I. Agency Name					Date Stamp	California 802	
	Alameda County					Form OUZ	
	Division, Department, or Region	on (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (A	Vame, Title)					
	Gabriela Christy						
		E-mail			Amendment (Must pro	vide explanation in Part 3.)	
	(510) 272-6692		risty@acgov.d	ora	Date of Original Filing: _	(Month, Day, Year)	
_	Function or Event Inform					(Michael, Day, 18al)	
-	Does the agency have a ticket		Yes ☒ No ☐	T Face Value o	of Each Ticket/Pass \$	100	
				_			
	Event Description Oakland A's vs. Tampa Bay Rays  Provide Title/Explanation  Date(s)				12 , 23		
					nd Athletics		
	Ticket(s)/Pass(es) provided by	agency?	Yes No 2	-	Name of Soul		
	Was ticket distribution made at	t the behest	No ☐ Yes D	If ves: Valle,	Richard- Supervisor D	istrict 2	
	of agency official?				Official's Name (La	ist, First)	
	Recipients						
	Use Section A to identify the agency's department or unit.     Use Section B to identify an individu				ual. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the pub	bilc purpose made pursuant to the agency's policy		
			Pass(es)			all at the Hills	
			1 1				
		Number of					
	B. Name of Individual	•	Ticket(s)/ Pass(es)		Identify one of the following:		
				Ceremonial Role	Other	Income 🔲	
				if checking "Ceremon	rial Role" or "Other" describe below:		
	WILL COMPANY OF THE PARTY OF TH				<u> </u>		
					Other I	Income	
	C. Name of Outside Organi	zation	Number of	To reward	a school or nonprofit	tanada nating	
	(include address and desc		Ticket(s)/ Pass(es)	•	on for its contribution	s to <b>Jency's policy</b>	
	Rites of Passage 1720 Broad	dway, 2nd		the commu	mity		
	Floor Oakland, CA 94612		18/4				
	Founded in 2009, Positive			programs that offer	positive lifestyle altern	atives by providing	
	Communication Practices (P	CP) develop		guidance and posit	ive direction while crea	ting a space for sharing	
	Verification			and the annorthnik	for both bealing and a	rough	
P+	have read and ungerstand FPPC Regula	ations 18944.1 and	i 18942. I have veri	ified that the distribution set i	forth above, is in accordance with	the requirements.	
			Gabriela Ch		Supervisor's Assistant	4/18/2023	
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
	https://paith.com	otiona mat/ch	out!				
	https://positivepra	cuces.nevab	ouv				

stellioniai Role Even	ts and Ticket/F	Pass Distri	butions	A	<b>Public Document</b>	
Agency Name				Date Stamp	California Q02	
Alameda County			Form OUZ			
Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
Board of Supervisors						
<b>Designated Agency Contact</b> (	(Name, Title)			1		
Sergio Ardila				Amendment (Must P	rovide Explanation in Part 3.)	
Area Code/Phone Number	E-mail			- Management (mass)	- Torroo Explanation in Fart Gif	
(510) 272-6693	sergioardila.corzo(	@acgov.org		Date of Original Filing:	(month, day, year)	
Function or Event Infor					237.50	
Does the agency have a tick			ace Value of	Each Ticket/Pass \$	201.00	
Event Description: Twice 5th	h World Tour 'Read	anation		, 12 , 23		
Ticket(s)/Pass(es) provided		□ No ■ If	no: Oakland	d Arena		
	, , , , , ,			Mama of Course		
Was ticket distribution made	at the behest Yes	□ No ■ ¹f	yes: Tam, Le	Official's Name (Last, First)		
of agency official?				,		
Recipients  • Use Section A to identify the agen  A. Name of Agency, Depart		• Use Section B to ic Number of Ticket(s)/ Passes			y an outside organization. suant to the agency's policy	
B. Name of Indi		Number of Ticket(s)/		Identify one of the f	following:	
(Last, Fir	rst)	Passes			_	
Tan, Qiu Yu		3	Ceremonial Role Other  If checking "Ceremonial Role" or "Other" de  To promote County resources or			
			1	nonial Role  Other  Other  Other  Other  Other  Other  Other		
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's policy		
Verification						
I have read and understand FF with the requirements.	PPC Regulations 1894	4.1 and 18942. I			orth above, is in accordance	
	Sergio Ardila		Supe	ervisor's Assistant	07/14/25	
Signature of Agency Head or Design		Print Name	Supe	ervisor's Assistant Title	(month, day, year)	

Clear

Print

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document Date Stamp California 1. Agency Name **Form** Alameda County For Official Use Only Division, Department, or Region (if applicable) **Board of Supervisors Designated Agency Contact** (Name, Title) Sergio Ardila Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: -(510) 272-6693 sergioardila.corzo@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes No 🗆 Event Description: Twice 5th World Tour 'Ready to Be' Provide Title/ Explanation If no: Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes No III Name of Source If yes: Tam, Lena 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 A. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: of Ticket(s)/ В. (Last, First) Passes Other Income ... Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 3 Suizi Lin To promote County resources or facilities available to Cou 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

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.

