C	eremonial Role Even	its and Ticket/P	AF	Public Document		
1.	Agency Name				Date Stamp	California 802
	County of Alameda					Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors, Four	th District				
	Designated Agency Contact	(Name, Title)			1	
	Nathan Miley					
	Area Code/Phone Number	E-mail			Amendment (Must Pro	vide Explanation in Part 3.)
	(510) 272-6694	jasmine.howard2@	Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	No 🗆 🖡	ace Value of	Each Ticket/Pass \$	62.50
	Event Description: Russ - C	Concert	<u>, 2 , 2024</u>			
	Event Description.	Provide Title/ Explar	nation	Jate(s)		//
	Ticket(s)/Pass(es) provided		f no:	Name of Source		
	Was ticket distribution made	a at the beheat way r				
	of agency official?	Factile Dellest Yes [yee	Official's Name (Last, First)	
3.	Recipients					
	• Use Section A to identify the ager	ncy's department or unit.	Use Section B to i	dentify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy
	2					
	B. Name of Indi		Number of Ticket(s)/		Identify one of the fol	lowing:
	(Last, Fir	st)	Passes			
	Jones, Burt			If check	nonial Role D Other D	
				To promote	County resources or fa	cilities available to Co
					nonial Role D Other D king "Ceremonial Role" or "Other" descr	Income I
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant 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	05/30/2024
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
	No. of the second se		

Clear

Print

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

1.	Agency Name				Date Stamp	California Form 802
	Alameda County Division, Department, or Regio	m (If Applicable)				For Official Use Only
J	Division, Department, or Regio	m (ii Applicable)				
	Board of Supervisors					
	Designated Agency Contact (N	lame, Title)				
	Gabriela Christy				Amendment (Must pro	wide explanation in Part 3,)
	Area Code/Phone Number	E-mail			_	Interestion in the art off
	(510) 272-6692	Gabriela.Chri	isty@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				110. 75
	Does the agency have a ticket	policy?	Yes 🖾 No 🗌	Face Value o	f Each Ticket/Pass \$	118.75
	Event Description	Provide Title/Expla	nation	Date(s)	<u>e, 8, 24</u>	
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🛛	If no:	Name of Sour	rce
	Was ticket distribution made at of agency official?	the behest	No 🗌 Yes 🛛	If yes.	Official's Name (La	WR 2)ISTRUCT 2 351, FILON
3.	Recipients • Use Section A to identify the agency'	a department or i	unit a Use Section B (to identify an individ	allse Section C to identif	
			Number of		lic purpose made pursuant t	
	A. Name of Agency, Departmen		Ticket(s)/ Pass(es)	Describe trie put	ne purpose made pursuant i	
		Number of				
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the followin	1g:
					Other describe below:	Income
				Ceremonial Role If checking "Ceremor	Other inter	Income
	C. Name of Outside Organia (include address and desc		Number of Ticket(s)/ Pass(es)	If checking "Ceremor		
4	(include address and desc	ription)	Ticket(s)/ Pass(es)	If checking "Ceremor Describe the put To reward a organization	school or nonprofit for its contributions t	to the agency's policy
	(include address and desc (is fAlameda Com H) 2351 City Center Dewelt nghrenning chi Dien Familiau	ription)	Ticket(s)/ Pass(es)	If checking "Ceremor Describe the put To reward a	school or nonprofit for its contributions t	to the agency's policy
	(include address and desc (c's fAlameda Coun H) 235 City Center Develt nghreining chi Dien Familian 24 Jouraers	ription)	Ticket(s)/ Pass(es)	If checking "Ceremor Describe the put To reward a organization	school or nonprofit for its contributions t	to the agency's policy
	(include address and desc (is fAlameda Com H) 2351 City Center Dewelt nghrenning chi Dien Familiau	ription) requered (And chilD	Ticket(s)/ Pass(es)	If checking "Ceremor Describe the put To reward a organization the commun	ial Role" or "Other" describe below: Nic purpose made pursuant f school or nonprofit for its contributions f ity	to the agency's policy to
	(include address and desc (c's fAlameda.com H 235 city Center Dewett Morening chi Dien Familian 24 Doucers Verification	ription) requered (And chilD	Ticket(s)/ Pass(es)	If checking "Ceremor Describe the put To reward a organization the commun	ial Role" or "Other" describe below: Nic purpose made pursuant f school or nonprofit for its contributions f ity	to the agency's policy to

A Public Document

-	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)			6			
	Amy Shrago, Chief of Staff				Amendment (Must Pro	ovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				04/24/24		
	510-272-6695	Amy.Shrago@acg	ov.org		Date of Original Filing: _	(month, day, year)		
2.	Function or Event Infor	mation		100.00				
	Does the agency have a tick			Each Ticket/Pass \$				
	Event Description: Oakland	A's		Date(s)	<u>, 08 , 24</u> .	//		
		FIDVIDE THE LAPIA	nation	f no: _Coliseu				
	Ticket(s)/Pass(es) provided	by agency? Yes			Name of Course			
	Was ticket distribution made	at the behest. Yes		f yes:	, Keith			
	of agency official?	Tes			Official's Name (Last, First)			
_								
3.	Recipients							
	Use Section A to identify the ager	cy's department or unit.		dentify an individu	ial. 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		
	BOS D5		18	To promote employee r	e, encourage, reward, c norale,	or support general		
	D.	Name of Individual of Ticket(s (Last, First) Passes			(s)/ Identify one of the following:			
	•.	·			nonial Role Other Aking "Ceremonial Role" or "Other" des			
					nonial Role Conter Conter 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. -

	Amy Shrago	Chief of Staff	04/24/24
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Pri	nt Clear	EDDC Toll Error Holplings (FPPC Form 802 (2/2016)

Print

С	eremonial Role Even	ts and Ticket/F	ass Distr	ibutions	AI	Public Document
1.	Agency Name				Date Stamp	
	County of Alameda				÷	Form 802
	Division, Department, or Reg	ion (if applicable)			· ·	For Official Use Only
	Board of Supervisors, Four	th District				
	Designated Agency Contact	(Name, Title)			1	
	Nathan Miley					
	Area Code/Phone Number	E-mail	_		Amendment (Must Pro	ovide Explanation in Part 3.)
	(510) 272-6694	jasmine.howard2@	acgov.org		Date of Original Filing:	
-	Freedom on Freedom					(month, day, year)
Ζ.	Function or Event Infor					
	Does the agency have a tick		🔳 No 🔲 🖡	Face Value of	Each Ticket/Pass \$	
	Event Description: Oakland	A's	[Date(s)6	/ <u>9</u> /202 4	//
		Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	🗆 No 🔳 🛛	f no:	Name of Source	
	Was ticket distribution made	at the behast area		f yes:		
	of agency official?	at the benest Yes	No '	yes	Official's Name (Last, First)	
	of agency official:					
3.	• Use Section A to identify the agen	icy's department or unit.	Use Section B to i	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	uant to the agency's policy
	Alameda County BOS, Di	strict 5	18		county resources or fa Nameda residents.	ciilites available to
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the fol	llowing:
					nonial Role Other Other Ching "Ceremonial Role" or "Other" desc	ncome
					nonial Role D Other disc	income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursi	uant to 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. 1

Ji Al Aja	smine Howard	Administrative Assistant	6/5/2024	
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)	
Comment: Print	Clear		FPPC Form 802 (2/2016)	

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Α	P	U	b	li	ic.	D	o	c	L	m	e	n	t
			-		v	-	\mathbf{v}	-	ч		5		ч.

