Agency Report of: A Public Document **Ceremonial Role Events and Ticket/Pass Distributions** 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 08/07/23 Date of Original Filing: Amy.Shrago@acgov.org 510-272-6695 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes No 🗆 Date(s) 07 / 01 Event Description: Oakland A's Provide Title/ Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🔳 Name of Source Carson, Keith Was ticket distribution made at the behest Yes No 🗌 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)/ **Passes** To reward a County employee for his or her exemplary BOS D5 2 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: 4 Hoover, Margo To promote attendance at events held at a County facility Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** To reward a school or nonprofit organization for its contrib 6 La Clinica de La Raza To reward a school or nonprofit organization for its contrib Alameda Health System 4 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

FPPC Form 802 (2/2016)

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

08/07/23

(month, day, year)

Chief of Staff

with the requirements.

Comment:

Signature Agency Head or Designee

Print Name

Amy Shrago

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (if applicable) **Board of Supervisors Designated Agency Contact (Name, Title)** Heather Cartwright Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: heather.cartwright2@acgov.org (510) 272-6691 (month, day, year) 2. Function or Event Information \$100 tix/\$20 parking Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ■ No □ Event Description: Oakland A's Game Date(s) 07 Provide Title/ Explanation If no: Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes No Name of Source Haubert, David Was ticket distribution made at the behest Yes ☐ No ■ 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 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: В. of Ticket(s)/ (Last, First) Passes Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 8tix-1p Agular, Martin To promote County resources available to County reside Other 🔲 Ceremonial Role Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes

4. Verification

Thave 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 Cartwright Print Name

Signature of Agency Head or Designee

Supervisor's Assistant

Title

(month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 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) Heather Cartwright Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: heather.cartwright2@acgov.org (510) 272-6691 (month, day, year) 2. Function or Event Information \$100 tix/\$20 parking Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗍 Event Description: Oakland A's Game Date(s) _____/ Provide Title/ Explanation If no: Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛅 Name of Source Haubert, David Was ticket distribution made at the behest Yes ☐ No ■ 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)/ A. **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: Mook, Dan 8tix-1p To promote County resources available to County resider Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) Passes 4. Verification have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Heather Cartwright Supervisor's Assistant Print Name Title

Clear

orginature of Agency Head or Designee

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 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) Heather Cartwright Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** (510) 272-6691 heather.cartwright2@acgov.org (month, day, year) 2. Function or Event Information \$100 tix/\$20 parking Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ■ No 🗆 Event Description: Oakland A's Game Date(s) 07 16 202 Provide Title/ Explanation If no: Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 📕 Name of Source If yes: Haubert, David Was ticket distribution made at the behest Yes ☐ No ■ 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)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 4tix-1p Archuleta, Ben To promote attendance at events held at a County facility Ceremonial Role Other \square 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)/ (include address and description) Passes 4.

Verification			
I have read and understand FPPC R with the requirements.	egulations 18944.1 and 18942. I	have verified that the distribution set forth a	bove, is in accordance
/	leather Cartwright	Supervisor's Assistant	9/5/002
Signature of Agency Head or Besignee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events a	nd Ticket/Pa	ass Distri	butions	A	Public Document
. Agency Name				Date Stamp	California 802
Alameda County					. 91111
Division, Department, or Region (if	applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (Name,	Title)				
Heather Cartwright				Amendment (Must Pr	ovide Explanation in Part 3.)
Area Code/Phone Number E-ma	ail			_	,
(510) 272-6691 hea	ther.cartwright2	@acgov.org		Date of Original Filing:	(month, day, year)
. Function or Event Information	on				\$100 tiv \$20 port
Does the agency have a ticket po	olicy? Yes	■ No 🗆 Fa	ace Value of I	Each Ticket/Pass \$	\$100 tix, \$20 park
Event Description: Oakland A's C	Same	D	ate(s) 07	, 16 , 202	
Event Decomption.	Provide Title/ Explan	ation			
Ticket(s)/Pass(es) provided by ag	gency? Yes [no: Oakland	Manager of Course	
NATION A Alichant alicability which manufact the	a habant v. F	= If	yes: Hauber	t, David	
Was ticket distribution made at the of agency official?	e benest Yes L	」No■ "	yes	Official's Name (Last, First)	
of agency official?					
Use Section A to identify the agency's de Name of Agency, Departmen		Number of Ticket(s)/ Passes			suant to the agency's policy
B. Name of Individual		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
M. Ohma hara		O div. 1m		nonial Role Other king "Ceremonial Role" or "Other" des	
Krause, Sherry Lynn		2 tix-1p	1	17	ailable to County reside
			Ceren	nonial Role Other king "Ceremonial Role" or "Other" dea	Income
Name of Outside Organiz (include address and descr		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
				•	
v					
. Verification					
have read and anderstand FPPC R with the requirements	egulations 18944	.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance
	Heather Cart	wright	Supe	ervisor's Assistant	8/15/1
Signature of Agents Head or Designee		rint Name		Title	(month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

