						72	
. Age	ncy Name				Date Stam	р Са	alifornia 802
	neda County						For Official Use Only
	ion, Department, or Regi	on (if applicable)					
	Board of Supervisors						
Desig	Designated Agency Contact (Name, Title)						
	Heather Cartwright				Amendment (Must Provide Explanation in Part 3.)		
	Code/Phone Number	E-mail	_		Data of Ordainal	Filian	
(510	9) 272-6691	heather.cartwright2	@acgov.org		Date of Original	rning:(mo	nth, day, year)
. Fun	ction or Event Infor	nation			£440.75		
	s the agency have a tick		HE 140 L	ace Value of	Each Ticket/Pas	ss \$	\$118.75
Ever	nt Description: Straight	Jokes No Chaser Co	omedy Tm D	ate(s)	, 06 , 2022		
Tick	et(s)/Pass(es) provided	Provide Title/Expla by agency? Yes	d Arena				
	Haubert						
	ticket distribution made	at the benest Yes	□ No ■ "	yes	Official's Name (La	st, First)	
of a	agency official?						
. Re	ecipients						
• Us	e Section A to identify the agen	cy's department or unit.	ial. Use Section C	to identify an ou	tside organization.		
A.	Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose m	nade pursuant t	o the agency's policy
_							
В.	B. Name of Individual (Lest, First)		Number of Ticket(s)/ Passes		Identify one	e of the followin	ng:
G	ardley, Kassendra		4	If checking "Ceremonial Role" or "Other" describe below:			
				To promote	attendance at	events held	at a County facili
					nonial Role king "Ceremonial Role" or	Other Cother describe be	Income Income
	Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	scribe the public purpose made pursuant to the agency		to the agency's policy
			T				
						ii .	
_						i)	
Veri	fication						
Phav	e read and understand FP	PC Regulations 1894	1.1 and 18942.	have verified	that the distribution	on set forth al	bove, is in accordance
<i>l</i> /hav			•		that the distribution		bove, is in accordance
Phav with	e read and understand FP	Heather D. C	•				bove, is in accordance

_						
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Heather Cartwright	Tr			Amendment (Mus.	t Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail	_		Date of Opinion Filler	
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing	(month, day, year)
2	Function or Event Infor	mation				
	Does the agency have a ticl		ace Value of	Each Ticket/Pass \$.	\$400	
			_ 140 🗀			
	Event Description: Suga Ag	JUST D	D	ate(s)	<u>, 16 , 202</u>	05 , 17 , 2022
	Provide Title/ Explanation				d Arena	
	Ticket(s)/Pass(es) provided	by agency? Yes!			Storms of Course	
	Mos tisket distribution made	s at the hohoet word	լ _{են,} lf	yes: Hauber	t, David	
	Was ticket distribution made	at the neriest Yes[_1 NO ■ "	100.	Official's Name (Last, Firs	t)
	of agency official?					
3.	Recipients					
J.	Use Section A to identify the agent	ocy's department or unit •	lise Section Rito is	dentify an individu	ual. Use Section C to ider	ntify an outside organization.
	- Use section A to identify the agen	cy s department or dine	Number	1		in y are organization
	A. Name of Agency, Depart	ırtment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made p	sursuant to the agency's policy
	-					
			1			
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of th	e following:
	Cartwright, Delia		4		nonial Role Other	
			1	To promote	County resources,f	acilities to AC residents
					nonial Role Other	
					nonial Role Other king "Ceremonial Role" or "Other	
					**	
			 			
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	oursuant to the agency's policy
_						
4.	Verification					
1	I have read and understand FP	PC Regulations 18944	.1 and 18942.	l have verified	that the distribution se	t forth above, is in accordance
/	with the requirements.)				E/./.
		Heather D. C	artwright	Supe	ervisor's Assistant	1/11/1/177
	/ Signature of Agency Head or Design	ee P	rint Name		Title	(month, day, year)
~						
	Comment:					