Signature of Agency Head or Designee	Print Name	TITLE	(month, day, year)
Comment:			

Supervisor's Assistant

Sergio Ardila

C	eremonial Role Even	ts and Ticket/P	ass Distri	butions			c Document
1.	Agency Name				Date Stamp	Cali	fornia 802
	Alameda County			;		F	orm OUZ
	Division, Department, or Reg	ion (if applicable)				Fo	or Official Use Only
	Board of Supervisors						
	Designated Agency Contact	Name, Title)					
	Amy Shrago, Chief of Staff					Mari San ida E	
	Area Code/Phone Number	E-mail			Amendment (r	Must Provide Exp	
	510-272-6695	Amy.Shrago@acgo	v.org		Date of Original Fi	ilina:	(02/23 n, day, year)
						(mona)	, day, year)
2.	Function or Event Infor	mation					100.00
	Does the agency have a ticl	ket policy? Yes ▮	- 110		Each Ticket/Pass	\$	100.00
	Event Description: Oakland	A's	D	ate(s) 06	13 , 23	1	1
	Lvent besonption.	Provide Title/ Explan	ation				
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■ If no: Oakland				Name of Source		
			I£	yes: Carson	, Keith		
	Was ticket distribution made	e at the benest Yes	■ No 🗌 II	yes	Official's Name (Last,	First)	
	of agency official?						
3.	Recipients						
W" II	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individu				ual. Use Section C to i	identify an outsid	de organization.
			Number	Number			
	A. Name of Agency, Depart	of Ticket(s)/ Passes	of Ticket(s)/ Passes  Describe the public purpose made pursuant to the a			he agency's policy	
	Alama af Indi	Number	1.1. 424				
	B. Name of Indi		of Ticket(s)/ Passes		Identify one of the following:		
				Ceren	nonial Role Of	ther	Income
					king "Ceremonial Role" or "O	ther" describe below:	
				Ceren	nonial Role O	ther	Income
					king "Ceremonial Role" or "O	ther" describe below:	
	Name of Outside O	rganization	Number	/ Describe the public purpose made pursuant to the ager			
	C. (include address and	description)	of Ticket(s)/ Passes	Describe to	ie public purpose mad	je pursuant to t	ne agency's policy
	Berkeley Humane Society	4	To reward a school or nonprofit organization for its			ion for its contrib	
<u> </u>	Verification			-			
	I have read and understand FF	PPC Regulations 18944	.1 and 18942	I have verified	that the distribution	set forth abou	re. is in accordance
	with the feauirements.	7 O Negaranona 10044	. 7 4174 100 42.	, navo vonnoc		001.010.000	0, 10 111 00001 001100
	-	Amy Shrago		Chie	f of Staff		05/02/23
	Signature of Agency Ingau or Design		rint Name		Title		(month, day, year)
	, ,,						
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (if applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Sergio Ardila ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: sergio.ardila@acgov.org (510) 272-6693 (month, day, year) 2. Function or Event Information Ticket-100 Parking-20 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗌 Event Description: Oakland A's vs. Tampa Bay Rays Date(s) \_\_\_\_/ 15 Provide Title/ Explanation If no: Oakland Coliseum Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 Name of Source Tam, Lena 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 of Ticket(s)/ Name of Agency, Department or Unit A. **Passes** Number Identify one of the following: Name of Individual В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Income Other  $\square$ Ceremonial Role If checking "Geremonial 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 To promote County resources or facilities available to Cou 18T 4P Lavender Seniors

4. V	'erii	'ica	tion
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Comment:

I have read and understand FPPC Regula	ons 18944.1 and 18942	2. I have verified that the	e distribution set forth above	, is in accordance
with the requirements.				

	Sergio Ardila	Supervisor's Assistant	<u> 7/19/23</u>	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

Print

Clear

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

	, , ,					
c	eremonial	Role	<b>Events</b>	and	Ticket/Pass	<b>Distributions</b>

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$\sim$	-							ш.

