E-mail

Amy.Shrago@acgov.org

A Public Document California Date Stamp 8 Form For Official Use Only Division, Department, or Region (if applicable) Amendment (Must Provide Explanation in Part 3.) 04/24/24

Date of Original Filing:

(month, day, year)

2.

Designated Agency Contact (Name, Title)

Function or Event Information			100.00
Does the agency have a ticket policy?	Yes 📕 No 🗋	Face Value of Each Ticket/Pass \$	100.00
Event Description: Oakland A's		Date(s) 05 / 04 / 24	
Provide Title	e/ Explanation		
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🔳	If no:Coliseum Authority	
Was ticket distribution made at the behest	Yes 🔳 No 🗌	Name of Source If yes: Carson, Keith Official's Name (Last, First)	
of agency official?		Unicial 3 Marile (East, 1 Noy	

Recipients 3.

1. Agency Name

Alameda County

510-272-6695

Board of Supervisors

Amy Shrago, Chief of Staff

Area Code/Phone Number

• 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.
 Use Section A to identify the agency's department of unit. 	· Ose section b to identify an manadade	ose section e to lacitary an o-tolae organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Monome Income Income If checking, "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income I Income I Income I
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Supply Bank.org 7730 Pardee Ln., Oakland (18	To promote attendance at events held at a County facility

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 of Designee	Print Name	Title	(month, day, year)
Comment:			
Pri	nt Clear	FPPC Toll-Free Helpline: 8	FPPC Form 802 (2/2016) 666/ASK-FPPC (866/275-3772)

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1.	Agency Name				Date Stamp	California 802
	Alameda County					Form UUZ
	Division, Department, or Regio	on (If Applicabl	e)			
	Board of Supervisors					
	Designated Agency Contact (N	Vame, Title)				
	Gabriela Christy					
		E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	nristy@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket	policy?	Yes 🛛 No 🗌	Face Value o	f Each Ticket/Pass \$	100
	Event Description Oakland As	s vs. Texas F	Rangers	Data(a) 5	<u> </u>	1
	Event Description	Provide Title/Exp		Date(s)		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No 🗵	d اf no:		
				_	Name of Sour	
	Was ticket distribution made at	the behest	No 🗌 Yes 🛛	If yes: Marqu	uez, Elisa - Supervisor I Official's Name (La	JISUICE Z
_	of agency official?					
3.	• Use Section A to identify the agency	a department or	runit e Uco Santi	ion R to idontify an individu	al a Use Section C to identif	v 20 outside organization
			Number of		·	
	A. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
	B. Name of Individual		Number of Ticket(s)/		Identify one of the followin	g:
	(Last, First)		Pass(es)			
				Ceremonial Role	L Other L ial Role" or "Other" describe below:	Income
				in one of any contention		
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
			Number of			
	C. Name of Outside Organiz		Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
			Pass(es)		ool or nonprofit	
	City of Hayward 777 B Stree CA 94541	t Hayward,	8/2	_	its contributions to	
	1		-	_ the community		
	ANNUAL CITYWIDE CLEAN COMMUNITY FAIR	I-UP &				
4.	Verification					
	I have read and understand FPPC Regula	ations 18944.1 an	nd 18942. I have veri	ified that the distribution set f	orth above, is in accordance with	the requirements.
		>	Gabriela Ch	nristy	Supervisor's Assistant	9 4 2024
	angnature dt Agency Heart or Designee		Print Name		Title	(Mo th, Day, Year)
	Raffle items for Ea	arth Day eve	ent on April 20			
	Comment:					

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Ceremonial Role Events an	u lickeur ass D	Istributions	~ ~	T done Bocament
1. Agency Name			Date Stamp	California 802
Alameda County				
Division, Department, or Region (if a	oplicable)]	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, T	tle)		1	
Heather Cartwright				rovide Explanation in Part 3.)
Area Code/Phone Number E-mail				
(510) 272-6691 heath	er.cartwright2@acgo	v.org	Date of Original Filing:	(month, day, year)
2. Function or Event Information	1			\$112.50
Does the agency have a ticket poli		Face Value of	FEach Ticket/Pass \$	<i>QTTL</i>.00
Event Description: Melanie Martin	ez	Date(s)05	<u>, 12 , 2024</u>	//
	Provide Title/ Explanation			
Ticket(s)/Pass(es) provided by age	ncy? Yes 🗌 No 🛛		Manage of Courses	
		If yes: Haube	ert, David	
Was ticket distribution made at the of agency official?	benest Yes No	II yes	Official's Name (Last, First)	
A. Name of Agency, Department	or Unit Of Ticl Pas	tet(s)/ Describe	the public purpose made pur	rsuant to the agency's policy
B. Name of Individual (Last, First)	Num of Ticl Pas	(et(s)/	Identify one of the	
Wedge, Julie	4	, ff chi	emonial Role Other C ecking "Ceremonial Role" or "Other" de	escribe below:
			emonial Role C Other	s held at a County facili
			ecking "Ceremonial Role" or "Other" de	
C. Name of Outside Organizat (include address and description)	ion of Ticl		the public purpose made pu	rsuant to the agency's policy