-	••••					
1.	Agency Name				Date Stamp	California 802
	Alameda County]	Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Heather Cartwright		Amendment (Must	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes ■	■ No□ F	ace Value of	Each Ticket/Pass \$ _	\$400
	* *				, 17 , 202 <mark>3</mark>	
	Event Description: Suga Ag	Provide Title/ Explan				
	Ticket(s)/Pass(es) provided	by agency? Yes [d Arena			
			Name of Source t. David			
	Was ticket distribution made	at the behest Yes [□ No 🔳 If	yes: Hauber	Official's Name (Last, First)
	of agency official?					×
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit. • !	ual. Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy
	-		Lassas			
	B. Name of Indi		Number of Ticket(s)/ Passes	Identify one of the following:		following:
	N / - 41 8 # - 12 -		,		monial Role Other king "Ceremonial Role" or "Other" or	
	Vella, Malia		2		•	ts held at a County facility
					nonial Role	
			Number			
	C. Name of Outside Organization (Include address and description)		of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy
1.	Verification					
	I have read and understand FP	PC Regulations 18944.	1 and 18942.	have verified	that the distribution set	forth above, is in accordance
1	with the requirements)				E/12
		Heather D. Ca	artwright	Supe	ervisor's Assistant	1/11/42
V	Signature of Agency Head or Design	ee Pr	int Name		Title	(month, day, year)
	Commont					
	Comment:					

Agency Report of:

9 / 1				
Ceremonial	Role	Events and	d Ticket/Pass	Distributions

Δ	Pu	h	lic	Doci	ıment
\sim	гυ			DUG	

١.	Agency Name				Date Stamp	California 802	
	Alameda County					T OIIII	
	Division, Department, or Region	n (if applicable)			1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Na	ame, Title)			1		
	Sergio Ardila				Amandment /Must P	Provide Explanation in Part 3.)	
		-mail			Amendment (Iwasi /	TOVIGO EXPIANATION IN 1 art 5.7	
	(510) 272-6693	sergioardila.corzo@	acgov.org		Date of Original Filing:	(month, day, year)	
<u>-</u> 2.	Function or Event Inform	ation				400	
	Does the agency have a ticker	t policy? Yes I	■ No□ F	ace Value of	Each Ticket/Pass \$	400	
	Event Description: Suga Agu	ust D		ate(s)	17 / 23		
		Provide Title/ Expla		no: Oaklan	d Arena		
	Ticket(s)/Pass(es) provided by	y agency? Yes [Name of Source		
	Was ticket distribution made a	it the behest Voc.	¬ No.■ If	yes: Tam, L	ena		
	of agency official?	policor 1621		•	Official's Name (Last, First)		
3.	Recipients						
	 Use Section A to identify the agency 	's department or unit. •	dentify an individ	ual. Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Departs	ment or Unit	Number of Ticket(s)/	Describe th	he public purpose made pui	rsuant to the agency's policy	
		Passes					
		Number					
	B. Name of Individ	Number of Ticket(s)/	Identify one of the following:				
	(Last, First)		Passes			Income _	
	lancan Karin		3	Ceremonial Role Other file Other file of the checking "Ceremonial Role" or "Other" describe below:			
	Jensen, Karin			To promote County resources or facilities available to			
					monial Role Other Coking "Ceremonial Role" or "Other" de		
	•						
	-		Number				
	C. Name of Outside Org		of Ticket(s)/	Describe the public purpose made pursuant to the agency's po			
			Passes				
_	M. 'E'4'						
4,	Verification I have read and understand FPP	O Dogulations 1904	1 1 and 100/2	I have verified	I that the distribution set t	forth above is in accordance	
	with the requirements.	C Regulations 1094	4. I anu 10942.	Triave verilleu	that the distribution set i	orar above, is in accordance	
		Sergio Ardila	1 .	Sup	ervisor's Assistant	07/19/23	
	Signature of Agency Head or Designed		Print Name		Title	(month, day, year)	
	algination of the gardy from the addignor	,				N.	
	Comment:						

