tour 'Ready Provide Title/ Explai	to Be'	Date(s)	, 12 , 23 .	
Ticket(s)/Pass(es)			□ No 📰 If	no: Oaklan	d Arena	
HCKel(S)/Fass(es)	provided by age	ancy: rest			Nama of Source	
Was ticket distribu	ition made at the	behest Yes [	No 📕 🧃	yes: Tam, Lo	official's Name (Last, First)	
of agency official	?				Oliciai's Name (Last, First)	
			Passes			
 В.	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
Tan, Qiu Yu			3	lf chec	nonial Role Dear Other	
1				Cerer	nonial Role Dther honial Role Other honial Role	acilities available to Co Income C
	C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes Describe		Describe th	e public purpose made purs	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 regulations.

	Sergio Ardila	Supervisor's Assistant	07/19/23
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:



**A Public Document** 

U C	eremonial Role Even	to and monour .			1	Distance in case of the local distance in th
1.	Agency Name		Date Stamp	California Form 802		
	Alameda County				· ·	For Official Use Only
	Division, Department, or Reg	ion (if applicable)				
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Amy Shrago, Chief of Staff				Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number E-mail					07/03/23
	510-272-6695	Amy.Shrago@acgo	v.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor					237.50
	Does the agency have a tick				Each Ticket/Pass \$	
	Event Description:	h World Tour		Date(s)	, 12 , 23	06 , 13 , 23
		Provide Title/ Explan	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes		If no: _Coliseu	Manage of Courses	
		and the back and the set		If yes: Carson,	, Keith	
	Was ticket distribution made	at the benest Yes	No 🗌	II yes	Official's Name (Last, First)	
	of agency official?					
3.	<b>Recipients</b> • Use Section A to identify the agen	ncy's department or unit. • I	Use Section B to	identify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
			Number			
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes		Identify one of the following:	
					nonial Role D Other D	
					nonial Role D Other king "Ceremonial Role" or "Other" des	
	C. Name of Outside O (include address and	rganization I description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	Korean Community Cente	er of the East Bay	4	To reward a	a school or nonprofit or	rganization for its contrib
	Filipino Advocates for Jus	itice	4	To reward a	a school or nonprofit or	rganization for its contrib

#### 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.

A. +	Amy Shrago	Chief of Staff	07/03/23
Signative of Agency Heid or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

<b>Ceremonial Role Even</b>	s and Ticket/Pas	ss Distrik	outions	A	Public Docu	ment
1. Agency Name Alameda County Division, Department, or Regi	on (if applicable)			Date Stamp	California Form 802 For Official Use Only	
Board of Supervisors Designated Agency Contact (						
Sergio Ardila Area Code/Phone Number (510) 272-6693		Date of Original Filing:				
2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Event Description: Twice 5th World Tour 'Ready to Be' Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Oaklar Was ticket distribution made at the behest Yes No If yes: Tam, L of agency official?				d Arena	//	<u>50</u> 
<ul> <li>Recipients         <ul> <li>Use Section A to identify the ager</li> <li>A. Name of Agency, Depart</li> </ul> </li> </ul>		e Section B to id Number of Ticket(s)/ Passes		ual. Use Section C to iden e public purpose made p		12
B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:		
Suizi Lin		3	lf chec	nonial Role U Other king "Ceremonial Role" or "Other" County resources c	describe below:	to Col
				nonial Role D Other king "Ceremonial Role" or "Other"		Income 🔲
C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe ti	ne public purpose made p	ursuant to the agency's	policy
N=						

### 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. 2110 /22

Sei	rgio Ardila	Supervisor's Assistant	07/14/23	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:	11 S			

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## Agency Report of:

	eremonial Role Even	ts and Ticket/Pa	ass Distri	butions	Α	Public Document
_	Agency Name				Date Stamp	California 802
	Alameda County			<u>`</u>		Form OUZ
	Division, Department, or Regi	on (if applicable)		,		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name Title)				
	-	name, nacy				
	Amy Shrago, Chief of Staff	(E			Amendment (Must Pr	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				05/02/23
	510-272-6695	Amy.Shrago@acgo	v.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation				100.00
	Does the agency have a tick	et policy? Yes	No 🗆 🛛	ace Value of	Each Ticket/Pass \$	100.00
	Event Description:Oakland	A's	F	06	<u>, 13 , 23 </u>	1 1
	Event Description.	Provide Title/ Explan	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🔳 🕴	f no: _Oaklan	d A's	
		, , , , , , , , , , , , , , , , , , , ,			Mama of Source	
	Was ticket distribution made	at the behest Yes	🚺 No 🔲 🕴	f yes: <u>Carson</u>	Official's Name (Last, First)	
	of agency official?				Unicial's Name (Last, 1 insty	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pure	suant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fe	ollowing:
					nonial Role D Other king "Ceremonial Role" or "Other" des	
					nonial Role 🔲 Other 🗌 king "Ceremonial Role" or "Other" des	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	Berkeley Humane Society	2700 Ninth St. Berl	4	To reward a	a school or nonprofit o	rganization for its contrib

#### 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 feauirements.

	Amy Shrago	Chief of Staff	05/02/23	
Signature of Agency nead 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)	

С	eremonial Role Even	ts and Ticket/P	Α	Public Document		
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					
	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				Amondmont (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510-272-6695	Amy.Shrago@acgo	v.org		Date of Original Filing:	07/03/23 (month, day, year)
2.	Function or Event Infor	mation				100.00
					Each Ticket/Pass \$	)
	Event Description: Oakland	Provide Title/ Explar	nation		<u>, 13 , 23</u>	//
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🔳 If	no: Oaklan	d A's	
				yes: Carson	Name of Source	
	Was ticket distribution made	e at the behest Yes	No 🗖 🛛 If	yes:	Official's Name (Last, First)	
	of agency official?					
	Use Section A to identify the ager     A. Name of Agency, Department		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	CAO		2	To Rews her exe	erd a Country i molary Servi	employee for his or ce to the public.
	Bos DS		Z	ų	. )	***
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the following:	
					nonial Role D Other	
					nonial Role D Other king "Ceremonial Role" or "Other" de	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	Berkeley Humane Society	ý	4	To reward	a school or nonprofit o	rganization for its contrib
	Peter Pan Nursery Schoo	l	4	To reward	a school or nonprofit o	rganization for its contrib

#### 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.

r Jourgo	Amy Shrago	Chief of Staff	07/03//23	
Signature Al Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				
Pri	nt Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016)	

## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Continuation Sheet



#### **Agency Name**

Alameda County

#### 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		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:		
		Ceremonial Role Ceremonial Role Other Income Income		
Music, Richard	12	To promote attendance at events held at a County facility		
		Ceremonial Role Other Monomous Income Income It checking "Ceremonial Role" or "Other" describe below:		
VanHook;Lawrence	20	To promote attendance at events held at a County facility		
		Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below:		
Smith, Kalani	4	To promote attendance at events held at a County facility		
		Ceremonial Role Cother Conternation Income		
Garcia-Gil, Cristal	6	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		
Berkeley Youth Alternatives	35	To reward a school or nonprofit organization for its contributions to the		
100 Black Men of the Bay Area	20	To reward a school or nonprofit organization for its contributions to the		
The Bread Project	20	To reward a school or nonprofit organization for its contributions to the		

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## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Continuation Sheet



#### Agency Name

Alameda County

#### 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 outs ide organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Motor Income Income
Music, Richard	12	To promote attendance at events held at a County facility
		Ceremonial Role Other Monome Income
VanHook,Lawrence	20	To promote attendance at events held at a County facility
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
Smith, Kalani	4	To promote attendance at events held at a County facility
		Ceremonial Role Other I Income Income
Garcia-Gil, Cristal	6	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
Berkeley Youth Alternatives	35	To reward a school or nonprofit organization for its contributions to the
100 Black Men of the Bay Area	20	To reward a school or nonprofit organization for its contributions to the
The Bread Project	20	To reward a school or nonprofit organization for its contributions to the

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## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Continuation Sheet



#### Agency Name

Alameda County

#### 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.

Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
		· · ·
		-
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Income Income
Nosakhare, Shereda	6	To promote attendance at events held at a County facility
		Ceremonial Role Other Income Income
Gilbert, Carlita	10	To promote attendance at events held at a County facility
		Ceremonial Role Ceremonial Role" Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role D Other D 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
	· · · · · · · · · · · · · · · · · · ·	

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## Agency Report of: 1

C	eremonial Role Even	ts and licket/P	ass Distri	butions		A Public Document
1.	Agency Name			Date Stamp	California Form 802	
	Alameda County					
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sergio Ardila			ust Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				ust Floride Expranation in Fait 3.)
	(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Fili	ng:(month, day, year)
			_			
2.	Function or Event Infor	mation				Ticket-100 Parking-20
					Ticket-100 Parking-20	
	Event Description: Oakland A's vs. Tampa Bay Rays Date(s) 06			<u>, 15 , 23 </u>	1 1	
					······································	
	Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Oakland			d Coliseum		
	Was ticket distribution made at the behest Yes T No If yes: Tam, Lo			Name of Source		
	Was ticket distribution made at the behest Yes D No If yes:			Official's Name (Last, F	irst)	
	of agency official?					
	A. Name of Agency, Dep		of Ticket(s)/ Passes			
	B. Name of Individual		Number of Ticket(s)/		Identify one of	the following:
	(Last, Fi	<u>'st)</u>	Passes		monial Role 🔲 Oth cking "Ceremonial Role" or "Oth	ner" describe below:
				Cere If cher	monial Role 🔲 Oth cking "Ceremonial Role" or "Oth	ner Income Income
	C. Name of Outside C (include address an		Number of Ticket(s)/ Passes	Describe t	he public purpose mad	e pursuant to the agency's policy
	Lavender Seniors		18T 4P	To promote	e County resources	s 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. UN IND

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

Comment:



A Public Document

1.	Agency Name				Date Stamp	California 002
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)				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	sergioardila.corzo@	)acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				440.75
	Does the agency have a tick			ace Value of	Each Ticket/Pass \$	143.75
	Event Description: Erykah E	Badu: Unfollow Me To	our D	$\frac{100}{200}$	, 21 , 23	· / /
		Provide Title/ Explar	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes		no: <u>Oaklan</u>	Mama of Course	
		, stába babast ve	If	yes: Tam, Le	ena	
	Was ticket distribution made	e at the benest Yes [	_ No 📕 "	yes	Official's Name (Last, First)	
	of agency official?					
	Use Section A to identify the ager     A. Name of Agency, Depa		Use Section B to ic Number of Ticket(s)/ Passes			y an outside organization. suant to the agency's policy
	·	1.				
	B. Name of Indi (Last, Fit		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	Andrew Smith		3		nonial Role 🔲 Other 📕 king "Ceremonial Role" or "Other" des	
				To promote County resources or facilities available to Cou		
					nonial Role D Other C king "Ceremonial Role" or "Other" des	
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	3 <del></del>					
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.

	ergio Ardila	Supervisor's Assistant	67/19/25
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
			8

Comment: \_\_\_\_

-	A zerov Nomo				Date Stamp	California 002
1.	Agency Name					Form OUZ
	Alameda County Division, Department, or Res	nion (if applicable)				For Official Use Only
		gion (n'appreasie)				
	Board of Supervisors	(NI THA)			-	
	<b>Designated Agency Contact</b>	(Name, I rile)				
	Amy Shrago, Chief of Staff		Amendment (Must Pr	ovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				07/03/23
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Info				143.75	
	Does the agency have a tid	No 🗋 F	ace Value of	Each Ticket/Pass \$		
	Event Description: Erykah	Badu		$\frac{06}{06}$	<u>, 21 , 23 </u>	1 1
	Event Description.	Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	d by agency? Yes	□ No 🗋 If	no: Coliseu	im Authority	
				yes: <u>Carson</u>	Name of Source	
	Was ticket distribution mad	No lf yes:		Official's Name (Last, First)		
	of agency official?					
-						
3.	• Use Section A to identify the age	angu's department or unit	Lise Section B to in	lentify an individ	ual. Use Section C to identify	y an outside organization.
	Use Section A to identify the age	ency's department of unit.	Number			
	A. Name of Agency, De	partment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pure	suant to the agency's policy
						1
	B. Name of In (Last, F		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
			2	Cerer If chec	nonial Role D Other	
	Currit, Furdiou	Guinn, Andrea		To promote	e attendance at a Cour	nty sponsored event or
	Petty, Anthony		2		monial Role D Other	terret barret
	,,			To promote attendance at a County sponsored event or		nty sponsored event or e
	C. Name of Outside (include address an	Organization nd description)	Number of Ticket(s)/ Passes	Describe th	he public purpose made pur	suant to the agency's policy

**A Public Document** 

#### 4. Verification

1.

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	07/03/23	
Signature of Agency Head 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)	

A Public Document

_	Agency Name				Date Stamp	California 000
	Alameda County					Form 802
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	(Name, Title)	•			
	Heather Cartwright			rovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				rovide Explanator in Fan 3.)
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing:	(mon <b>th</b> , day, year)
2.	Function or Event Inform					\$100 tix/\$20 parking
	Does the agency have a tick					tite motio partaily
	Event Description: Oakland	A's Game		Date(s)	<u>, 27 , 202</u>	/
		Provide Tible/ Explai	nation	f no: <u>Oaklan</u>		
	Ticket(s)/Pass(es) provided	by agency? Yes [			Manna of Course	
	Was ticket distribution made	e at the behest Yes		f yes:	t, David	
	of agency official?				Official's Name (Last, First)	
_						
3.	• Use Section A to identify the ager	eurs desextment er unit e	Lico Soction R to	idontify an individu	ual Also Section C to identif	fy an outside organization
	• Use Section A to identify the agen	icy's department of unit.	Number	1		CONTRACTOR DESCRIPTION
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pur	rsuant to the agency's policy
			1 40000			
				1		
	B. Name of Indi	ividual	Number of Ticket(s)/	1	Identify one of the f	following:
	D. (Last, Fir		Passes			
					nonial Role 🔲 Other 🗌	
	Archuletta, Ben		4tix-1p		king "Ceremonial Role" or "Other" de	
	×			To promote	e attendance at events	s held at a County facili
					nonial Role Other	
				If chec	king "Ceremonial Role" or "Other" de	SSCRIDE DEIOW:
			Number			
	C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
			rdsses			
-						

## 4. Verification

/ have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. x1.10.12

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

1.	Agency Name				Date Stamp	California 002
	Alameda County					Form OUZ
	Division, Department, or Regi	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Heather Cartwright					vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6691	heather.cartwright2	@acgov.org	3	Date of Original Filing:	(month, day, year)
2.	Function or Event Information			. \$	100 tix/\$20 parking	
	Does the agency have a tick				Each Ticket/Pass 5	
	Event Description: Oakland	A's Game		Date(s)	, 27 , 202	/
		Provide Title/ Explan	nation	If no: _Oakland	d Arena	
	Ticket(s)/Pass(es) provided	by agency? Yes L			Name of Source	
	Was ticket distribution made	at the behest Yes F	No 🗐	If yes: Hauber	t, David	
	of agency official?	100			Official's Name (Last, First)	
3.	Recipients     Use Section A to identify the agen		Use Section 8 to	1		1
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Nygaard, Jeff		4tix-1p		nonial Role D Other D King "Ceremonial Role" or "Other" desc	Income 🗖
				To promote	e attendance at events	held at a County facili
				nonial Role Other O king "Ceremonial Role" or "Other" desc	Income Income	
			Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy

#### 4. Verification

I 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

	Heather Cartwright	Supervisor's Assistant	0/8/1072
Signature dealercy Head of Signee	Print Name	Title	(month, dey, year)
Comment:			

A Public Document



**A Public Document** 

	eremonial Role Events and ticke	UI 433 DI31	insulone		AT ubite Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form <b>OUL</b>
	Division, Department, or Region (if applicable)			1	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			1	
	Heather Cartwright			Amendment (M	fust Provide Explanation in Part 3.)
	Area Code/Phone Number E-mail			1	
	(510) 272-6691 heather.cartwri	ght2@acgov.or	g	Date of Original Fil	ling:(month, day, year)
2.	Function or Event Information				₅ \$100 tix/\$20 parking
		res 📕 No 🗌	Face Value of	Each Ticket/Pass	\$\$
	Event Description: Oakland A's Game		Date(s)	27 , 202	/
	Provide Title/	Explanation			
	Ticket(s)/Pass(es) provided by agency?	íes 🔲 No 🔳	If no: _Oaklan	Manual of Courses	
	Men ticket distribution made at the behast	(	If yes: Hauber	t, David	
	Was ticket distribution made at the behest of agency official?	res 🗌 No 🔳	in you.	Official's Name (Last, I	First)
	• Use Section A to identify the agency's department or un         • A.         Name of Agency, Department or Unit	hit. • Use Section B f Number of Ticket(s) Passes			dentify an outside organization. le pursuant to the agency's policy
	B. Name of Individual	Number of Ticket(s)	y	Identify one of	the following:
	(Last, First)	Passes			
	Seville, Frank	4tix-1p	If chec	king "Ceremonial Role" or "Oti	
			To promote	e County resource	s available to County resider
				nonial Role 🔲 Oti king "Ceremonial Role" or "Oti	her Income Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s Passes	)/ Describe ti	ne public purpose mad	le 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.