4. Verification

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

	Heather D. Cartwright	Supervisor's Assistant	17/ 1024
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear



-	A NI-				Date Stamp	California 000
1.	Agency Name					Form 802
	Alameda County					For Official Use Only
	Division, Department, or Regi	on (if applicable)				
	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.cartwright2	@acgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	nation			\$	100 tix/\$20 parking
	Does the agency have a tick	tet policy? Yes	البيبة ١٩٧			
	Event Description: Oakland	A's Game		Date(s)	, 21 , 2024	//
		Provide Title/ Explai		If no: Oakland	d Arena	
	Ticket(s)/Pass(es) provided	by agency? Yes			Name of Source	
	Was ticket distribution made	at the behest Yes	No 🔳	If yes: Hauber	t, David	
	of agency official?	1001			Official's Name (Last, First)	
_						
3.	Recipients					
	 Use Section A to identify the agen 	cy's department or unit.	Use Section B to	identify an individu	ual. Use Section C to identify	/ an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	Budil, Kimberly		18tix-4p	If check	nonial Role D Other king "Ceremonial Role" or "Other" des	cribe below:
				To promote	e attendance at events	held at a County facili
				1	nonial Role D Other	
	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. 41-10

	Heather Cartwright	Supervisor's Assistant	TADDY
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:		۰ ۵	

Clear

Print



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

A Public Document

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1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	General Services Agency					
	Designated Agency Contact	Name, Title)				
	Cindy Wong, Administative	Secretary				Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Torrae Explanation in Fart 5.)
	510-208-9701	cindy.wong@acgo	v.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy? Yes	🔳 No 🗔 🛛 F	ace Value of I	Each Ticket/Pass \$	100 tix/\$20 parking
	Event Description	A;s Game	D	ate(s)	, 23 , 2024	
	Ticket(c)/Pass(cc) provided	Provide Title/ Expla	nation	no: Oakland	d Arena	
	Ticket(s)/Pass(es) provided	by agency? Yes			Nome of Course	
	Was ticket distribution made	at the behest Yes	No 🗆 🛛 🖿	yes: Gasawa	ay, Kimberly	
	of agency official?	100			Official's Name (Last, First)	
3.	• Use Section A to identify the agen A. Name of Agency, Depa		Number of Ticket(s)/			fy an outside organization.
	Contraction of the second second		Passes			
	General Services Agency	- Janitorial	18tix/4parki	To promote employee n	, encourage,reward,a norale	nd support general
	B. Name of Indi (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the t	following:
					ionial Role D Other C	
					nonial Role Dother C	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	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.

1 -	Kimberly Gasaway	Director, General Services Ager	6/14/2024
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:	*		
Prin	t Clear	FP FPPC Toll-Free Helpline: 866/ASK	PĊ Form 802 (2/2016) FPPC (866/275-3772)

ency Name				Date Stamp	California 802
meda County					For Official Use Only
sion, Department, or Regio	n (If Applicabl	le)			
rd of Supervisors				÷	
ignated Agency Contact (N	ame, Title)				
oriela Christy					Divide explanation in Part 3 1
a Code/Phone Number	E-mail			-	onde expranaion in r art 3.)
0) 272-6692	Gabriela.Cl	nristy@acgov.org	3	Date of Original Filing:	(Mon th , Day, Year)
nction or Event Inform	ation				100/30
		Yes 🛛 No 🗌	Face Value of	of Each Ticket/Pass \$	100 30
nt Description DaklandA	Provide Title/Ex	Ston Astros	_ Date(s) _	2424	///
et(s)/Pass(es) provided by	agency?	Yes 🗌 No 🛛	If no:	Name of Sor	Ince
ticket distribution made at agency official?	the behest	No 🗌 Yes 🛛	lf yes: <u>MA</u>	RQUE7; EUSA (Official's Name (L	
cipients					
e Section A to identify the agency's	s department o		B to identify an individe	ual. • Use Section C to ident	lify an outside organization.
A. Name of Agency, Department or Unit		Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role If checking "Ceremor	Other describe below:	Income
			Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income
		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
of Alameda County 51 citi Center DRiver H	auward . MA	18/4	organization for	or its contributions to)
	UDIED Fam	lises	- the community	y	
octra providers in Man	reda Cumh	1			
SI cit Center DRive H A to streng then in the OCARG Providers in Man rification entry and understand FPPC Regula			d that the distribution set	forth above, is in accordance wi	th the requirements.
	neda County iion, Department, or Regio iion, Department, or Regio rd of Supervisors gnated Agency Contact (N riela Christy Code/Phone Number 0) 272-6692 iction or Event Inform it be agency have a ticket at Description Oaklandk et(s)/Pass(es) provided by ticket distribution made at igency official? Section A to identify the agency' Name of Agency, Department (Last, First) Name of Outside Organiz (include address and desc	neda County iion, Department, or Region (If Applicable ird of Supervisors gnated Agency Contact (Name, Title) riela Christy Code/Phone Number i) 272-6692 iction or Event Information is the agency have a ticket policy? int Description Oakland Als & flow Provide Title/Explored et(s)/Pass(es) provided by agency? ticket distribution made at the behest agency official? Section A to identify the agency's department or Name of Agency, Department or Unit Name of Individual (Last, First) Name of Outside Organization (include address and description) A Agmeda COMM	Name of Outside Organization (If Applicable) Image: State of Supervisors Image: State of Supervisor Supervisor Supervisor State of Supervisor Super	Name of Individual (Last, Firet) Number of (Include address and description) Number of Ticket(s)/ Pass(es) Coreward a Sc Name of Outside Organization (Include address and description) Number of Ticket of Ticket of Ticket of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Secribe the pul Pass(es)	Name of Agency, Department or Unit Number of Ticket(s) Name of Agency, Department or Unit Number of Ticket(s) Name of Outside Organization Ticket(s) Describe the public purpose made pursuant To reward a school or nonprofit

