**A Public Document** 

1. Agency Name				Date Stamp	California 802		
Alameda County			Form				
Division, Department, or Reg	gion (If Applicable	1	For Onicial Use Only				
Board of Supervisors							
<b>Designated Agency Contact</b>	(Name, Title)						
Gabriela Christy			vide evolution in Port 2.)				
Area Code/Phone Number	E-mail	Amendment (Must pro	wide explanation in Part 3.j				
(510) 272-6692	Gabriela.Ch	risty@acgov.	.org	Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Info	rmation				100		
Does the agency have a tick	et policy?	Yes 🛛 No 🛛	Face Value of	of Each Ticket/Pass \$			
Event Description A'S VS-	LA		Date(s) 7	,2,24	///		
	Provide Title/Expl	anation					
Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No [		Name of Sou	rce		
Was ticket distribution made	at the heheet		MÁ	ROVEZ ELIST-D	STUCT?		
of agency official?	at the periest	No 🗌 Yes [	If yes:	Official's Name (L	ast, First)		
3. Recipients							
Use Section A to Identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identi	fy an outside organization.		
A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant to the agency's policy			
· · ·	· · ·			·			
B. Name of Individ	B. Name of Individual (Last, First) Pass(es)		Identify one of the following:				
			Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe below:	Income		
			Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below:	Income		
C. Name of Outside Org. (include address and d		Number of Ticket(s)/ Pass(es)		blic purpose made and	the agency's policy		
HERS Breast Cancer Four 2500 Mowey AVE # 130 Fre		19/4	organization fo the community	r its contributions to			
1	to al Chandler						
MBKast cancer by providing	stsumical Pr	aucts + ser	uces Regardless of	fineael startis			
4. Verification							
Theye read and understand FPPC Re	gulations 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance wit	h the requirements		
		Gabriela C	hristy	Supervisor's Assistant	6/27/24		
Signature of Agency Head or Design	nee	Print Narr	ne	Title	(Mdnth, Day, Year)		
Comment:							

**A Public Document** 

~

-					/	
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002 For Official Use Only
	Division, Department, or Region (If Applicable)					
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Gabriela Christy				Amendment (Must provide explanation in Part 3.)	
	Area Code/Phone Number E-mail					
	(510) 272-6692	Gabriela.Ch	risty@acgov.org	]	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				001
	Does the agency have a ticke		Yes 🛛 No 🗌		of Each Ticket/Pass \$	
	Event Description ALS VS. LA Provide Title/Explanation Date(s)			_ Date(s)	, 3 , 24	//
	Ticket(s)/Pass(es) provided by agency? Yes  No    If no:			If no:		100
	) Alto a statut alto sulle sulle su angle s	at the beheat		MÃ	ROV97.9118+	stinctor
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes 🛛	If yes.	RQV97, GUSA Official's Name (L	ast, First)
3.	Recipients					
	Use Section A to identify the agence	y's department or	unit. • Use Section	B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	******				,	
	B. Name of Individu	Number of Ticket(s)/		Identify one of the followi	ng:	
	(Last, First)		Pass(es)	To morrisonal		
	toto another			Voluptoor f	a community or his or her servic	
	Fugtugesh, Mahdi	grugosn, lower.		to the public	or his or her servic	e
					C	
				Kabackina "Coromo		Income
				n thecking Ceremon		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	(					
4.	Verification	ulations 19044.4 ar	19042 I have vorter	d that the distribution out	forth above is in accordance wit	the requirements
	Inave read and understand FPPC Regi		Gabriela Chri		Supervisor's Assistant	1 habad
,	Signal re of Agency Head or Designe	e	Print Name		Title	(Month, Day, Year)
	Comment:					

