A Public Document

	eremonial Role Events and Hereve	ass Disti	ibutiona		T uplife Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form OUL
	Division, Department, or Region (if applicable)			1	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			1	
	Sergio Ardila			Amendment (Musti	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 Information				212.50
	Does the agency have a ticket policy? Yes	📕 No 🔲 📕	Face Value of	Each Ticket/Pass \$ _	£12.00
	Event Description:		Date(s)	, 01 , 23	
	Provide Title/ Explan	nation			
	Ticket(s)/Pass(es) provided by agency? Yes		lf no: _Oaklan	Manage of Courses	
	Was ticket distribution made at the behest Yes [If yes:	ena	
	of agency official?			Official's Name (Last, First)	
3.	• Use Section A to identify the agency's department or unit.	Liss Castion P to	identify an individu	upl the Section C to ident	ify an outside organization
	• Use Section A to identify the agency's department of unit.	Number	Identity an individ		
	A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pu	irsuant to the agency's policy
	·		-		
		Number			
	B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the	following:
				monial Role DOther	
	Mason, Preston	6		-	a resident and busines
			Cerei	monial Role D Other	
			If chec	cking "Ceremonial Role" or "Other" o	describe below:
		Number			
	C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe ti	he public purpose made pu	ursuant to the agency's policy
	·				

4. Verification

	Sergio Ardila	Supervisor's Assistant	01/17/24
or Designee	Print Name	Title	(month, day, year)
Comment:			



A Public Document

1.	Agency Name				Date Stamp	California 802	
	Alameda County			Form OUZ			
	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 Pr	ovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				12/01/23	
	510-272-6695	Amy.Shrago@acgc	ov.org		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation				212.50	
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$	212.00	
	Event Description:	cott	D	ate(s)	, 01 , 23		
		Provide Title/ Explai	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes [no: <u>Coliseu</u>	Name of Source		
	Was ticket distribution made	at the behast . Vec	No 🗂 🛛 If	yes: Carson	, Keith		
	of agency official?	at the benest Yes		,	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 in	dentify an individual. Use Section C to identify an outside organization.			
A. Name of Agency, Department or Unit			Number of Ticket(s)/ Passes	Describe th	cribe the public purpose made pursuant to the agency's policy		
	BOS D5		4		reward a County employee for his or her exemplary vice to the public or encourage staff development.		
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the fo	bllowing:	
					nonial Role D Other king "Ceremonial Role" or "Other" des		
					nonial Role D Other	- M - 1 - 1	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe ti	ne public purpose made pur	suant to the agency's policy	

4. Verification

	Amy Shrago	Chief of Staff	12/01/23
Signature of Agency Head or Pesignee	Print Name	Title	(month, day, year)
Comment:			



A Public Document

Cel	remonial Role Even	is and nuneur	ass Disi	Induciona			UDILC	Document
I. A	Agency Name				Date Stamp		Califo	
ŀ	Alameda County						For	
D	Division, Department, or Regi	on (if applicable)			1		For 0	fficial Use Only
E	Board of Supervisors							
D	Designated Agency Contact (Name, Title)			1			
ŀ	Heather Cartwright				Amendment (Must Pro	vide Explana	tion in Part 3.)
Ā	rea Code/Phone Number	E-mail						un un un
(510) 272-6691	heather.cartwright2	@acgov.or	g	Date of Original Fi	ling:	(month, da	y, year)
2. F	Function or Event Inform	nation						\$405.00
D	Does the agency have a tick	et policy? Yes	No 🗌	Face Value of	Each Ticket/Pass	\$		\$125.00
r	Event Description: Atif Asla	m		Date(s)	, 03 , 2022		,	1
C	Event Description.	Provide Title/ Explan	nation			-		/
Т	Ticket(s)/Pass(es) provided	by agency? Yes [🗌 No 🛄	If no: Oaklan	d Arena			
				If yes: Hauber	Name of Source t. David			
	Nas ticket distribution made	at the behest Yes [No 🔳	If yes:	Official's Name (Last,	First)		
	of agency official?							
3.	• Use Section A to identify the agen	cy's department or unit. •		o identify an individu	ual. Use Section C to i	identify	an outside o	rganization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s) Passes	Describe th	ne public purpose mac	de purs	uant to the a	igency's policy
	B. Name of Indi (Last, First		Number of Ticket(s) Passes	7	Identify one o	f the fo	llowing:	
	Kaur, Sukhmine		4		nonial Role DO	ther .	ribe below;	Income
				To promote	e attendance at ev	vents l	neld at a (County facility
					nonial Role 🔲 Of king "Ceremonial Role" or "O	ther	cribe below:	Income
	C. Name of Outside Ou (include address and		Number of Ticket(s) Passes	/ Describe th	ne public purpose mad	de purs	uant to the a	gency's policy
4. \	/erification							
	/erification	PC Regulations 18944	1 and 1894	2 I have verified	that the distribution	set fo	rth above.	s in i

