Agency Name Alameda County				Date Stamp	California 802
				·	
	Division, Department, or Region (if applicable)			1	For Official Use Only
Board of Supervisors					
Designated Agency Contact (Nat	me, Title)				
Amy Shrago, Chief of Staff				Amendment (Must Pr	ovide Explanation in Part 3.)
Area Code/Phone Number E-	mail				04/24/24
510-272-6695 A	my.Shrago@acgo\	/.org		Date of Original Filing: _	(month, day, year)
Function or Event Informa					100.00
Does the agency have a ticket		140 🖂		Each Ticket/Pass \$	
Event Description: Oakland A'	S		ate(s)	, 04 , 24	
	Flovide Tille/ Explain	ation			
Ticket(s)/Pass(es) provided by	agency? Yes □		no: Coliseu	Mamo of Course	
Was ticket distribution made at	the behest Yes	No El If	yeş: Carson	, Keith	
of agency official?	163	I NO L		Official's Name (Last, First)	
Recipients					
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
B. Name of Individ	ual	Number of Ticket(s)/ Passes	Cour	Identify one of the fo	ollowing:
				king, "Ceremonial Role" or "Other" des	
	-		Cerer If chec	nonial Role Other king "Ceremonial Role" or "Other" des	
C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
Supply Bank.org 7730 Parde	ee Ln., Oakland C	18	To promote	e attendance at events	held at a County facili

04/24/24

(month, day, year)

Chief of Staff

Title

Signature of Agency Head of Designee

Comment:

Print Name

Amy Shrago

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

A Public Document

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form OUZ	
Division, Department, or Region (If Applicable			9)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Gabriela Christy						
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6692	Gabriela.Ch	risty@acgov.o	org	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Inform	nation				400	
	Does the agency have a ticker	t policy?	Yes⊠ No 🗆] Face Value o	f Each Ticket/Pass \$	100	
	Event Description Oakland A	s vs. Texas F	Rangers	Date(s)5	, 6 , 24		
	2.5/k 5000/iphori	Provide Title/Exp.	lanation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No 🏻	If no:	Name of Source uez, Elisa - Supervisor District 2		
	Was ticket distribution made a	t the beheet		Margu			
	of agency official?	i ine penest	No ☐ Yes 🗵	If yes:	Official's Name (L	ast, First)	
_	Recipients						
•	Use Section A to identify the agency	y's department or	unit. • Use Section	on B to identify an individu	al. • Use Section C to ident	ify an outside organization.	
A. Name of Agency, Department or Unit			Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to the agency's policy		
	B. Name of Individual	lual Number of Ticket(s)/Pass(es)		Identify one of the following:			
				Ceremonial Role If checking "Ceremoni	Other Dial Role" or "Other" describe below:	Income 🔲	
				Ceremonial Role	Other islander or "Other" describe below:	Income 🔲	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub To reward a sch	lic purpose made pursuant	to the agency's policy	
	City of Hayward 777 B Stree CA 94541	et Hayward,	8/2		its contributions to		
	ANNUAL CITYWIDE CLEAR COMMUNITY FAIR	N-UP &					
ļ.	Verification						
	I have read and understand FPPC Regu	lations 18944.1 an	d 18942. I have verif	fied that the distribution set for	orth above, is in accordance wit	h the requirements	
	NA HA		Gabriela Chi	risty	Supervisor's Assistant		
	Orgnalure of Agency Head or Designee		Print Name		Title	(Mo. th, Day, Year)	
Raffle items for Earth Day event on April 20							

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 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) Heather Cartwright Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: heather.cartwright2@acgov.org (510) 272-6691 (month, day, year) 2. Function or Event Information \$112.50 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes No 🗍 Event Description: Melanie Martinez Date(s) __05 2024 Provide Title/ Explanation If no: Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes No Name of Source If yes: Haubert, David Was ticket distribution made at the behest Yes No III Official's Name (Last, First) of agency official? 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 4 Wedge, Julie To promote attendance at events held at a County facility Other Ceremonial Role 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 C. of Ticket(s)/ (include address and description) **Passes**

_	Varification			
4.	Verification I have read and understand FPR	C Regulations 18944.1 and 18942. I ha	ave verified that the distribution set fort	h above, is in accordance
/	with the requirements.	Heather D. Cartwright	Supervisor's Assistant	5/3/2000

Comment:

Signature of Agency Head of Designee

(month, day, year)

Print Name

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

A Public Document

. Agency Name				Date Stamp	California 802	
Alameda County					Form OUZ For Official Use Only	
Division, Department, or Region (if applicable)						
	Board of Supervisors					
Designated Agency Contact (Name, Tit	Designated Agency Contact (Name, Title)					
Heather Cartwright					Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number E-mail				Date of Original Filing:		
(510) 272-6691 heath	er.cartwright2@)acgov.org		Date of Original Filling.	(month, day, year)	
. Function or Event Information		100 tise/#20 modeing				
Does the agency have a ticket police	Does the agency have a ticket policy? Yes ■ No □ Face Value of E				00 tix/\$20 parking	
Event Description: Oakland A's Ga	Event Description: Oakland A's Game Date(s)					
· F	Provide Title/ Explanation					
Ticket(s)/Pass(es) provided by age	ncy? Yes L			Name of Source		
Was ticket distribution made at the	behest Yes □	No ■ If	yes: Hauber	t, David Official's Name (Last, First)		
of agency official?	.00			Officiars Name (Last, First)		
RecipientsUse Section A to identify the agency's depa		a Castian B to id	ontify an individu	al Also Section C to identify:	an outside organization	
Use Section A to identify the agency's depa	rtment or unit. • Us		entity an individu	aal. Ose section C to identify	an outside organization.	
A. Name of Agency, Department o	r Unit			e public purpose made pursuant to the agency's policy		
		Passes				
		1				
B. Name of Individual		Number of Ticket(s)/		Identify one of the fol	lowing:	
(Last, First)		Passes				
				nonial Role Other Other king "Ceremonial Role" or "Other" descri	Income 🔲	
Budil, Kimberly		18tix-4p				
1				attendance at events h		
				nonial Role Other Management Control of the Control	income	
	1		,, (1)(0)	and octomoral rate of the cost		
		Number				
C. Name of Outside Organization (include address and description)		of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
		rasses				
9		7				
		.77				
. Verification				5		
I have read and understand FPPC Reg	ulations 18944.1	and 18942. I	have verified	that the distribution set for	th above, is in accordance	
with the requirements.					41-1-	
	Heather Cartwright Supe				7/7/200	
Signature of Agency Head or Designee	Signature of Agency Head or Designee Print Name				(month, day, year)	
				w.		
Comment:						