1	Agency Name				Date Stamp	California OOO
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	1			
	Heather Cartwright		T amount at	David Factor of the second		
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
	(510) 272-6691	heather.cartwright	2@acgov.org		Date of Original Filing:	(marth discuss)
_		,				(month, day, year)
2.	Function or Event Infor	nation				\$100 tix, \$20 park
	Does the agency have a tick		_ 110 🗀		Each Ticket/Pass \$ _	Ψ100 tix, \$20 park
	Event Description: Oakland	A's Game		Date(s)05	, 26 , 2022	
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	No 📗	f no: Oakland	Name of Source	
	Was ticket distribution made	at the behest war	t, David			
	of agency official?	at the beliest Yes	∐ No ■ '	f yes: Tradber	Official's Name (Last, First)	
	or agency official:					
3.	Recipients					
	Use Section A to identify the agent	cy's department or unit.	Use Section B to i	dentify an individu	ual. Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe th	he public purpose made pursuant to the agency's policy	
			Passes			
	J		_	 		
			Number	-		
	B. Name of India (Lest, Firs		of Ticket(s)/ Passes	identify one of the following:		
	(220)	·v	1,49942	Coross	nonial Role D Other	Income 🗍
	Stopka, Rylie		4 tix		king "Ceremoniei Role" or "Other" o	
	J. O.			To promote	attendance at event	s held at a County facility
	·		 	+	nonial Role Other	income 📗
					king "Ceremonial Role" or "Other" o	
	C. Name of Outside Or	Number of Ticket(s)/ Describe to		the public purpose made pursuant to the agency's policy		
	(include address and	uescription)	Passes			
_	71:					
4.	Verification					
1	I have read and understand FR	PC Regulations 18944	1.1 and 18942.	I have verified t	that the distribution set	forth above, is in accordance
	with the requirements.	, , , , , , , , , , , , , , , , , , , ,				6/1-/11.22
	A	Heather Cart		Supe	ervisor's Assistant	- 16/2 ml
	Signature of Agency Head or Designa	ee P	rint Name		Title	(month, day, year)
	Comment:					

1. Agency Name			Data Ctara		
i. Agency Hame			Date Stamp	California 802	
Alameda County			Form UUZ		
Division, Department, or Region (f Applicable)		For Official Use Only		
Board of Supervisors					
Designated Agency Contact (Name	e,Title)				
Gabriela Christy					
Area Code/Phone Number E-m	all	Amendment (Must)	provide explanation in Part 3.)		
(510) 272-6692 Gal	briela.Christy@acgov	v.org	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Informati			(Maria, Cay, 16ar)		
Does the agency have a ticket poli		Each Ticket/Pass \$	100		
Oakland Ale ve	Oakland A's vs. Houston Astros				
Event Description Provi					
Ticket(s)/Pass(es) provided by age	d Athletics				
ncket(s)/rass(es) provided by age	ency? Yes No	Name of S			
Was ticket distribution made at the	behest No□ Yes	Richard- Supervisor	District 2		
of agency official?		Official's Name	(Last, First)		
. Recipients					
Use Section A to identify the agency's dep		ction B to identify an individu	ai, • Use Section C to ide	ntify an outside organization.	
A. Name of Agency, Department or		Describe the pub	rblic purpose made pursuant to the agency's policy		
	Pass(es)				
	()	†			
	7.230(45)				
	7.230(40)				
	Number of				
B. Name of individual			Identify one of the follow	ving:	
B. Name of individual (Lest, Firel)	Number of Ticket(s)/	Ceremonial Role	identify one of the follow	ving:	
B. Name of Individual	Number of Ticket(s)/			income	
B. Name of individual (Lest, First)	Number of Ticket(s)/		Other	income	
B. Name of Individual	Number of Ticket(s)/	If checking *Ceremoni	Other Dal Role' or "Other" describe below.	income	
B. Name of individual (Lest, First)	Number of Ticket(s)/	If checking *Ceremoni Ceremonial Role	Other	income	
B. Name of individual (Lext. First)	Number of Ticket(s)/	If checking *Ceremoni Ceremonial Role	Other Day Role" or "Other" describe below.	income Income	
B. Name of individual (Lest, First)	Number of Ticket(s)/	If checking "Ceremonial Coremonial Role	Other Dal Role" or "Other" describe below. Other Dal Role" or "Other" describe below.	income	
(Lest, First) Name of Outside Organization	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	Caremonial Rola freeding Ceremonial Rola freeding Ceremonia Rola freedi	Other Dal Role" or "Other" describe below. Other Dal Role" or "Other" describe below.	income I	
(Lexi, Firel)	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	Ceremonial Role # checking "Ceremonial # checking "Ceremonial To reward a schoorganization for	Other Dal Role" or "Other" describe below. Other Dal Role" or "Other" describe below.	income I	
C. Name of Outside Organization (include address and description) City of Hayward Clean up Event	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Caremonial Rola freeding Ceremonial Rola freeding Ceremonia Rola freedi	Other Dal Role" or "Other" describe below. Other Dal Role" or "Other" describe below.	income I	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role # checking "Ceremonial # checking "Ceremonial To reward a schoorganization for	Other Dal Role" or "Other" describe below. Other Dal Role" or "Other" describe below.	income I	
C. Name of Outside Organization (include address and description) City of Hayward Clean up Event Park 27182 Patrick Ave Hayward The Annual Earth Day Citywide	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Weekes I, Ca 3	Ceremonial Role # checking "Ceremonial To reward a schoorganization for the community pick-up event hoste	Other Date Role or "Other" describe below. Other Date Role or "Other" describe below. The old or nonprofit its contributions to	income in	
C. Name of Outside Organization (include address and description) City of Hayward Clean up Event Park 27182 Patrick Ave Hayward	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Weekes I, Ca 3	To reward a schoorganization for the community pick-up event hoste to collect litter and a	Other Date Role or "Other" describe below. Other Date Role or "Other" describe below. The old or nonprofit its contributions to	income in	
C. Name of Outside Organization (include address and description) City of Hayward Clean up Event Park 27182 Patrick Ave Hayward The Annual Earth Day Citywide Clean-Up & Community Fair is a	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Weekes I, Ca 3	Ceremonial Role # checking "Ceremonial To reward a schoorganization for the community pick-up event hoste	Other Date Role or "Other" describe below. Other Date Role or "Other" describe below. The old or nonprofit its contributions to	income in	
C. Name of Outside Organization (include address and description) City of Hayward Clean up Event Park 27182 Patrick Ave Hayward The Annual Earth Day Citywide	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Weekes I, Ca 3	To reward a schoorganization for the community pick-up event hoste to collect litter and a sthroughout the City.	Other Date or "Other" describe below. Other Date or "Other" describe below. Ool or nonprofit its contributions to dat Weekes Park. V bandoned debris in the standard debris in the st	income In	
C. Name of Outside Organization (include address and description) City of Hayward Clean up Event Park 27182 Patrick Ave Hayward The Annual Earth Day Citywide Clean-Up & Community Fair is a	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Weekes I, Ca 3	To reward a schoorganization for the community pick-up event hoste to collect litter and a school that the City.	Other Date or "Other" describe below. Other Date or "Other" describe below. Ool or nonprofit its contributions to dat Weekes Park. V bandoned debris in the standard debris in the st	income In	

