A Public Document

	Agoncy Name	to and monor	uoo pica		Date Stamp	California 000
1.	Agency Name Alameda County Division, Department, or Region (if applicable) Board of Supervisors				Form 802	
				e de la construcción de la constru	For Official Use Only	
	Designated Agency Contact	(Name, Title)				
	Amy Shrago, Chief of Staff		t		Amendment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				04/24/24
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				175.00
	Does the agency have a ticket policy? Yes 🔳 No 🗋				Each Ticket/Pass \$	
	Event Description:			Date(s) 04	0524	//
		Provide Title/ Expla	nation	If no:Coliseu		
	Ticket(s)/Pass(es) provided	by agency? Yes			Manage of Courses	
	Was ticket distribution made	e at the behest Yes	No 🗔	If yes:	, Keith	
	of agency official?	100			Official's Name (Last, First)	
_						
3.	Recipients		Ura Saction P to	identify an individu	al the Section C to identify	van outside organization
	Use Section A to identify the agency's department or unit. Use Section B to identify an ind Number					the second second second
	A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's pol		suant to the agency's policy
		A REAL PROPERTY OF A	1 83500			
	Name of Ind	Name of Individual		Name of the second	Identify one of the fo	ollowing:
	B. Name of Ind. (Last, Fir		of Ticket(s)/ Passes	11111111		
					nonial Role 🔲 Other 📗	
	Bowerbank, Norma		4	1	king "Ceremonial Role" or "Other" des	
						held at a County facili
					nonial Role D Other king "Ceremonial Role" or "Other" des	
				II CINEC.	King Caremonia Note of Other act	
	1		Number			
	C. Name of Outside C (include address and		of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
			Fasses			
_						

4. Verification

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

	Amy Shrago	Chief of Staff	04/24/24
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Prir	t Clear	EPPC Toll-Free Helpline: 8	FPPC Form 802 (2/2016) 66/ASK-FPPC (866/275-3772)

A Public Document

_						
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicable	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	2 2 2					
	Gabriela Christy Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(510) 272-6692	1 · · ·	risty@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				10
	Does the agency have a ticke		Yes 🛛 No 🗌	Face Value o	f Each Ticket/Pass \$	118.15
	Event Description We the	MON'S (0 Provide Title/Expl	medy Tout		16,24	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🖸 No 🛽	_	Name of Sour	
	Was ticket distribution made a	at the behest	No 🗌 Yes 🛛	If yes: Marqu	uez, Elisa- Supervisor D Official's Name (La	District 2
_	of agency official?					isi, rirst)
3.	• Use Section A to identify the agence	y's department or	unit. • Use Secti	ion B to identify an individu	al. • Use Section C to identif	y an outside organization.
	A. 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
				5		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	, Identify one of the following:		, g:
				Ceremonial Role	Other	Income
	Leyes, Leannd		2	To reward a	community	
					his or her service	
				to the public		Income
	\bigcirc $1 $			^		
	Puna, furrifer		\	~~	L r	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
					3	
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	- 3ku 2024
signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

	eremonial Role Events and	Ticket/Pass Dis	tributions	Α	Public Document
Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name			Date Stamp	California 802	
	County of Alameda				Form OUZ
	Division, Department, or Region (if appl	cable)		1	For Official Use Only
	Board of Supervisors, Fourth District				
	Designated Agency Contact (Name, Title,			1	
	Nate Miley			Amondmont (Must D	ovide Explanation in Part 3.)
	Area Code/Phone Number E-mail				,
	(510) 272-6694 Jasmine	.Howard2@acgov.org	9	Date of Original Filing:	(month, day, year)
	Function or Event Information				
	Does the agency have a ticket policy	? Yes No 🗌	Face Value of	Each Ticket/Pass \$	100
				6 2024	
	Event Description:				
	Ticket(s)/Pass(es) provided by agend	vide Title/ Explanation	lf no: Oaklan	d Arena Name of Source	
	Was ticket distribution made at the be	ehest Yes 🗌 No 🔳	If yes: <u>Miley, Nate</u> Official's Name (Last, First)		
	of agency official?			omolaro Marno (Edol, Fridy	
	A. Name of Agency, Department or L	Init of Ticket(s Passes		ne public purpose made pur	suant to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(Passes		Identify one of the f	ollowing:
	D .	of Ticket(Cerei If chec To encouras	nonial Role D Other	Income
	(Last, First)	of Ticket(Passes	Cerei freide To encourag attendance Cerei	nonial Role D Other king "Ceremonial Role" or "Other" des ge County of Alameda res	Income
	(Last, First)	4	s)/ Cerer If chec To encourag attendance Cerer If chec	nonial Role Dother monial Role Other monial Role Other of Wing "Ceremonial Role" or "Other" des ge County of Alameda res at local events. nonial Role Other monial Role Other monial king "Ceremonial Role" or "Other" des	Income
	C Name of Outside Organization	4 Number of Ticket(s	s)/ Cerer If chec To encourag attendance Cerer If chec	nonial Role Dother monial Role Other monial Role Other of Wing "Ceremonial Role" or "Other" des ge County of Alameda res at local events. nonial Role Other monial Role Other monial king "Ceremonial Role" or "Other" des	Income