Agapau Nama					
. Agency Name				Date Stamp	California Form 802
County of Alameda					Form OUZ
Division, Department, or Region (if a	applicable)				For Official Use Only
Board of Supervisors, Fourth Dist	rict				
Designated Agency Contact (Name,	Title)				
Nathan Miley					Provide Explanation in Part 3.)
Area Code/Phone Number E-ma	il				Provide Explanation in Part 3.)
(510) 670-5964 jasm	ine.howard2@acg	gov.org		Date of Original Filing:	(month, day, year)
. Function or Event Information	n				440.75
Does the agency have a ticket po	licy? Yes 🔳	No 🔲 🛛 F	ace Value of I	Each Ticket/Pass \$	118.75
Event Description: Oakland Arena			Date(s)	14 / 24	<i>t/</i>
Ticket(c)/Pass(cc) provided by ca	Provide Title/ Explanation		fno		
Ticket(s)/Pass(es) provided by ag	ency?Yes 🗌	NO 📰 🛛	i no	Name of Source	
Was ticket distribution made at the	e behest ves 🗖			Official's Name (Last, First)	
of agency official?				Official's Name (Last, First)	
Use Section A to identify the agency's dep A. Name of Agency, Department		Number of Ticket(s)/ Passes	1		rsuant to the agency's policy
B. Name of Individual (Last, First)	٥	Number If Ticket(s)/ Passes		Identify one of the f	following:
D .	0	of Ticket(s)/	Cerem If check To encourt cristic u	onial Role Other Other	
(Last, First)	0	of Ticket(s)/ Passes	To encount artistic, pu Cerem	onial Role Other Other	Income In
(Last, First)	tion	of Ticket(s)/ Passes	To encour artistic Cerem If check	onial Role Duther ing "Ceremonial Role" or "Other" de tage or reward to tage or reward to tage or reward to tage or reward to tage or rother" de ing "Ceremonial Role" or "Other" de	income in
Ochea, Lawrence	tion	Number	To encour artistic Cerem If check	onial Role Duther ing "Ceremonial Role" or "Other" de tage or reward to tage or reward to tage or reward to tage or reward to tage or rother" de ing "Ceremonial Role" or "Other" de	Income In
Ochea, Lawrence	tion	Number	To encour artistic Cerem If check	onial Role Duther ing "Ceremonial Role" or "Other" de tage or reward to tage or reward to tage or reward to tage or reward to tage or rother" de ing "Ceremonial Role" or "Other" de	Income In

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.

OF THE EXCLUSION OF THE SECOND	smine Howard	Administrative Assistant	6/7/2024
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
· · · · · · · · · · · · · · · · · · ·			

Print



Comment: _____

	and the second						
1.	Agency Name				Date Stamp	California 802	
	Alameda County			Form UUZ			
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only	
	Board of Supervisors			Ł			
	Designated Agency Contact	(Name, Title)			1		
	Gabriela Christy				Amendment (Must pro	Nide explanation in Part 3.	
	Area Code/Phone Number	E-mail					
	(510) 272-6692	Gabriela.Ch	nristy@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Infor	mation				12.50	
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌	Face Value o	of Each Ticket/Pass \$	02.50	
	Event Description 293			Date(s)	15,23		
		Provide Title/Exp	planation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	lf no:	Name of Sou	Irce	
	Was ticket distribution made a	at the behest	No 🗌 Yes 🛛	If yes: MAR	QV929 Supervisor D		
	of agency official?				Official's Name (L	ast, First)	
3.	Recipients						
	Use Section A to identify the agence	r unit. • Use Section E Number of					
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	Alameda COUNHYFIRSC		3	To reward	l a County employee fo	r hie	
				— or her exe	mplary service to the p	ublic	
			or to enco	it			
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		ng:		
				Ceremonial Role	Other	Income	
				If checking "Ceremor	nial Role" or "Other" describe below:		
				Ceremonial Role	Other O	Income	
				n checking Geremon	nial Role" or "Other" describe below:		
		Number of					
	C. Name of Outside Organ (include address and de		Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy	
_	Nort.						
4.	Verification	ulations 18944.1 ai	nd 18942. I have verified	that the distribution set	forth above, is in accordance wi	th the requirements.	
			Gabriela Chris	ty	Supervisor's Assistant	1 53/2024	
	13450						

Comment:

1. A	gency Name				Date Stamp	California 802		
Д	lameda County					Form 002		
D	ivision, Department, or Regi	i on (If Applicable))			For Official Use Only		
E	loard of Supervisors							
D	esignated Agency Contact (Name,Title)			1			
Ģ	Sabriela Christy				Amendment (Must pro			
Ā	rea Code/Phone Number	E-mail				νισε <i>εχριαπαί</i> ιοπ in Μ'8π 3.) - •		
(510) 272-6692	Gabriela.Ch	risty@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)		
2. F	unction or Event Infor	mation				have		
D	oes the agency have a ticke	t policy?	Yes 🛛 No 🗆	•	of Each Ticket/Pass \$	100		
Е	vent Description Oakland	Als VS: Loy	als	Date(s)	18,24	///		
_		Provide Title/Exp	lanation					
Т	icket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no:	Name of Sour	ce		
	/as ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	l If yes: Mar	QV92, 21159 Superv Official's Name (La			
_						ι.		
	Recipients Use Section A to identify the agency	y's department or	unit. • Use Section	on B to identify an individe	ual. • Use Section C to identif	y an outside organization.		
4	A. Name of Agency, Department or Unit		ment or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's po					
_								
-								
Ē	Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)	Identify one of the following:		g:		
	1			Ceremonial Role If checking "Ceremor	Other D	Income		
				Ceremonial Role If checking "Ceremor	Other D nial Role" or "Other" describe below:	Income		
C	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant t	o the agency's policy		
Dec	FPINS ADVLTCOMMUNITY			To reward a sc	hool or nonprofit			
54:	of central Avec #4 1	lewaekct	18/4	organization fo	or its contributions to			
ian 🖍	onprofit For Deaf ADU	TSU		the community	у			
	sabalities	,						
	Verification							
It	ave read and understand FPPC Regu	lations 18944.1 an	d 18942. I have verif	fied that the distribution set	forth above, is in accordance with	the requirements.		
1			Gabriela Chi	risty	Supervisor's Assistant	6 5 2024		
~	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)		