with the requirements. Heather D. Cartwright Supervisor's Assistant Print Name Title Signature of Agency vesignee (month, day, year UI

Comment:



Agency Namo	its and fickevi			n	Public Document
		Date Stamp	0.110		
	1				Form 802
				1	For Official Use Only
Designated Appenvisors, Four	th District				
	(Name, Title)				
				T Amanduna di sa	
-					
		@acgov.org		Date of Original Filing: .	(month, day, year)
Function or Event Infor	mation	e and			(manut, day, year)
Does the agency have a tick	ket policy? Yes	📖 No 🗔	Face Value of	Each Ticket/Pass \$	
Event Description: Kirk Fran					
	Provide Title/ Exple	ination			
Ticket(s)/Pass(es) provided	by agency? Yes	No 📰	If no: Oakland	Arena	
Was ticket distribution made	at the babaat		Miley, N	Neme of Source late	
of agency official?	s at the benest Yes	No 📰	ir yes:	Official's Name (Lest, First)	
A. Name of Agency, Depa		Number	1		
		of Ticket(s)' Passes	Describe th	e public purpose made pum	uant to the agency's policy
B. Name of Indiv (Last, Fig.	vidual		Describe th	e public purpose made pure ldentify one of the fo	
	vidual	Passes Number of Ticket(s)/	Cerem	Identify one of the fo onial Role Other O ing "Commonies Role" or "Other" desc	flowing: Income Income
(Last, Firs	vidual	Number of Ticket(s)/ Passes	Cerem	Identify one of the fo onial Role Other O ing "Commonies Role" or "Other" desc	Nowing:
(Last, Firs	vidual	Number of Ticket(s)/ Passes	Cerem // checks To reward a Cerem	Identify one of the fo onial Role Other O ing "Commonies Role" or "Other" desc	Nowing: Income Income
	Board of Supervisors, Four Designated Agency Contact Nate Miley Area Code/Phone Number (510) 272-6694 Function or Event Infor Does the agency have a tic Event Description: Kirk Fra Ticket(s)/Pass(es) provided Was ticket distribution made of agency official? Recipients • Use Section A to identify the agen	County of Alameda Division, Department, or Region (if applicable) Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nate Miley Area Code/Phone Number (510) 272-6694 E-mail Jasmine.Howard2(Function or Event Information Does the agency have a ticket policy? Yes Event Description: Kirk Franklin Provide Title/ Expla Ticket(s)/Pass(es) provided by agency? Yes Was ticket distribution made at the behest Yes of agency official? Recipients • Use Section A to identify the agency's department or unit.	County of Alameda Division, Department, or Region (<i>ll epplicable</i>) Board of Supervisors, Fourth District Designated Agency Contact (<i>Name</i> , <i>Title</i>) Nate Miley Area Code/Phone Number (510) 272-6694 E-mail Jasmine.Howard2@acgov.org Function or Event Information Does the agency have a ticket policy? Yes III No II Event Description: Kirk Franklin Provide Title/ Explenation Ticket(s)/Pass(es) provided by agency? Yes III No III Was ticket distribution made at the behest Yes No III Was ticket distribution made at the behest Yes No IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	County of Alameda Division, Department, or Region (if epplicable) Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nate Miley Area Code/Phone Number (510) 272-6694 E-mail Jasmine.Howard2@acgov.org Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Event Description: Kirk Franklin Provide Title/Explementor Ticket(s)/Pass(es) provided by agency? Yes No I for: Oakland Was ticket distribution made at the behest Yes No I fyes: Miley, N of agency official? Recipients • Use Section A to Identify the agency's department or unit. • Use Section B to Identify an Individue	County of Alameda Date Stamp Division, Department, or Region (if epplicable) Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Image: Agency Contact (Name, Title) Nate Miley Image: Amendment (Must Price 10) (510) 272-6694 Jasmine. Howard2@acgov.org Function or Event Information Date of Original Filing: - Does the agency have a ticket policy? Yes Event Description: Kirk Franklin Provide Title/ Explemention Date(s) Incket(s)/Pass(es) provided by agency? Yes No If no: Oakland Arena Was ticket distribution made at the behest Yes No If yes: Was ticket distribution made at the behest Yes No If yes: Officiel's Name (Lest, First) Officiel's Name (Lest, First) Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an Individual. Use Section C to identify