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

-	Jasmine Howard	Supervisor's Assistant	3/25/2024
Signature of Agency Head or Dasignee	Print Name	Title	(month, day, year)

Print



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A Public Document

1	Agency Name				Date Stamp	California 002
•••	Alameda County Division, Department, or Region (if applicable)				Form OUZ	
					For Official Use Only	
	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		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				\$118.75
	Does the agency have a tick			ace Value of	Each Ticket/Pass \$	φ110.75
	Event Description: We The	m One's Comedy To	ur D	ate(s)	<u>, 6 , 202</u>	//
		Provide Title/ Explar	าลแดก			
	Ticket(s)/Pass(es) provided	by agency? Yes [no: <u>Oaklan</u>	Alama of Course)
	Was ticket distribution made	at the behest. Vos D		yes: Hauber	t, David	
	of agency official?	Partile benear 1651			Official's Name (Last, First)	
3.	 Recipients Use Section A to identify the ager 	ncy's department or unit. •	Use Section B to it	dentify an individu	ual. Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
			•			
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes	· · · · ·	Identify one of the f	ollowing:
	Mourning,Marquetis		4		nonial Role D Other C	
				To promote	e County resources or	facilities to County of A
				1	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 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 4/m/n.24 /with the requirements.

	Heather D. Cartwright	Supervisor's Assistant	171 2024
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

omment:

Print

			-			
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form UUZ
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Gabriela Christy				Amendment (Must pro	
	Area Code/Phone Number	E-mail				wide explanation in Part 3.)
	(510) 272-6692	Gabriela.Cl	nristy@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticke	t policy?	Yes 🗵 No 🗌	Face Value o	f Each Ticket/Pass \$	· · · · · · · · · · · · · · · · · · ·
	Fuent Description Mirror			Deta(a) 4	624	1 1
	Event Description	Provide Title/Exp	planation	Date(s)	/	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No 🛛	lf no:	Name of Sou	
				Mora		
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes 🛛	If yes:	uez, Elisa - Supervisor Official's Name (La	ast. First)
_						
3.	Recipients			4 - talana Atfan and ta altertala	unt	
	Use Section A to identify the agency	y's department o	Number of			
	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
	Generaliservices A	genal		To reward a C		
		/		or her exempla	ounty employee for his ary service to the public	
	Daudynar			or to encourag	e staff development	
	и ч				Philippinette	
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ig:
	. 1			Ceremonial Role If checking "Ceremon	Other describe below:	Income
				Ceremonial Role If checking "Ceremon	Other is other is other in the second	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant (o the agency's policy
4.	Verification				ŝ	
	I have read and understand FPPC Regu	lations 18944.1 a				the requirements.
	Supeture of Agency Head or Designee		GabrielaChristy Print Name	·	Supervisor's Assistant	(Month, Day, Year)
	\bigcirc $$					
	Comment:					