6	Heather Cartwright	Supervisor's Assistant	9/11/11/23
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

A Public Document

9	eremonial Role Even	is and nekebr	ass Distri	bullons		AT UDITE DOC	ument
1. Agency Name					Date Stamp	California	802
	Alameda County				Form	السلاطاتها	
	<b>Division, Department, or Reg</b>	ion (if applicable)			1	For Official U	lse Only
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Heather Cartwright					st Provide Explanation in	Part 31
	Area Code/Phone Number	E-mail				errondo Expitanatorini	r arc o.j
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing	g:(month, day, year,	,
2.	Function or Event Infor	mation				\$100 tix/\$20 pp	rking
	Does the agency have a ticl	ket policy? Yes	📕 No 🔲 🛛 F	ace Value of	Each Ticket/Pass \$	\$100 tix/\$20 par	rking
	Event Description: Oakland	A's Game	Г	Date(s) 06	27 202+	1 1	
	Event Description.	Provide Title/ Explai	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes [	🗌 No 🔳 🛛	no: Oakland	d Arena		
				fyes: <u>Hauber</u>	Name of Source t, David		
	Was ticket distribution made	e at the behest Yes [	🗌 No 🔳 📲	yes:	Official's Name (Last, Firs	st)	}
	of agency official?						
3.	Recipients						
	<ul> <li>Use Section A to identify the ager</li> </ul>	cy's department or unit. •		dentify an individu	ual. Use Section C to ider	ntify an outside organiz	ation.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Describe the Passes		he public purpose made pursuant to the agency's policy		's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of th	e following:	
	Sevilla, Tanya		4tix-1p		nonial Role Other king "Ceremonial Role" or "Other"		Income
	•			To promote	County resources a	available to Count	y resider
				nonial Role 🔲 Other king "Ceremonial Role" or "Other		Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	pursuant to the agency	's policy
A	Vorification						

#### 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 ×1, 1/1172

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

Clear

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.) Area Code/Phone Number E-mail 07/03/23 Date of Original Filing: 510-272-6695 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) \_\_\_\_/ 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 🔳 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 To reward a County employee for his or her exemplary **Public Defender** 18 service to the public or to encourage staff development Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below; Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes

#### 4. Verification

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.

72. 2001 — — — — — — — — — — — — — — — — — —	Amy Shrago	Chief of Staff	07/03/23
Signatury of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

Print

A Public Document

1.	Agency Name				Date Stamp	California	802
	Alameda County				Form OUZ	002	
	Division, Department, or Reg	ion (if applicable)				For Official	Jse Only
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)					
	Sergio Ardila				Amendment (Must Pro	wide Explanation in	Part 31
	Area Code/Phone Number	E-mail					,
	(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing:	(month, day, yea	r)
2.	Function or Event Inform	mation					100
	Event Description:       Oakland A's vs. New York Yankees       Date(         Provide Title/ Explanation       Date(         Ticket(s)/Pass(es) provided by agency?       Yes I No I If no:			Face Value of	e of Each Ticket/Pass \$100		
				Date(s) /			
				If no: Oakland Coliseum			
	Was ticket distribution made of agency official?	e at the behest Yes [	🗌 No 🔳	If yes:	ena Official's Name (Last, First)		£
3. Recipients         • Use Section A to identify the agency's department or unit.         • Use Section B to identify         A. Name of Agency, Department or Unit         Number of Ticket(s)/ Passes			o identify an individ	ual. Use Section C to identify	an outside organi:	zation.	
			of Ticket(s)	/ Describe th	e public purpose made purs	uant to the agenc	y's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other I Income Income I Income
		Ceremonial Role Cther Cther 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
Spectrum Community Services - 2621 Barring	18	To promote County resources or facilities available to Cou
Strives to improve the health and safety of se	4 Parking	

#### 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	7/19/23
Signature of Agency Head or Design	nee Print Name	Title	(month, day, year)

Comment:



**A Public Document** 

<b>Ceremonial Role Events and Ticket/Pass Distributions</b>				Al	Public Document	
1.	Agency Name			Date Stamp	California 802	
	Alameda County					
	Division, Department, or Reg	Division, Department, or Region (if applicable)				For Official Use Only
	Board of Supervisors	Board of Supervisors				
	Designated Agency Contact (Name, Title)				1	
	Heather Cartwright				Amendment (Must Pro	wide Explanation in Part 2
	Area Code/Phone Number	E-mail				nice Explanation in Part 5.)
	(510) 272-6691	heather.cartwright2	2@acgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation				\$100 tix
	Does the agency have a tick				Each Ticket/Pass \$	\$100 tix
	Event Description: Oakland	A's Game Provide Title/ Expla	nation	Date(s)	, 30 , 202	//
	Ticket(s)/Pass(es) provided			If no: Oaklan	d Arena	
	nekel(s)/r ass(cs) provided	by agency: Test			Mama of Course	
	Was ticket distribution made at the behest Yes D No If yes: Hauber			Official's Name (Last, First)		
	of agency official?				Olicial's Name (Last, 1 list)	
	A. Name of Agency, Depa	urtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:	
	Alvarez, Linda				nonial Role Other Cher king "Ceremonial Role" or "Other" desc	
				To promote	e attendance at events	held at a County facili
					nonial Role Other D king "Ceremonial Role" or "Other" desc	Income 🗌
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne 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 11/2, 1200

	Heather Cartwright	Supervisor's Assistant	9166 1 With
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			



Ceremonial Role Events and Ticket/Pass Distributions					A Public Document	
1.	Agency Name				Date Stamp	California Form 802
	Alameda County	Alameda County				
	Division, Department, or Region (if applicable)				Î.	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Heather Cartwright				Amendment (Mu	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	mation				
	Does the agency have a ticl	ket policy? Yes	No 🗌	Face Value of	Each Ticket/Pass \$	\$100 tix
	- · ·			Date(s)		
	Event Description: Oakland	Provide Title/ Explai	nation			//
	Ticket(s)/Pass(es) provided		No 🔳	If no: Oakland	d Arena	
		, , , , , , , , , , , , , , , , , , , ,			Name of Source	
	Was ticket distribution made	e at the behest Yes [	No 🔳	If yes: <u>Hauber</u>	Official's Name (Last, Fi	rst)
	of agency official?					
	Use Section A to identify the agency's department or unit.     I     Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made	pursuant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:	
	Bastien, Roger		2		nonial Role D Othe king "Ceremonial Role" or "Othe	
	Baston, Roger			To promote	attendance at eve	nts held at a County facili
					nonial Role D Othe king "Ceremonial Role" or "Othe	r Income Income
	C. Name of Outside Organization (include address and description)		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 requirements. 611. 1A 22

	Heather Cartwright	Supervisor's Assistant	y up why
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
-			

Comment:



-	A				Duty Office	California	
۱.	Agency Name	Date Stamp	California	802			
	Alameda County			Form For Official U	las Only		
	Division, Department, or Reg	ion (if applicable)				For Oliidial C	Use Only
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)					
	Sergio Ardila				Amendment (Must Pro	vide Explanation in	Part 3.)
	Area Code/Phone Number	E-mail					
	(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filing:	(month, day, yea	r)
2.	Function or Event Inform	mation					¢100
	Does the agency have a tick	ket policy? Yes	No 🗖	Face Value of	Each Ticket/Pass \$		\$100
				Date(s)	, 30 , 23	//	
	Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 If no: Oaklan				Name of Source		
	Was ticket distribution made of agency official?	at the behest Yes	🗌 No 📕	If yes: <u>Tam, Le</u>	ena Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agen	cy's department or unit. • I	Use Section B	to identify an individu	ual. Use Section C to identify	an outside organi:	zation.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s Passes	)/ Describe th	e public purpose made pursi	uant to the agenc	y's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:			
Jacqueline Smith	ЗТ	Ceremonial Role D Other Income Income Income Income			
		To promote County resources or facilities available to Cou			
		Ceremonial Role D Other I Income I Income I Income II Income III Income II 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			

## 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	7/14/25	
Signature of Ageney Head or Designee	Print Name	Title	(month, day, year)	

Comment:



Print

**A Public Document** 

## Agency Report of: Polo Events and Ticket/Pass Distributions C 1

Ceremonial Role Events and Ticket/Pass Distributions				AF	Public Document	
	Agency Name				Date Stamp	California 802
	Alameda County				Form OUZ	
	Division, Department, or Regi	on (if applicable)				Por Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Amy Shrago, Chief of Staff				Amendment (Must Pro	wide Explanation in Part 3.)
	Area Code/Phone Number E-mail				07/03/23	
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing:	(morith, day, year)
2.	Function or Event Inform	mation				100.00
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$	
	Event Description:	A's .	D	ate(s)	, 30 , 23	/
		Provide Title/ Explai		no: Oaklan	d A's	
				Mana of Course		
	Was ticket distribution made	at the behest Yes	No⊡ If	yes: Carson	Official's Name (Last, First)	
	of agency official?				Onciers Name (Lust, 1 hol)	
	Use Section A to identify the agen     A. Name of Agency, Department		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy
	BOS D5		4	To reward a service to t	a County employee for he public or to encoura	his or her exemplary ge staff development
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
					nonial Role D Other description of the contract of the contrac	Income
					nonial Role D Other desc king "Ceremonial Role" or "Other" desc	Income
	C. Name of Outside O (include address and	rganization I description)	Number of Ticket(s)/ Passes	Describe th	ne 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	07/03/23	
Signature of gency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				
Prir	nt Clear	FPPC Toll-Free Helpline: (	FPPC Form 802 (2/2016) 366/ASK-FPPC (866/275-3772)	

C	eremonial Role Even	ts and Ticket/Pa	ass Distr	ibutions	Α	Public Document
. Agency Name				Date Stamp	California 802	
	County of Alameda					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	County Administrator's Offic	e/Risk Management	Unit			
	Designated Agency Contact	(Name, Title)			1	
	Brian S. Santos, Administra	tive Associated			Amendment (Must Pre	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				07/10/2023
	510-272-6332	brian.santos@acgo	v.org		Date of Original Filing:	(month, day, year)
,	Function or Event Infor	mation				(,,,
<b>·</b> ·						18.00
	Does the agency have a ticl				Each Ticket/Pass \$	
	Event Description: Alameda	a County Fair		Date(s) <u>06</u>	, 16 , 23	07 09 23
		Provide Title/ Explan		16		
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🗌	If no:	Name of Source	
	Was ticket distribution made	at the behest ver		lf yes:		
	of agency official?			•	Official's Name (Last, First)	
	Use Section A to identify the ager		Ise Section B to Number of Ticket(s)/ Passes		ual. Use Section C to identify e public purpose made purs	
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Akil, Lucretia		2	lf check	nonial Role D Other wing "Ceremonial Role" or "Other" desc for the 2023 Alameda	
					nonial Role Dother D king "Ceremonial Role" or "Other" desi	Income
	C. Name of Outside O (include address and		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.

	Lucretia Akil	Director of Risk Management	07/10/2023 (month, day, year)
Signature of Agency Head or Designee	Print Name	Title	
Comment:			
Print	Clear	FRDC Tell Free Helelines 800/40	PPC Form 802 (2/2016)

#### Agency Report of: s and Ticket/Pass Distributions 1

Ce	remonial Role Event	s and Ticket/Pa	ass Distri	butions	l l	A Public Document
_	Agency Name				Date Stamp	California 802
1	Alameda County				Form OUZ	
D	vision, Department, or Regi	on (if applicable)			]	For Official Use Only
E	Board of Supervisors					
D	Designated Agency Contact (	Name, Title)		0	]	
5	Sergio Ardila				Amendment (Must	Provide Explanation in Part 3.)
Ā	rea Code/Phone Number	E-mail				
(	(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filing	(month, day, year)
2. F	Function or Event Inform	mation				\$18
	Does the agency have a tick		and the second		Each Ticket/Pass \$ _	
F	Event Description: Alameda	County Fair	D	ate(s)	<u>, 16 , 23 </u>	07 09 23
		Provide Tide/ Explan	ation			
Т	Ficket(s)/Pass(es) provided	by agency? Yes			la County Fair	
1	Nas ticket distribution made	at the behest . Voo E		yes: <u>Tam, L</u>	ena	
	of agency official?	ar the beliese Yes L		,	Official's Name (Last, First	>
	5. Lgono, one and					
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe th	ie public purpose made p	ursuant to the agency's policy
					Ē.	
	B. Name of Indi (Last, First		Number of Ticket(s)/ Passes		Identify one of the	ə following:
					monial Role Dother Cking "Ceremonial Role" or "Other"	
	-				monial Role D Other cking "Ceremonial Role" or "Other"	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe t	he public purpose made p	ursuant to the agency's policy
	East Bay Asian Youth Cou	uncil	25	To promote	e County resources o	or facilities available to Cou

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

Comment:



#### Agency Report of: Ceremonial Role E . . . ... ....

Print

Clear

C	eremonial Role Even	ts and Ticket/P	ass Distri	butions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	(Name, Title)				
	Sergio Ardila				Amendment (Mu	st Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filir	ng:(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	No 🗖 🛛 F	ace Value of	Each Ticket/Pass \$	icket \$18 Parking \$15
	Event Description: Alameda			06	<u>, 16 , 23 </u>	07 , 09 , 23
	Event Description:	Provide Title/ Explar	nation			
	Ticket(s)/Pass(es) provided		] No 📰 If	no: Alamed	a County Fair	
				yes: Tam, Le	Name of Course	
	Was ticket distribution made	e at the behest Yes	🗌 No 🔳 🛛 İf	yes:	Official's Name (Last, Fi	rst)
	of agency official?					
3.	Recipients					
<b>v</b> .	Use Section A to identify the ager	ncy's department or unit.	Use Section B to i	dentify an individu	ual. Use Section C to ide	entify an outside organization.
			Number	D 11 41	t. the second	uuraurat ta tha anana da naliau
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	le public purpose made	pursuant to the agency's policy
	R Name of Ind	Number		Identify one of t	he following:	
	B. Name of Ind (Last, Fir		of Ticket(s)/ Passes		lucitary one of t	
						Income
				If chec.	king "Ceremonial Role" or "Othe	r" describe below:
						r 🗌 Income 🗌
				If chec	king "Ceremonial Role" or "Othe	r" describe below:
	C. Name of Outside O		Number of Ticket(s)/	Describe th	ne public purpose made	pursuant to the agency's policy
	(include address and	description)	Passes			
	The Unity Council		25T 1P	To promote	e County resources	or facilities available to Cou
	The Unity Council' s mis	sion is to promote sc				
-	Varification					
4.	Verification	PRC Regulations 180/A	1 and 18942	I have verified	that the distribution s	et forth above, is in accordance
1	with the requirements.		, i and i oonz.	i navo voimou		
1		Sergio Ardila		Sup	ervisor's Assistant	7/10/22
	Signature of Agency Head or Design	_	rint Name	·	Title	(month, day, year)
	Comment:					