. Agency Name			Date Stamp	California 802
Alameda County				For Official Use Only
Division, Department, or Region (if applicable)			Por Official use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Heather Cartwright			Amendment (Must Pro	ovide Explanation in Part 3.)
Area Code/Phone Number E-mail				
(510) 272-6691 heather.cart	wright2@acgov.org		Date of Original Filing: _	(month, day, year)
2. Function or Event Information				\$100 Air \$20 made
Does the agency have a ticket policy?	Yes No 🗌 F	ace Value of I	Each Ticket/Pass \$	\$100 tix, \$20 park
Event Description: Oakland A's Game	D	ate(s) 07	, 16 , 202	/
Provide T	itle/ Evolanation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🔳 If	no: Oakland	Name of Source	
Was ticket distribution made at the behes	t Voo 🗆 No 🔳 If	yes: Haubert	, David	
of agency official?	r res 🔲 No 🔳		Official's Name (Last, First)	
8. Recipients				
Use Section A to identify the agency's department of		dentify an individu	ial. Use Section C to identify	an outside organization.
A. Name of Agency, Department 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 fo	llowing:
			nonial Role Other	Income
Burns, Thomas	6 tix-1p		ving "Ceremonial Role" or "Other" desc	
		To promote	County resourcesava	ailable to County reside
	2 *		nonial Role Other O	
	52	If check	ving "Ceremonial Role" or "Other" desc	croe below:
	Number			
Name of Outside Organization (include address and description)	of Ticket(s)/	Describe th	e public purpose made purs	uant to the agency's policy
	Fasses			
. Verification				
I have read and understand FPPC Regulation	s 18944.1 and 18942.	I have verified t	that the distribution set fo	rth above, is in accordance
with the requirements.				8/ /2
/ Heath	er Cartwright	Supe	ervisor's Assistant	0/15/67
Signature of Agency Head or Designer	Print Name		Title	(month, day, year)
Comment:				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

29.7		Date Stamp	California 802
			For Official Use Only
			Of Official Osc Offin
		Amendment (Must Pro	vide Explanation in Part 3.)
right2@acgov.org		Date of Original Filing:	(month, day, year)

Yes ■ No □ Fa	ace Value of	Each Ticket/Pass \$	\$100 tickets
D	ate(s) 07	, 16 , 202	, ,
/ Explanation			
Yes ☐ No ■ If	no: Oakland	d Arena	
	ves. Hauber	t, David	
Yes ☐ No ■ IT	yes	Official's Name (Last, First)	
unit. • Use Section B to id	lentify an individu	ual. Use Section C to identify	an outside organization.
Number of Ticket(s)/	Describe th	e public purpose made purs	uant to the agency's policy
Passes			
		•	
Number			
of Ticket(s)/ Passes		Identify one of the fo	llowing:
			Income
2 tix		_	
	To promote	attendance at events l	neld at a County facility
·		_	Income
	If checi	king "Ceremonial Role" or "Other" desc	ribe below:
Number of Ticket(s)/	Describe th	ne public purpose made purs	uant to the agency's policy
Passes			
	have verified	that the distribution set for	th above, is in accordance
18944.1 and 18942. I	navo vonnos	and the distribution out to	1
			X/15-las
- Cartwright		ervisor's Assistant	8/15/W
			(month, day, year)
	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 2 tix Number of Ticket(s)/ Passes Number of Ticket(s)/	Yes No Face Value of Date(s) 07 Parameter No If no: Oakland Yes No If no: Hauber Ves No If yes: Hauber Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Number of Ticket(s)/ Describe the Number of Ticket(s)/ Describe the Number of Ticket(s)/ Number of Ticket(s)/ Number of Ticket(s)/ Number of Ticket(s)/ Number of Ticket(s)/	Amendment (Must Pro

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 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 08/07/23 Date of Original Filing: -Amy.Shrago@acgov.org 510-272-6695 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ = Does the agency have a ticket policy? Yes No 🗆 Date(s) 07 17 23 Event Description: Oakland A's Provide Title/ Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No Name of Source Carson, Keith Was ticket distribution made at the behest Yes No [7] 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)/ A. Passes Number Name of Individual of Ticket(s)/ Identify one of the following: B. (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 6 Brown, James To promote attendance at events held at a County facility Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy 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.