A Public Document

		IS and nekeura		Judons	Date Stamp		fornia
-	Agency Name						orm 802
	Alameda County Division, Department, or Region (if applicable)					Fc	or Official Use Only
	_						
Board of Super Designated Age		(Nomo Title)			-		
-		(Name, me)					
	Heather Cartwright Area Code/Phone Number E-mail					lust Provide Expl	lanation in Part 3.)
(510) 272-6691		heather.cartwright2	@acgov.org		Date of Original Fil	ing:	, day, year)
2. Function or E	Event Infor	mation				\$100 tiv	(\$20 parking
Does the agend	cy have a tic	ket policy? Yes	No 🗖 🛛 🗖	ace Value of	Each Ticket/Pass	\$	/\$20 parking
Event Decorinti					<u>, 21 , 2024</u>	/	/
Event Descripti	on	Provide Title/ Explan	ation			/.	
Ticket(s)/Pass(es) provided	by agency? Yes [🗌 No 🔳 🛛 If	no: Oaklan	d Arena		· · · · · · · · · · · · · · · · · · ·
			16	yes: Hauber	Name of Source t, David		
		e at the behest Yes [No 📕 👖	yes:	Official's Name (Last, I	First)	
of agency offic	cial?						
3. Recipients							
	identify the age	ncy's department or unit.	Use Section B to id	lentify an individ	ual. Use Section C to i	dentify an outsi	de organization.
	Number						
A. Name	A. Name of Agency, Department or Unit			Describe tr	ne public purpose made pursuant to the agency's policy		
-							
	Name of Ind	ividual	Number		Identify one of	f the following:	Contraction of the second
В.	Name of Ind (Last, Fi		of Ticket(s)/ Passes		identity one of	the following.	
2				Cerer	monial Role 🔲 Ot	her 🔲	
Ross, Brian			6tix-1p		hecking "Ceremonial Role" or "Other" describe below:		
				To promote	e attendance at ev	ents held at	a County facili
				Cerei	monial Role 🗌 Ot	her 🗌	Income
					cking "Ceremonial Role" or "Ot		
Na	me of Outside (Organization	Number	Describe fl	he public purpose mac	le pursuant to	the agency's policy
	ude address an		of Ticket(s)/ Passes	Describe u	ne public purpose mae	e purodum to	the agency s poncy
							2
4 3.4 101 11	_						

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	14/0004
Signature of Agency Head or Belignee	Print Name	Title	(month, day, year)
Comment:			



2					
1. Agency Name				Date Stamp	California 802
Alameda County					Form UUZ
Division, Department, or Regio	n (If Applicabl	e)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (Na	ame, Title)			•	
Gabriela Christy			2		
	-mail			Amendment : (Must pro	ovide explanation in Part 3.)
	Gabriela.Ch	risty@acgov.o	org	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Inform	ation				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Does the agency have a ticket p	olicy?	Yes 🖾 No 🕻	Face Value o	f Each Ticket/Pass \$ 🚐	100
Event Description OaldandA	SUS. TH	lins		,22,24	//
Ticket(s)/Pass(es) provided by a	agency?	Yes 🗌 No 🛛	۲ If no:	Name of Sou	rce
Was ticket distribution made at f	he behest	No 🗋 Yes 🛛	If yes: Margue	Ziglich Supervisor D	District 2
of agency official?				Official's Name (La	ast, First)
3. Recipients					
Use Section A to identify the agency's	department or		ion B to identify an individu	al. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department		Number of Ticket(s)/ Pass(es)	Describe the pub		to the agency's policy
GUNARAR Services ACTING	Y	10/4		ity employee for his or vice to the public or f development	
Prograty #Salvage			to encourage staf	fdevelopment	
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
el			Ceremonial Role	Other	Income
		- 53	Ceremonial Role	Other	income
			, i i i i i i i i i i i i i i i i i i i		
C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
. Verification	one 19011 1 am	12010 1 hour worth	find that the distribution act fo	with above is in accordance with	the requirements
Inderstand FPPC Regulation	0113 10944.1 and			·	
A Second Agency Head or Designee	-	Gabriela Ch	risty	Supervisor's Assistant	_ 5 2 2
The signed on the signed		rnnt Name		nue	(mpnth, Day, Yea/)
Comment:					

Ceremonial Role Events and Ticket/Pass Distributions				A Public Documen		
1.	Agency Name				Date Stamp	California Q02
	County of Alameda			Form OUZ		
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Board of Supervisors, Fourt	th District				
	Designated Agency Contact	(Name, Title)		1		
	Nathan Miley					rovide Explanation in Part 3.)
	Area Code/Phone Number E-mail					evole Explanation in Part 3.)
_	(510) 670-5964 jasmine.howard2@acgov.org				Date of Original Filing: -	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	No 🗆	Face Value of	Each Ticket/Pass \$	112.50
	Event Description: Oakland	Arena - Shreya Gho	shal	Date(s)6	<u>, 22 , 24</u>	4 /
		nation				
	Ticket(s)/Pass(es) provided	by agency? Yes [🗋 No 🔳	If no:	Name of Source	
	Was ticket distribution made	tribution made at the behest Yes [If yes:	Official's Name (Last, First)	
	of agency official?				Uniciai's Name (Last, Pirst)	
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	y an outside organization.
	A. Name of Agency, Depa	irtment or Unit	Number of Ticket(s) Passes)/ Describe th	e public purpose made purs	suant to the agency's policy
	B. Name of Indi	vidual	Number of Ticket(s)	N	Identify one of the fo	bllowing:
	(Last, Firs	st)	Passes			
					nonial Role Other Other king "Ceremonial Role" or "Other" des	
					nonial Role D Other	

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
Law	Law Offices of Pardeep Grewal		To promote County resources or facilities available to Cou

4. Verification

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

	Jasmine Howard	Administrative Assistant	6/7/2024
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Print



A Public Document

				bullons	and the second se	
	Agency Name				Date Stamp	California 802
	Alameda County Division, Department, or Region (if applicable)					
						For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Heather Cartwright				Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number E-mail (510) 272-6691 heather.cartwright2@acgov.org				······	
					Date of Original Filing	(month, day, year)
	Function or Event Inform	mation				\$100
	Does the agency have a tick		Each Ticket/Pass \$			
	Event Description: Shayar Satinder Sartaaj Date(s) 06 /					//
	Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🔳 If no: Oakland				d Arena	
					Name of Source	
	Was ticket distribution made at the behest Yes No No If yes: <u>Haubert</u> of agency official?				Official's Name (Last, First)
	Recipients					
	Use Section A to identify the agen	cy's department or unit. •		lentify an individ	ual. Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Describe th Passes		he public purpose made pursuant to the agency's policy	
		Number of Ticket(s)/ Passes		Identify one of the following:		
	B. Name of Indi (Last, Fir					
	D .			lf chec	nonial Role D Other king "Ceremonial Role" or "Other"	describe below:
	(Last, Fir		Passes	# chec To encoura	king "Ceremonial Role" or "Other" age County of Alame	describe below: da resident and busines
	(Last, Fir		Passes	If chec To encoura Ceret	king "Ceremonial Role" or "Other"	describe below: da resident and busines
	(Last, Fir	rganization	Passes	If chec To encoura Cerea If chec	king "Ceremonial Role" or "Other" age County of Alame nonial Role Other king "Ceremonial Role" or "Other"	describe below: da resident and busines
	Kaur, Sukhmine	rganization	Passes 7 Number of Ticket(s)/	If chec To encoura Cerea If chec	king "Ceremonial Role" or "Other" age County of Alame nonial Role Other king "Ceremonial Role" or "Other"	describe below: da resident and busines Income describe below:
	Kaur, Sukhmine	rganization	Passes 7 Number of Ticket(s)/	If chec To encoura Cerea If chec	king "Ceremonial Role" or "Other" age County of Alame nonial Role Other king "Ceremonial Role" or "Other"	describe below: da resident and busines Income describe below:
	C. Name of Outside O (include address and	st) rganization I description)	Passes 7 Number of Ticket(s)/ Passes	If chec To encoura Ceren If chec	king "Ceremonial Role" or "Other" age County of Alame nonial Role Other king "Ceremonial Role" or "Other" ne public purpose made p	describe below: da resident and busines Income describe below: ursuant to the agency's policy
	C. Name of Outside O (include address and Verification	st) rganization I description)	Passes 7 Number of Ticket(s)/ Passes 4.1 and 18942.	If check To encoura Ceren If check Describe the I have verified	king "Ceremonial Role" or "Other" age County of Alame nonial Role Other king "Ceremonial Role" or "Other" ne public purpose made p	describe below: da resident and busines Income describe below: ursuant to the agency's policy