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١.	Agency Name				Date Stamp	California 802
	Alameda County			Form 002		
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name Title)				
		rvamo, moj				
	Sergio Ardila	Te			Amendment (Must P.	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			B ( ( ( ) )   E   E   E   E   E   E   E   E   E	
	(510) 272-6693	sergioardila.corzo@	acgov.org		Date of Original Filing:	(month, day, year)
2	Function or Event Infor	mation				
۷.			_		T	143.75
	Does the agency have a ticl				Each Ticket/Pass \$	
	Event Description: Erykah E	Badu: Unfollow Me To	our D	ate(s)06	<u>, 21 , 23 </u>	
	2vom Bosomption.	Provide Title/ Explan				
	Ticket(s)/Pass(es) provided	by agency? Yes [	🗌 No 🔳 🏻 If	no: Oakland	d Arena	
				yes: Tam, Le	Name of Source	
	Was ticket distribution made	e at the behest Yes [	\rbrack No 📕 🏻 If	yes: Tam, E	Official's Name (Last, First)	
	of agency official?				ombiar o rianno (Eddy) i i oly	
_						
3.	Recipients					
	• Use Section A to identify the ager	ncy's department or unit.	Use Section B to ic	lentify an individu	ual. Use Section C to identif	y an outside organization.
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	-					
		e				
		Number				
	B. Name of Ind (Last, Fin	of Ticket(s)/ Passes		Identify one of the following:		
				Ceren	nonial Role 🔲 Other 📗	Income
	Andrew Smith		3	If chec	king "Ceremonial Role" or "Other" de	scribe below:
				To promote	e County resources or	facilities available to Co
	0			Caren	monial Role Other	Income
					king "Ceremonial Role" or "Other" de	<del>-</del>
			1			
	14		Number			
	C. Name of Outside C		of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy
	(include address and		Passes			
						•
4	Verification			A.		
₹.	I have read and understand F	OC Populations 19044	11 and 19012	I have verified	that the distribution set f	orth above is in accordance
	with the requirements.	Regulations 10944	. I anu 10942.	rnave vermed	that the distribution set is	orth above, is in accordance
	The trop of the trop	Constant Augus		C	anticarla Assistant	a2/10/12
		Sergio Ardila		Sup	ervisor's Assistant	
	Signature of Agency Head or Desig	nee P	rint Name		Title	(month, day, year)
	Commont					•
	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 **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 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: В. of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 4tix-1p Archuletta, Ben 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 of Ticket(s)/ C. (include address and description) Passes 4. Verification

With the requirements.

Heather Cartwright

Supervisor's Assistant

Frint Name

Title

(month, day, year)

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

Agency Name			Date Stamp	California 802	
Alameda County				Form OUZ For Official Use Only	
Division, Department, or Region (if applicable)				1 Of Official Ose Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)					
Heather Cartwright			Amendment (Must Pre	ovide Ex <b>pla</b> nation in Part 3.)	
Area Code/Phone Number E-mail			But of Odeland Fillians		
(510) 272-6691 heather.cartwright	2@acgov.org		Date of Original Filing: _	(month, day, year)	
Function or Event Information					
Does the agency have a ticket policy? Yes	■ No □ Fa	ace Value of	Each Ticket/Pass \$ <sup>\$</sup>	100 tix/\$20 parking	
Event Description: Oakland A's Game		ate(s) 06	, 27 , 2027	1 1	
Provide Title/ Expl.	anation				
Ticket(s)/Pass(es) provided by agency? Yes	□ No ■ If	no: Oakland	Name of Source		
and the second of the second o	= If	yes: Hauber	t, David		
Was ticket distribution made at the behest Yes	∐ No ■ "	y co	Official's Name (Last, First)		
of agency official?					
. Recipients					
• Use Section A to identify the agency's department or unit.	ual. Use Section C to identify	an outside organization.			
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
	Passes				
	1				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
Nygaard, Jeff	4tix-1p		Ceremonial Role Other Inc		
		To promote attendance at events held at a County facili			
			nonial Role Other or "Other" des		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy	
. Verification					
I have read and understand FPPC Regulations 1894	14.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance	
with the requirements				8/X/a	
Heather Car	rtwright	Supe	ervisor's Assistant	0/8/W	
/ Signature dt Agency Head or Dissignee	Print Name		Title	(month, day, year)	
Comment:	omment:				