#### Agency Report of: Ceremonial Role E . ...... . . . . . 105.1 4.11 .....

C	eremonial Role Even	ts and licket/Pa	ass Distri	putions	A	Public Document
1.	Agency Name			Date Stamp	California 802	
	Alameda County					
	Division, Department, or Region (if applicable)				For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)			1	
	Sergio Ardila				Amondmont (Must F	Provide Exploration in Ref 2 )
	Area Code/Phone Number	E-mail				Provide Explanation in Part 3.)
	(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation			ïa	Net \$18 Darking \$15
	Does the agency have a tick	et policy? Yes	No 🗖 🛛 F	ace Value of	Each Ticket/Pass \$	ket \$18 Parking \$15
	Event Description: Alameda	County Fair		late(s) 06	<u>, 16 , 23 </u>	07 , 09 , 23
	Event Description.	Provide Title/ Explan	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes	🗍 No 🔳 🛛 If	no: <u>Alamed</u>	a County Fair	
				yes: Tam, Le	Name of Source	
	Was ticket distribution made	at the behest Yes	] No 📕 🛙 II	yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
J.	Use Section A to identify the agen	cy's department or unit.	Jse Section B to id	dentify an individu	ual. Use Section C to identi	fy an outside organization.
		cy sucparament of and	Number	1		
	A. Name of Agency, Depa	irtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
			Fasses			
			Number			
	B. Name of Individual		of Ticket(s)/		Identify one of the	following:
	(Last, Fir	51)	Passes			
					nonial Role D Other king "Ceremonial Role" or "Other" de	
				1	nonial Role D Other king "Ceremonial Role" or "Other" de	
					and continuent to the terminal	
			Number			
	C. Name of Outside O (include address and		of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy
	(include address and		Passes			
	Lotus Bloom Family Reso	urce Center	13T 2P	To promote	e County resources or	facilities available to Cou
				ļ		
	Lotus Bloom's mission is t	o provide a safe, we				
-						
4.	Verification					6. 4h - h - · · · · · · · · · · · · · · · ·
1	I have read and understand FF	PC Regulations 18944	.1 and 18942.	I have verified	that the distribution set i	orth above, is in accordance
$\mathcal{C}$	with the toquil enems.			C.u.o.	omicorio Accietant	5/1/1/22
4	-1/	Sergio Ardila		Sup	ervisor's Assistant	<u>7/14/25</u>
	Signature of Agency Head or Design	nee P	rint Name		Title	(monun, day, year)
	Comment:					

Clear

**Print** 

A 15 1 11

<b>Ceremonial Role Events and Tick</b>	et/Pass Distri	butions	A Public Document	
1. Agency Name		Date Sta		
Alameda County			Form OUZ For Official Use Only	
Division, Department, or Region (if applicable)	Division, Department, or Region (if applicable)			
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Sergio Ardila		Amendme	nt (Must Provide Explanation in Part 3.)	
Area Code/Phone Number E-mail				
(510) 272-6693 sergio.ardila@	@acgov.org	Date of Origin	al Filing:(month, day, year)	
2. Function or Event Information				
Does the agency have a ticket policy?	Yes 🔳 No 🗖 🛛 F	ace Value of Each Ticket/P	ass \$ icket \$18 Parking \$15	
- · · · ·		ate(s) 06 / 16 / 23	07 , 9 , 23	
Event Description: <u>Alameda County Fair</u>	/ Explanation	ate(s)		
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🔳 If	no: Alameda County Fair		
		Nome of Cours		
Was ticket distribution made at the behest of agency official?	Yes 🗌 No 🔳 🧍	yes: Tam, Lena Official's Name	(Last, First)	
Use Section A to identify the agency's department or	Number of Ticket(s)/ Passes		e made pursuant to the agency's policy	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify o	one of the following:	
Barros, Keith	2T 1P	Ceremonial Role If checking "Ceremonial Role	Other Income C " or "Other" describe below: urces or facilities available to Coi	
		Ceremonial Role	Other	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose	e 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. ......

	Sergio Ardila	Supervisor's Assistant	7/19/22
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_



C	eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	<b>Public Document</b>
1.	Agency Name				Date Stamp	California Form 802
	Alameda County	-				
	Division, Department, or Region (if applicable)				]	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name,Title)			1	
	Sergio Ardila				Amendment (Must Pr	ovide 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	mation				\$18
	Does the agency have a tic				Each Ticket/Pass \$	
	Event Description: Alameda	a County Fair Provide Title/ Explai	nation		<u>, 16 , 23 </u>	07 9 23
	Ticket(s)/Pass(es) provided	by agency? Yes	🗌 No 🔳 If	no: <u>Alamed</u>	a County Fair	
				yes: Tam, L	Name of Source ena	
	Was ticket distribution made of agency official?	at the behest Yes	No 🖬 👖	yes:	Official's Name (Last, First)	
3.	<ul> <li>B. Recipients         <ul> <li>Use Section A to identify the agency's department or unit.</li> <li>IA. Name of Agency, Department or Unit</li> </ul> </li> </ul>		Use Section B to id Number of Ticket(s)/ Passes		ual. Use Section C to identif	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:	
	Harada, Carol		3	If chec	nonial Role D Other	Income scribe below: facilities available to Coi
					nonial Role D Other C	-
	C. Name of Outside Organization (include address and description)		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 FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements 110 00

	Sergio Ardila	Supervisor's Assistant	7/14/73
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment			



C	eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	Public Document
_	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	Name, Title)	1			
	Sergio Ardila		Amondmont (Must P	rovide Explanation in Part 3.)		
	Area Code/Phone Number E-mail				rovide Explanation in Part 5.)	
	(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				\$18
	Does the agency have a ticl				Each Ticket/Pass \$	<b><i>Q</i> 10</b>
	Event Description: Alameda	a County Fair Provide Title/ Explai	nation		<u>, 16 , 23</u>	07 9 23
	Ticket(s)/Pass(es) provided	by agency? Yes [	🗆 No 🔳 🛙 If	no: Alamed	a County Fair	
				yes:	Name of Source ena	1
	Was ticket distribution made of agency official?	at the behest Yes	] No 🔳 🧍	yes: <u>tanı, t</u>	Official's Name (Last, First)	
3.	Recipients     Use Section A to identify the agency's department or unit.      U A. Name of Agency, Department or Unit		Use Section B to in Number of Ticket(s)/ Passes		dual. Use Section C to identify an outside organization. the public purpose made pursuant to the agency's polic	
	B. Name of Ind		Number of Ticket(s)/		Identify one of the f	following:
	(Last, Fil	st)	Passes			
	Waage, Randy		4	lf chec	nonial Role 🔲 Other 📕 :king "Ceremonial Role" or "Other" de e County resources or	Income L scribe below: facilities available to Col
					nonial Role D Other C	-
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	he public purpose made pu	rsuant to the agency's policy
_						

### 4. Verification

I have bead and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements 10/1/20

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



C	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	Α	<b>Public Document</b>
_	Agency Name				Date Stamp	California 802
	Alameda County					T OTTIL
	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	sergio.ardila@acgo	v.org		Date of Original Filing:	(month, day, year)
2	Function or Event Infor	mation				
٤.				Face Value of	Each Ticket/Pass \$	ket \$18 Parking \$15
	Does the agency have a tick					
	Event Description: Alameda	Provide Title/ Explai	antion	Date(s)	/16 _/23	07 9 23
	Ticket(s)/Pass(es) provided			If no: Alamed	a County Fair	
	10000(3)/1 033(03) provided	by agonoy. Test			Name of Source	
	Was ticket distribution made	at the behest Yes	No 📕	If yes: Tam, Le	Official's Name (Last, First)	
	of agency official?				Onicial & Name (East, First)	
	Use Section A to identify the agen     A. Name of Agency, Depa		Number of Ticket(s)/ Passes			suant to the agency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the f	following:
	Zhong, Stacy		10T 3P	If chec	nonial Role DOther king "Ceremonial Role" or "Other" de County resources or	
	· · · · · · · · · · · · · · · · · · ·				nonial Role D Other C	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
_						

### 4. Verification

1

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. .... ~

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

Comment:



#### Agency Report of: d Ticket/Pas e Distributions C 1

C	eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	Public Document
1.	Agency Name				Date Stamp	California 802 Form
	Alameda County					
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sergio Ardila				Amondmont (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				iovide Explanation in Fatt 3.)
	(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation				\$18
	Does the agency have a tic				Each Ticket/Pass \$	φ10
	Event Description: Alameda	a County Fair Provide Title/ Expla	nation		, 16 , 23	07 9 23
	Ticket(s)/Pass(es) provided	by agency? Yes	🗖 No 🔳 I	f no: <u>Alamed</u>	a County Fair	
				fyes: <u>Tam, Le</u>	Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes	🗋 No 🔳 👖	yes:	Official's Name (Last, First)	
3.	<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> </ul>		Use Section B to i Number of Ticket(s)/ Passes			y an outside organization. suant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:	
	Thomas, Nathan		2	If chec	nonial Role Dother Marking "Ceremonial Role" or "Other" de	scribe below: facilities available to Co
				Ceren	nonial Role 🔲 Other	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes		king "Ceremonial Role" or "Other" de ne public purpose made pur	scribe below: 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.

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



С	eremonial Role Even	ts and Ticket/P	ass Distr	ributions	Α	Public Document
1.	Agency Name				Date Stamp	California 802 Form
	Alameda County					
	Division, Department, or Reg	ion (if applicable)	1	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	sergio.ardila@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				\$18
	Does the agency have a tic				Each Ticket/Pass \$	
	Event Description: Alameda	a County Fair Provide Title/ Expla	nation	Date(s)		07 9 23
	Ticket(s)/Pass(es) provided		🗆 No 🔳	If no:Alamed	a County Fair	
				Tam Le	Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes	🗆 No 🔳	If yes: <u>Tam, Lo</u>	Official's Name (Last, First)	
3.	<ul> <li>B. 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> </ul>		Use Section B to Number of Ticket(s)/ Passes			y an outside organization. suant to the agency's policy
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	Smith, Jackie		10	lf chec	nonial Role D Other	Income
				Cerer	nonial Role D Other king "Ceremonial Role" or "Other" dea	Income
			Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy

#### 4. Verification

I have sead 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	7/19/23
Signal of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:



C	eremonial Role Even	ts and Ticket/Pa	A Public Document			
_	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				1	
	Sergio Ardila					Provide Explanation in Part 3 )
	Area Code/Phone Number E-mail				Date of Original Filing:	
	(510) 272-6693	sergio.ardila@acgov.org				
2.	Function or Event Infor	mation			. ïc	ket \$18 Parking \$15
	Does the agency have a ticket policy? Yes 📕 No 🗔 Face Value of			Each Ticket/Pass \$		
	Event Description: <u>Alameda County Fair</u> Date(s) <u>06</u>			<u>, 16 , 23 </u>	07 9 23	
	Provide Lue/Example			a County Fair		
					Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes	] No 📕 lf	yes: <u>Tam, L</u>	Official's Name (Last, First)	
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the	following:
	Simmons, Maritess		10T 2P	lf chec	nonial Role Other king "Ceremonial Role" or "Other" de County resources or	Income
					nonial Role Dother Cother king "Ceremonial Role" or "Other" de	
		Name of Outside Organization (include address and description) Passes		Describe ti	escribe 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. 1 Man

	ergio Ardila	Supervisor's Assistant	+119/23
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:



С	eremonial Role Even	ts and Ticket/F	Pass Distri	butions	Α	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Region (if applicable)				]	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				1	
	Sergio Ardila			Provide Explanation in Part 3.)		
	Area Code/Phone Number E-mail				,	
	510) 272-6693 sergio.ardila@acgov.org		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation			. 10	cket \$18 Parking \$15
	Does the agency have a ticket policy? Yes 🔳 No 🔲 Face Value of E			Each Ticket/Pass \$	cket \$18 Parking \$15	
	Event Description: <u>Alameda County Fair</u> Date(s) <u>06</u>				07 9 23	
	Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Alamed			a County Fair		
					Name of Source	
	Was ticket distribution made at the behest Yes D No If yes: <u>Tam, Le</u>			Official's Name (Last, First)		
	of agency official?					
	A. Name of Agency, Dep		of Ticket(s)/ Passes			rsuant to the agency's policy
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the	following:
	Lin, Suizi		10T 2P	lf chec	nonial Role Other other with the second seco	Income E lescribe below: r facilities available to Cou
				Cerer	monial Role Dother	
	C. Name of Outside C (include address and	)rganization d description)	Number of Ticket(s)/ Passes	Describe ti	Describe the public purpose made pursuant to the agency's p	
_						

### 4. Verification

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

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





**A Public Document** 

1.	Agency Name				Date Stamp	California 000
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title) Sergio Ardila					
						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 Infor	mation				\$18
	Does the agency have a tick				of Each Ticket/Pass \$ 9 _ 23	
	Event Description: Alameda	County Fair				
		Provide Title/ Explai	nation		la County Fair	
	Ticket(s)/Pass(es) provided	by agency? Yes [				
	Was ticket distribution made	at the behest Ves I		f yes:	ena	
	of agency official?	103			Official's Name (Last, First)	
-						
3.	Recipients					
	• Use Section A to identify the ager	cy's department or unit.		Identity an individu	ual. Ose section C to identify	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/	Describe th	he public purpose made pursuant to the agency's policy	
			Passes			
			Number	Identify one of the following:		
	B. Name of Ind (Last, Fit		of Ticket(s)/ Passes		identity one of the id	Jilownig.
				Cerer	nonial Role 🗌 Other 📕	Income
	Huey, Clytie		6		king "Ceremonial Role" or "Other" des	
				To promote	e County resources or	facilities available to Cor
					nonial Role 🔲 Other	
				If chec	king "Ceremonial Role" or "Other" des	scribe below:
	·					
	C. Name of Outside C	rganization	Number of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy
	C. (include address and	d 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 \_

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

Clear


C	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions		A Public Document
1.	Agency Name			Date Stamp	California Form 802	
	Alameda County					
	Division, Department, or Regi	on (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Sergio Ardila				Amendment (Musi	t 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	nation				icket \$18 Parking \$15
	Does the agency have a tick		No 🗖	Face Value of	Each Ticket/Pass \$ .	icket \$18 Parking \$15
	Event Description: Alameda County Fair Date(s)				07 , 9 , 23	
	Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Alameda				a County Fair	
	Name of Source					
	Was ticket distribution made of agency official?	at the behest Yes	No 📕	If yes:	Official's Name (Last, Firs	()
3.	• Use Section A to identify the agen         • Use Section A to identify the agen         A.    Name of Agency, Department		Use Section B to Number of Ticket(s)/ Passes		ividual. Use Section C to identify an outside organization be the public purpose made pursuant to the agency's po	
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of th	e following:
	Foxall, Jade				nonial Role D Other king "Ceremonial Role" or "Other"	describe below:
				To promote	e County resources of	or facilities available to Co
					nonial Role D Other king "Ceremonial Role" or "Other"	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	oursuant 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. 10/12

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

Comment:



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: sergio.ardila@acgov.org (510) 272-6693 (month, day, year) 2. Function or Event Information \$18 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes 📕 No 🗖 Event Description: <u>Alameda County Fair</u> 23 07 9 23 06 16 Date(s) Provide Title/ Explanation Alameda County Fair If no: Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔜 Name of Source Tam, Lena If ves: 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 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: 10 Fong, Karen To promote County resources or facilities available to Cou Other 🗖 Income Ceremonial Role 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.

