Agency Report of: Ceremonial Role Events and Tick	et/Pass Distri	butions	Α	Public Document
1. 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, 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 Amy.Shrago@	gacgov.org		Date of Original Filing: _	(month, day, year)
2. Function or Event Information				100.00
Does the agency have a ticket policy?	100		Each Ticket/Pass \$	100.00
Event Description: Oakland A's	П	ate(s) 06	, 08 , 24	1 1
Provide Title	/ Evalanation			
Ticket(s)/Pass(es) provided by agency?		no: Coliseu	Alama of Course	
		yes: Carson	, Keith	
Was ticket distribution made at the behest	Yes ■ No □ "	yes	Official's Name (Last, First)	
of agency official?				
3. Recipients • Use Section A to identify the agency's department or to	unit. • Use Section B to ic	dentify an individu	ual. Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
BOS D5	18	To promote employee r	e, encourage, reward, oncrale,	or support general
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
			nonial Role Other Ching "Ceremonial Role" or "Other" des	
			nonial Role Other Liking "Ceremonial Role" or "Other" de	
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
4. Verification	100111	I have see '5'	that the distribution and f	orth shows in in accordance
I have read and understand FPPC Regulations with the requirements.	18944.1 and 18942.	ı nave verified	та то діятрийот set т	лит авоче, із іп ассогдалсе
Amy Sh	ırago	Chie	f of Staff	04/24/24
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)

Comment: _

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

A Public Document

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. Agency Name			Date Stamp	California 802
Alameda County				1 01111
Division, Department, or Region (f Applicable)			For Official Use Only
Board of Supervisors		9		
Designated Agency Contact (Name	, Title)			
Gabriela Christy				<u> </u>
Area Code/Phone Number E-m	ail		Amendment (Must p.	rovide explanation in Part 3.)
(510) 272-6692 Ga	briela.Christy@acgov.or	g .	Date of Original Filing:	(Month, Day, Year)
. Function or Event Informati	ion			
Does the agency have a ticket poli	icy? Yes⊠ No□	Face Value o	of Each Ticket/Pass \$ _	02.50
7x02		Date(s) <u>V</u>	, 15,23	1
Event Description Prov	ide Title/Explanation	Date(s)	كيادات استيانات السيا	
Ticket(s)/Pass(es) provided by age	ency? Yes□ No⊠	If no:		
,, , ,,		EAST	Name of So Name of So Name of So	
Was ticket distribution made at the of agency official?	behest No 🗌 Yes 🗵	If yes: _M	Official's Name (I	
				=====
 Recipients Use Section A to identify the agency's de 	nartment or unite Use Section	n B to identify an individ	ual. ◆ Use Section C to iden	tify an outside organization.
	Number of		olic purpose made pursuant	
A. Name of Agency, Department or	Unit Ticket(s)/ Pass(es)	Describe the put	one purpose made pursuam	to the agency's policy
- L- (nual/F10G		 -		
Alameda County FIRSC	3	To reward	l a County employee fo	or his
			mplary service to the purage staff developmen	
·	N. band		arage out developine.	
Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
-	1. 400(00)	Ceremonial Role	Other	Income
		·	nial Role" or "Other" describe below:	
l .	1 1			
			— ••• •••	
		Ceremonial Role If checking "Ceremon	☐ Other ☐ nial Role" or "Other" describe below:	Income L
		_		
C Name of Outside Organization		Describe the put	blic purpose made pursuan	t to the agency's policy
(include address and descripti	ion) Pass(es)		F	
Verification				
I have read and understand FRPC Regulations	s 18944.1 and 18942. I have verifie	ed that the distribution set		T/2 12021
	Gabriela Chr	isty	Supervisor's Assistan	nt 99/2024
Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
_				

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 \$100 tix/\$20 parking Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Oakland A's Game Date(s) -Provide Title/ Explanation If no: Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source Haubert, David Was ticket distribution made at the behest Yes No 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: of Ticket(s)/ B. (Last, First) **Passes** Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Ross, Brian 6tix-1p To promote attendance at events held at a County facility Income Ceremonial Role Other 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 have read and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Supervisor's Assistant Heather Cartwright Title (month, day, year) Signature of Agency Head or Designee Print Name

Comment:

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

A Public Document

. Agency Name	Date Stamp	California 802		
Alameda County		For Official Use Only		
Division, Department, or Region (If Application)		1 Gr Official Ose Only		
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Gabriela Christy		P ^m Amondment (44)	Associate and the internal Control	
Area Code/Phone Number E-mail		Amendment (Mus	t provide explanation in Part 3.)	
(510) 272-6692 Gabriela.C	Gabriela.Christy@acgov.org		g:(Month, Day, Year)	
. Function or Event Information				
Does the agency have a ticket policy? Yes No D Face Value of Each Ticket/Pass \$				
Event Description Daldand Als US. TWINS Date(s) U, 22, 24				
Ticket(s)/Pass(es) provided by agency?	Yes □ No 🏻	If no:	Source	
Was ticket distribution made at the behest	No ☐ Yes ☒	If yes: Marquez glich Superviso		
of agency official?	NO LI TES M	Official's Name	e (Last, First)	
. Recipients				
Use Section A to identify the agency's department		entify an Individual. • Use Section C to ide	entify an outside organization.	
A. Name of Agency, Department or Unit	Pass(es)	escribe the public pure	'o the agency's policy	
Guna Ralfunces Acron oy	10/4 Tore	ward a County employee for his	or r	
Property & Salvage	to er	ncourage staff development		
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the follo	owing:	
•		Ceremonial Role Other Other for "Other" describe below	Income	
	1 1	Ceremonial Role Other f checking "Ceremonial Role" or "Other" describe below	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ D Pass(es)	escribe the public purpose made pursua	int to the agency's policy	
Verification If you pad and understand FPPC Regulations 18944.1 a	nd 18942. I have verified that the	e distribution set forth above, is in accordance	with the requirements	
X / / ^	Gabriela Christy	Supervisor's Assista	1	
sparing of ggr/cy Head or Designee	Print Name	Supervisor's Assista	(Month, Day, Year)	
Comment:				

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 \$100 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Shayar Satinder Sartaaj 2024 Date(s) Provide Title/ Explanation If no: Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source 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:

Kaur, Sukhmine	<i>+</i>	To encourage County of Alameda resident and business			
2		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:			
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			
/erification					

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

Heather D. Cartwright

Print Name

Ceremonial Role

Supervisor's Assistant

Title

Other

If checking "Ceremonial Role" or "Other" describe below:

of Ticket(s)/

Passes

(month, day, year

Income

(Last, First)

B.

with/the requirements.

Comment:

Signature of Agency Head of Designee