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

A Public Document

_								
1.	Agency Name				Date Stamp	California	802	
	Alameda County					Form	700	
	Division, Department, or Region (if applicable)					For Official	Use Only	
	Board of Supervisors							
	Designated Agency Contact							
	Heather Cartwright	Amendment (Must Provide Explanation in Part 3.)						
	Area Code/Phone Number	E-mail			Antendinent (mast rovide Explanasion in rait o.)			
	(510) 272-6691	heather.cartwright2@acgov.org			Date of Original Filing:(month, day, year)			
			· (o.i.a.), day, you	"				
2.	Function or Event Infor			\$100 tix/\$20 pa	arking			
	Does the agency have a tick		110		Each lickerrass a	р. 100 шу ф <u>го</u> ре		
	Event Description: Oakland	oate(s)	, 03 , 2024					
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■ If no: Oakla				Alema of Seurce			
	Was ticket distribution made at the behest Yes ☐ No ■ If yes: Hauber				Name of Source t, David			
		□ No 🔳 "	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 individual. Use Section C to identify an outside organization.							
				01				
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe the	Describe the public purpose made pursuant to the agency's		y's policy	
			rasses				N IS	
	Number							
	B. Name of Indi	of Ticket(s)/		Identify one of the following:				
	(Last, Fir.	st)	Passes					
			,		ionial Role Other Oth		Income	
					ionial Role Other Other	_	Income	
				" CHECK	ring "Ceremonial Role" or "Other" de	scribe below.		
	Name of Outside Organization		Number of Ticket(s)/	Describe th	he public purpose made pursuant to the agency's policy			
	(include address and	description)	Passes					
	Alameda County Healthcare for the Homeless		4tix-1p	To promote	county resources ava	ailable to Count	v of Alam	
	- Tiamoda County Frontino	# 10101 die 110110		To promote			y 017 #G#	
	To improve the health of p	persons in Alameda						
	To improve the health of p	ersons in Alameda						
	Verification							
	I have read and understand FP	that the distribution set fo	orth above, is in a	accordance				
	with the requirements.					01-	1	
Heather Cartw Signature of Abericy Head or Designate Prin			vright Supe		ervisor's Assistant	77	774/20	
					Title		(month, day, year)	
	Comment:							

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name 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.) 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 Face Value of Each Ticket/Pass \$ = Does the agency have a ticket policy? Yes 🔳 No 🗌 Date(s) _07 Event Description: Oakland A's Provide Title/Explanation If no: Coliseum Authority Ticket(s)/Pass(es) provided by agency? Yes No Name of Source Carson, Keith Was ticket distribution made at the behest Yes Mo 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 To promote, encourage, reward, or support general BOS D5 18 employee morale, Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) Passes Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Other 🔲 Income ___ Ceremonial Role 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.

04/24/24

(month, day, year)

Chief of Staff

Signature of Agency Head or Designee

Comment:

Print Name

Amy Shrago

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Selemonial Role, Even	its and in	oncui ass	Distributions		A Public Document				
. Agency Name		Date Stamp	California 802						
Alameda County									
Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only				
Board of Supervisors									
Designated Agency Contact	(Name, Title)								
Gabriela Christy				Amendment (Must pro	Ovide explanation in Ded 2.)				
Area Code/Phone Number			Date of Original Filing:(Month, Day, Year)						
(510) 272-6692	nristy@acgov.	org							
. Function or Event Infor	mation								
Does the agency have a ticke	Yes⊠ No[f Each Ticket/Pass \$						
Event Description A\5 \S.	ASPOS	Date(s)		, 23 , 24					
•	Provide Title/Exp								
Ticket(s)/Pass(es) provided by	Yes 🔲 No 🛭	☑ If no:	Name of Sou.	rce					
Was ticket distribution made	Was ticket distribution made at the behest								
of agency official?	No 🗌 Yes 🛭	If yes:	Richard- Supervisor District 2 Official's Name (Last, First)						
. Recipients									
Use Section A to identify the agence	y's department or	unit. • Use Sect	ion B to identify an individu	al. • Use Section C to identif	fy an outside organization.				
A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant t	• • •					
Alaneda health casea		10/0	To reward a County employee for his or her exemplary service to the public or to encourage staff development						
		10/2							
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:						
			Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:						
				Other all Role" or "Other" describe below:	Income				
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to the agency's policy					
:									
Λ									
Verification The verification understand FPPC Regulation	ations 18944.1 and	d 18942. I have veri	fied that the distribution set fo	rth above, is in accordance with	the requirements.				
		Gabriela Ch	risty S	Supervisor's Assistant	5/2/2024				
Signature of Agency Read or Designee Print Name Title (Month, Day, Yea									
Comment: Fix hus	mmer solt	709 Commu	ul west						