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



Print

1.	Agency Name				Date Stamp	California 802
	Alameda County Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title)				Form 002	
				1	For Official Use Only	
				1		
	Sergio Ardila				Amendment (Must	Provide 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 Infor	mation				\$18
				Each Ticket/Pass \$ _		
	Event Description: Alameda	a County Fair	D	ate(s) 06	, 16 , 23	07 9 23
		Provide Title/ Explar	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes			a County Fair	
	Tam, Lena					
		e at the benest Yes			Official's Name (Last, First	()
_	or agonoy oniolar.					
3.						
	<ul> <li>Use Section A to identify the ager</li> </ul>	ncy's department or unit. •		lentify an individ	ual. Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/	Describe th	e public purpose made p	ursuant to the agency's policy
			Passes			
	-					
			Number			
	Area Code/Phone Number       E-mail         (510) 272-6693       sergio.ardila@acg         Function or Event Information       Does the agency have a ticket policy? Yes         Event Description:       Alameda County Fair         Provide Title/ Exp       Ticket(s)/Pass(es) provided by agency? Yes         Was ticket distribution made at the behest yes       Yes         Of agency official?       Necipients         • Use Section A to identify the agency's department or unit.		of Ticket(s)/ Passes		Identify one of the following:	
					nonial Role 🔲 Other	Income 🗌
	(Last, First)		2 If chec		king "Ceremonial Role" or "Other"	
	Wright, Mary Kate				te County resources or facilities available to Con	
	•				nonial Role 🔲 Other	
				lf chec	king "Ceremonial Role" or "Other"	describe below:
	(		Number			
			of Ticket(s)/	Describe t	ne public purpose made p	oursuant to the agency's policy
			Passes			
-						

#### 4. Verification

Whave 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	7/19/23
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:



**A Public Document** 

Print Clear

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) Sergio Ardila Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: sergio.ardila@acgov.org (510) 272-6693 (month, day, year) 2. Function or Event Information \$18 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 📕 No 🗌 Event Description: Alameda County Fair Date(s) 06 07 23 9 16 23 Provide Title/ Explanation If no: Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 Name of Source Tam, Lena 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Α. Passes Number Identify one of the following: Name of Individual В. of Ticket(s)/ (Last, First) Passes Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 2 Vargas, Maria To promote County resources or facilities available to Cou Other Income Ceremonial Role 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

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	7/19/23
Eignature of Agency Head or Designed	e Print Name	Title	(month, day, year)

Comment:

Print Clear

C	eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	<b>Public Document</b>
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	
	Sergio Ardila				Amendment (Must P	Provide Explanation in Part 3.)
	Area Code/Phone Number					
	(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				\$18
				Each Ticket/Pass \$	φισ	
	Event Description: <u>Alameda County Fair</u> Date(s) <u>06</u>				, 16 , 23	923
	Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Alamed				a County Fair	
	Name of Source					
	Was ticket distribution made	e at the behest Yes [	🗌 No 🔳 🛛 If	yes: <u>Tam, L</u>	Official's Name (Last, First)	
	of agency official?				, , ,	
	A. Name of Agency, Dep		of Ticket(s)/ Passes	Describe in		rsuant to the agency's policy
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the	following:
	Thompson, Michelle		2		monial Role D Other	Income
				To promote	te County resources or facilities available to Co	
				1	nonial Role DOther C king "Ceremonial Role" or "Other" de	
		C. Name of Outside Organization (include address and description)		Describe ti	he public purpose made pu	rsuant 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	7/19/23	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				





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) 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 \$18 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 📕 No 🗋 Event Description: <u>Alameda County Fair</u> Date(s) 06 07 23 9 16 23 Provide Title/ Explanation If no: Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source Tam, Lena 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. 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 Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 2 Thakur, Sudheer To promote County resources or facilities available to Cou Income Other 🗖 Ceremonial Role 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

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

Comment:



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) 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 \$18 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 📕 No 🗋 Event Description: <u>Alameda County Fair</u> Date(s) 06 07 9 23 16 , 23 Provide Title/ Explanation If no: \_\_\_\_\_Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🔲 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? 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: 2 Sung, Eric To promote County resources or facilities available to Cou Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

#### 4. Verification

I pave/read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements 1. 0

	— Sergio Ardila	Supervisor's Assistant	7/14/25
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:



**A Public Document** 

00	Femomal Note Lven	ts and neket/	ass Distri	butions		<u></u>	ablic Document
1.	Agency Name				Date Stamp		California 80
	Alameda County						Form <b>OU</b>
	Division, Department, or Reg	ion (if applicable)					For Official Use Only
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Sergio Ardila				Amendment (Mu	ist Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail					
	(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Fili	ng:	(month, day, year)
2.	Function or Event Infor	mation					<b>\$40</b>
	Does the agency have a ticl	ket policy? Yes	No 🗖 🛛 🖡	ace Value of	Each Ticket/Pass \$	; 	\$18
	Event Description: Alameda			Date(s)	<u>, 16 , 23 </u>		07 , 9 , 23
	Event Description.	Provide Title/ Explai	nation			-	//
	Ticket(s)/Pass(es) provided	by agency? Yes [	🗌 No 📕 🛙	f no: <u>Alamed</u>	a County Fair		
				f yes:	Name of Source		
	Was ticket distribution made	e at the behest Yes [	🗌 No 🔳 🕺	r yes:	Official's Name (Last, Fi	irst)	
	of agency official?						
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made	purs	uant to the agency's policy
	B. Name of Ind (Last, Fit		Number of Ticket(s)/ Passes		Identify one of t	the fo	llowing:
					nonial Role 🔲 Othe		Income
	Stevko, Kayla		2	1	king "Ceremonial Role" or "Othe		
				To promote	e County resources		acilities available to C
				1	nonial Role D Othe king "Ceremonial Role" or "Othe	er 🗖 er" desc	Income cribe below:
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made	purs	uant to the agency's policy
4.	Verification I have read and upderstand FF with the requirements.	C Regulations 18944	1.1 and 18942.	l have verified	that the distribution s	set fo	rth above, is in accorda

( ) · · · · ·	Sergio Ardila	Supervisor's Assistant	+/19723
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

С	eremonial Role Even	ts and Ticket/P	A	Public Document		
1.	Agency Name			Date Stamp	California 802	
	Alameda County					
	Division, Department, or Region (if applicable)			1	For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Sergio Ardila				Amondment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number E-mail					Fromue Explanation in Fatto.
	(510) 272-6693	sergio.ardila@acgc	ov.org		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation				\$18
			Each Ticket/Pass \$ _			
	Event Description: <u>Alameda County Fair</u> Date(s) <u>06</u>		<u>, 16 , 23</u>	07 9 23		
	Ticket(s)/Pass(es) provided			fno. Alamed	a County Fair	
	Hokei(a)/1 daa(ca) provided	by ageney. Test			Nome of Source	
	Was ticket distribution made	at the behest Yes	No 🗖	f yes: <u>Tam, L</u>	Official's Name (Last, First	)
	of agency official?				Unicial's Name (Last, First,	/
	A. Name of Agency, Dep:		Passes			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the	e following:
	Snow, Doug		2		nonial Role DOther	describe below:
				To promote	e County resources o	r facilities available to Co
					nonial Role Other king "Ceremonial Role" or "Other"	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe t	ne public purpose made p	ursuant 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 Assis	stant $\overline{2}/19/23$
Signature of Agency Head or Designee Pri	nt Name Title	(month, day, year)
Comment		



**A Public Document** 

Celemonial Role Lven	is and mexeur	a33 D131	ibutiono		
1. Agency Name				Date Stamp	California 802
Alameda County					Form OUZ
Division, Department, or Regi	on (if applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (	Name, Title)				
Sergio Ardila					st Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				, , , , , , , , , , , , , , , , , , ,
(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filin	g:(month, day, year)
2. Function or Event Inform	nation				\$18
• •	Does the agency have a ticket policy? Yes 📕 No 🗌		Face Value of Each Ticket/Pass \$		
Event Description: <u>Alameda</u>	County Fair		Date(s)	1623	07 9 23
	Provide Title/ Explai	nation			
Ticket(s)/Pass(es) provided	by agency? Yes [		If no: <u>Alamed</u>	Manage of Courses	
			If yes: Tam, Le	ena	
Was ticket distribution made of agency official?	at the behest Yes	No 📕	II yes	Official's Name (Last, Fir	st)
Use Section A to identify the agen     A. Name of Agency, Depa		Number of Ticket(s)/ Passes			pursuant to the agency's policy
B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of t	ne following:
Resendez, Tami		2	If chec	nonial Role D Other king "Ceremonial Role" or "Other	r" describe below:
			To promote	e County resources	or facilities available to Cou
				nonial Role D Othe king "Ceremonial Role" or "Othe	
C. Name of Outside O (include address and	rganization I description)	Number of Ticket(s)/ Passes	Describe th	ne 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

•	Sergio Ardila	Supervisor's Assistant	+119123
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 \$18 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 🔳 No 🗖 Event Description: <u>Alameda County Fair</u> Date(s) 06 07 9 23 16 23 Provide Title/ Explanation If no: \_\_\_\_\_Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🔲 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? 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 Identify one of the following: Name of Individual Β. of Ticket(s)/ (Last, First) Passes Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 2 Rees-Gerton, Alex To promote County resources or facilities available to Cou Other Income 🔲 Ceremonial Role 🔲 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

	Sergio Ardila	Supervisor's Assistant	7/14/23
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

Print

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sergio Ardila Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: sergio.ardila@acgov.org (510) 272-6693 (month, day, year) 2. Function or Event Information \$18 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 📕 No 🗋 Event Description: Alameda County Fair 07 23 9 06 16 23 Date(s). Provide Title/ Explanation If no: \_\_\_\_\_Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 Name of Source Tam, Lena 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Identify one of the following: Name of Individual Β. of Ticket(s)/ (Last, First) Passes Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 2 Ramos Vega, Araceli To promote County resources or facilities available to Cou Other Income 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (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.

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





1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 \$18 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 📕 No 🗌 Event Description: <u>Alameda County Fair</u> 07 23 16 9 06 23 Date(s) \_ Provide Title/ Explanation If no: \_\_\_\_\_Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source Tam, Lena 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. Number Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Income Ceremonial Role 🔲 Other If checking "Ceremonial Role" or "Other" describe below: 2 Perez, Francisco To promote County resources or facilities available to Col Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (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. 

Se	rgio Ardila	Supervisor's Assistant	7-119/23
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Print	Clear		FPPC Form 802 (2/2016)

Print

С	eremonial Role Even	A Public Document		Ocument			
1.	Agency Name				Date Stamp	Californ	
	Alameda County					Form	
	Division, Department, or Reg	ion (if applicable)			1	For Offi	cial Use Only
	Board of Supervisors						
	Designated Agency Contact	Name, Title)			1		
	Sergio Ardila				Amendment (Must	Provide Explanati	on in Part 3.)
	Area Code/Phone Number	E-mail					
	(510) 272-6693 sergio.ardila@acgov.org				Date of Original Filing	:(month, day,	year)
2.	Function or Event Infor	mation					\$18
	Does the agency have a ticket policy? Yes		No 🔲 Face Value of E		Each Ticket/Pass \$ 🖃		\$10
	Event Description, Alameda	Event Description: Alameda County Fair		Date(s) 06	<u>, 16 , 23 </u>	07 , 9	, 23
		Provide Title/ Explai	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes [	No 🔜	If no: Alamed	Name of Source		
				If yes: <u>Tam, L</u>	ena		
				II yos	Official's Name (Last, First	)	
	of agency official?						
3.							
	<ul> <li>Use Section A to identify the ager</li> </ul>	ncy's department or unit.	Use Section B to	identify an individ	ual. Use Section C to iden	tify an outside or	ganization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes		ne public purpose made pu	ursuant to the ag	gency's policy
	A						_
		B. Name of Individual (Last, First)			Identify one of the	e following:	
	Orput, Katrina		Passes Ceren 2 <i>If chec</i>		nonial Role D Other		Income
	•			To promote	e County resources o	or facilities av	ailable to Co
					monial Role D Other sking "Ceremonial Role" or "Other"		Income
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe t	he public purpose made p	ursuant to the a	gency's policy

#### 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements 110.1

	Sergio Ardila	Supervisor's Assistant	7/14/23	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				

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



1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sergio Ardila Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . sergio.ardila@acgov.org (510) 272-6693 (month, day, year) 2. Function or Event Information \$18 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 📕 No 🗋 Event Description: <u>Alameda County Fair</u> Date(s) 06 07 9 23 16 23 Provide Title/ Explanation If no: \_\_\_\_\_Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source Tam, Lena 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: Β. of Ticket(s)/ (Last, First) Passes Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 2 Malawan, Mariwr To promote County resources or facilities available to Cou Other Income Ceremonial Role 🔲 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.

#### 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 recourse

Passes

	Sergio Ardila	Supervisor's Assistant	+/14/23
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			



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

A Public Document

Print

(include address and description)



1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sergio Ardila Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: sergio.ardila@acgov.org (510) 272-6693 (month, day, year) 2. Function or Event Information \$18 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🔳 No 🗖 Event Description: <u>Alameda County Fair</u> Date(s) \_06 07 9 23 16 23 Provide Title/ Explanation If no: \_\_\_\_\_Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🔲 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? 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 Α. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual Identify one of the following: Β. of Ticket(s)/ (Last, First) Passes Income Other 📕 Ceremonial Role 🔲 If checking "Ceremonial Role" or "Other" describe below: 2 Li, Cece To promote County resources or facilities available to Cou Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (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.

- 5	Sergio Ardila	Supervisor's Assistant	H19/23
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

Print

C	eremonial Role Even	ts and Ticket/Pa	ass Dist	ributions	Α	Public Document
	Agency Name				Date Stamp	California 802
	Alameda County					T OTHE
	Division, Department, or Reg	Division, Department, or Region (if applicable)			]	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)			1	
	Sergio Ardila				Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			1	, , ,
	(510) 272-6693	sergio.ardila@acgov	v.org		Date of Original Filing:	(month, day, year)
_	Function or Event Infor	mation				
5				Eaco Value of	Each Ticket/Pass \$ _	\$18
	Does the agency have a tick		No 🗖			07 , 9 , 23
	Event Description: Alameda	Provide Title/ Explan	- Alan	Date(s)	/ 16 / 23	07 9 23
	Ticket(s)/Pass(es) provided	Provide nuer Explan		If no: Alamed	a County Fair	
	10Ket(3)/1 233(63) \$104000				Nome of Source	
	Was ticket distribution made	at the behest Yes	No 📕	If yes: <u>Tam, L</u>	Official's Name (Last, First)	
	of agency official?				Omotara Nome (Edd, Filog	
	Use Section A to identify the agen     A. Name of Agency, Depa		Number of Ticket(s) Passes			rsuant to the agency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s) Passes	1	Identify one of the	following:
	Kurpiesi, Michael		2	If chec	nonial Role DOther Other wing "Ceremonial Role" or "Other" d County resources or	Income Income <i>escribe below:</i> facilities available to Cou
					nonial Role D Other	
	C. Name of Outside O (include address and		Number of Ticket(s) Passes	/ Describe ti	he public purpose made pu	rsuant 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. 10.1 -

	Sergio Ardila	Supervisor's Assistant	7/101/23	
Signature of Agency Head or Designee	gnature of Agency Head or Designee Print Name		(month, day, year)	

Comment:	
----------	--



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)				
	Sergio Ardila				Amendment (Must F	Provide 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	mation				¢10
	Does the agency have a ticl	ket policy? Yes	No 🗌		Each Ticket/Pass \$	\$18
	Event Description: Alameda	a County Fair		Date(s) 06	/ 16 / 23	07 , 9 , 23
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [	🗌 No 📕	If no: <u>Alamed</u>		
	Was ticket distribution made	at the behest . Voo I		If yes: <u>Tam, Le</u>	ena	
	of agency official?	at the benest rest			Official's Name (Last, First)	
_						
3.	Recipients • Use Section A to identify the ager	ncy's department or unit. •	Use Section B to	o identify an individi	ual. Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s) Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
	B. Name of Ind (Last, Fin		Number of Ticket(s) Passes	1	Identify one of the	following:
	Hughes, Aaron		2		nonial Role D Other	
				To promote	e County resources or	facilities available to Cou
					nonial Role D Other C king "Ceremonial Role" or "Other" do	
	C. Name of Outside C (include address and	•	Number of Ticket(s) Passes	/ Describe tł	ne public purpose made pu	rsuant 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.

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

Comment:	

Print



С	eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	Public Document
1.	Agency Name		Date Stamp	California Form 802		
	Alameda County					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Sergio Ardila			Amendment (Must P	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	mation				\$18
	Does the agency have a tic				Each Ticket/Pass \$	φ10
	Event Description: Alameda	a County Fair	D	ate(s) 06	1623	07 , 9 , 23
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [	🗌 No 🔳 🛛 If	no: Alamed	a County Fair Name of Source	
	the state of the s		If	yes: <u>Tam, L</u>	ena	
	Was ticket distribution made	e at the benest Yes	📙 No 🔳 👘	yes	Official's Name (Last, First)	
	of agency official?					
	A. Name of Agency, Dep		of Ticket(s)/ Passes			suant to the agency's policy
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	Garcia, Marisol		2	If chec	nonial Role DOther Ming "Ceremonial Role" or "Other" de County resources or	
	<u>, tra</u>			Cerer	nonial Role D Other king "Ceremonial Role" or "Other" de	
	C. Name of Outside C (include address an		Number of Ticket(s)/ Passes	Describe ti	ne public purpose made pu	rsuant to the agency's policy

#### 4. Verification

I have read and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the reduirements. 2/1/1/2 D

-	Sergio Ardila	Supervisor's Assistant	7/19/23
gency 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) 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 \$18 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 📕 No 🗌 Event Description: <u>Alameda County Fair</u> 07 9 23 06 16 23 Date(s). Provide Title/ Explanation If no: Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 Name of Source Tam, Lena 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. 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 Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 2 Garcia, Ana To promote County resources or facilities available to Cou Other Income Ceremonial Role 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.