White J.C. Provide State	Jasmine Howard	Supervisor's Assistant	10/25/2023	
Supplure of Agency Head of Designee	Print Name	Title	(month, day, year)	
Prin	t Clear	FPPC Toll-Free Helpline: 866	FPPC Form 802 (2/2016)	

C	eremonial Role Even	ts and Ticket/P	A	Public Document		
_	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)				
	Amy Shrago, Chief of Stan	Amy Shrago, Chief of Staff Area Code/Phone Number E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)
					Date of Original Filing: _	12/01/23
	510-272-6695	Amy.Shrago@acgo	Jv.org			(month, day, year)
2.	Function or Event Infor					100.00
					Each Ticket/Pass \$	
	Event Description: Kirk Franklin Date(s) 11			/ 05 / 23		
	Lvent Description.	Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [🗌 No 🔳 If	no: <u>Coliseu</u>		
			15	yes: <u>Carson</u>	Name of Source , Keith	
	Was ticket distribution made	at the behest Yes	No 🔲 👖	yes:	Official's Name (Last, First)	
	of agency official?					
	Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy a County employee for his or her exemplary	
	BOS D5		8 -		he public or encourage	
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
					nonial Role D Other desk	
	-				nonial Role Other Other king "Ceremonial Role" or "Other" desi	Income
	C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes Description		Describe ti	ne public purpose made purs	suant to the agency's policy	
					A 11	

4. Verification

	Amy Shrago	Chief of Staff	12/01/23	
Signature of Agency Head / 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)	

Agency Report of:

C	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	A	Public Document
Ceremonial Role Events and Ticket/Pass Distributions 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	
	Heather Cartwright				Amondment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6691	heather.cartwright2	@acgov.org	l	Date of Original Filing:	(mon th , day, year)
2.	Function or Event Infor	mation				\$200
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$ _	ψ200
	Event Description:	Hill Provide Title/ Explai	nation		/ 07 / 202	//
	Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Oakland				d Arena	
				If yes: Hauber	Name of Source t. David	
	Was ticket distribution made of agency official?	e at the behest Yes [No 🔳	If yes:	Official's Name (Last, First)	
3.	Recipients Use Section A to identify the ager 	icy's department or unit.	Use Section B to	identify 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 Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the	following:
	Gabriel, Miranda		2	lf chec	nonial Role DOther [king "Ceremonial Role" or "Other" o age County of Alamec	
	Stopka, Rylie		2 ^{C(}		nonial Role Dother 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 pu	irsuant 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. 2/1

1	Heather D. Cartwright	Supervisor's Assistant	11/474
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Print	Clear	EDDO Tall Free Melnliner 966	FPPC Form 802 (2/2016)