. Ag	ency Name				Date Stamp	California 802
Ala	meda County					Form OUZ
Divi	ision, Department, or Regi	on (If Applicable)				For Official Use Only
Bos	ard of Supervisors				,	
	ignated Agency Contact (Name,Title)				
Gal	briela Christy					
	a Code/Phone Number	E-mail			Amendment (Must pr	rovide explanation in Part 3.)
(51	0) 272-6692	Gabriela.Chri	isty@acgov.org		Date of Original Filing: .	(Month, Day, Year)
. Fu	nction or Event Infor	mation'				. 0
	es the agency have a ticke		Yes⊠ No 🗆		f Each Ticket/Pass \$ _	
Eve	ent Description	Provide Title/Expla	RA nation	Date(s) 5	128,23	
Tick	ket(s)/Pass(es) provided by	v agency?	Yes ☐ No 🏻	lf no:	Name of So	
. 101	(-)// weeken) brancan	,, .	100 🗆 110 🖾			
	s ticket distribution made a	t the behest	No 🗌 Yes 🖾	If yes: Valle,	Richard- Supervisor I	JISTRICT Z
ΟT	agency official?				Official a Marrie (a	
. Re	cipients se Section A to Identify the agency	de desertment er i	rait - Hea Saction E	to Identify an Individu	ial a Usa Section C to ident	tify an outside organization
A.	Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant	
			Pass(es)			
 B.	Name of Individua	al	Number of Ticket(s)/		identify one of the follow	ing:
В.	Name of Individual (Lost, First) Gome 7. Jennife			Ceremonial Role If checking *Ceremon	Identify one of the follow Other Hal Role" or "Other" describe below:	ing:
	(Lost, First)	R	Ticket(s)/	If checking *Ceremon Ceremonial Role	Other Interpretation of the second of the se	Income [
	Gorez, Jennife	O)	Ticket(s)/	If checking *Ceremon Ceremonial Role If checking *Ceremon	Other Other describe below:	Income I
	Control dennife	O)	Ticket(s)/ Pass(es) A Number of Ticket(s)/	If checking *Ceremon Ceremonial Role If checking *Ceremon	Other describe below:	Income Income
_	Control dennife	O)	Ticket(s)/ Pass(es) A Number of Ticket(s)/	If checking *Ceremon Ceremonial Role If checking *Ceremon	Other describe below:	Income I
_	Control dennife	O)	Ticket(s)/ Pass(es) A Number of Ticket(s)/	If checking *Ceremon Ceremonial Role If checking *Ceremon	Other describe below:	Income
C.	Control Contro	ol nization scription)	Number of Ticket(s)/ Pass(es)	If checking *Ceremon Ceremon(al Role If checking *Ceremon Describe the put	Other	Income In
C.	Comer, Jennife Commer, Jennife Commer, Jennife Commer, Jennife Commer, Jennife Commer, Jennife	ol nization scription)	Number of Ticket(s)/ Pass(es)	If checking *Ceremon Ceremon(al Role If checking *Ceremon Describe the put	Other	Income In