Comment:

Agency Name				Date Stamp	California 002	
	-			Date Stamp	Form 802	
Alameda County	an /if Analisable		For Official Use Only			
Division, Department, or Regi	ion (il Applicable))				
Board of Supervisors						
Designated Agency Contact (Name, Title)	1				
Gabriela Christy				Amendment (Must provide explanation in Part 3.)		
Area Code/Phone Number	E-mail				ovide explanation in Part 3.)	
(510) 272-6692	Gabriela.Chr	risty@acgov.c	org	Date of Original Filing:	(Month, Day, Year)	
Function or Event Inform	mation					
Does the agency have a ticket policy? Yes 🔀] Face Value o	of Each Ticket/Pass \$	we 195	
Event Description 20042	RVAN			5,31,24		
Event Description	Provide Title/Expl	anation	Date(s)		//	
Ticket(s)/Pass(es) provided by	v aganev2		If no:			
nover(s)/rass(es) hronged p	y agency :	Yes 🔲 No 🗵	3	Alassa / A		
Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes: <u>Y</u>	AKOVCZ 1 21189 Official's Name (1	SUPERVISOR DISTRIC Last, First,	
Recipients						
Use Section A to identify the agency	y's department or	unit. • Use Secti	on B to identify an individ	ual. • Use Section C to ident	tify an outside organization.	
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant	to the agency's policy	
		1 1				
B. Name of Individua	Name of Individual			Hondify and of the following:		
B, (Last, First)		Ticket(s)/ Pass(es)	To reward a	Identify one of the following:		
				•	Income	
ottacon , locelyn		2		or his or her service		
olumen Moccollin			to the public			
<u></u>						
			li checking "Ceremon	hial Role" or "Other" describe below:		
	· .		in one onling "eeronic.			
C. Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	t to the agency's policy	
		, 455(65)				
Verification						
I have read and understand FPPC Regu	llations 18944.1 and	d 18942. I have ven	ified that the distribution set	forth above, is in accordance w	ith the requirements.	
Gabriela Chris			risty	Supervisor's Assistan	t 642029	
Signature of Agency Head or Designee	2	Print Name		Title	(Month, Day, Year)	

Agency Report of: and Ticket/Pase Distributions

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6	eremoniai Role Even	ts and licket/P	ass Dist	noutions	A	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County Board of S				Form OUZ	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	President Nate Miley					
	Designated Agency Contact	(Name, Title)				
	Jasmine Howard, Administr			Amendment (Must Pr	ovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				ovide Explanation in Fait 3.)
	510-670-5964	jasmine.howard2@	acgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation			L	105.00
	Does the agency have a ticl	ket policy? Yes	🔳 No 🗌	Face Value of	Each Ticket/Pass \$	195.00
	Event Description: Zach Br	yan		Date(s) 5	Date(s) <u>5 31 24</u>	
		Provide Title/ Expla	nation			//
	Ticket(s)/Pass(es) provided	by agency? Yes	🔳 No 🗌	lf no:	Name of Source	
	Mag tigket distribution mode	Was ticket distribution made at the behest Yes 🗋 No 🔳				
	of agency official?	at the benest Yes [If 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 t	o identify an individu	ual. Use Section C to identify	y an outside organization.
	A. Name of Agency, Depa	A. Name of Agency, Department or Unit		/ Describe th	he public purpose made pursuant to the agency's policy	
	-					
	B. Name of Individual (Last, First)		Number of Ticket(s) Passes	1	Identify one of the fo	bllowing:
	Keenan Brekke		4 To promo		monial Role Other I Income C cking "Ceremonial Role" or "Other" describe below: ote County resources or facilities available to f Alameda residents.	
					nonial Role D Other king "Ceremonial Role" or "Other" des	
	C. Name of Outside O (include address and		Number of Ticket(s) Passes	/ Describe th	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 ///

	Jasmine Howard	Administrative Assistant	5/20/2024
Signature of Agency Head & Designee	Print Name	Title	(month, day, year)

Print

