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

A Public Document

Ĩ	Agency Name		Date Stamp	California 000		
Т.	Agency Name					Form OUZ
	Alameda County Division, Department, or Regi	ion (if applicable)		For Official Use Only		
	Board of Supervisors Designated Agency Contact (Name Title)				
	•	, tunio, inter				
	Amy Shrago, Chief of Staff Area Code/Phone Number	E-mail	Amendment (Must Pro			
	510-272-6695	ov.org		Date of Original Filing: _	04/24/24 (month, day, year)	
2.	Function or Event Inform	Date(s)			100.00	
	Does the agency have a tick			Each Ticket/Pass \$		
	Event Description: Oakland			2024	/	
	Ticket(s)/Pass(es) provided			Name of Source		
	Was ticket distribution made	at the behest. Vec I	If yes: Carson		, Keith	
	of agency official?	e at the benest Yes			Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
	Use Section A to identify the agency's department or unit. Use Section B to identify an individu			ual. Use Section C to identify	an outside organization.	
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes				
	Public Defender's Office		18 To promote employee r		e, encourage, reward, or support general morale,	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	Identify one of the following:		
					nonial Role Cther Cther king "Ceremonial Role" or "Other" des	
					nonial Role Other king "Ceremonial Role" or "Other" des	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Describe th Passes		he 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.

	Amy Shrago	Chief of Staff	04/24/24
Signature of Agency Head Designee	Print Name	Title	(month, day, year)
Comment:			
Prir	nt Clear	FPPC Toll-Free Helpline: 8	FPPC Form 802 (2/2016) 366/ASK-FPPC (866/275-3772)

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-						A abile becament		
1.	Agency Name				Date Stamp	California 802		
	Alameda County Division, Department, or Region (If Applicable)					Form UUL		
						For Official Use Only		
	Board of Supervisors							
		Designated Agency Contact (Name, Title)						
	Gabriela Christy							
	Area Code/Phone Number	E-mail	Amendment (Must provide explanation in Part 3.)					
	(510) 272-6692	Gabriela.Chr	isty@acgov.org		Date of Original Filing: _	(Month, Day, Year)		
	Function or Event Inform	mation			1	i de c		
	Does the agency have a ticket policy? Yes X No Face Value				of Each Ticket/Pass \$ 1 20 30			
	Event Description Date(and MS VS. New Julie Date(s) Date(s) Date(s)			Date(s)	,21,24	//		
	Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛			If no:				
				15 MOROLATAISA DISTICT & SUPERISC				
	Was ticket distribution made at the behest No Yes of agency official?			if yes:	Official's Name (La			
3.	Recipients							
	Use Section A to identify the agence	y's department or u	nit. • Use Section I	B to identify an individ	ual. • Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Ficket(s)/ Describe the public purpose made pursuant to the agency's				
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	ng:				
				Ceremonial Role If checking "Ceremon	Other D ial Role" or "Other" describe below:	Income		
				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy		
0,0	Jausing Fradrics Program 22100 Princetor Groct Hay word, cA		В	To reward a school or nonprofit organization for its contributions to the community				
- Ju	gran to que at such forth	n internship	Ψ.		ιy			
4.	Verification		1			-		
	I have read and understand EPPC Regulations 18944.1 and 18942. I have verified to		that the distribution set	forth above, is in accordance with	h the requirements.			
			Gabriela Chris	ty	Supervisor's Assistant	(0/4/2024		
	Mature of Agency Head or Designed	e	Print Name		Title	(Month, Day, Year)		
	Comment:							

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1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form UUZ	
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact ((Name, Title)					
	Gabriela Christy						
	Area Code/Phone Number E-mail				Amendment (Must provide explanation in Part 3.)		
	(510) 272-6692	isty@acgov.org		Date of Original Filing:(Month, Day, Year)			
2.	Function or Event Infor	mation				Leal -	
	Does the agency have a ticket policy? Yes 🛛 No 🗖			Face Value of Each Ticket/Pass \$			
	Event Description Oakland A'SVS, Texas Dangels Provide Title/Explanation			Date(s) 1 24 24			
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠			If no:			
				If yes: Maravez ansa supernsor, Detrot 2			
	Was ticket distribution made a of agency official?	Was ticket distribution made at the behest No 🗋 Yes 🖂			If yes:		
_							
3.	• Use Section A to identify the agenc	v's department or	unit a Use Section B	to identify an individu	ual • Use Section C to ident	ify an outside organization	
	-		Number of				
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	Number of						
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
				Ceremonial Role	Other describe below:	Income	
				Ceremonial Role	Other Other and Role" or "Other" describe below:	Income	
				T checking Celemon	Har Note of Other describe below.		
	Name of Outside Organ	vization	Number of				
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant	to the agency's policy	
HayNordcoDucatorFoundation		Jal.	To reward a school or nonprofit				
R.O. Box 56444 Hayward, 0194544		19/4		for its contributions	to		
St	holarships Fire students			the commun	nity		
A	Varification						
	Verification I have read and ynderstand FPPC Regu	lations 18944.1 an	d 18942. I have verified ti	nat the distribution set f	forth above, is in accordance wit	h the requirements.	
			Gabriela Christy		Supervisor's Assistant	1. Asland	
	gnature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
	- 1992 B						
	Comment:			4			