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A Public Document

Ceremonial Role Even	ts and ficket/Pa	ass Disti	indiolis		A FUDIIC DOCUMENT
1. Agency Name				Date Stamp	California 802
Alameda County					Form OUZ
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Board of Supervisors			4		
Designated Agency Contact (Name, Title)			6	
Sergio Ardila				Amendment (Must	t Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				
(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filing	g:(month, day, year)
2. Function or Event Inform	mation			4	200
Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$ -	
Event Description: Lauryn H	Hill & Fugees		Date(s) 11		/
	Provide Title/ Explar	nation			
Ticket(s)/Pass(es) provided	by agency? Yes [f no: Oaklan	Name of Course	
and for the first state of the state of the state of the			If yes: Tam, Lo	ena	
Was ticket distribution made of agency official?	e at the benest Yes L	🗌 No 🔳	yes	Official's Name (Last, Firs	st)
Use Section A to identify the ager A. Name of Agency, Department		Vse Section B to Number of Ticket(s)/ Passes			pursuant to the agency's policy
B. Name of Ind (Last, Fit		Number of Ticket(s)/ Passes		Identify one of th	ne following:
				monial Role Other	PHO.
Brown, Jimmie		3		king "Ceremonial Role" or "Other"	eda resident and business
			Cerer	monial Role D Other	
C. Name of Outside C (include address and)rganization d description)	Number of Ticket(s)/ Passes	Describe ti	he public purpose made p	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.

Se Se	Sergio Ardila		01/17/24	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				

Clear

Print

С	eremonial Role Ever	its and Ticket/F	Pass Distri	butions	Α	Public Document
1.	Agency Name				Date Stamp	California 802
	County of Alameda					Form OUZ
	Division, Department, or Reg	jion (if applicable)			1	For Official Use Only
	Board of Supervisors, Four	th District				
	Designated Agency Contact				1	
	Nate Miley					
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)
	(510) 272-6694	Jasmine.Howard2(@acgov.org		Date of Original Filing:	
_						(month, day, year)
2.	Function or Event Infor	mation				000.00
	Does the agency have a tic	ket policy? Yes	📕 No 🗔 🛛 F	ace Value of	Each Ticket/Pass \$	200.00
	Event Description:	Hill & Fugees	<u>7</u> <u>2023</u>	, ,		
		Provide Title/ Expla]		
	Ticket(s)/Pass(es) provided	by agency? Yes	d Arena			
			Mama of Source			
	Was ticket distribution made	e at the behest Yes		yes: Miley, N	Official's Name (Last, First)	
	of agency official?					
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
					nonial Role D Other D king "Ceremonial Role" or "Other" desc	
	Edwards, Marus		2		nonial Role D Other D Other	Income
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy

4. Verification

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		Jasmine Howard	Supervisor's Assistant	11/7/2023
Signature of Agency Heild of Designee	-1	Print Name	Title	(month, day, year)
Comment:				



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.) E-mail Area Code/Phone Number 12/01/23 Date of Original Filing: 510-272-6695 Amy.Shrago@acgov.org (month, day, year) 2. Function or Event Information 200.00 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🔳 No 🗖 Event Description: _____Lauryn Hill & Fugees Date(s) <u>11</u> / 07 / 23 Provide Title/ Explanation If no: _____Coliseum Authority Ticket(s)/Pass(es) provided by agency? Yes 🔲 🛛 No 🔳 Name of Source Carson, Keith If yes: Was ticket distribution made at the behest Yes MINO Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes To reward a County employee for his or her exemplary BOS D5 4 service to the public or 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) Passes

4. Verification

	Amy Shrago	Chief of Staff	12/01/23	
Signature of Agency Hend or Designee	Print Name	Title	(month, day, year)	
Comment:				
Prin	t Clear	EDDC Tell Free Volations	FPPC Form 802 (2/2016)	