С	eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	Public Document
_	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)				
	Amy Shrago, Chief of Staff				Amendment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				04/24/24
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation				118.75
					Each Ticket/Pass \$	
	Event Description: We Them One's Comedy Tour Date(s) Date(s)			<u>, 06 , 24 </u>	//	
	Provide Intel Explanation					
	Ticket(s)/Pass(es) provided by agency? Yes D No M If no: Coliseu				Name of Source	
		t de charles de se		f yes: <u>Carson</u>	, Keith	
					Official's Name (Last, First)	
	of agency official?					
3.	Use Section A to identify the agency's department or unit. I Name of Agency, Department or Unit		Number of Ticket(s)/ Passes			suant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	Jones, Jason		4	If chec	nonial Role Other Miking "Ceremonial Role" or "Other" des	
				Cerer	nonial Role Other king "Ceremonial Role" or "Other" des	
	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

4. Verification

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

	Amy Shrago	Chief of Staff	04/24/24
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Prin	t Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)

A Public Document

1	Agency Name				Date Stamp	California 002
•••	Alameda County					Form OUL
	Division, Department, or Region (if applicable)				For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Heather Cartwright				Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation			s.	100 tix/\$20 parking
	Does the agency have a tick		No 🗍 🛛 F	ace Value of	Each Ticket/Pass \$	
	Event Description: Oakland	A's Game	G	04	<u>, 12 , 2024</u>	//
		FIGNIDE TILLE Explai	nation	no: Oaklan	d Arena	
	Ticket(s)/Pass(es) provided	by agency? Yes L			Name of Source	
	Was ticket distribution made	e at the behest Yes		yes: Hauber	t, David Official's Name (Last, First)	
	of agency official?				Qmicial s Name (Last, First)	
	Use Section A to identify the ager		Use Section B to i Number of Ticket(s)/ Passes		ual. Use Section C to identify	
	B. Name of Individual (Last, First) Archuletta, Ben		Number of Ticket(s)/ Passes		Identify one of the fo	blowing:
			6tix-1p	If chec	nonial Role Other wing "Ceremonial Role" or "Other" des	
					nonial Role D Other	
	C. Name of Outside O (include address and	Irganization I description)	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.

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

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A Public Document

Ce	eremonial Role Lven	ts and neketi	u33 D130	ibutions				sument
1.	Agency Name				Date Stamp		California	802
	Alameda County		,				Form	
	Division, Department, or Reg	ion (if applicable)					For Official	Use Only
	Board of Supervisors							
	Designated Agency Contact	(Name,Title)						·
	Heather Cartwright				Amendment (Mu	ist Provid	le Explanation in	Part 3.)
	Area Code/Phone Number	E-mail					•	·
	(510) 272-6691	heather.cartwright2	@acgov.org	l	Date of Original Filir	ng:((month, day, yea	r)
2.	Function or Event Infor	mation						\$100
	Does the agency have a tick	ket policy? Yes	No 🗌	Face Value of	Each Ticket/Pass \$			ψ100 ———————————————————————————————————
	Event Description: Los Ang	eles Azules		Date(s)	, 13 _, 2024		1 1	
		Provide Title/ Explai	nation					
	Ticket(s)/Pass(es) provided	by agency? Yes [If no: _Oakland	Manual of Decision			
	and the first design of the state of the sta		-	If yes: <u>Hauber</u>	t, David			
	Was ticket distribution made of agency official?	e at the benest Yes [No 📕	ii yes.	Official's Name (Last, Fi	rst)		
3.	• Use Section A to identify the ager	121-1	Number					1.
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made	pursua	nt to the agend	sy's policy
	·		2					
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of t	he follo	wing:	
	De La Fuente, Ignacio		4		nonial Role DOthe	er 🔲 er" describe	e below:	Income
				To promote	e County resources	or fac	ilities to Cou	inty of Al
					nonial Role D Othe king "Ceremonial Role" or "Othe	er 🔲 er" describe	e below:	Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made	pursua	nt to the agenc	y's policy
	· .							

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. al. In

	Heather D. Cartwright	Supervisor's Assistant	417/2024
Signature of Agency Headler Designee	Print Name	Title	(month day, year)
Comment [.]			