Comment:

Print



A Public Document

-						T abile Becallent
1.	Agency Name County of Alameda				Date Stamp	California 802
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors, Fourt	h District				
	Designated Agency Contact (Name, Title)					
	Nathan Miley					
	Area Code/Phone Number	E-mail				Provide Explanation in Part 3.)
	(510) 670-5964	jasmine.howard2@	acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	ket policy? Yes	No 🗖 🛛 🛛	ace Value of	Each Ticket/Pass \$	112.50
	Event Description: Oakland			6	2924	
	Event Description.	Provide Title/ Explai	nation	Jate(s)		f/
	Ticket(s)/Pass(es) provided	by agency? Yes [No 🔳 🗍	f no:		
					Name of Source	
	Was ticket distribution made	at the behest Yes	🗋 No 🔳 🗍	f yes:	Official's Name (Last, First)	
	of agency official?				Omoral o Ivanic (East, 1 11st)	
	Use Section A to identify the agen A. Name of Agency, Depa		Use Section B to i Number of Ticket(s)/ Passes	1		fy an outside organization. Suant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
					nonial Role Dother de	
	2				nonial Role Dother de	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	Pardeep Grewal, Attorney	at Law	4	To promote	County resources or	facilities available to Cou

4. Verification

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

	Jasmine Howard	Administrative Assistant	6/7/2024	
Signature of Agency Head ov Designee	Print Name	Title	(month, day, year)	
Comment:Pr	int Clear		FPPC Form 802 (2/2016)	

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

C	eremonial Role Even	ts and Ticket/P	Α	Public Document		
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	
	Sarbhjot S. Malhi				Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				,,
	(510) 272-6691	sarbhjot.malhi@acg	jov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes	No 🗌 🖡	Face Value of	Each Ticket/Pass \$	\$19.80
	Event Description: Alameda	a County Fair		Date(s)	, 14 , 2024	1 1
		Provide Title/ Explan	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [No 📰 🛛	f no: <u>Alamed</u>	a County Fairgrounds	
				f yes: <u>Hauber</u>	Name of Source t, David	
	Was ticket distribution made	e at the benest Yes [No 🔳 !	i yes	Official's Name (Last, First)	
	of agency official?				1	
3.	Recipients					
	 Use Section A to identify the ager 	ncy's department or unit.		identify an individu	ual. Use Section C to identify	y an outside organization.
	A. Name of Agency, Department or Unit Passes				ne public purpose made purs	suant to the agency's policy

		1 40363	
 B.	- Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Adria	nne Bariellas	4	Ceremonial Role Other Income Income Income To promote attendance at events held at a County facility
			Ceremonial Role Other Income Income
C.	Name of Outside Organization (include address and description)	Number of Ticket{s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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.

	Sarbhjot S. Malhi	Supervisor's Assistant	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Prin	nt Clear		FPPC Form 802 (2/2016)

Alameda County			Date Stamp	California 802
Division, Department, or Regio	on (If Applicable)		-	For Official Use Only
Board of Supervisors				
Designated Agency Contact (/	Name.Title)		- 2	
•	, , , , , , , , , , , , , , , , , , , ,			
Gabriela Christy Area Code/Phone Number	E-mail		Amendment (Must pro	vide explanation in Part 3.)
	Gabriela.Christy@acgo	w.ora	Date of Original Filing:	(Month, Day, Year)
. Function or Event Inform				
Does the agency have a ticket		Face Value c	of Each Ticket/Pass \$	18
Event Description Alamedo	a Churty Fire 20. Provide Title/Explanation		16, 14, 24	//
Ticket(s)/Pass(es) provided by	/ agency? Yes 🗌 No	o⊠ lf no:	Name of Sour	
Maa tiakat diatributian mada at	t the behast	MAD	aver, 415A, Supe	ENSOR DISTRIC
Was ticket distribution made at of agency official?	t the behest No 🗌 Yes	3 If yes: <u>마이역</u>	Official's Name (La	
. Recipients				
Use Section A to identify the agency	's department or unit. • Use S	ection B to identify an Individ	ual. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department	nt or Unit Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant t	o the agency's policy
B. Name of Individua	Number of Ticket(s)/ Pass(es)		Identify one of the followin	ig:
		Ceremonial Role	Other	
			Other	Income
C. Name of Outside Organi (include address and desc	cription)	If checking "Ceremon Ceremonial Role If checking "Ceremon	nial Role" or "Other" describe below:	
(include address and desc	cription) Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon	nial Role" or "Other" describe below:	
(include address and desc	cription) Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a sc organization fo	Dile Role" or "Other" describe below:	
(include address and deso FIRST PROSPHENAN 2490 GROVA WAY Cabovall SH91 TER, FOOD INCOME	cription) Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a sc	Dile Role" or "Other" describe below:	
(include address and deso FIRST PROSPHENAN 2490 GROVA WAY CAMOVAL SHELTER, FOOD INCOME . Verification	cription) Ticket(s)/ Pass(es) CA94546 30 ClouRit	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a sc organization for the community	Dila Role" or "Other" describe below:	to the agency's policy
(include address and deso FIRST PROSPHENAN 2490 GROVA WAY Cabovall SH91 TER, FOOD INCOME	cription) Ticket(s)/ Pass(es) CA94546 30 ClouRit	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a sc organization for the community verified that the distribution set	Dila Role" or "Other" describe below:	to the agency's policy

Comment:

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	on (If Applicable)				For Official Use Only
	Board of Supervisors		ð			
	Designated Agency Contact (Vame, Title)				
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(510) 272-6692	Gabriela.Chri	stv@acqov.o	rq	Date of Original Filing:	(Month, Day, Year)
2	Function or Event Inform			5		(Month, Day, fear)
£.,	Does the agency have a ticket		Yes 🗵 No 🗌	Face Value o	f Each Ticket/Pass \$	18
	Almola		2 2024	t	14 2024	
	Event Description AlamRau	Provide Title/Explai	1	Date(s)		//
	Ticket(s)/Pass(es) provided by			If no:		
	Tickel(S/Fass(es) provided by	agency :	Yes 🔲 No 🛛	1	Name of Sour	
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes 🔀	If yes: MAR	QVEEL 1 GUISA SUPE Official's Name (La	
2	Recipients					
υ.	Use Section A to identify the agency	's department or u	nit. • Use Sectio	on B to identify an individu	al. • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	j.	\$			2	
			Number of			
	B. Name of Individua (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role If checking "Ceremon	Other.	Income 🔲
				Ceremonial Role If checking "Ceremon	Other is the selow:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant f	to the agency's policy
7	Framont Family Resource Center	R		To reward a sch	ool or nonprofit	
(39155 Liber Highreet Fremo	nt. 0A 94537	20	organization for	r its contributions to	
K	sap around cervices			the community		
_	N7 101 11					
4.	Verification	ations 18944 1 and	18942. I have veril	fied that the distribution set f	orth above, is in accordance with	the requirements.
		unu				(14/0074
	Signature of Agency Head or Designee		Gabriela Ch	nsty	Supervisor's Assistant	(Month, Day, Year)
	and a second a second second a possible					(

. Agency Na	ame				Date Stamp	California 802
Alameda Co	ounty					Form UUL
Division, Dep	partment, or Regi	on (If Applicable)		-		For Official Use Only
Board of Su	pervisors					
Designated /	Agency Contact (Name,Title)			×	
Gabriela Ch	risty					
	hone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6	692	Gabriela.Chri	sty@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
. Function	or Event Inform	nation				(8
Does the age	ency have a ticke	t policy?	Yes 🛛 No 🗌	4	f Each Ticket/Pass \$ _	
Event Descri	ption Alamede	a counterfa	1R2024	Date(s)	, H, 24	/ /
Even Decen		Provide Title/Explai	nation			
Ticket(s)/Pas	s(es) provided by	/ agency?	Yes 🔲 No 🗵	If no:	Name of So	
Mas tickot di	stribution made a	t the beheet		a Ma	RAVEZ GlisA	CURGERISCE Dom
of agency of		the penest	No 🗌 Yes 🗵	If yes:	Official's Name (
. Recipients						
		/'s department or u	nit. • Use Section	on B to identify an individ	al. • Use Section C to iden	tify an outside organization.
A. Name	of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	t to the agency's policy
			Pass(es)			
<u></u>						
			Number of	P		
B.	Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
B.		1	Ticket(s)/	Ceremonial Role	Identify one of the follow	ing:
B.		1	Ticket(s)/			
B.		1	Ticket(s)/		Other	
B		1	Ticket(s)/		Other	Income
B.		1	Ticket(s)/	If checking "Ceremor Ceremonial Role	Other Cher Cher" describe below:	
B.		1	Ticket(s)/	If checking "Ceremor Ceremonial Role	Other Control of the formation of the f	Income
	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremor Ceremonial Role	Other Control of the formation of the f	Income
С. Na		ization	Ticket(s)/ Pass(es)	If checking "Ceremor Ceremonial Role If checking "Ceremor	Other Control of the formation of the f	Income
С. Na	(Last, First) ne of Outside Organ Jde address and des	ization	Ticket(s)/ Pass(es)	If checking "Ceremor Ceremonial Role If checking "Ceremor Describe the put	Conter C	Income
C. Nar (inclu	(Last, First) ne of Outside Organ Ide address and des	ization cription)	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a sc	Other ial Role" or "Other" describe below: Other Other ial Role" or "Other" describe below: Dic purpose made pursuant hool or nonprofit	Income
C. Nar (inclu Centro Deser 325 H Stro	(Last, First) ne of Outside Organ ude address and des VICIOS	ization cription) CA 94584	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a sc	Other ial Role" or "Other" describe below: Other other ial Role" or "Other" describe below: bic purpose made pursuant bic or nonprofit or its contributions to	Income
C. Nar (inclu Centro Deser 325 H Stro Nap aroun	(Last, First) ne of Outside Organ ude address and des VICIOS ict Union Cuty 1 rd Ser Uces Fo	ization cription) CA 94584	Ticket(s)/ Pass(es)	If checking "Ceremor Ceremonial Role If checking "Ceremor Describe the put To reward a sc organization fo	Other ial Role" or "Other" describe below: Other other ial Role" or "Other" describe below: bic purpose made pursuant bic or nonprofit or its contributions to	Income
C. Nat (inclu Centro Deser 325 H Stro Wap crow Mdersenge	(Last, First) The of Outside Organ ude address and des VICIOS The Union City 1 The Services For ad	ization cription) CA 94584	Ticket(s)/ Pass(es)	If checking "Ceremor Ceremonial Role If checking "Ceremor Describe the put To reward a sc organization fo	Other ial Role" or "Other" describe below: Other other ial Role" or "Other" describe below: bic purpose made pursuant bic or nonprofit or its contributions to	Income
C. Nar (inclu Centro Deser 325 H Stro Wap aroun Marsente Verificatio	(Last, First) ne of Outside Organ ude address and des VICIOS ict Vnion City 1 vd Services For d n	ization cription) CA 9458A R	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 30	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a sc organization fo the community	Other ial Role" or "Other" describe below: Other other ial Role" or "Other" describe below: bic purpose made pursuant bic or nonprofit or its contributions to	Income
C. Nar (inclu Centro Deser 325 H Stro Wap aroun Marsente Verificatio	(Last, First) ne of Outside Organ ude address and des VICIOS ict Vnion City 1 vd Services For d n	ization cription) CA 9458A R	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 30	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a sc organization fo the community	Other ial Role" or "Other" describe below: Other ial Role" or "Other" describe below: bic purpose made pursuant hool or nonprofit or its contributions to	Income

-						
1. A	gency Name				Date Stamp	California 802
	lameda County					Form UUZ For Official Use Only
D	ivision, Department, or Reg	on (If Applicable	e)			1 of Onicial Use Only
В	oard of Supervisors				_ ·	
D	esignated Agency Contact (Name, Title)				
G	abriela Christy					
	rea Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	510) 272-6692		risty@acgov.o	ira	Date of Original Filing:	Alexale D. M.
_	unction or Event Infor					(Month, Day, Year)
	oes the agency have a ticke		Yes 🛛 No 🗌	1 Face Value o	f Each Ticket/Pass \$	18
U	A 3	1	a anal			
E	vent Description	Provide Title/Exp	In a contraction	Date(s)	2,1914,24	//
T	cket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	If no:	Name of Sou	-
W	as ticket distribution made a	t the behest	No 🗌 Yes 🗵	1 If yes MA	Pairos Fuist Sur	ARNSR Donct Z
	of agency official?			a ilyes. Priv	Official's Name (La	a second statement of the seco
2 6	lecipients					
	Use Section A to identify the agency	y's department or	unit. • Use Section	on B to identify an individ	ual. • Use Section C to identi	fy an outside organization.
	Name of Agency, Departme	ent or Unit	Number of	Describe the pub	lic purpose made pursuant f	to the agency's policy
	. Name of Agency, Deparate		Ticket(s)/ Pass(es)			
_						
			·			
÷.						
Ē	Name of Individua	al	Number of		Identify one of the following	
	(Last, First)		Ticket(s)/ Pass(es)		identity one of the following	ig.
				Ceremonial Role	Other	Income
			1 1	If checking "Ceremor	ial Role" or "Other" describe below:	
			1 1			
-						
			1 1	Ceremonial Role	Definition of "Other" describe below:	Income
ō	Name of Outside Organ	ization	Number of			
C	(include address and des		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
V	10la Blythe			To reward a sch	ool or nonprofit	
3	1345 Adt street, Neur	WK, CA	20		its contributions to	
(1).0	ergency Food, clothing, re	Recal	++	- the community		
UN	agency tour courning the	gental		·····		
V	Raptopount					
4. V	erification	Intione 100111	4 100 10 1 hours	find that the distribution	forth above, is in accordance with	h the requirements
	eve read and programma FRPC Regu	iauons 16944.1 an				liland
_		/	Gabriela Ch	risty	Supervisor's Assistant	
	 Signature of Agency Head or Designee 		Print Name		Title	Month, Day, Year)
~	ommont:					
U U	omment:					