Agency Report of:

eremonial Role Events and Ticket/Pass Distributions C

A Public Document

C	elellioinal Nole Lven	to and monour		Insulerie			
1.	Agency Name				Date Stamp	California	802
	Alameda County					Form For Official	
	Division, Department, or Reg	ion (if applicable)					Use Only
	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				12/01/23	
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing:	(month, day, year	r)
2.	Function or Event Infor	mation				e	62.50
	Does the agency have a tick		No 🗌		Each Ticket/Pass \$		52.00
	Event Description: All Elite	Wrestling		Date(s) 11	<u>10 23</u>		
		Provide Title/Explai					
	Ticket(s)/Pass(es) provided	by agency? Yes [No 🔳	If no: Coliseu	Mama of Course		
	Mos ticket distribution mode	ot the hehest averal		If yes: Carson	, Keith		
	Was ticket distribution made of agency official?	at the benest Yes			Official's Name (Last, First)		
	of agency official:						
3.	Recipients						
	 Use Section A to identify the ager 	cy's department or unit.	Use Section B to	o identify an individu	ual. Use Section C to identify	/ an outside organiz	zation.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s) Passes	Describe th	e public purpose made purs	suant to the agenc	y's policy
	B. Name of Indi		Number of Ticket(s)	,	Identify one of the fo	bllowing:	
	(Last, Fir		Passes			1	
	lonos lason		4		nonial Role 🔲 Other 📰 king "Ceremonial Role" or "Other" des		Income
	Jones, Jason			To promote	e attendance at a Coun	ity sponsored e	event or
					nonial Role D Other des king "Ceremonial Role" or "Other" des		
	C. Name of Outside O (include address and		Number of Ticket(s). Passes	Describe th	ne public purpose made purs	suant to the agenc	y's policy
	,						
	_						

4. Verification

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	Amy Shrago	Chief of Staff	12/01/23	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				
Pri	nt Clear	FPPC Toll-Free Helpline: a	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)	

Agency Report of: Ceremonial Role Event

С	eremonial Role Even	ts and Ticket/P	ass Disti	ributions	Α	Public Docum	ent
1.	Agency Name				Date Stamp	California 80	12
	Alameda County					101111 0 0	-
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	1
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Heather Cartwright	Amendment (Must P	rovide Explanation in Part 3.)				
	Area Code/Phone Number E-mail						
	(510) 272-6691	heather.cartwright2	@acgov.org	9	Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor					\$100	
	Does the agency have a tick				Each Ticket/Pass \$		-
	Event Description: Gabriel Iglesias Date(s)/.				//	-	
	Ticket(s)/Pass(es) provided			If no: Oaklan			-
				If yes: Hauber	Name of Source t. David		
	Was ticket distribution made	e at the behest Yes [🗌 No 🔳	If yes:	Official's Name (Last, First)		-
	of agency official?						
	A. Name of Agency, Depa	urtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's pol	icy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:	
	Hernandez, Molly		4	If chec	nonial Role DOther C king "Ceremonial Role" or "Other" de attendance at events	scribe below;	me 🔲
				Ceren	nonial Role D Other C		me 🔲
	C. Name of Outside O (include address and				e public purpose made pur	suant to the agency's poli	icy

4. Verification

A have read and understand FPPC	Regulations 18944.1 and 18942	P. I have verified that the distribution	n set forth above, is in accordance
with the requirements.	Y		
			Cal 1 1 - 1

with the reduirements.	Heather D. Cartwright	Supervisor's Assistant	3/1/274
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			





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~	I U				ີເ		CIIL

_					Data Charman	
۱.	Agency Name				Date Stamp	California Form 802
	Alameda County					For Official Use Only
	Division, Department, or Regi	ion (if applicable)				T of official osc 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				100
	Does the agency have a tick	tet policy? Yes	No 🗌	Face Value of	Each Ticket/Pass \$ _	100
	Event Description:Gabriel I	glesias		Date(s) 11	, 17 , 23	, ,
	Event Description:	Provide Title/ Explan	ation			//
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🔳	If no: Oakland	d Arena	
			7.5mm	If yes: Tam, Le	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 agen A. Name of Agency, Depa		Number of Ticket(s)/ Passes			ursuant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	
	α.				nonial Role 📙 Other king "Ceremonial Role" or "Other" o	
					nonial Role D Other king "Ceremonial Role" or "Other" of	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy
	City of Alameda		3	To encoura	age County of Alamed	da resident and business (