_						
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form UUZ
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Gabriela Christy					
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	nristy@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				1.02
	Does the agency have a ticke		Yes 🛛 No 🗖	Face Value o	f Each Ticket/Pass \$	100
	Event Description	es Azules		Date(s) 4		/
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No 🗵	If no:	Name of So	Urco
	Addition of the state of the st			Marqu	Jez, Elisa - Supervisor	
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes 🛛	If yes:	Official's Name (I	Last, First)
-						
з.	• Use Section A to identify the agence	y's department o	r unit• Use Sectio	on B to identify an individu	al. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
	G					
			Number of			
	B. Name of Individua (Last, First)	31	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Sanchez, Mona		4		□ other □ a community or his or her servi	Income 🗌
			-	to the publi		
	Parra, Blanca		3			
	C. Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
2	~					
4.	Verification	lations 18944.1 ar				11 3
X	Signature of Agency Head of Qesignee	-	GabrielaChr Print Name		Supervisor's Assistan	(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 04/24/24 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 🗍 Event Description: Oakland A's 13 , 24 04 , Date(s) _ 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 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 To promote, encourage, reward, or support general BOS D5 18 employee morale, 10 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: 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 Ĉ. (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	04/24/24
Signature of Agency Head or Mesignee	Print Name	Title	(month, day, year)
Comment:			

Clear

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Agency Report of: С d Ticket/Pass Distributions 1

С	eremonial Role Even	ts and Ticket/P	ass Distri	ibutions	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)			1	
	Heather Cartwright				Amendment (Must Pri	ovide Exculanation in Part 3.)
	Area Code/Phone Number	E-mail				ende Expranason in Lait 6.7
	(510) 272-6691	heather.cartwright2	2@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			\$	i100 tix/\$20 parking
	Does the agency have a tick					
	Event Description: <u>Oakland</u>	A's Game Provide Title/ Expla	nation	Date(s)	/142024	/
	Ticket(s)/Pass(es) provided	•		f no: Oaklan	d Arena	
		-y 2901091 100			Name of Source	
	Was ticket distribution made	e at the behest Yes	🗆 No 🔳 👘	f yes: <u>Hauber</u>	Official's Name (Last, First)	
	of agency official?					
	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
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	Mavizca, Carlos		18tix-4p		nonial Role Other Other king "Ceremonial Role" or "Other" des	
	Wavizca, Carlos		Toux ap	To promote	e attendance at events	held at a County facili
					noniał Role 🛄 Other 🔲 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 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. al la

	Heather Cartwright	Supervisor's Assistant	417/1029
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

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

A Public Document

	eremonial Role Even	is and nekeura	a55 DIST	Ibutions		
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ For Official Use Only
	Division, Department, or Reg	ion (if applicable)				For Unicial Use Unity
	Board of Supervisors					
	Designated Agency Contact	Name, Title)			1	
	Amy Shrago, Chief of Staff				Amendment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				04/24/24
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor					100.00
	Does the agency have a tick		No 🗌		Each Ticket/Pass \$	
	Event Description: Oakland	A's		Date(s)	<u>, 15 , 24</u>	6,7,24
		Flovide Title/ Explain		If no: _Coliseu	m Authority	
	Ticket(s)/Pass(es) provided	by agency? Yes	🗌 No 🔳		A1	
	Was ticket distribution made	at the hehest . Veal		If yes: Carson	, Keith	
	of agency official?	at the beliest yes			Official's Name (Last, First)	
	of agency emetal.					
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	bllowing:
	Russell, Eddie		18	If chec	nonial Role D Other king "Ceremonial Role" or "Other" des e attendance at events	
	Russell, Eddie		ч		nonial Role 🔲 Other 📈 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 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. $\hbar \int \Lambda$

ATTA	Amy Shrago	Chief of Staff	04/24/24
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:			
Prir	nt Clear	FPPC Toli-Free Helpline:	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)