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Chief of Staff

08/07/23

Amy Shrago

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

. Agency Name			Date Stamp	California 802
Alameda County				TOTAL COL
Division, Department, or Region (if applicable	e)			For Official Use Only
Board of Supervisors	4			
Designated Agency Contact (Name, Title)				
Heather Cartwright			Amendment (Must F	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail				
(510) 272-6691 heather.car	rtwright2@acgov.org		Date of Original Filing:	(month, day, year)
. Function or Event Information				
Does the agency have a ticket policy?	Yes ■ No □ F	ace Value of	Each Ticket/Pass \$	\$100 tix/\$20 parking
	110		<u>, 18 , 2022</u>	
Event Description: Oakland A's Game	Title/ Evylanation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🔳 If	no: Oaklan	d Arena	
		Hauber	Name of Source t, David	
Was ticket distribution made at the behe	st Yes 🗌 No 🔳 🛚	yes	t, David Official's Name (Last, First)	
of agency official?				
Recipients				
Use Section A to identify the agency's department	or unit. • Use Section B to i	dentify an individ	ual. Use Section C to identi	fy an outside organization.
▲ Name of Agency, Department or Unit	Number of Ticket(s)/	Describe #	ne public purpose made pu	rsuant to the agency's policy
A. Name of Agency, Department or Unit	Passes	Describe ti	ie public purpose made par	edulic to the agency o policy
B. Name of Individual	Number of Ticket(s)/	1	Identify one of the	following:
(Last, First)	Passes	-		Income 🗆
Fisher, Steven	18tix-4p		monial Role Other C sking "Ceremonial Role" or "Other" de	
i isher, Steven	TOUX IP	To promote	e County resources av	vailable to County reside
-			monial Role Other	M
			king "Ceremonial Role" or "Other" de	
		1.		
Name of Outside Organization	Number			annant to the annual to well:
(include address and description)	of Ticket(s)/ Passes	Describe ti	ne public purpose made pu	rsuant to the agency's policy
_				
) 				
Verification				
I have read and understand FPPC Regulatio	ns 18944.1 and 18942.	I have verified	that the distribution set t	forth above, is in accordance
with the fequirements.				9/04/1
Heat	her Cartwright	Sup	ervisor's Assistant	1.01100
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment:				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 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 08/07/23 Date of Original Filing: Amy.Shrago@acgov.org 510-272-6695 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes No 🗆 Event Description: Oakland A's Provide Title/ Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No Name of Source Carson, Keith Was ticket distribution made at the behest Yes ■ No □ 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 Number Name of Individual Identify one of the following: of Ticket(s)/ B. (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 4 Guiney, Dennis To promote attendance at events held at a County facility Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) Passes 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

08/07/23

Signature of Agency Head or Designee Print Name

Print

Title

(month, day, year)

Comment:

Clear

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

Agency Report of:

ragonos rap	,011			
Caramonial	Role Ever	its and Tid	cket/Pass	Distributions

A	Dii	hi	ic	D,	0	ım	۵n	4
\sim	гu			IJ	14.1		en	П

	Agency Name				Date Stamp	California OOO
•	Alameda County			Form 8UZ		
	Division, Department, or Reg	ion (if annlicable)	1	For Official Use Only		
		(ir applicable)				
	Board of Supervisors Designated Agency Contact (Name Tille)			-	
	•	ivame, ride)				
	Sergio Ardila	r=			Amendment (Must I	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)
,	Function or Event Infor	mation				
				aco Váluo of	Each Ticket/Pass \$ _	icket-100 Parking-20
	Does the agency have a tick	tet policy? Yes	■ No □ F	ace value of	Laci Ticketi ass y =	
	Event Description: Oakland	A's vs. Houston Ast	ros D	ate(s)	20 23	
		Provide Title/ Expla	nation	no: Oaklan	d Coliseum	
	Ticket(s)/Pass(es) provided	by agency? Yes			Name of Source	
	Was ticket distribution made	at the behest: Vac	□ Na ■ If	yes: Tam, Le	ena	
	of agency official?	at the beliest Yes	□ No ■ If	, , , , , , , , , , , , , , , , , , , ,	Official's Name (Last, First)	
	or agency official:					
3.	Recipients					
	 Use Section A to identify the ager 	cy's department or unit.	Use Section B to id	dentify an individ	ual. Use Section C to ident	ify an outside organization.
	*		Number			
	A. Name of Agency, Depart	ertment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
	-		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	•					
			Number			
	B. Name of Indi		of Ticket(s)/		Identify one of the	following:
	(Last, Fir	si)	Passes			
					monial Role	-
					and the second s	
				1	nonial Role Other	
				If chec	king "Ceremonial Role" or "Other" d	escribe below;
	C. Name of Outside O	rganization	Number of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy
	(include address and	l description)	Passes			
	Alamanda Davis and Cirlo (Slub	18T 4P	To promote	County recourage or	facilities available to Cou
	Alameda Boys and Girls (Jub	101 45	10 promote	county resources or	Tacilities available to coo
1	Verification			1. — — — —		
т.	I have read and understand FF	PPC Regulations 1804.	4.1 and 18049	I have verified	that the distribution set	forth above, is in accordance
	with the requirements	To Negulations 1094	T. I GIIG 10072.	, nave vermeu	and the distribution set	42010, 10 111 40001441100
		Sergio Ardila	1	Sun	ervisor's Assistant	7/10/20
	Signature of Agency Flead or Design		Print Name	—— ——	Title	(month, day, year)
	Signature of Agency flead or Design	r r	THILL INCHIE		1100	(monus, day, your
	Comment:					
	0.11110111					*

Agency Name	Date Stamp	California 802			
Alameda County					I OIIII
Division, Department, or Region (if applic	able)			Î	For Official Use Only
Board of Supervisors					
Designated Agency Contact (Name, Title)				1	14
Sergio Ardila				Amendment /Must	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail				Amendment (mast	Trovide Explanation in Fall 5.,
(510) 272-6693 sergio.ar	dila@acgo	v.org		Date of Original Filing	(month, day, year)
Function or Event Information) 	
Does the agency have a ticket policy?	Yes I	■ No□ F	ace Value of	Each Ticket/Pass \$ _	Ficket-100 Parking-20
Event Description: Oakland A's vs. Ho				21 23	, ,
Event Description:	de Title/ Explar	nation			
Ticket(s)/Pass(es) provided by agency		□ No 🔳 If	no: Oaklan		
		10	yes: Tam, Le	Name of Source ena	
Was ticket distribution made at the bel	nest Yes [□ No ■ If	yes:	Official's Name (Last, First)
of agency official?					
Recipients					
• Use Section A to identify the agency's department	ent or unit. •	Use Section B to ic	dentify an individ	ual. Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Ur	nit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy
		Number			
B. Name of Individual (Last, First)		of Ticket(s)/ Passes		Identify one of the	
Ann Wehrlie		18T 4P	Ceremonial Role Other Inco		
			To promote	County resources o	r facilities available to Cou
				nonial Role Other Other **Nonial Role or **Other**	
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy
Verification				0	
I have read and understand FPRC Regula with the requirements.	tions 18944	.1 and 18942 _.	l have verified	that the distribution set	forth above, is in accordanc
Will the teach enteries.					
•	rgio Ardila		Sup	ervisor's Assistant	4/19/2

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 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) Heather Cartwright Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** heather.cartwright2@acgov.org (510) 272-6691 (month, day, year) 2. Function or Event Information \$100 tix Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes No 🗆 Event Description: Oakland A's Game Date(s) ______/ Provide Title/ Explanation If no: Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes No Name of Source Haubert, David Was ticket distribution made at the behest Yes ☐ No ■ 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)/ A. Passes 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: 4 tix Stopka, Rylie To promote attendance at events held at a County facility Other 🔲 Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes**

A. Verification

Thave 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 Cartwright

Signafure of Quiside Organization

Print Name

Signafure of Quiside Organization

Title

Supervisor's Assistant

FPPC Form 802 (2/2016)

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

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Form County of Alameda For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fourth District **Designated Agency Contact (Name, Title)** Nate Miley ■ Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** (510) 272-6694 Jasmine.Howard2@acgov.org Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🗆 Date(s) 7 / 22 / 2023 Event Description: Oakland A's Provide Title/ Explanation If no: Oakland Coliseum Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Was ticket distribution made at the behest Yes ☐ No ■ 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: To promote health, motivate, and provide expanded opportunities to vulnerable populations in the County such as the disables, underprivileged, seniors and youth Jones, Bernice 4 Ceremonial Role Other \square Income 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