4. Verification

I have read and understand FPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 10 I

Sergto Ardila		Supervisor's Assistant	01/1+/24	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				

Print



A Public Document

-	Agency Name				Date Stamp	California 000	
1.	Agency Name Alameda County			·	Form 802		
	Division, Department, or Region (if applicable)				For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Amy Shrago, Chief of Staff				Amondmont (Must Pr	vide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				12/01/23	
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Inform					100.00	
	Does the agency have a tick		📕 No 🗖		Each Ticket/Pass \$		
	Event Description: Gabriel I	glesias	Date(s) 11			/	
		Provide Thie/Expla				λ.	
	Ticket(s)/Pass(es) provided	by agency? Yes	🗆 No 🛄	If no: <u>Coliseu</u>	Maria of Courses		
	Was ticket distribution made	at the behest. Ves	No If yes: Carson,		, Keith		
	of agency official?	Tes			Official's Name (Last, First)		
_							
3.	Recipients						
	Use Section A to identify the agen	icy's department or unit.		o identify an individu	al. Use Section C to identify	an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	(s)/ Describe the public purpose made pursuant to the agency's poli			
	B. Name of Indi (Last, Fin		Number of Ticket(s) Passes	,	Identify one of the fo	llowing:	
	Carson, Keith		4	If chec	remonial Role D Other M Income Income		
			·	To review t	he ability of a facility or	its operator to particing	
					nonial Role Dother desking "Ceremonial Role" or "Other" desk		
	C. Name of Qutside O (include address and		Number of Ticket(s) Passes	/ Describe th	ne public purpose made purs	uant to the agency's policy	

4. Verification

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Amy Shrago	Chief of Staff	12/01/23
Sign ture of Agency Hear of Designee	Print Name	Title	(month, day, year)
Comment:			
Prir	nt Clear	EDBC Toll Free Helplines	FPPC Form 802 (2/2016)

A Public Document

-	gency Name				Date Stamp	California 002
	Alameda County				Form 802	
	Division, Department, or Region (if applicable)				For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Sergio Ardila					
	rea Code/Phone Number	E-mail			Amendment (Mus	t Provide Explanation in Part 3.)
	510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filing	g:(month, day, year)
2. F	unction or Event Inform	nation				405
D	oes the agency have a tick	ket policy? Yes	No 🗆 🗏	Face Value of	Each Ticket/Pass \$.	125
E	vent Description: Rod Way	ve	Date(s)		, 30 , 23 , , ,	
E	vent Description.	Provide Title/ Explan	ation			
Ti	icket(s)/Pass(es) provided	by agency? Yes	No 🔳	lf no: Oakland	d Arena	
	a - a - 1 - a		T No 🔳 If yes: Tam, Le		Name of Source	
	Vas ticket distribution made of agency official?	at the benest Yes [No 🔳	II yes	Official's Name (Last, Firs	st)
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ae public purpose made p	oursuant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of th	ne following:
					nonial Role D Other king "Ceremonial Role" or "Other	
-					nonial Role DOther king "Ceremonial Role" or "Other	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made j	pursuant to the agency's policy
	Unity Council		3	To encoura	age County of Alame	eda resident and business s

4. Verification

	Sergio Ardila	Supervisor's Assistant	61/12/24
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment			



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 12/01/23 **Date of Original Filing:** Amy.Shrago@acgov.org 510-272-6695 (month, day, year) 2. Function or Event Information 125.00 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes 🔳 No 🗌 Event Description: Rod Wave 30 23 11 Date(s) Provide Title/ Explanation Coliseum Authority If no: 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, 1

В.	Name of Individual . (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:	
McKinney, Jabari		4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event or	
	2		Ceremonial Role Other I Income I It 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	
<u>.</u>				

4. Verification

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.

1111 -	Amy Shrago	Chief of Staff	12/01/23
Algnature of Agency Bead or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

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