A Public Document

_	Agency Name				Date Stamp	California	000
1.	Alameda County					Form	802
	Division, Department, or Reg	ion (if applicable)				For Official U	Jse Only
	Board of Supervisors						
	Designated Agency Contact	Name, Title)					
	Heather Cartwright				Amendment (Must P	Provide Exclanation in	Part 31
	Area Code/Phone Number	E-mail				ionae Explanation in	r un o.)
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing:	(month, day, year	1
2.	Function or Event Infor	mation					\$175
	Does the agency have a tick	ket policy? Yes		ace Value of	Each Ticket/Pass \$		
	Event Description: Enhyper	World Tour: Fate in Provide Title/ Explai			, 26 , 2024	//_	
	Ticket(s)/Pass(es) provided		🗌 No 🔳 If	no: Oaklan	d Arena		
				yes: Hauber	Name of Source t, David		
	Was ticket distribution made of agency official?	e at the behest Yes [🗌 No 🔳 👫	yes:	Official's Name (Last, First)		
3.	• Use Section A to identify the ager	ncy's department or unit.	Use Section B to ic	lentify an individu	ual. Use Section C to identi	fy an outside organiz	zation.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency	y's policy
	B. Name of Ind	ividual	Number of Ticket(s)/		Identify one of the	following:	
	Last, Fii	rst)	Passes				
	Cartwright, Delia		2		nonial Role D Other king "Ceremonial Role" or "Other" de		Income
				To promote	e attendance at events	held at a Coun	nty facili
				1	nonial Role DOther C king "Ceremonial Role" or "Other" de		income
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agenc	y's policy

4. Verification

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

	Heather D. Cartwright	Supervisor's Assistant	41712024
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment			



Comment:

. Age	· · · · · · · · · · · · · · · · · · ·					
-	ency Name				Date Stamp	California 802
Alar	meda County					Form UUL
Divis	sion, Department, or Reg	ion (If Applicable)			For Official Use Only
Boa	ard of Supervisors					
	ignated Agency Contact	(Name, Title)				
Gab	oriela Christy					
	a Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
	0) 272-6692	Gabriela.Chi	risty@acgov.	org	Date of Original Filing:	(Month, Day, Year)
	nction or Event Infor	mation				
	s the agency have a ticke		Yes 🛛 No [Face Value o	f Each Ticket/Pass \$	
	TENILLY	DYN		1	,26,24	, , , .
Ever	nt Description	Provide Title/Expl	anation	Date(s)		//
Tiek	et(s)/Pass(es) provided b	v agonev2		⊠ If no:		
HCK	et(s)/Fass(es) provided b	y agency :	Yes 🗌 No 🛛	×	Name of Sour	
	s ticket distribution made a	at the behest	No 🗌 Yes [If yes: MAR	29999 Style Supervisor D	
of a	agency official?				Official's Name (La	ast, First)
	cipients					
• Use	e Section 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 Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followir	ıg:
В.		al	Ticket(s)/	Ceremonial Role If checking "Ceremon	Identify one of the followin Other	ng: Income
В.		al	Ticket(s)/	If checking "Ceremon Ceremonial Role	Other	
B. 		nization	Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a sch	Other o	Income
C.	(Last, First)	nization scription)	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a sch	Other In the contract of the	Income
С. 72	(Last, First) Name of Outside Organ (Include address and des FAMILY CENTOR	nization scription)	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 7 3	If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a sch organization fo	Other o	Income
С. 72	(Last, First) Name of Outside Organ (include address and des Family Center 5 Whypte Road Uman M Family Center Provid	nization scription) MH (M 998) QS an INMOVA!	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 7 2	If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a sch organization fo the community	Other o	Income
C. 72 mrv Cu nmulu I. Ver	(Last, First) Name of Outside Organ (include address and des Family Center 5 Whypte Road Union My Family Center Provid My Family Center Provid My Center Provid My Center Provid	nization scription) My (1995) as an Innovat Ing organiza	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a sch organization fo the community	Other	Income
C. 72 mrv Cu nmulu I. Ver	(Last, First) Name of Outside Organ (include address and des Family Center 5 Whypte Road Union My Family Center Provid My Family Center Provid My Center Provid My Center Provid	nization scription) My (1995) as an Innovat Ing organiza	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	If checking "Ceremon Ceremonial Role If checking "Ceremon To reward a sch organization fo the community Ceremon the community	Other A Cole" or "Other" describe below: Other Other Other isel Role" or "Other" describe below: nool or nonprofit r its contributions to https:	Income