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

Clear

**A Public Document** 

Ceremonial Role Lven			Satione		
. Agency Name				Date Stamp	California Form 802
Alameda County					For Official Use Only
Division, Department, or Reg	on (if applicable)				I of official out only
Board of Supervisors					
Designated Agency Contact (	Name, Title)				
Sergio Ardila				Amendment (Must )	Provide 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 Inform	mation				\$18
Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$ _	φ10
Event Description: Alameda	County Fair	П	ate(s)	, 16 , 23	07 , 9 , 23
Event Description.	Provide Title/ Explan	ofion			
Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🔳 🛛 If	no: Alamed	a County Fair	
			yes:	Name of Source	
Was ticket distribution made	at the behest Yes	] No 🔳 🛛 If	yes:	Official's Name (Last, First)	
of agency official?				. ,	
Use Section A to identify the ager     A. Name of Agency, Department		Use Section B to ic Number of Ticket(s)/ Passes			ify an outside organization. Irsuant to the agency's policy
B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the	
		2		nonial Role 🔲 Other   king "Ceremonial Role" or "Other" of	lncome
Ferreira, Stacy		2			r facilities available to Co
			Cerer	monial Role Control Other	
C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy
4. Verification					

I have read and understand FPPP 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	7/19/23	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

Clear

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 \$18 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 📕 No 🗌 Event Description: Alameda County Fair Date(s) \_\_\_\_6 07 23 16 23 9 Provide Title/ Explanation If no: \_\_\_\_\_Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source Tam, Lena 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. 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 Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 2 Chandler, Emily To promote County resources or facilities available to Cou Other Income Ceremonial Role 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

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.

Sergio Ardila		Supervisor's Assistant	7/14/23	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 \$18 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 📕 No 🗌 Event Description: <u>Alameda County Fair</u> 07 23 9 06 16 23 Date(s) \_ Provide Title/ Explanation If no: Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source Tam, Lena 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. 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 Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: 0 Bybee Crystal

Dybee, Orystar			To promote County resources or facilities available to Cou		
			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		

#### 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	7/14/23	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				

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

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A Public Document

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**A Public Document** 

4	Agonov Namo				Date Stamp	California
1. Agency Name Alameda County			Date Stamp	Form 802		
	Division, Department, or Reg		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	sergio.ardila@acgo	v.org		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation				\$18
	Does the agency have a tick				Each Ticket/Pass \$	ψισ
	Event Description: Alameda	County Fair	[	Date(s)	, 16 , 23	07 9 23
		Provide Title/ Explai	nation	Fno. Alamed	a County Fair	
	Ticket(s)/Pass(es) provided	by agency? Yes [			Mama of Course	
	Was ticket distribution made	at the behest Yes		f yes: <u>Tam, L</u> e	ena	
	of agency official?	103			Official's Name (Last, First)	
_	, ,					
3.	Recipients					
	<ul> <li>Use Section A to identify the agen</li> </ul>	cy's department or unit.	Use Section B to i	dentify an individu	ial. Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's Passes			suant to the agency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	Bibian, Marisol		2	Ceren If chec	nonial Role 🔲 Other 📕 king "Ceremonial Role" or "Other" de	Income Income
				To promote	e County resources or	facilities available to Cor
				nonial Role D Other King "Ceremonial Role" or "Other" de		
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy

#### 4. Verification

I 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.

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

Ceremonial Role Events and Ticket/Pass Distributions				Α	<b>Public Document</b>	
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	
	Sergio Ardila				Amendment (Must P	Provide 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					\$18
	Does the agency have a ticl				Each Ticket/Pass \$	
	Event Description: <u>Alameda County Fair</u> Date(s) <u>06</u>				07 9 23	
	Ticket(s)/Pass(es) provided		🗌 No 🔳 📗	f no:Alamed	a County Fair	
				f yes:	Name of Source	
	Was ticket distribution made	at the behest Yes	🗋 No 📕 🏾 I	f yes:	Official's Name (Last, First)	
	of agency official?					
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	following:
	Basaldua, Trinidad		2	lf chec	nonial Role D Other	
				To promote	e County resources or	facilities available to Co
					nonial Role D Other C king "Ceremonial Role" or "Other" de	
	C. Name of Outside C (include address and	rganization t description)	Number of Ticket(s)/ Passes	Describe ti	ne public purpose made pu	rsuant 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. - 11- 172

	Sergio Ardila	Supervisor's Assistant	2/10/12
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:

Print Clear

Ceremonial Role Events and Ticket/Pass Distributions				Α	Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Regior	l (if applicable)			1	For Official Use Only
Board of Supervisors					
Designated Agency Contact (Na	me, Title)			1	
Sergio Ardila				Amondmont (Must	Provide Explanation in Part 3.)
	-mail				-rovide Explanation in Part 5.)
(510) 272-6693 s	ergio.ardila@acgc	ov.org		Date of Original Filing:	(month, day, year)
2. Function or Event Information	ation				<b>\$</b> 40
Does the agency have a ticket	policy? Yes	📕 No 🛄 🛛 F	ace Value of	Each Ticket/Pass \$ _	\$18
Event Description: Alameda C	ounty Fair Provide Title/ Expla	nation	06	, 16 , 23	07 9 23
Ticket(s)/Pass(es) provided by			no: Alamed	a County Fair	
				Name of Source	
Was ticket distribution made at the behest Yes I No If yes: <u>Tam, Le</u> of agency official?			Official's Name (Last, First)		
3. Recipients • Use Section A to identify the agency's department or unit. • A. Name of Agency, Department or Unit		Use Section B to id Number of Ticket(s)/ Passes	P		ify an outside organization. rsuant to the agency's policy
B. Name of Individ (Last, First)	ual	Number of Ticket(s)/ Passes		Identify one of the	following:
Arreola, Juan Carlos		2	If chec	nonial Role DOther King "Ceremonial Role" or "Other" de County resources or	
				nonial Role DOther [ king "Ceremonial Role" or "Other" d	
C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy

#### 4. Verification

I 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. - 110,100

Sergio Ardila		Supervisor's Assistant	7/14/3	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

Comment:



1.	Alameda County			Date Stamp	California 802	
					Form OUZ	
	Division, Department, or Region (if applicable)					For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Sergio Ardila				Amendment (Must Pri	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 Infor	mation				\$18
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$	φ10
	Event Description: Alameda	County Fair		Date(s)	16 23	07 , 9 , 23
		Provide Title/ Explan	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes		If no: <u>Alamed</u>	Name of Source	
	Was ticket distribution made	at the behest. You I		If yes: Tam, Le	ena	
	of agency official?			<b>,</b>	Official's Name (Last, First)	
_						
3.	Recipients					
	Use Section A to identify the ager	cy's department or unit. •		identify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	of Ticket(s)/ Describe the public purpose made pursuant to t		
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the fo	bllowing:
	Thabit, Osama			If chec	nonial Role Dother Marking "Ceremonial Role" or "Other" des	cribe below:
						facilities available to Cor
					nonial Role D Other king "Ceremonial Role" or "Other" des	
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	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	0+/2+/23	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				

Clear

Print

Ali Div De Se Are (5	gency Name ameda County vision, Department, or Reg bard of Supervisors signated Agency Contact ergio Ardila ea Code/Phone Number 10) 272-6693	(Name, Title)			Date Stamp	California Form 802 For Official Use Only
Div Bc De Se Are (5	vision, Department, or Reg pard of Supervisors signated Agency Contact ergio Ardila ea Code/Phone Number	(Name, Title)				Form OUZ
Bo De Se Are (5	oard of Supervisors signated Agency Contact ergio Ardila ea Code/Phone Number	(Name, Title)				For Official Use Only
De Se Are (5	signated Agency Contact ergio Ardila ea Code/Phone Number	E-mail				
Se Are (5 <sup>-</sup>	ergio Ardila ea Code/Phone Number	E-mail			1	
<b>Are</b> (5 <sup>-</sup>	ea Code/Phone Number					
<b>Are</b> (5 <sup>-</sup>	ea Code/Phone Number					
	10) 272-6693				Amendment (Must F	Provide Explanation in Part 3.)
2 E		sergio.ardila@acgc	ov.org		Date of Original Filing:	(month, day, year)
4.10	inction or Event Infor	mation				
Do	es the agency have a ticl	ket policy? Yes	No 🗆  F	ace Value of	Each Ticket/Pass \$	cket \$18 Parking \$15
Ev	ent Description: Alameda	a County Fair	C	Date(s)06	, 16 , 23	07 09 23
		Provide Title/ Explai	nation			
Tic	ket(s)/Pass(es) provided	by agency? Yes [	🗋 No 📕 🛛 If	no: Alameu	a County Fair	
10/5	as ticket distribution made	at the behast was r	- N If	yes: <u>Tam, Le</u>	ena	
	Was ticket distribution made at the behest Yes I No I If y of agency official?			,	Official's Name (Last, First)	
A	Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
B	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	1	Identify one of the f	
				Ceren	king "Ceremonial Role" or "Other" de nonial Role Other king "Ceremonial Role" or "Other" de	
c	Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
L	incoln Square Park and I	Recreation Center	56T 2P	To promote	County resources or	facilities available to Cou
2	250 10th St Oakland					

#### 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	07/27/23	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				





Ceremonial Role Events and Ticket/Pass Distributions					A	Public Document
1.	Agency Name Alameda County			Date Stamp	California Form 802	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sergio Ardila				Amondmont (Must R	rovide Explanation in Part 3.)
	Area Code/Phone Number E-mail				rovide Explanation in Part 5.)	
	(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filing:	(month, day, year)
_						(month, day, year)
2.	Function or Event Infor	mation				\$18
				Each Ticket/Pass \$	φ10	
	Event Description Alameda	Event Description: Alameda County Fair Date(s)			16 23	07 , 9 , 23
		Provide Title/ Explar	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	🗌 No 🔳 🛛 If	no: Alamed	a County Fair Name of Source	
				Tam, L	Name of Source ena Official's Name (Last, First)	
	Was ticket distribution made	e at the behest Yes [	] No 📕 🛙	yes	Official's Name (Last, First)	
	of agency official?					
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe tr	ie public purpose made pu	suant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the t	following:
	Garcia, Marisol		2		nonial Role 🔲 Other 📕	
			- C	To promote	e County resources or	facilities available to Co
					nonial Role 🛄 Other 🕻 king "Ceremonial Role" or "Other" de	
	C. Name of Outside C (include address an		Number of Ticket(s)/ Passes	Describe ti	ne public purpose made pu	rsuant 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	7/17/25
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			



	Agency Name				Date Stamp	California 802
Alameda County					Form OUZ For Official Use Only	
Division, Department, or Region (if applicable)						For Official Ose Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Sergio Ardila				Amendment (Must P	Provide 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 Inform	mation				\$18
	Does the agency have a tick	et policy? Yes	No 🗌	Face Value of	Each Ticket/Pass \$	
	Event Description: Alameda	County Fair		Date(s) 06	, 16 , 23	07 , 9 , 23
		Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	🗌 No 🛄	If no: Alamed	Name of Source	
	Was ticket distribution made	at the behast . Var I	I No III	If yes: Tam, Le	Official's Name (Last, First)	
	of agency official?	at the benear rest			Official's Name (Last, First)	
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit. •		identify an individu	ual. Use Section C to Identi	fy an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/		Identify one of the	following:
	(Lasi, / //.	50	Passes	Cara	nonial Role 🔲 Other 📕	
	Colon, Melainie		2		king "Ceremonial Role" or "Other" de	
				To promote	e County resources or	facilities available to Co
					nonial Role Other China Coremonial Role" or "Other" de	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ie public purpose made pu	rsuant to the agency's policy
_						

#### 4. Verification

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

۷.	Sergio Ardila	Supervisor's Assistant	+/77/23
Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

Print

С	eremonial Role Even	ts and Ticket/P	ass Distri	butions	A	Public Document
1. Agency Name					Date Stamp	California Form 802
	Alameda County				,	
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)			1	
	Sergio Ardila				Amendment (Must P	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Tovide Explanation in Fatt 5.)
	(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				\$18
	Does the agency have a ticl				Each Ticket/Pass \$	
	Event Description: <u>Alameda County Fair</u> Date(s) <u>06</u>				07 9 23	
	Ticket(s)/Pass(es) provided	by agency? Yes	🗆 No 🔳 👘	f no: <u>Alamed</u>	a County Fair	
				Tam, L	ena	
	Was ticket distribution made at the behest Yes I No I If yes: If yes:				Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the ager	cy's department or unit. •	Use Section B to i	1		
	A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency		suant to the agency's policy
	B. Name of Ind	vidual	Number of Ticket(s)/		Identify one of the f	following:
	(Last, Fin	st)	Passes			
	Rose, Gina		2	If chec	nonial Role 🔲 Other 📕	
				To promote	e County resources or	facilities available to Co
			_		nonial Role 🔲 Other 🗋 kling "Ceremonial Role" or "Other" de	
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe ti	ne public purpose made pu	rsuant to the agency's policy
		9.				

#### 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. 0/20/20

	Sergio Ardila	Supervisor's Assistant	4124123
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

**A Public Document** 

1. Agency Name				Date Stamp	California 802	
	Alameda County					Form OUZ
	Division, Department, or Regi	on (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)			1	
	Heather Cartwright				Amendment (Must F	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				\$18 tix/ \$15 parking
	Does the agency have a tick				Each Ticket/Pass \$	
	Event Description: Alameda	a County Fair	Da	ate(s) June	<u>, 16 , 202<del>,</del></u>	July 9 , 202
		Provide Title/ Expland	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes			a County Fair	
	Men tight distribution mode	at the behast No. C	T NA ME If	yes: <u>Hauber</u>	t, David	
	Was ticket distribution made of agency official?		NO 🛄 🦈		Official's Name (Last, First)	
	of agency official:					
3.	• Use Section A to identify the ager	cy's department or unit. • L	Ise Section B to id	entify an individe	ual. Use Section C to ident	, ify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the	following:
					nonial Role 🔲 Other [ king "Ceremonial Role" or "Other" d	
	5 <u></u>				nonial Role D Other	
	C. Name of Outside C (include address and	organization d description)	Number of Ticket(s)/ Passes	Describe ti	he public purpose made pu	ursuant to the agency's policy
	Alameda County Building	Trades-7750 Parde	12tix/4park	To promote	e County-run, sponso	red or supported commun
	Coalition of 28 affiliated u	nions representing v				

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

	Heather D. Cartwright	Supervisor's Assistant	91140
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			





A Public Document

Ceremonial Role Events	and nekeling	199 11911	Julions		A Fublic Document
1. Agency Name	Date Stamp	California 802			
Alameda County					
Division, Department, or Region		For Official Use Only			
Board of Supervisors					
<b>Designated Agency Contact</b> (Nat	me, Title)				
Heather Cartwright				Amendment (Mu	st Provide Explanation in Part 3.)
Area Code/Phone Number E	mail				
(510) 272-6691 h	eather.cartwright2(	@acgov.org		Date of Original Filin	(month, day, year)
2. Function or Event Informa	ation				\$18 tix/ \$15 parking
Does the agency have a ticket	policy? Yes	No 🗖 📑	ace Value of	Each Ticket/Pass \$	
Event Description: <u>Alameda C</u>	ounty Fair	D	ate(s) June	, 16 , 202	July 9 , 202
	Provide Title/ Explan	ation			
Ticket(s)/Pass(es) provided by	agency? Yes			a County Fair	
Man ticket distribution mode of	the behast or	n == If	yes: Hauber	t, David	
Was ticket distribution made at of agency official?	t the benest Yes L	] No 🔳 👖		Official's Name (Last, Fi	rst)
of agency official?					
3. Recipients					
<ul> <li>Use Section A to identify the agency's</li> </ul>	s department or unit. • L	Jse Section B to ic	lentify an individu	al. Use Section C to ide	entify an outside organization.
A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made	pursuant to the agency's policy
······					
B. Name of Individ	ual	Number of Ticket(s)/ Passes		Identify one of t	he following:
				nonial Role D Othe king "Ceremonial Role" or "Othe	
				nonial Role DOthe Ving "Ceremonial Role" or "Othe	
C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Passes	Describe th	e publiç purpose made	pursuant to the agency's policy
Livermore Wine Growers As	sociation-3585 G	8tix/1park	To promote	County-run, spons	sored or supported commun
To advance, protect & prom	ote the quality wir ₽				
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.

He	eather D. Cartwright	Supervisor's Assistant	0/1/473
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

A Public Document

U	eremonial Role Even	is and fickeur	ass Dist	ibulions		A Public Documer
1. Agency Name					Date Stamp	California 80
Alameda County						
	Division, Department, or Regi	1	For Official Use Only			
	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 Inform	mation				\$168.00
	Does the agency have a tick				Each Ticket/Pass \$	
	Event Description: Alameda	a County Fair		Date(s) June	<u>, 16 , 202<del>,</del></u>	July 9 , 202
		Provide Title/Explai	nation		la County Fair	
	Ticket(s)/Pass(es) provided	by agency? Yes [			Mama of Course	
	Was ticket distribution made	at the behest. Voo I		If yes: <u>Hauber</u>	t, David	
	of agency official?	at the beliest rest			Official's Name (Last, Fir	st)
3.	Recipients • Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individ	ual. Use Section C to ide	entify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made	pursuant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/		Identify one of t	he following:
5	(Last, Fin	st)	Passes		monial Role 🔲 Othe	r 🗋 Income
	Jennings, Estella		1		monial Role D Othe	
	Jernings, Estend			To promote	e County resources	or facilities available to C
	Zhou, Tammy		1		monial Role D Othe	er Dincome
				To promote	e County resources	or facilities available to C
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	he 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.