I. Age	han and Marma					the second se
	ency Name				Date Stamp	California 802
Alan	meda County					Form UUL
Divis	sion, Department, or Regi	on (If Applicable	e)			For Official Use Only
Boa	rd of Supervisors	8				
Desi	gnated Agency Contact (Name, Title)				
Gab	oriela Christy					
Area	Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(510	0) 272-6692	Gabriela.Ch	risty@acgov.org		Date of Original Filing:	(Month, Day, Year)
. Fun	nction or Event Inform	nation				
	s the agency have a ticket		Yes 🛛 No 🗖	Face Value o	f Each Ticket/Pass \$ _	18 15
Ever	nt Description Alamedo	Provide Title/Exp	IR 2024	Date(s)	<u>, # , 24</u>	///
Ticke	et(s)/Pass(es) provided by	/ agency?	Yes 🗌 No 🛛	If no:	, Name of Sc	purce
	ticket distribution made a agency official?	t the behest	No 🗌 Yes 🛛	If yes: , WH	RONE7, SUSA SUP Official's Name (· · · · · · · · · · · · · · · · · · ·
. Rec	cipients					
• Use	Section A to identify the agency	/'s department or	- T	to identify an individu	al. • Use Section C to iden	ntify an outside organization.
A .	Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
					R.	
			Number of		1	
В.	Name of Individua (Lasi, Firsi)	i	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
Β.		il	Ticket(s)/	Ceremonial Role	Identify one of the follow D Other Other	ring: Income
В.		1	Ticket(s)/	If checking "Ceremon	Other	
B. 		ization	Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other Other Conternation Other Other	Income
C. Def J 5935	(Last, First) Name of Outside Organ (include address and des ZUS ADVIT COMMUNITY F CENTRAL INE NUMM	ization cription)	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub To reward a se organization 1	Other Other Other Other Other Other Other Other Inc purpose made pursuan Chool or nonprofit For its contributions	Income
C. 5435	(Last, First) Name of Outside Organ (include address and des ZUS ADVIT COMMUNITY F CENTRAL INE NUMM	ization cription)	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub To reward a se	Other Other Other Other Other Other Other Other Inc purpose made pursuan Chool or nonprofit For its contributions	Income
C. Deft 593	(Last, First) Name of Outside Organ (include address and des ZUS ADVIT COMMUNIH F CENTRAL INE NUM LOPAGE FOR DERFINS o	ization cription)	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub To reward a se organization 1	Other Other Other Other Other Other Other Other Inc purpose made pursuan Chool or nonprofit For its contributions	Income
C. Deft 593 onded xplore . Veri	(Last, First) Name of Outside Organ (include address and des AUS ADVIT COMMUNIH T CENTRAL free NEWM Ispace for Deaf PLUS a There identifies S ifjection	ization cription) 4 (A edults topul	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Q5/3 R	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub To reward a so organization if the communit	Other Other Other Other Other Other Other Other Inc purpose made pursuant chool or nonprofit or its contributions y	Income
C. Deft 593 onded xplore . Veri	(Last, First) Name of Outside Organ (include address and des JUS ADVIT COMMUNIH F CENTRAL IVE NUUM ispace for Deaf PLUS a mar Identities S	ization cription) 4 (A edults topul	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Q5/3 R	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub To reward a se organization f the communit	Other Other Other Other Other Other Other Other Inc purpose made pursuant chool or nonprofit or its contributions y	Income In

	anov Namo				Data Stamp	California 003
. Ag	ency Name				Date Stamp	
	ameda County					Form 002 For Official Use Only
Divi	ision, Department, or Regi	on (If Applicable)			1 Of Official Ose Only
Boa	ard of Supervisors					
Des	signated Agency Contact (Name, Title)			1	
Gal	briela Christy					
	a Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	0) 272-6692	Gabriela.Ch	risty@acgov.o	.d	Date of Original Filing:	(Month, Day, Year)
	nction or Event Inforr	nation				(month, Day, Teal)
	es the agency have a tickel		Yes 🛛 No 🗌	Face Value	of Each Ticket/Pass \$	18
		1	ir 2024			•
Eve	ent Description Alamedo	Provide #tle/Expl		Date(s)		
Tick	ket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🛛	lf no:		
TION		y ageney.			Name of So	
	s ticket distribution made a	t the behest	No 🗋 Yes 🛛	If yes:	1	Supernse Distruction
of	agency official?				Official's Name (Last, First)
	cipients					
• Us	e Section A to identify the agency	/'s department or	-ir	n B to identify an indivi	dual. • Use Section C to iden	tify an outside organization.
Α.	Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	t to the agency's policy
	Nome of Individua		Number of			
В.	Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
 B.		al	Ticket(s)/	Ceremonial Role If checking "Ceremo		ring:
B.		al	Ticket(s)/	If checking "Ceremo Ceremonial Role	Other of "Other" describe below:	
B.		31	Ticket(s)/	If checking "Ceremo Ceremonial Role	Other	Income
B. C.		ization	Ticket(s)/	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu	Other Other Other Other Other Other below: Donial Role" or "Other" describe below: blic purpose made pursuant	Income
C.	(Last, First) Name of Outside Organ (include address and des CUTT FAMILY CENTER	ization cription)	Ticket(s)/ Pass(es)	If checking "Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Describe the pu To reward a s	Other	Income
C.	(Last, First) Name of Outside Organ (include address and des CUTT FAMILY CENTER	ization cription)	Ticket(s)/ Pass(es)	If checking "Ceremonial Role Ceremonial Role If checking "Ceremonial Describe the put To reward a s organization f	Other Donial Role" or "Other" describe below: Other Donial Role" or "Other" describe below: Donial Role" or "Other" or "Other" describe below: Donial Role" or "Other"	Income
C.	(Last, First) Name of Outside Organ (include address and des CUTT FAMILY CENTER	ization cription)	Ticket(s)/ Pass(es)	If checking "Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Describe the pu To reward a s	Other Donial Role" or "Other" describe below: Other Donial Role" or "Other" describe below: Donial Role" or "Other" or "Other" describe below: Donial Role" or "Other"	Income
C. Javan (785	(Last, First) Name of Outside Organ (include address and des CUETEAMILY CENTER - Uniperferad Union (ht a school Basear Prayra	ization cription) (.CA-9452- ums, Health	Ticket(s)/ Pass(es)	If checking "Ceremonial Role Ceremonial Role If checking "Ceremonial Describe the put To reward a s organization f	Other Donial Role" or "Other" describe below: Other Donial Role" or "Other" describe below: Donial Role" or "Other" or "Other" describe below: Donial Role" or "Other"	Income
C. Javon (785 May	(Last, First) Name of Outside Organ (include address and des City Family Center Unipper Poad Union Out of School Basear Propria Heds, Hypomic Cumpone	ization cription) (.CA-9452- ums, Health	Ticket(s)/ Pass(es)	If checking "Ceremonial Role Ceremonial Role If checking "Ceremonial Describe the put To reward a s organization f	Other Donial Role" or "Other" describe below: Other Donial Role" or "Other" describe below: Donial Role" or "Other" or "Other" describe below: Donial Role" or "Other"	Income
C. Javon (725 Mag Ne Ne	(Last, First) Name of Outside Organ (include address and des CUETEAMILY CENTER - Uniperferad Union (ht a school Basear Prayra	ization cription) (CA-9452- uns, Health weat	Ticket(s)/ Pass(es)	If checking "Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Describe the put To reward a s organization for the communit	Other Donial Role" or "Other" describe below:	Income Income
C. Javon (725 Mag Ne Ne	Last, First) Name of Outside Organ (include address and des City Family Center Unipper Poad Vnim Out P school Bascor Propra reds, uppomi Campony rification	ization cription) (CA-9452- uns, Health weat	Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu Describe the pu To reward a s organization f the communit	Other Donial Role" or "Other" describe below:	Income In