Comment:

Ih	aye	read and understa	and FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth above,	, is in accordance
wi	th ti	he requirements.	/				

,	, /	Jasmine Howard
Signature of Agen	ov Hood at Hesse	Drint N

Supervisor's Assistant

9/25/2023

Signature of Agency Head pr Designee

Print Name

T:A1 -

(month, day, year)

Print

Clear

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

C	eremonial Role Even	ts and Ticket/P	A Public Document					
	Agency Name		Date Stamp	California 802				
••	Alameda County			For Official Use Only				
	Division, Department, or Reg	ion (if applicable)		For Official Use Only				
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)						
	Amy Shrago, Chief of Staff		Amendment (Must	Provide Explanation in Part 3.)				
	Area Code/Phone Number E-mail				Date of Original Filing	08/07/23		
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original 1 mily	(morith, day, year)		
2.	Function or Event Infor	mation				100.00		
	Does the agency have a ticket policy? Yes ■ No □ Fa				Each Ticket/Pass \$ _	100.00		
	Event Description: Oakland	d A's	, 22 , 23					
		Flovide Title/ Explai	nation	no: Oakland				
	Ticket(s)/Pass(es) provided	by agency? Yes [Mama of Course					
	Mae ticket distribution made	e at the behest Ves I	, Keith					
	Was ticket distribution made at the behest Yes ■ No □ If yes: — of agency official?				Official's Name (Last, First	y 		
3.	Recipients							
	 Use Section A to identify the age 	ncy's department or unit. •	ual. Use Section C to iden	tify an outside organization.				
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursuant to the agency's policy			
	BOS D5		4	To reward	a County employee for his or her exemplary the public or to encourage staff development			
				service to t	ne public of to encou	rrage start development		
	B. Name of Inc	Number of Ticket(s)/		Identify one of the following:				
	(Last, First)		Passes					
			à		nonial Role			
					monial Role Other Other Other Other Other			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	he public purpose made p	ursuant to the agency's policy		
4.	Verification							
	I have read and understand Fi with the requirements.	PPC Regulations 18944	1.1 and 18942.	l have verified	that the distribution set	t forth above, is in accordance		
			Chie	of Staff	08/07/23			
	Signature of Agency Head or Desig	nee P	rint Name		Title	(month, day, year)		
	Comment:							

Agency Report of:

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

						AT diblic bocument		
1. 7	Agency Name				Date Stamp	California 802		
	arneda County					Form UUZ		
Ē	Division, Department, or Region (If Applicable)					For Official Use Only		
ı	Board of Supervisors							
	Designated Agency Contact (Name, Title)						
	Gabriela Christy							
	Area Code/Phone Number	E-mail	Amendment (Must provide explanation in Part 3.)					
((510) 272-6692	Gabriela.Chr	risty@acgov	.org	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Inforr	nation						
Ī	Does the agency have a ticket	policy?	f Each Ticket/Pass \$	100/100				
	Event Description Oakland A	s vs. Houston	, 23 , 23	1 1				
t	Event Description	Provide Title/Expl						
٦	Ficket(s)/Pass(es) provided by	agency?	Name of Sour					
ľ		∵						
٧	as ticket distribution made at the behest No Yes If yes: Valle,			, Richard- Supervisor District 2 Official's Name (Last, First)				
	of agency official?				Official's Name (La	si, First) 		
	Recipients							
-	Use Section A to Identify the agency	's department or I	al. • Use Section C to Identif	y an outside organization.				
1	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to the agency's policy			
7			7 455(55)					
-								
E	Name of Individua	Name of Individual (Last, First)			Identify one of the following:			
-				Ceremonial Role If checking "Ceremoni	Other is Role" or "Other" describe below:	Income		
				Ceremonial Role		Income		
				If checking "Ceremoni	ial Role" or "Other" describe below:			
-	Name of Outside Organi	tation	Number of		hool or nonprofit			
(Name of Outside Organi (include address and des		Ticket(s)/ Pass(es)	_	or its contributions to	e agency's policy		
ī	_egaue of Women Voters Th	ne League is		the community	7			
	a political grassroots network		18/3					
t	membership organization that he freedom to vote is a non			P.O. Box 2234 Cas	tro Valley, CA 94546			
	/erification		-					
	have read and understand FPPC Regul	ations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.		
	The second second	-	Gabriela C	hristy	Supervisor's Assistant	Pr (0/8/202		
	ign ure of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)		
	AA							
C	Comment:							