/	Heather D	. Cartwright	Supervisor's Assistant	0/1/125
Signature of Agency Head or Designee	-	Print Name	Title	(montil, day, year)
Comment:				



**A Public Document** 

_	A sensy Name				Date Stamp	California 000
1.	Agency Name	Date otamp	Form 802			
	Alameda County Division, Department, or Regi		For Official Use Only			
	Board of Supervisors					
	Designated Agency Contact (	Name Title)				
	• • •					
	Heather Cartwright Area Code/Phone Number	E-mail			Amendment (Mus	t Provide Explanation in Part 3.)
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing	;(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	ket policy? Yes	No 🗆 🗧	ace Value of I	Each Ticket/Pass \$	\$18 tix/\$15 parking
	Event Description: Alameda			June	, 16 , 202 <del>,</del>	July , 9 , 2022
	Event Description:	Provide Title/ Explai	nation			/
	Ticket(s)/Pass(es) provided	by agency? Yes [	🗌 No 📕 🛛 If	no: <u>Alamed</u>	a County Fair	
			14	yes: Hauber	Name of Source t, David	
	Was ticket distribution made	e at the behest Yes [	🗌 No 🔳 📲	yes.	Official's Name (Last, Firs	st)
	of agency official?					
3.	• Use Section A to identify the agen	cy's department or unit.		dentify an individu	ual. Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	oursuant to the agency's policy
			n n			
	B. Name of Indi (Last, Fin		Number of Ticket(s)/ Passes		Identify one of th	e following:
	Various (See attached list	)	250tix/10p		nonial Role D Other king "Ceremonial Role" or "Other"	
	·	-		To promote	e attendance at ever	nts held a County facility
					nonial Role DOther King "Ceremonial Role" or "Other	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	oursuant to the agency's policy

#### 4. Verification

have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. ×16

Signature of Agency Head or Debi	1	her D. Cartwright	Supervisor's Assistant	(month, day, year)
Comment:				
	Print	Clear	EDDC Toll Erro Hololino, 96	FPPC Form 802 (2/2016)

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**A Public Document** 

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form UUZ
	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			Amendment (Must prov.	ide explanation in Part 3.)
	(510) 272-6692		risty@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				10/15
	Does the agency have a ticket		Yes 🛛 No 🗌	Face Value o	f Each Ticket/Pass \$	18/15
	Event Description 2023 Alam	eda County F	air	Date(s) 06		1 1
	Event Description	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No 🛛	If no: Alamed	da County Name of Source	e
	Was ticket distribution made a	t the behest	No 🗌 Yes 🖸	a Ifvos Marqu	ez, Elisa- Supervisor Di	istrict 2
	of agency official?				Official's Name (Las	t, First)
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
	B. Name of Individua (Last, First)	i	Number of Ticket(s)/ Pass(es)		Identify one of the following	r:
	Gonzalez, Alejandro		5		community or his or her service c	Income
	Rodriquez, Itzel		5	To reward a volunteer for to the public	community • his or her service	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	.Bescupe no.bar	<b></b>	ie agency's policy
<u> </u>	Verification					

## Verification I 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.

Gabriela Christy	Supervisor's Assistant	10/27/b023
Print Name	Title	(Month Day, Year)

A Public Document

-						TTT abile bocallent
1.	Agency Name				Date Stamp	California 802
	Alameda County			Form <b>UUZ</b>		
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (	Name Title)				
		Nume, me,				
	Gabriela Christy				Amendment (Must pro	ovide explanation in Part 3 )
	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 Inform	mation				
	Does the agency have a ticke		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	18/15
	Event Description 2023 Alam	eda County F	air	Deta(a) 06	, 16 , 23	
	Event Description	Provide Title/Expl	anation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No [	If no: Alame	da County Name of Sou	
	Mfr. C.L. A. distribution marks	4 4 h a h a h a a 4		Marqu		
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes 🛛	If yes:	uez, Elisa- Supervisor I Official's Name (La	ast. First)
-						
3.	• Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to Identi	fy an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant l	to the agency's policy
	B. Name of Individua (Last, First)	al .	Number of Ticket(s)/ Pass(es)		Identify one of the followir	ng:
	Guion Sylvia			To reward a c	community	Income
	Guien, Sylvia			volunteer for his or her service		
			5			
				to the public		
	Higares, Fredrick			To reward a	community	Income
	riigaroo, rioanok				or his or her service	9
			Number of	to the public	·	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant (	to the agency's policy
	<u>.</u>					
_	Verification					
4.	verincation					

## 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	6 27 23
Signature of Agency Head of Designee	Print Name	Title	(Month, Day, Year)

**A Public Document** 

						All ablie Deculient	
1.	Agency Name		Date Stamp	California 802			
	Alameda County			Form 002			
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Board of Supervisors						
	<b>Designated Agency Contact</b>	(Name, Title)					
	Gabriela Christy						
	Area Code/Phone Number	E-mail			Amendment (Must prov	ide explanation in Part 3.)	
	(510) 272-6692	Gabriela.Ch	risty@acgov	.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation				10///2	
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	18/15	
	Event Description 2023 Alan	eda County F	air	Date(s)06	16 , 23	1 1	
		Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No	If no: Alamed	da County Name of Source		
				MAD			
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes:	ARRVER, Elisa -Superisch Deretz Official's Name (Last, First)		
-					· · · · · · · · · · · · · · · · · · ·		
3,	• Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to identify	an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy		
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	;:	
	12			Ceremonial Role	Other D	Income	
				Ceremonial Role	Other describe below:	Income	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	organization f	chool or nonprofit for its contributions to	agency's policy	
	La Familia 24301 Southland Hayward, CA 94545	i Dr #300,	30/2	the communit	ty		
	We provide underserved me communities with the tools			necessary to build r	esilience, wellness, and	l economic power.	
A	Varification						

#### 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	6 27 23
Signature of Ag ncy Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

A 175 -

			Revi ass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Region	n (If Applicable	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Na	nme, Title)			1	
	Gabriela Christy					
	Area Code/Phone Number E	-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	risty@acgov	.org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	ation				
	Does the agency have a ticket p	olicy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	18/15
	Event Description 2023 Alamed	a County F	air	Date(s)6	<i>i</i> , 16 , 23	////
	Event Description	rovide Title/Expl	anation			//
	Ticket(s)/Pass(es) provided by a	agency?	Yes 🔲 No	If no: Alame	da County	
					Name of Sou	
	Was ticket distribution made at t	he behest	No 🗌 Yes	If yes: Marqu	uez, Elisa- Supervisor I Official's Name (Li	DISTRICT 2
_	of agency official?				Oniciai s Name (E	ast, riistj
3.	• Use Section A to identify the agency's	department or	1	tion B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department	or Unit	Number of Ticket(s)/ Pass(es)	s)/ 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 followir	ng:
					Other I	Income
				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income
	C. Name of Outside Organiza (include address and descri	ption)	Number of Ticket(s)/ Pass(es)		hool or nonprofit	ክe agency's policy
	Fremont Family Resource Cer Liberty St, Fremont, CA 94537		30/2	organization fo	or its contributions to	
	innovatively combines the bes more than 20 State, County, C				ervice organizations wo with strong, healthy inc	
4.	Verification					

## 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	4/27/2023
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

					A Public Documer
. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or I	Region (If Applicable	<i>»)</i>			For Official Use Only
Board of Supervisors					
<b>Designated Agency Conta</b>	act (Name, Title)				
Gabriela Christy					
Area Code/Phone Numbe	r E-mail			Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6692		risty@acgov	.org	Date of Original Filing: _	(Month, Day, Year)
. Function or Event In	formation				40/45
Does the agency have a ti		Yes 🖾 No	Face Value o	f Each Ticket/Pass \$	18/15
Event Description 2023 A	lameda County F	air	Date(s) 06	, 16 , 23	
	Provide Title/Expl	anation			
Ticket(s)/Pass(es) provide	d by agency?	Yes 🗌 No	If no: Alamed	a County	
				Name of Sou	
Was ticket distribution mad	de at the behest	No 🗌 Yes 🛛	If yes: Marqu	ez, Elisa- Supervisor I Official's Name (Le	District 2
of agency official?				Officials Name (La	ast, First)
. Recipients					
Use Section A to identify the ag	gency's department or	unit. • Use Sec Number of	tion B to identify an individu	al. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Depa	rtment or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
B. Name of Indiv (Last. First)	vidual	Number of Ticket(s)/		Identify one of the followir	ng:
(Last, First)		Pass(es)			
				Other L al Role" or "Other" describe below:	Income
			Ceremonial Role If checking *Ceremoni	Other al Role" or "Other" describe below:	income [
C. Name of Outside Or (include address and		Number of Ticket(s)/ Pass(es)	If checking *Ceremoni	al Role" or "Other" describe below: ic purpose made pursuant t	
	description) Service Center	Ticket(s)/	If checking *Ceremoni	al Role" or "Other" describe below:	

er an e

CEL		s and ne	Acurass Di	suibulions		A Public Documen
1. A	gency Name				Date Stamp	California 802
А	lameda County					
Di	vision, Department, or Regio	n (If Applicable)		For Official Use Only		
В	oard of Supervisors					
	esignated Agency Contact (N	lame, Title)				
G	abriela Christy					
		E-mail			Amendment (Must pr	ovide explanation in Part 3.)
			risty@acgov.org		Date of Original Filing:	(Month, Day, Year)
	unction or Event Inform		,0,0,0			(Morun, Day, Year)
	bes the agency have a ticket		f Each Ticket/Pass \$	18/15		
E٧	vent Description	Provide Title/Expl	lanation	Date(s)06		//
<b>T</b> .	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Alamed				da County	
110	sket(s)/Fass(es) provided by	agency	Name of Sou			
	as ticket distribution made at	the behest	No 🗌 Yes 🛛	If yes: Marqu	uez, Elisa- Supervisor	District 2
0	of agency official?		-	Official's Name (L	ast, First)	
	ecipients					
, <del>•</del> L	Jse Section A to identify the agency's	7 7	3 to identify an individu	al. • Use Section C to ident	ify an outside organization.	
A	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
_			Number of			
B	Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:
-					Other	Income
-					Other Cial Role" or "Other" describe below:	Income
C	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
U	nion City Family Center 725	Whipple		To reward a sc	hool or nonprofit	
R	oad Union City, CA 94587		30/2		or its contributions to	)
	ne Union City Family Center innovative community sch			the community	7	
I. Ve	erification		du du			
l ha	ve read and understand FPPC Regulat	tions 18944.1 and	1 18942. I have verified	that the distribution set f	orth above, is in accordance wit	h the requirements.
	1		Gabriela Christ	У	Supervisor's Assistant	4/29/23
-	VSignature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)

Comment: \_

A Public Document

						AT able becallen
1. Agen	cy Name				Date Stamp	California 802
Alame	eda County			Form UUZ		
Divisio	on, Department, or Reg	ion (If Applicable	<i>;)</i>			For Official Use Only
Board	of Supervisors					
	ated Agency Contact	Name, Title)				
Gabrie	ela Christy					
	ode/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	272-6692	Gabriela.Ch	risty@acgov.	org	Date of Original Filing: _	(Morith, Day, Year)
	tion or Event Infor					(NOTILI, Day, Teal)
	he agency have a ticke		Yes 🛛 No 🕻	- Face Value o	f Each Ticket/Pass \$	18/15
	2023 Alam	eda County F				
Event I	Description	Provide Title/Expl		//		
<b>T</b> : -1 4/			If no: Alamed	da County		
l icket(	Ticket(s)/Pass(es) provided by agency? Yes 🗋 No				Name of Sou	
Was tio	ket distribution made a	it the behest	No 🗌 Yes 🛙	If ves: Marqu	uez, Elisa- Supervisor I	District 2
of age	ency official?				Official's Name (La	ast, Firs <b>t)</b>
3. Recip	pients					
• Use Se	ection A to identify the agenc	y's department or		tion B to identify an individu	al. • Use Section C to identif	fy an outside organization.
Α.	Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
 В.	Name of Individua	al	Number of Ticket(s)/		Identify one of the followin	a:
	(Last, First)		Pass(es)			
				Ceremonial Role If checking "Ceremoni	Ather describe below;	Income
				Ceremonial Role If checking *Ceremoni	Other describe below:	Income
C.	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub To reward a scho	lic purpose made pursuant t	o the agency's policy
	io Vasquez Health Ce n Blvd, Hayward, CA		30/2		its contributions to	
	has delivered cultural tically appropriate hea			services to resident years.	s of southern Alameda	County, for over 40
4. Verifi I have rea		lations 18944.1 and	1 18942. I have ver Gabriela Ch		orth above, is in accordance with Supervisor's Assistant	the requirements.

Gabriela Christy Supervisor's Assistant Signature of Agency Head of Designee Print Name Title (Month Day

Comment:

#### Agency Report of: onto and Tickot/Pass Distributions

Ce	remonial Role Events	s and lici	kev Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
Ĩ	Division, Department, or Regio	n (If Applicable)	)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Na	ame, Title)				
	Gabriela Christy					
12		-mail			Amendment (Must pr	ovide explanation in Part 3.)
-		Gabriela.Chr	isty@acgov	.org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	ation				40/45
	Does the agency have a ticket p		Yes 🔀 No	Face Value o	f Each Ticket/Pass \$	18/15
E	Event Description 2023 Alame	da County For Provide Title/Expla	air Anation	Date(s)6	, 16 , 23	//
-	Ticket(s)/Pass(es) provided by a	agency?	Yes 🔲 No	If no: Alame	da County	
					Name of Sou	
١	Nas ticket distribution made at a	the behest	No 🗌 Yes	If yes: Marqu	uez, Elisa- Supervisor Official's Name (L	District 2
	of agency official?				Unicial S Name (L	
	Recipients Use Section A to identify the agency's	department or u	unit. • Use Sec	tion B to identify an individ:	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department	or Unit	Number of	Describe the pub	lic purpose made pursuant	to the agency's policy
3			Ticket(s)/ Pass(es)			
-						
e I	B. Name of Individual		Number of Ticket(s)/		Identify one of the followi	ng:
3		_	Pass(es)	Ceremonial Role	Other	Income
					ial Role" or "Other" describe below;	
				Ceremonial Role	Other	
				If checking "Ceremon	ial Role" or "Other" describe below:	
1	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	to the agency's policy
7	LOV of Newark 8440 Central	Ave. Suite		- To reward a scho	1	
	A/B Newark, CA 94560		30/2	the community	ts contributions to	
	For over 40 years, LOV has to lives of Tri-City children,senio			people in need.		
4. \	Verification					
ļ	have read and understand FPPC Regulat	ions 18944.1 and	18942. I have ve	orified that the distribution set f	forth above, is in accordance wit	h the requirements.
			Gabriela C	hristy	Supervisor's Assistant	Le 27/23
	V Signature of Agency Head or Designee		Print Nam	ne	Tītle	(Month, Day, Year)

V Signature of Agency Head or Designee

_		_	_	_
	Print I	Varn	1e	

(Month, Day, Year)

Comment:

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	ion (If Applicabl	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	nristy@acgov	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🔀 No	Face Value o	f Each Ticket/Pass \$	18/15
	2023 Alam	eda County		Date(s)	, 16 , 23	
	Event Description	Provide Title/Exp		Date(s)	/	
	Ticket(s)/Pass(es) provided by	v agency?	Yes 🗌 No	If no: Alame	da County	
		, agono, .			Name of Sour	
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Marqu	iez, Elisa- Supervisor [	District 2
_	of agency official?				Official's Name (La	ast, Hirst)
3.	Recipients					
	Use Section A to identify the agency	y's department o	r unit. • Use Sec Number of	tion B to identify an individu I	al. • Use Section C to identil	ly an outside organization.
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	·					
			Munches			
	B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the followin	ıg:
				Ceremonial Role	Other	Income
				n one dang coronion		
				Ceremonial Role If checking "Ceremon	l Other L	income
		1	Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	To reward a set	lool or nonprofit	- the agency's policy
	Eden Youth & Family Cente	r 680 W			r its contributions to	
	Tennyson Rd, Hayward, CA		30/2	the community		
	To promote equitable acces				licy advocacy that part	nerships, and policy
	coordinated services, strated	gic		advocacy that		-
	Verification					
1	Thave read and understand FPPC Regul	lations 18944.1 an	nd 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements,
			Gabriela C	hristy	Supervisor's Assistant	4 27 23
١	Signature of Agency Head or Dasignee		Print Nam	e	Title	(Month, Day, Year)

C	eremonial Role Even	its and Ticket/Pa	ass Distr	ibutions	Α	<b>Public Document</b>
	Agency Name				Date Stamp	California 802
	County of Alameda					
	Division, Department, or Reg	i <b>on</b> (if applicable)				For Official Use Only
	County Administrator's Office	ce				
	<b>Designated Agency Contact</b>	(Name, Title)				
	Brian Santos, Administrativ	e Associate			Amendment (Must P	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				rondo Explanation in Lan 3.7
	(510) 272-6332	Brian.Santos@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				40.00
	Does the agency have a tic	ket policy? Yes 🛛	No 🔲 🛛	Face Value of	Each Ticket/Pass \$	18.00
	Event Description: Alameda	a County Fair Provide Title/ Explan	ation		<u>, 16 , 23 </u>	7 9 23
	Ticket(s)/Pass(es) provided		No 📕 🛛	f no:Alamed	la Fair	
			( <u>)</u>	f yes: Susan	Marrie of Oarries	
	Was ticket distribution made of agency official?	e at the behest Yes □	] No 🔳 🛛	f yes:	Official's Name (Last, First)	
	Use Section A to identify the agen     A. Name of Agency, Dep		Jse Section B to Number of Ticket(s)/ Passes			fy an outside organization. rsuant to the agency's policy
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the	following:
	Cruz, Joseph		15	lf chec	nonial Role DOther M king "Ceremonial Role" or "Other" de Appreciation	Income Income
					noniat Role 🔲 Other 🕻 king "Ceremonial Role" or "Other" de	
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
	·					

#### 4. Verification

2

2

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.