С	eremonial Role Events and Ti	cket/Pass Di	stributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Applicab	ole)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Gabriela Christy				
	Area Code/Phone Number E-mail			Amendment (Must pro	wide explanation in Part 3.)
	(510) 272-6692 Gabriela.C	hristy@acgov.org	9	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				- 1
	Does the agency have a ticket policy?	Yes 🛛 No 🗌		f Each Ticket/Pass \$	10/15
	Event Description Alameda Court Har Provide Title/Ex	planation	Date(s)	2, 14, 24	· · · · · · · · · · · · · · · · · · ·
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	lf no:	Name of Sou	гсе
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🛛	If yes: Mara	Official's Name (Lo	MSR, DISTRICTZ
3.	• Use Section A to identify the agency's department o	or unit. • Use Section	B to identify an individu	al. • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
		Number of			
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:
			To reward a	community	Income
	WOOTON, STACCY	6,	volunteer for	r his or her service	e
	·		to the public		7.
		_	To reward a d		Income `
	HERE ALCOLOGICA			his or her service	
	HigaRes, Alexandra	10/2	to the public	ins of her service	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		• •	he agency's policy
4.	Verification				
	I have read and understand FPPC Regulations 18944.1 a				the requirements.
	<u> </u>	Gabriela Chris	sty	Supervisor's Assistant	<u>4 4 2024</u>
	Synature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)

1	Agency Name				Date Stamp	California 000
•••	Alameda County				Bute etamp	Form 802
	Division, Department, or Reg	ion (If Applicable	e)	·		For Official Use Only
			,			
	Board of Supervisors Designated Agency Contact	(Nama Titla)				
		Name, me)				
	Gabriela Christy				Amendment (Must pro	vide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Filing:	
_	(510) 272-6692	1	risty@acgov.o	org	Date of original filling.	(Month, Day, Year)
2.	Function or Event Infor					10/15
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌	and the second se	f Each Ticket/Pass \$	
	Event Description _ Alumeda	Provide Title/Exp	lanation	Date(s)	14,24	//
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No 🛛	d if no:		
					Name of Sour	DETRICTO
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes:	Official's Name (La	st. First)
_						
3.	• Use Section A to identify the agenc	w's department or	unit alles Secti	ion B to identify an individu	al	v an outside organization
	-		Number of			
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
	A					
	B. Name of Individu	al	Number of Ticket(s)/	To more all a	community	A.
	(Last, First)		Pass(es)			
	auba			volunteer for	his or her service	Income
	Winsett, ambar		811	to the public		
	V V V V					
) -			 To reward a 	community	Income
	AmgoTT , Varu	7		volunteer fo	r his or her service	
			10/	to the public		'n
					, ,	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe division	eren from 🕴	e agency's policy
			Pass(es)			
			_			
4.	Verification					
	I have read and understand FPPC Regu	ilations 18944.1 an	id 18942. I have ver	ified that the distribution set i	forth above, is in accordance with	the requirements.
	WE S		Gabriela Ch	nristy	Supervisor's Assistant	6/9/2024
	nature of Agency Head or Designed	9	Print Name	2	Title	Month, Day, Year)
	Commont					
	Comment:					

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1.	Agency Name				Date Stamp	California 802
	County of Alameda					Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors, Fourt	h District				
	Designated Agency Contact (Name, Title)				
	Nathan Miley					ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				ovide Explanation in Part 3.)
	(510) 670-5964	jasmine.howard2@	acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	ket policy? Yes	No 🗖	Face Value of	Each Ticket/Pass \$	
	Event Description: Alameda			Data(s) 6		7 , 7 , 24
		Provide Title/ Explai	nation			//
	Ticket(s)/Pass(es) provided	by agency? Yes [🗌 No 🔳	If no:	Name of Source	
	Was 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 A. Name of Agency, Depa		Use Section B to Number of Ticket(s)/ Passes		ual. Use Section C to identify e public purpose made purs	
	B. Name of India (Last, First		Number of Ticket(s)/ Passes		Identify one of the fo)llowing:
	Rebecca Sayami		6	If check	nonial Role Other Other king "Ceremonial Role" or "Other" desi	cribe below:
				To reward a	a community volunteer	for their service to the
					nonial Role Other Other king "Ceremonial Role" or "Other" desi	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	·					
						X

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	6/7/2024
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Print	Clear		FPPC Form 802 (2/2016)

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

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	eremonial Noie Lyen	to and monour		Induotio	P	Fublic Document
۱.	Agency Name				Date Stamp	California 802
	County of Alameda					
	Division, Department, or Regi	on (if applicable)			1	For Official Use Only
	Board of Supervisors, Fourt	h District				
	Designated Agency Contact (Name, Title)			1	
	Nathan Miley					Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Tovide Explanation in Fait 3.)
	(510) 670-5964	jasmine.howard2@	acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	ket policy? Yes	🔟 No 🗖	Face Value of	Each Ticket/Pass \$ _	
	Event Description: Alameda			Date(s) 6	, 15 , 24	7 , 7 , 24
		Provide Title/ Explan	nation	2010(0)		
	Ticket(s)/Pass(es) provided	by agency? Yes	🗌 No 🔳	If no:	Name of Source	
	Was 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. •		identify an individ	ual. Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
	-					
	B. Name of Indi (Last, First		Number of Ticket(s)/ Passes		Identify one of the	following:
	Crosby, Neola		4		nonial Role D Other [
				To reward	a community voluntee	er for service to the public
				Cerer	nonial Role Dother [king "Ceremonial Role" or "Other" d	
	C. Name of Outside Ou (include address and		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.