1.	Agency Name			Date Stamp	California 802
	Alameda County				For Official Use Only
	Division, Department, or Region (if applicable)	•			
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Heather Cartwright	Amendment (Must Pro	ovide Explanation in Part 3.)		
	Area Code/Phone Number E-mail			Date of Original Filing: _	
	(510) 272-6691 heather.cartwrigh	t∠@acgov.org		Date of Original Finity.	(mon th , day, year)
2.	Function or Event Information Does the agency have a ticket policy? Yes	Each Ticket/Pass \$	\$100 tix, \$20 park		
		. 110			
	Event Description: Oakland A's Game Provide Title/ Exp	lanation		<u>, 29 , 2022</u> -	
		□ No ■ If	no: Oakland	Marrie of Courses	
	Was ticket distribution made at the behest Yes	□ No ■ If	yes: Hauber	t, David	
	of agency official?			Official's Name (Last, First)	,
3.	Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit	Vise Section B to id Number of Ticket(s)/ Passes		ual. Use Section C to identify	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	- Income □
	<u> </u>		Сегел	nonial Role Other of	Income 🔲
			ii crieu	ung Celemonarius or Cular Good	and delay.
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	Rental Housing Association-1264 A Street, H	18tix,4park	To promote	attendance at events l	held at a County facility
	To provide property owners/operators with a				
4.	Verification				
	I have read and understand EPPC Regulations 1894 with the requirements.	4.1 and 18942.	have verified	that the distribution set fo	rth above, is in accordance
	Heather Ca	rtwright	Supe	ervisor's Assistant	4/ 5/ W/
4	Signature of Agency Head of Designes	Print Name		Title	(month, day, year)
	Comment:				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document**

	Agency Name Alameda County				Date Stamp	Form 802
	Division, Department, or Regi	on (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1	
	Sergio Ardila				Amendment /Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amenament (wast)	Torrido Explanation in Train di
	(510) 272-6693	sergio,ardila@acgo	v.org	-	Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			Ti	cket-100 Parking-20
	Does the agency have a tick				Each Ticket/Pass \$	onot 100 Faming 20
	Event Description: Oakland	A's vs. Atlanta Brave	Des Design	ate(s)	3023	
	Ticket(s)/Pass(es) provided	•] No 📕 If	no: Oaklan	Manna of Course	
		at the believe to a	If	yes: Tam, Le	ena	
	Was ticket distribution made of agency official?	e at the benest Yes L	」No■ "	ycs	Official's Name (Last, First)	
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit.		lentify an individ	ual. Use Section C to identif	fy an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pui	rsuant to the agency's policy
	-					
		Number		Identify one of the	fallowing	
	B. Name of Ind (Last, Fir		of Ticket(s)/ Passes		identity one of the	ionownig.
					monial Role Other C cking "Ceremonial Role" or "Other" de	
					monial Role Other C	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's poli		
	Oakland Chinatown Chamber of Commerce		18T 4P	To promote	e County resources or	facilities available to Cou
4.	Verification I have read and understand FI	PPC Regulations 18944	4.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
	with the requirements.				ervisor's Assistant	7/19/23
	Signature of Agency Head or Desig		Print Name		Title	(month, day, year)
	Comment:					