Signature of Agency Head or Designee	Joseph Cruz Print Name	Admin . Assoc.	(month, day, year)
Comment:			
Print	Clear		FPPC Form 802 (2/2016)

**A Public Document** 

-						
1.	1. Agency Name				Date Stamp	California 802
	Alameda County Health Care Services					
	Division, Department, or Region (if applicable)					For Official Use Only
	Department of Environment	al Health				
	Designated Agency Contact (	Name, Title)				
	Bennie Brazelton Griego				Amendment (Must Pr	uvide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510-567-6777	ben.brazelton-grieg	o@acgov.org	)	Date of Original Filing: _	(month, day, <del>ye</del> ar)
2.	Function or Event Inform	mation				
	Does the agency have a tick	ket policy? Yes	No 🗖 F	ace Value of I	Each Ticket/Pass \$	18.00
	Event Description: Alameda	a County Fair	D	ote(s) 06	, 17 , 23	07 , 10 , 23
	Event Description.	Provide Title/ Explan		/ale(3)		
	Ticket(s)/Pass(es) provided	by agency? Yes	📕 No 🔲 🛛 If	no:	Name of Source	
				Susan N	Name of Source Muranishi County Adm	inistrator
	Was ticket distribution made	e at the behest Yes [		yes	Official's Name (Lest, First)	
	of agency official?					
3.	Recipients					
	<ul> <li>Use Section A to identify the agen</li> </ul>	cy's department or unit.	Use Section B to id	dentify an individu	al. Use Section C to identify	an outside organization.
	A Name of America Dama		Number	Describe th	e public purpose made purs	uant to the exercute nellow
	A. Name of Agency, Depa	irtinent of Unit	of Ticket(s)/ Passes	Describe up	a hanne huihosa maga huis	utant to the agency a poncy
	Department of Environme	ntal Health	20	to promote, morale and	encourage, reward or	support employee
	3			morale and	Telefillion	
			Number			
	B. Name of Indi (Last, Fire		of Ticket(s)/ Passes		Identify one of the fo	flowing:
					onial Role 🔲 Other 🗌	
				lf check	ing "Ceremonial Role" or "Other" des	cribe below:
					onial Role 🔲 Other 🔲	Income
				if check	ing "Ceremonial Role" or "Other" des	cribe below:
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pura	uant to the agency's policy
	1					
-				L		

#### 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.

	BEN BRAZELTON GRIEGO	ADM.SPEC.II	6/23/23
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Prin	t Clear	FPPC Toll-Free Helpline: 8	FPPC Form 802 (2/2016) 86/ASK-FPPC (866/276-3772)

**A Public Document** 

9	eremonial Note Events and Ticket	n ass Distri	butions	<b>r</b>	T upile Document
	Agency Name			Date Stamp	California 802
	County Administrator's Office				Form OUZ
	Division, Department, or Region (if applicable)				For Official Use Only
	County Administrator's Office - Budget and Fin	nance Unit			
	Designated Agency Contact (Name, Title)				
	Susan S. Muranishi, County Administrator			Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number E-mail				6/30/23
	(510) 272-6984 countyadministra	ator@acgov.org		Date of Original Filing	(month, day, year)
2.	Function or Event Information				18
	Does the agency have a ticket policy? Ye			Each Ticket/Pass \$ _	10
	Event Description: Alameda County Fair	D	Date(s)	<u>, 16 , 23 </u>	07 , 09 , 23
	Provide Title/ Ex	Inlanation			
	Ticket(s)/Pass(es) provided by agency? Ye	es 🔲 No 🔳 🛛 I	f no:Alamed	a County Fair Assoc	
	Mos tisket distribution made at the behast of		f yes:		
	Was ticket distribution made at the behest $\dot{\gamma}_{e}$ of agency official?	es 🗋 No 🔳 🦷	- you	Official's Name (Last, First	)
	Use Section A to identify the agency's department or unit	. • Use Section B to i Number of Ticket(s)/ Passes			tify an outside organization. ursuant to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	following:
	Leocario, Brenda	15	If chec.	nonial Role DOther king "Ceremonial Role" or "Other" o Appreciation	
				nonial Role D Other king "Ceremonial Role" or "Other" of	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	ne public purpose made po	ursuant 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.

Ver Verlagt	BRENDA V. LEOCARIO	ADMIN. ASSOCIATE, CAO	06/30/23	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				
Prin	t Clear	FPPC Toll-Free Helpline: 866/A	FPPC Form 802 (2/2016) SK-FPPC (866/275-3772)	

С	eremonial Role Even	ts and Ticket/P	Pass Distri	butions	Α	Public Docum	ent
1.	Agency Name				Date Stamp	California 80	12
	County of Alameda						
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	У
	County Administrator's Offic	e, Risk Managemen	it Unit				
	Designated Agency Contact	Name, Title)			1		
					Amendment, (Must Pri	Vide Explanation in Part 3.	
	Area Code/Phone Number E-mail						
	510-272 <b>-</b> 6451	theresa.quan@acg	jov.org		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticl				Each Ticket/Pass \$	18.00	<
	Event Description: Alameda	a County fair tickets	D	ate(s)	, 16 , 2023	7 9 , 2023	}
	Ticket(s)/Pass(es) provided	Provide Title/ Explain by agency? Ves		no:			
	Ticket(s)/Pass(es) provided by agency? Yes No I If no:				Name of Source		-
	Was ticket distribution made at the behest Yes 🔲 No 🔳 🖯 <sup>If yes:</sup>				Official's Name (Last, First)		-
	of agency official?						
3.	Recipients						
	• Use Section A to identify the ager	icy's department or unit.	Use Section B to id	dentify an individ	ual. Use Section C to identify	an outside organization.	
	A. Name of Agency, Depa	intment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's pol	icy
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
	Quan, Theresa		6		nonial Role 🔲 Other 📰 king "Ceremonial Role" or "Other" des the fair	Incor cribe below:	me 🗌
					nonial Role D Other des king "Ceremonial Role" or "Other" des		me 🗌
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe ti	ne public purpose made purs	uant to the agency's poli	icy
						i.	

#### 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.

-	Theresa Quan	Specialist Clerk II	06/30/2023	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:			·	
Print	Clear		FPPC Form 802 (2/2016)	

#### Agency Report of: nial Pala Evante and Ticket/Pase Distributions -

A Public Decument

ceremonial Role Evel	its and licket/P	ass Distri	putions		A Public Docume
. Agency Name				Date Stamp	California Form <b>80</b>
County of Alameda					Form OU
Division, Department, or Re	gion (if applicable)			1	For Official Use Only
County Administrator's Off	ice				
Designated Agency Contact	. (Name, Title)			1	
Susan Muranishi				Amondmont (14	
Area Code/Phone Number	E-mail				ust Provide Explanation in Part 3.)
	susan.muranishi@a	acgov.org		Date of Original Fili	ng: <u>4/30/23</u> (month, day, year)
2. Function or Event Info	rmation				
Does the agency have a tid	cket policy? Yes	No 🗆 🖡	ace Value of	Each Ticket/Pass \$	18.00
Event Description: Alamed	a County Fair		Date(s)	1623	07 09 23
	Provide Title/ Expla	nation	Alamed	la County Fairgrou	nds
Ticket(s)/Pass(es) provide	I by agency? Yes [			Mame of Source	
Was ticket distribution mac of agency official?	e at the behest Yes [	🗋 No 🔳 🛙	fyes: <u>Muranis</u>	shi, Susan Official's Name (Last, F	iirst)
Use Section A to identify the age     A. Name of Agency, Dep	and the loss of the	Use Section B to i Number of Ticket(s)/ Passes	1.		entify an outside organization.
B. Name of In (Last, F		Number of Ticket(s)/ Passes		Identify one of	the following:
Santos, Brian		10	If chec	nonial Role DOth king "Ceremonial Role" or "Oth Appreciation	er Income er" describe below:
			Ceren	nonial Role D Oth king "Ceremonial Role" or "Oth	
C. Name of Outside (include address ar		Number of Ticket(s)/ Passes	Describe th	ne public purpose made	e 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.

· · · · · · · · · · · · · · · · · · ·	Brian Santos	Administrative Associate	06/30/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Print	Clear	F	PPC Form 802 (2/2016)

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

1.	I. Agency Name			Date Stamp California		
	County Administrator's Offic	<u>م</u>				Form 802
	Division, Department, or Reg			-	For Official Use Only	
	Risk Management Unit					
	Designated Agency Contact	(Name, Title)			-	
	Brian S Santos, Administrat	ive Associate				
	Area Code/Phone Number	E-mail			Amendment (Must I	Provide Explanation in Part 3.)
	510-272-6332	brian.santos@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	No 🗆 F	ace Value of	Each Ticket/Pass \$	18.00
	Event Description: Alameda			oto(c) 06	<u>, 16 , 23 </u>	07 , 09 , 23
		Provide Title/ Explai	nation	ale(s)	//	/
	Ticket(s)/Pass(es) provided	by agency? Yes	📕 No 🗌 🛛 If	no:	Name of Source	
	Was ticket distribution made	at the behast aver		yes:		
	of agency official?	at the benest Yes	🗌 No 🔳 👖	yes	Official's Name (Last, First)	
_	or agency official:					
3.	Recipients					
	<ul> <li>Use Section A to identify the agen</li> </ul>	cy's department or unit.	Use Section B to ic	lentify an individu	ual. Use Section C to identi	ify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
			Number			
	B. Name of Indi (Last, Fire		of Ticket(s)/ Passes		Identify one of the	following:
	Songco-Daluz, Maria		2		nonial Role D Other	
	0			CAO Staff N	Vember	
-				nonial Role D Other C		
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
_			L			

#### 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.

	Maria Songco-Daluz	Worker's Comp. Administrator	7/3/2023	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				
Print	Clear	-	FPPC Form 802 (2/2016)	

1.	Agency Name		<u> </u>	Date Stamp	California	000
		y of Alameda (	County		Form	802
	Division, Department, or Reg	ion (if applicable)			For Official	Jse Only
		l of Superviso	ors			
	Designated Agency Contact (	Name, Title)				
		y Strasburg				
	Area Code/Phone Number	E-mail		Amendment (Must Pro	vide Explanation in	Part 3.)
-	510-670-5717	Ashley. Strasbu	ing Gacgaviorg	Date of Original Filing:	(month, day, yea	1)
2.	Function or Event Inform	mation			All	
	Does the agency have a tick	ket policy? Yes X	No 🔲 Face Value of	Each Ticket/Pass \$	18/15	
	Event Description: 2023	Alameda County Provide Title/ Explanation			7,9,	<u>a</u> 3
	Ticket(s)/Pass(es) provided			Name of Source		
	Was ticket distribution made of agency official?	at the behest Yes 🕅 N	No 🔲 If yes: Miley	Official's Name (Last, First)	or, District	-4
3.	<b>Recipients</b> <ul> <li>Use Section A to identify the agen</li> </ul>	cy's department or unit. • Use Sr	ection B to identify an individu	al. Use Section C to identify	an outside organiz	zation.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Adrienne Bareilles	a	Ceremonial Role Other Income Income Income Income To promote County resources or facilities available to county of A lameda residents.
Geoffrey Peete	13	Ceremonial Role Other I Income Income I Income I Income I Income I Income I Income I Income Country resources or Arcilities available to County of Alameda residents
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.

	Ashley Strasburg	Supervisor's Assistant	8/2/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

Print

	eremonial Role Events and Ticket/Pass Distributions			Α	<b>Public Document</b>
1.	Agency Name County of Alameda County			Date Stamp	California Form 802
	Division, Department, or Region (If applicable)				For Official Use Only
	Board of Superv	nsovs			
	Designated Agency Contact (Name, Title)				
	Ashley Strasburg				
	Area Code/Phone Number E-mail				ovide Explanation in Part 3.)
	510-670-5717 Ashley.stra	sburg O	acgov.org	Date of Original Filing: .	(month, day, year)
2,	Function or Event Information				
	Does the agency have a ticket policy? Yes	⊠ÍNo⊡ F	Face Value of	Each Ticket/Pass \$	18/15
	Event Description: 2023 Alameda Cour	nation	• •	16,23	7,9,23
	Ticket(s)/Pass(es) provided by agency? Yes	No 1	fno: <u>Alan</u>	reda County	
	Was ticket distribution made at the behest Yes [2]. No I If yes: Miley, Nate - Supervisor, District 4 of agency official?				or, District 4
3.	• Use Section A to identify the agency's department or unit.	Use Section B to I	ldentify an individu	al. Use Section C to identify	v an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	uant to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		identify one of the fo	llowing:
	Note Miley	15	ITO Promot	ionial Role D Other D ing "Coremonial Role" or "Other" dos c County resource of Alamada resido	s or facilities available
			Cerem	ioni <b>al Role [_]</b> Other <b>_</b> ing "Ceremonial Role" or "Other" des	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
	First Aresbyterian Church of Hayward 2490 Grove Way, CV 94646	10		dschool or Nonforthibutions to H	re community

#### 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.

	Ashley Strasburg	Supervisor's Assistant	8/2/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

C	eremonial Role Events and Ticket/P	ass Distri	butions	A	Public Document
1.	Agency Name County of Alamed	a Count	ły	Date Stamp	California Form 802
	Division, Department, or Region (if applicable)				For Official Use Only
	Board of Superv	kors			
	Designated Agency Contact (Name, Title)				
	Ashley Strasburg				Provide Explanation in Part 3.)
	Area Code/Phone Number E-mail				
	510-670-5717 Ashley.stras	burg Oc	acgov.org	Date of Original Filing:	(month, day, year)
2.	2. Function or Event Information				
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$8 ∕15				
	Event Description: 2023 Alameda Cour	ty Fair D		16,23	7,9,23
		No 🔁 If		Name of Source	
Was ticket distribution made at the behest Yes 2. No I If yes: Miley, Nate - Supervisor, District 4 of agency official?				sor, District 4	
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section B to identify an individual.</li> <li>Use Section C to identify an outside organization</li> </ul>				fy an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	1	and the rest of	rsuant to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the I	following:
	Erin Armstrong	3	ITO Dromote	nonial Role Other C king "Ceremonial Role" or "Other" de County resources a 104 Alameda resid	x-facilitics ancidable
	Ken Carbone	4	Cerem If check	ionial Role Other C	Income Income I scoribe below: s or-facilities available
	C. Name of Outside Organization (include address and description)	Number of Ticket(s) Passes	Describe th	e public purpose made pu	revant to the agency's policy
			1		the second se

#### 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.

	Ashley Strasburg	Supervisor's Assistant	8/2/2023
Signature of Agendy Head or Designee	Print Name	Title	(month, day, year)
Comment:	Υ		

