## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

**A Public Document** 

1	Agency Name				Date Stamp	California 000	
	Alameda County Division, Department, or Region (if applicable)					Form OUZ	
						For Official Use Only	
		Board of Supervisors Designated Agency Contact (Name, Title)					
						· ·	
	Heather Cartwright					ovide Explanation in Part 3.)	
	Area Code/Phone Number E-mail						
	(510) 272-6691	@acgov.org		Date of Original Filing:			
2.	Function or Event Information				¢	100 tix/\$20 parking	
	Does the agency have a tick	ket policy? Yes			Each Tickel/Pass $\phi$	100 tix/\$20 parking	
	Event Description: Oakland A's Game Date(s)			02 , 2024			
	•	Provide Title/ Explan	ation				
	Ticket(s)/Pass(es) provided	by agency? Yes				Manual of Country	
	Was ticket distribution made	at the hebest . Vee T	т. на 📻 🕴	Haubert, David			
	of agency official?	e at the beliest yes			Official's Name (Last, First)		
_							
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.						
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy		
			Muscher				
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
	(				nonial Role Other C king "Ceremonial Role" or "Other" des		
				Sector Contraction	nonial Role D Other king "Ceremonial Role" or "Other" des		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy	
	Alameda County Sheriff's Office-5325 Broder		18tix-4p	To promote	e county resources ava	ilable to County of Alam	
	Build trust, foster positive	relationships with c					
4.	Verification						

I have read and understand FF	PPC Regulations 18944.1 and 18942.	have verified that the distribution set forth	above, is in accordance
with the requirements.			1 .
	Linether Conturint	Suponvisor's Assistant	5/3/20201

H	eather Cartwright	Supervisor's Assistant	1110000
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Print



## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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1.	Agency Name				Date Stamp	California 802	
	Alameda County Division, Department, or Region (If Applicable)					Form UUZ	
						For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Gabriela Christy				Amendment (Must provide explanation in Part 3.)		
	Area Code/Phone Number E-mail					wide explanation in Part 3.)	
	(510) 272-6692	Gabriela.Ch	risty@acgov.or	g	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Information					100	
					f Each Ticket/Pass \$		
	Event Description Oadamd AIS VS. LADodgus Date(s) Provide Title/Explanation			3, 24	/		
	Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛			lf no:	If no:		
	Mar ticket distribution mode at the behapt			Marqu	If yes: Marquez, Elisa - Supervisor District 2		
	Was ticket distribution made at the behest No Yes Xe of agency official?			Official's Name (Last, First)			
3.							
ν.	• 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.					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 Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following:		
				Ceremonial Role If checking "Ceremon	Other D	Income	
	· · · · ·			Ceremonial Role If checking "Ceremon	Dther describe below:	Income	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy	
	Union City Lions Club P.O. 94587	Box 2314			ool or nonprofit its contributions to		
	Lions are men and women working together to make our community better			the community			
4.	Verification				te da e terre de la companya de la c		
	I have read and understand FPPC Regulations 18944.1 and 1						
			GabrielaChris	sty	Supervisor's Assistant		
	Asignature of Agency Head or Designee		Print Name		Title	(Month Day, Year)	
	Comment:						

## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

California Date Stamp 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago, Chief of Staff Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number 04/24/24 Date of Original Filing: Amy.Shrago@acgov.org 510-272-6695 (month, day, year) 2. Function or Event Information 100.00 Face Value of Each Ticket/Pass \$ . Does the agency have a ticket policy? Yes 🔳 No 🗋 Date(s) 09 / Event Description: Oakland A's 20 24 Provide Title/ Explanation If no: \_\_\_\_\_Coliseum Authority Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source Carson, Keith If yes: Was ticket distribution made at the behest Yes MINO Official's Name (Last, First) of agency official? Recipients 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes To promote, encourage, reward, or support general Public Defender's Office 18 employee morale, Number Name of Individual Identify one of the following: of Ticket(s)/ B. (Last, First) Passes Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes

## 4. Verification

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

Am	ny Shrago	Chief of Staff	04/24/24
Signature of Agency Head & Designee	Print Name	Title	(month, day, year)
Comment:			
Brint	Clear		FPPC Form 802 (2/2016)

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