**A Public Document** 

1	Agency Name				Date Stamp	California
1	Alameda County			Form 802		
	Division, Department, or Reg	on (if applicable)		For Official Use Only		
	Board of Supervisors Designated Agency Contact (	Name. Title)				
	Heather Cartwright	,				
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)
				Date of Original Filing:(month, day, year)		
2.	2. Function or Event Information					
	Does the agency have a tick	tet policy? Yes	No 🗆 🖡	ace Value of	Each Ticket/Pass \$	100 tix/\$20 parking
	Event Description: Oakland	A's Game	Date(s)/			
		Provide Title/ Explan				
	Ticket(s)/Pass(es) provided	by agency? Yes		f no: <u>Oaklan</u>	Manage of Courses	
	Men ticket distribution mode	at the behast of		f yes: Hauber	t, David	
	Was ticket distribution made of agency official?	at the benest Yes	] No 🔳 🦷	ycs.	Official's Name (Last, First)	
	of agency official?					
3.	• 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.					r an outside organization.
		Number			and the second second	
A. Name of Agency, Department or Unit		of Ticket(s)/ Passes				
B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
				nonial Role Other Other king "Ceremonial Role" or "Other" des	Income	
				nonial Role Duber duber duber des	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	Alameda County Healthca	are for the Homeless	4tix-1p	To promote	county resources available	ilable to County of Alam
	To improve the health of p	persons in Alameda				
-	Verification					

#### 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. ala la

	Heather Cartwright	Supervisor's Assistant	7 74/2024
Signature of Agency Head or Designed	Print Name	Title	(month, day, year)
Comment:			



**A Public Document** 

_	A ganov Nomo	to and moneth			Date Stamp	California 000	
1.	Agency Name					Form 802	
	Alameda County Division, Department, or Region (if applicable)					For Official Use Only	
	Board of Supervisors Designated Agency Contact (Name, Title)						
	Amy Shrago, Chief of Staff Area Code/Phone Number	E-mail			Amendment (Must Pi	rovide Explanation in Part 3.)	
	510-272-6695	Amy.Shrago@acgc	ov.org		Date of Original Filing:	04/24/24 (month, day, year)	
2.	Function or Event Infor	mation					
gen in	Does the agency have a tick		No 🗌 🖡	ace Value of	Each Ticket/Pass \$	100.00	
	Event Description: Oakland			Date(s)			
	Event Description:	Provide Title/ Explai	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes [	🗌 No 🔳 🛛	f no: <u>Coliseu</u>	m Authority		
-				f yes: <u>Carson</u>	Name of Source , Keith		
	Was ticket distribution made of agency official?	e at the behest Yes	No 🗂 🛛	1 yes	Official's Name (Last, First)		
_							
3.	Recipients	eu/e department er unit	Use Section B to	identify an individu	al Use Section C to identif	v an outside organization.	
	Use Section A to identify the agency's department or unit.     Use Section B to identify an individu     Number				and the second second	the state of the state of the state of the	
A. Name of Agency, Department or Unit			of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to the agency's policy		
	BOS D5		18	To promote employee r	e, encourage, reward, norale,	or support general	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:	
					nonial Role Other king "Ceremonial Role" or "Other" de		
					nonial Role Dother		
	C. Name of Outside O (include address and	rganization I description)	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy	
	7						
_		the second se					

### 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:			
Prir	nt Clear	FPPC Toll-Free Helpline: 86	FPPC Form 802 (2/2016) 6/ASK-FPPC (866/275-3772)

# A Public Document

1	. Agency Name			Date Stamp	California 802 Form
	Alameda County	4.>			For Official Use Only
	Division, Department, or Region (If Applicat	ole)			,
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Gabriela Christy			Amendment (Must pi	ovide explanation in Part 3 )
	Area Code/Phone Number E-mail		· · ·		
	(510) 272-6692 Gabriela.C	hristy@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
2	. Function or Event Information				
	Does the agency have a ticket policy? Event Description <u>A's vs. ASPS</u>	Yes 🛛 No 🗌		if Each Ticket/Pass \$	/00
	Provide Title/Ex	planation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no:	Name of Sou	Irce
	Was ticket distribution made at the behest	No 🗌 Yes 🔀	If yes. Valle,	Richard- Supervisor District 2	
	of agency official?		i i yes	Official's Name (L	ast, First)
3.	Recipients				
	Use Section A to identify the agency's department o		on B to identify an individu	al. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the ag		
	Alareda health cree	10/2	To reward a County employee for his or her exemplary service to the public or to encourage staff development		
					-
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role If checking "Ceremoni	Other describe below:	Income 🔲
	- -		Ceremonial Role	Other Differ of the contract o	Income 🔲
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's		to the agency's policy
4.	Verification I have read and understand FPPC Regulations 18944.1 and	d 18942. I have verific Gabriela Chr		orth above, is in accordance with Supervisor's Assistant	the requirements.
	Signature of Agency Head or Designee	Print Name		Title	(Month Day, Year
	Comment: Fur the Summer solt	ica commu	ity avert		