Clear

Print

	eremonial Role Even	ts and Ticket/Pass Distr	AF	Public Doc	ument	
1.		y of Alameda Coun	ty	Date Stamp	California .Form	802
	Division, Department, or Reg	lon (if applicable)			For Official U	Ise Only
		l of Supervisors				
	Designated Agency Contact	(Name, Title)				
	Ashter	/ Strasburg				
	Area Code/Phone Number	E-mail		Amendment (Must Pro	vide Explanation in	Part 3.)
		Ashley.strasburg @	acgou.org	Date of Original Filing:	(month, day, year,	<del>)</del>
2.	<b>Function or Event Inform</b>	mation		1		1
	Does the agency have a tick	ket policy? Yes 🛛 No 🗆 🛛	Face Value of E	Each Ticket/Pass \$	18/15	
	Event Description: 2023	A) / A	Date(s)/		7,9,	23
	Ticket(s)/Pass(es) provided	by agency? Yes 🗌 No 🖄 I	If no: <u>Alam</u>	Name of Source		
	Was ticket distribution made of agency official?	at the behest Yes 🔀 No 🔲 🛛	If yes: Miley	Official's Name (Last, First)	r, District	4

#### 3. Recipients

<ul> <li>Use Section A to identify the agency's department or unit.</li> </ul>	• 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		
B. Name of individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:		
Achley Strasburg	4	Ceremoniai Role Other I Income Income To promote County resources or facilities available to County of Alameda residents.		
Jasmine Howard	4	Ceremonial Role Other Other Income Income I It checking "Ceremonial Role" or "Other" describe below: To promote County resources or facilities available to Cauty of Alameda residents		
C. Name of Outside Organization (include address and description)	Number of Ticket(s) <sup>/</sup> Passes	Describe the public purpose made pursuant to the agency's policy		
Asland Community Association	10	To reward school or nonprofit organization for it's contributions to the community		

#### 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.

	Ashley Strasburg	Supervisor's Assistant	8/2/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear



Ceremonial Role Events and Ticket/Pass Distributions	A Public Document
1. Agency Name County of Alameda County Date Stamp	
Division, Department, or Region (if applicable)	For Official Use Only
Board of Supervisors	
Designated Agency Contact (Name, Title)	
Ashley Strasburg	
Area Code/Phone Number E-mail	(Must Provide Explanation in Part 3.)
510-670-5717 Ashley. Strasburg @acgav.org Date of Original 1	Filing:
2. Function or Event Information	
Does the agency have a ticket policy? Yes 🗹 No 🗔 Face Value of Each Ticket/Pas	\$ 18/15
Event Description: 2023 Alameda County Fair Date(s) 6,16,23 Provide Title/Explanation	7,9,23
Ticket(s)/Pass(es) provided by agency? Yes I No 14 If no: Alameda Cour	J
Was ticket distribution made at the behest Yes X No I If yes: Miley, Note - Super of agency official?	
2 Paginianta	

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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Chris Higgins	2	Ceremonial Role Other I Income I It checking "ceremonial Role" or "Other describe below: To promote County resources or facilities available to County of Alameda residents
Caryl Mahar	3	Ceremonial Role Other I Income I It checking "Ceremonial Role" or "Other" describe below: TO PROMOLE COUNTY RESOURCES OR focilities available to Country of Alameda residents
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
United Seniors of Oakland+ Atameda County		To reward school or nonprofit organization for it's contribution to the community

#### 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.

	Ashley Strasburg	Supervisor's Assistant	8/2/2023
Signature of Ageney Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

1.	Agency Name			Date Stamp	California 000
	County of Alame	da Count	4	Due orang	Form 802
	Division, Department, or Region (if applicable)				For Official Use Only
	Board of Super	visors	0		
	Designated Agency Contact (Name, Title)				
	Ashley Strasburg	1		The among the set of the top	
	Area Code/Phone Number E-mail				ovide Explanation in Part 3.)
	510-670-5717 Ashley.stra	isburg ©a	cgov.org	Date of Original Filing: _	(month, day, year)
2.	Function or Event Information				
	Does the agency have a ticket policy? Yes	No 🗖 Fa	ice Value of I	Each Ticket/Pass \$	18/15
	Event Description: 2023 Alameda Cou	noty Fair Da	ate(s)	16,23	7,9,23
	Ball 1 4 4 5 mm			Name of Source	
	Was ticket distribution made at the behest Yes of agency official?	K⊠ No⊡ If !	ves: <u>Miley</u>	Name of Source Nette - Supervise Official's Name (Last, First)	or, District 4
3.	• Use Section A to identify the agency's department or unit.	• Use Section B to Ide	entify an individu	al. Use Section C to identify	an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes		e public purpose made purs	
					· · ·
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fol	llowing:
			Carem	onial Role Other	Incomo

Thelma Cabrea	a	Ceremonial Role Other I Income I It checking "Ceremonial Role" or "Other" describe below: To promote County resources or facilities available to County of Alameda residents
Chinota Chew	8	Ceremonial Role Other I Income I If checking "Ceremonial Role" or "Other" describe below To promote County re sources or facilities audible to Causty of Alameda residents.
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
Cherryland Community Association	10	To reward school or nonprofit organization for it's contributions to the community

#### 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.

	Ashley Strasburg	Supervisor's Assistant	8/2/2023
Signature of Agendy Head or Designee	Print Name	Title	(month, day, year)
Comment:			



1. Agency Name Date Stamp California County of Alameda Division, Department, or Region (If applicable) Form For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Ashley strusburg Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-670-5717 Date of Original Filing: Ashley. strasburg @ acgov. org (month, day, year) 2. Function or Event Information 18/15 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes 🛛 No 🗖 Event Description: <u>Alameda</u> Caunty Fair Date(s) 6,16,23 9,23 Provide Title/ Explanation If no: Alameda County Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🗵 Name of Source ) Nate - Sup Official's Name (Last, First) Was ticket distribution made at the behest Yes 🗵 No 🗖 If yes: of agency official?

#### 3. Recipients

<ul> <li>Use Section A to identify the agency's department or unit.</li> </ul>	<ul> <li>Use Section B to identify an individual.</li> </ul>	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
n			
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
N	eola Crosby	4	Ceremonial Role Other Income Income I If checking "Ceremonial Role" or "Other" describe below: TO promote County resources or facilities available to County of Alameda residents.
N	enita Tadeo	a	Ceremonial Role Other Income Income To promote County resources or facilities available to County of Alameda residents.
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
You	Hh Uphising	10	To reward school or nonprofit organization for it's contributions to the community
	-		

#### 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.

Supervisor's Assistant Strasburg

Signature of Agency Head or Designee

Comment:



(month, day, year

I. Agency Name			Date Stamp	Colifornio	
County of Alamed	a Count	ły	Date Stamp	California Form	802
Division, Department, or Region (if applicable)				For Official Use	Only
Board of Superv	kors				
Designated Agency Contact (Name, Title)			α		
Ashtey Strasburg Area Code/Phone Number E-mail			Amendment (Must Pr	ovide Explanation in Pa	art 3.)
510-670-5717 Ashley.stras	burg Oc	acgov.org	Date of Original Filing:	(month, day, year)	_
2. Function or Event Information				un alle alle alle alle alle alle alle all	
Does the agency have a ticket policy? Yes	⊠ÍNo⊡ F	ace Value of	Each Ticket/Pass \$	18/15	
Event Description: 2023 Alameda Cour	dy Fair D	ate(s)	16,23	7,9,8	33
Ticket(s)/Pass(es) provided by agency? Yes	No 🗹 If	no: <u>Alan</u>	Name of Source		
Was ticket distribution made at the behest Yes of agency official?	No 🗌 If	yes: <u>Miley</u>	Name of Source	or, District 1	<u> </u>
Reciplents     Use Section A to identify the agency's department or unit.	Use Section B to ic	dentify an Individu	al. Use Section C to Identify	an outside organizati	ion.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pura	suant to the agency's	policy
					)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	liowing:	;
.**			nonial RoleOther king "Ceremonial Role" or "Other" des		Income
			nonial Role D Other des		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
United Seniors of Oakland + Alamed Councy	45	To rewoo	und school or no	in profit orga	unity
Convention participants					

#### 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.

	Ashley Strasburg	Supervisor's Assistant	8/2/2023
Signature of Agendy Head or Designee	Print Name	Title	(month, day, year)
Comment:			

	the rest for and risken	ass Disti	Inations		A Public Document
1.	Agency Name County of Alamed	ty	Date Stamp	California 802	
	Division, Department, or Region (if applicable)				For Official Use Only
	Board of Superv	isons			
	Designated Agency Contact (Name, Title)				
	Ashley Strasburg				the Denside Frankristin I. B. (a)
	Area Code/Phone Number E-mail				st Provide Explanation in Part 3.)
	510-670-5717 Ashley.stras	sburg Od	acgov.org	Date of Original Filin	g:(month, day, year)
2.	Function or Event Information				
			ace Value of I	Each Ticket/Pass \$	18/15
	Event Description: 2023 Alameda Cour		Date(s)	16,23	7,9,23
	Provide Title/ Explain Ticket(s)/Pass(es) provided by agency? Yes	No 🔀 II	no: Alan	redia Count	Y
				AL	
	Was ticket distribution made at the behest Yes [ of agency official?	84. No 🗖 <sup>II</sup>	fyes: Milley	Official's Name (Last, Fil	isor, District 4
3.	• Use Section A to identify the agency's department or unit.	In Costina Dan i	den til som to dt. st.		
		and the second division of the second divisio		al. Use Section C to ide	entify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made	pursuant to the agency's policy
	Alameda County Behavioral Ha - Melanie Jones, Reer Health	m 10			1 5
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		identify one of t	ne following:
	Pastor Layrence Vanttook	10	To promo	onial Role Other ing "Coremonial Role" or "Other COUNTY VESO	urces or facilities
			Cerem	to County of Al onial Role Other Ing "Ceremonial Role" or "Other	
					,
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	a public purpose made	pursuant to the agency's policy
	Golden Age, Sandra Johnson	10	To reward for it's (	d school or no contributions t	on profit organization

#### 4. Verification

Print

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

	Ashley Strasburg	Supervisor's Assistant	8/2/2023
Signature of Agendy Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

the second	Pass Distr	ibutions	A	Public Document
1. Agency Name County of Alame	la Coun	ty	Date Stamp	California 802
Division, Department, or Region (if applicable)				For Official Use Only
Board of Super	nsons			
Designated Agency Contact (Name, Title)				
Ashley Strasburg				
Area Code/Phone Number E-mail			Amendment (Must P	rovide Techanation in Part 3.)
510-670-5717 Ashley.stro	usburg ©	acgov.org	Date of Original Filing:	(month, day, year)
2. Function or Event Information				- <del>2</del> 9
Does the agency have a ticket policy? Yes	⊠ No⊡ I	Face Value of	Each Ticket/Pass \$	18/15
Event Description: 2023 Alameda Cour	noty Fair	Date(s)		7,9,23
The base of the second se		fno: <u>Alan</u>	reda County	
Was ticket distribution made at the behest Yes of agency official?	⊠ No⊡ <sup>I</sup>	fyes: Miley	Name of Source	or, District 4
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or unit.</li> </ul>	• Use Section B to i	identify an Individu	al. Use Section C to identify	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pun	suant to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the fe	Mawings
(Last, First)	Passes			nowing:
Cheryl Perkins	2/1	To promotion	onial Role Other D ng "Corremonial Role" or "Other" des C COUNTY VESOURC to COUNTY of Ala	meda residents
		Cerem	onial Role 🔲 🎽 Other 🛄 ing "Ceremonial Role" or "Other" des	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pure	suant to the agency's policy
Kingdom Builders Christian Fellowst 2321 International Blvd, Dakland	1º 20			profit organization the community

#### 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.

	Ashley Strasburg	Supervisor's Assistant	8/2/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

**A Public Document** 

~	eremonial Noic Even	to and noncon	u33 D131	insulons	~ ~	i abric Document
1.	Agency Name				Date Stamp	California 802
	County Administrator's Offic	æ				Form OUZ
	Division, Department, or Region (if applicable)				1	For Official Use Only
	County Adminstrator's Office					
	Designated Agency Contact (	Name, Title)	1			
	Susan S. Muranishi, County	Administrator			Amendment (Must Pi	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-3862	CountyAdministrate	or@acgov.c	org	Date of Original Filing: _	06/30/2023 · (month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	No 🗌	Face Value of	Each Ticket/Pass \$	18.00
	Event Description: Alameda	a County Fair		Date(s) 06	16/23	07 , 09 , 23
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [	No 📕	If no: Alamed	la County Fair Associa	tion
				lf	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes [	🗌 No 🔳	If yes:	Official's Name (Last, First)	
	Use Section A to identify the agen     A. Name of Agency, Depa		Use Section B t Number of Ticket(s) Passes	1 Standard		y an outside organization. suant to the agency's policy
	B. Name of Indi (Last, Fire)		Number of Ticket(s) Passes	1	Identify one of the fe	ollowing:
	Thorne, Krystal		10	If check	nonial Role D Other M king "Ceremonial Role" or "Other" des	Income Income
					nonial Role D Other King "Ceremonial Role" or "Other" des	
	C. Name of Outside O (include address and		Number of Ticket(s) 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 requirements.

	Krystal Thorne	Accounting Specialist I	06/30/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Print	Clear	FPPC Toll-Free Helpline: 866	FPPC Form 802 (2/2016) /ASK-FPPC (866/275-3772)

## Agency Report of:

С	eremonial Role Events and Ticket/H	ass Distr	ibutions	A	Public Document
1.	Agency Name			Date Stamp	California Form 802
	County of Alameda				Form OUZ
	Division, Department, or Region (if applicable)				For Official Use Only
	County Administrator's Office				
	Designated Agency Contact (Name, Title)				
	Susan Muranishi	Amandmont (Must C	territe Frederic De de la		
	Area Code/Phone Number E-mail				rovide Explanation in Part 3.)
	susan.muranishi@	)acgov.org		Date of Original Filing:	6/ 90/-67
****					(monar, day, year)
2.	Function or Event Information				18.00
	Does the agency have a ticket policy? Yes	No 🗌 🖡	Face Value of	Each Ticket/Pass \$	10.00
	Event Description: Alameda County Fair	anation			07 09 23
			f no: Alamed	la County Fairgrounds	
				Mame of Source	
	Was ticket distribution made at the behest $\ensuremath{\mbox{Yes}}$	🗋 No 🔳 🛛	f yes: Muranis	Official's Name (Last, First)	
	of agency official?				
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	N.E.S.	Identify one of the f	following:
	Ward, Marites	10	If chec	remonial Role D Other C Inco hecking "Ceremonial Role" or "Other" describe below; e Appreciation	
				nonial Role D Other C	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e 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.

7	Marites Ward	Executive Assistant	06/30/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	· · ·		
Comment:			
Print	Clear	EBBC Toll Free Helpline: 866/A	FPPC Form 802 (2/2016)

**A Public Document** 

1.	Agency Name				Date Stamp	California OO	
	County of Alameda					Form <b>8U</b>	Z
	Division, Department, or Reg	on (if applicable)				For Official Use Only	
	County Administrator's Offic						
	Designated Agency Contact (						
	Susan Muranishi	,					_
	Area Code/Phone Number	E-mail			Amendment (Mu	ust Provide Explanation in Part 3.)	
	Area obach none number	susan.muranishi@a	acgov.org		Date of Original Fili	ng:(month, day, year)	
2.	Function or Event Inform	mation					
	Does the agency have a tick				Each Ticket/Pass \$		
	Event Description: Alameda	County Fair Provide Title/ Explain	nation [	Date(s)	, 16 , 23	07 , 09 , 23	
	Ticket(s)/Pass(es) provided	,	🗌 No 🔳 🛛		a County Fairgrour	nds	
	Was ticket distribution made	at the behast average		f yes: Muranis	shi, Susan		
	of agency official?	at the benest Yes [		- yes	Official's Name (Last, Fi	irst)	
	Use Section A to identify the agen     A. Name of Agency, Depa		Number of Ticket(s)/ Passes			e pursuant to the agency's policy	
	B. Name of Indi (Last, Fira		Number of Ticket(s)/ Passes		Identify one of t	the following:	
Yen, Amy		4	If check	nonial Role DOthe			
				1	nonial Role Othe ing "Ceremonial Role" or "Othe	er Income er describe below:	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made	e 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 Yen	Administrative Analyst	06/30/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Print	Clear	FPPC Toll-Free Helpline: 866/AS	FPPC Form 802 (2/2016) SK-FPPC (866/275-3772)