	Jasmine Howard		6/7/2024
Signature of Agency Head Subesignee	Print Name	Title	(month, day, year)
Print	Clear		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	Califor	^{nia} 802	
	County of Alameda					Form	
	Division, Department, or Reg	ion (if applicable)			1	For Of	icial Use Only
	Board of Supervisors, Fourt	h District					
	Designated Agency Contact	Name, Title)					
	Nathan Miley				Amendment (Ma	unt Provide Evelopet	in in De Lo I
	Area Code/Phone Number	E-mail				ust Provide Explanat	ion in Part 3.)
	(510) 272-6694	jasmine.howard2@	acgov.org		Date of Original Fili	ng:(month, day	; year)
2.	Function or Event Infor	mation					
	Does the agency have a tick	tet policy? Yes I	No 🗖 👎	ace Value of	Each Ticket/Pass \$	6	
	Event Description: Alameda			6	<u>, 14 , 24 </u>	7 7	24
	Event Description.	Provide Title/ Explai		Jate(s)			
	Ticket(s)/Pass(es) provided	by agency? Yes [🗌 No 🔳 🛛 If	no:	Name of Source		
	Was ticket distribution made	at the behest Yes [🗌 No 🔳 🛛 If	yes:	Official's Name (Last, F	irst)	
	of agency official?					,	
5.	• Use Section A to identify the agen A. Name of Agency, Depa	1e1	Use Section B to id Number of Ticket(s)/ Passes	1	ual. Use Section C to id		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:		
					nonial Role DOthe king "Ceremonial Role" or "Othe	er 🔲 er' describe below:	Income
					nonial Role DOthe king "Ceremonial Role" or "Othe	er 🔲 er" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made	pursuant to the ag	ency's policy
	Kingdom Builders Christia	n Fellowship	50	To reward a	a community volunt	teer for service	to the public

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	6/5/2024
Signature of Agency Head or Designee	Print Name	Title _	(month, day, year)
Comment:			

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	elemonial Role Even	is and nekely	a55 DISU	induciona		A Public Document
۱.	Agency Name	Agency Name			Date Stamp	California 002
	County of Alameda				Form 802	
	Division, Department, or Regi	ion (if applicable)				For Official Use Only
	Board of Supervisors, Fourt	h District				
	Designated Agency Contact (Designated Agency Contact (Name, Title)				
	Nathan Miley				Amondmont (Mu	et Provide. Exclusion in Devio
	Area Code/Phone Number	E-mail				st Provide Explanation in Part 3.)
	(510) 670-5964	jasmine.howard2@	acgov.org		Date of Original Filin	g:(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	ket policy? Yes	No 🗖	Face Value of	Each Ticket/Pass \$	
	Event Description: Alameda			Date(s)	14,24	7,7,24
	Event Description:	Provide Title/ Explan	nation	Date(s)		<u> </u>
	Ticket(s)/Pass(es) provided	by agency? Yes [🗌 No 🔳	lf no:		
					Name of Source	
	Was ticket distribution made	at the behest Yes	No 📰	lf yes:	Official's Name (Last, Fir	st)
	of agency official?					
	Use Section A to identify the agency's department or unit. I A. Name of Agency, Department or Unit		Use Section B to Number of Ticket(s)/ Passes			ntify an outside organization.
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of th nonial Role D Other king "Ceremonial Role" or "Other	
					nonial Role D Other king "Ceremonial Role" or "Other	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made j	pursuant to the agency's policy
	Youth Uprising		50	To reward a	a nonprofit organiza	tion for its contributions to t
	· · · · · · · · · · · · · · · · · · ·					

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	Administrative Assistant	6/5/2024
Tylgnature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

Print

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

Ceremonial Role Events and Ticket/Pass Distributions					Α	Public Document
1.	Agency Name			Date Stamp	California 802	
	Alameda County Health					
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
				. –		
	Designated Agency Contact	Name, Title)			1	
	Justine Eclipse				Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 667-3184	Justine. Eclipse@a	acgov.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	Each Ticket/Pass \$	
	Event Description: Alameda		1	06	<u>, 14 , 24 -</u>	07 , 07 , 24
	Event Description:	Provide Title/ Expla	nation	ate(s)	///	
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🗌 If	no:	Name of Source	
	Was ticket distribution made	e at the behest Yes	🗋 No 🔲 📲	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 id	dentify an individ	ual. Use Section C to identif	y an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy	
	E.					
	B. Name of Individual		Number of Ticket(s)/		Identify one of the f	ollowing:
	(Last, Fir	st)	Passes	-		
	Villanueva-Parmelee, Gladys		1	1 · · · · ·	nonial Role 🔲 Other 📕 king "Ceremonial Role" or "Other" de	
				County Fair		
			<u> </u>			
	Palas, Gil		1		nonial Role 🛄 👘 Other 📗 king "Ceremonial Role" or "Other" de	scribe below;
				County Fai	r	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency		suant to the agency's policy
			Passes			

4. Verification

Print

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

Docutigned by:	Colleen Chawla	Health Care Services Agency 7/11/2020		
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				



Agency Name

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
		<
· · · · · · · · · · · · · · · · · · ·		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Income Income
Gamba, Ryan	1	County Fair
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
Gutierrez, Olga	1	County Fair
******		Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
Marco, Alberto	1	County Fair
		Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below:
Neiandi, Parnell	1	County Fair
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
	· ·	



Agency Name

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.

Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Number of Ticket(s)/ Passes	Identify one of the following:
	Ceremonial Role Other Income Income
1	County Fair
	Ceremonial Role D Other I Income Income I Income I Income II
1	County Fair
	Ceremonial Role Other Income Income Income
1	County Fair
	Ceremonial Role Other Income Income Income It checking "Ceremonial Role" or "Other" describe below:
1	County Fair
Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	of Ticket(s)/ Passes Number of Ticket(s)/ Passes 1 1 1 1 1 1 1 1 1 1

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Agency Name

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
-		
c		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Income Income Income
Espiridion, Ricca	1	County Fair
		Ceremonial Role Other Income Income
Arana, Clara	1	County Fair
		Ceremonial Role Other Income Income Income It checking "Ceremonial Role" or "Other" describe below:
Anderson, Kara	1	County Fair
		Ceremonial Role Other Income Income Income
Prasad, Ratinesh	1.,	County Fair
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
		đ

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Agency Name

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
·			
в.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
-			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below;
Ded	Irick, Danielle	1	County Fair
			Ceremonial Role D Other Income Income If checking "Ceremonial Role" or "Other" describe below:
Padilla, Susana		1	County Fair
(<u></u>	a		Ceremonial Role Other Income Income Income
Jaur	egui, Alicia	1	County Fair
			Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
Lee,	Sonya	1	County Fair
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
	· ·		
-			

Print



Agency Name

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
В.	Name of Individual	Number of Ticket(s)/	Identify one of the following:
	(Last, First)	Passes	Ceremonial Role Other
Davi	ikan Misiki		If checking "Ceremonial Role" or "Other" describe below:
Pari	ihar, Nidhi	1	County Fair
			Ceremonial Role D Other Income Income If checking "Ceremonial Role" or "Other" describe below:
And	lerson, Tuere	1	County Fair
<u>.</u>			Ceremonial Role D Other D Income Income II checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below:
с.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	(#2		

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