A P	ıhlic	Docs	imont

_							
	Agency Name				Date Stamp	California Form	802
	Alameda County			For Official	Use Only		
	Division, Department, or Reg	ion (if applicable)			,		
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Heather Cartwright	Te - 9			Amendment (Must I	Provide Explanation i	in Part 3.)
	Area Code/Phone Number	E-mail	· · · · · · · · · · · · · · · · · · ·		Date of Original Filing:		
	(510) 272-6691	heather.cartwright2	:@acgov.org		Date of Original Fining.	(month, day, ye	ar)
<del>-</del>	Function or Event Infor	mation				0.100 11 1000	
	Does the agency have a tick	ket policy? Yes	■ No□ F	ace Value of I	Each Ticket/Pass \$ _	\$100 tix/\$20 p	arking
	Event Description: Oakland			oto(s) 06	, 27 , 2022	,	,
	Event Description.	Provide Title/ Explai	nation				/
	Ticket(s)/Pass(es) provided	by agency? Yes [	□ No 🔳 If	no: Oakland	d Arena		
			16	yes: Hauber	Name of Source t, David		
	Was ticket distribution made	at the behest Yes [	□ No ■ If	yes	Official's Name (Last, First)		
	of agency official?						
3	Recipients						
•	Use Section A to identify the ager	ncy's department or unit.	Use Section B to ic	dentify an individu	ial. Use Section C to ident	ify an outside organ	nization.
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the ager	ncy's policy
			Passes				
	S <del></del>						
			Number				
	B. Name of Ind		of Ticket(s)/ Passes		Identify one of the	following:	
	(223)			Ceren	nonial Role Other		Income
	Seville, Frank		4tix-1p		king "Ceremonial Role" or "Other" o		_
	*			To promote	County resources a	vailable to Cou	nty reside
				Ceren	nonial Role Other		Income
					king "Ceremonial Role" or "Other" o		_
	Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ırsuant to the ager	ncy's policy
١.	Verification			**			
	I have read and understand FF	PPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set	forth above, is in	accordance
	with the requirements.					>	du la
1		Heather Carl	twright	Supe	ervisor's Assistant	C	114/47
(	7 Signature of Agency Head or Design	rtee F	Print Name		Title	(mb)	nth, day, year)
1							
	Comment:						

•	Agency Name Alameda County				Date Stamp	Form 802
	Division, Department, or Regi	on (if applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Heather Cartwright				Amendment (Must Pi	rovide 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			-	\$100 tix/\$20 parking
	Does the agency have a tick		140 [		Eacii Tickei/Pass #	7100 IIX/ \$20 Parking
	Event Description: Oakland	A's Game	D	ate(s)06	27 , 2022	
		Provide Title/ Explai	nation	no: Oakland		
	Ticket(s)/Pass(es) provided	by agency? Yes [			Name of Source	
	Was ticket distribution made	at the behest Ves I	¬ No■ If	yes: Hauber	t, David	
	of agency official?	163		,	Official's Name (Last, First)	
_	Recipients					
	Use Section A to identify the agen	cy's department or unit. •	Use Section B to ic	dentify an individu	ual. Use Section C to identif	y an outside organization.
	A Many of Annual Dane		Number	Deceribe th	ao nublio numosa mada num	suant to the egeney's policy
	A. Name of Agency, Depa	irtment or Unit	of Ticket(s)/ Passes	Describe th	le public purpose made pur	suant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
					nonial Role Other O	
	Sevilla, Tanya		4tix-1p		king "Ceremonial Role" or "Other" des	
						ailable to County resid
					nonial Role Other king "Ceremonial Role" or "Other" de:	
					,	
	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		
١.	Verification					
	I have read and understand FP	PC Regulations 18944	1,1 and 18942.	l have verified	that the distribution set fo	orth above, is in accordance
-	with/the requirements	11 11 11 11 11 11 11		C		8/1/1/2
1	To Cincolnus of Research As D	Heather Cart	wright rint Name	Supe	ervisor's Assistant	
1,500	Signature of Agency Head or Design	iee P	ни мате		Hue	(month, day, year)
	Comment:					

. Agency Name			Date Stamp	California 202
Alameda County		Form OUZ		
Division, Department, or Region (if applicable)		For Official Use Only		
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Sergio Ardila			Amandment (Must 5	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail			Amendment (Mast F	TOVIDE EXPIANALION IN PART 5.)
(510) 272-6693 sergio.ardila@acq	gov.org		Date of Original Filing:	(month, day, year)
2. Function or Event Information				400
Does the agency have a ticket policy? Yes	No□ F	ace Value of	Each Ticket/Pass \$ _	100
Event Description: Oakland A's vs. New York	Yankees D	oate(s)06	, 29 , 23	
•	s□ No 🔳 If	no: Oakland	Manage of Carres	
Was ticket distribution made at the behest Yes	s⊟ No ■ If	ves: Tam, Le	official's Name (Last, First)	
of agency official?	. NO ■	-	Official's Name (Last, First)	
an agonoy omoter.				
3. Recipients				
• Use Section A to identify the agency's department or unit.	• Use Section B to id	dentify an individu	ual. Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
-				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	following:
			nonial Role Other C king "Ceremonial Role" or "Other" de	<del>-</del>
			nonial Role Other C king "Ceremonial Role" or "Other" de	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
Spectrum Community Services - 2621 Barrir	18	To promote	County resources or	facilities available to Cou
Strives to improve the health and safety of s	e 4 Parking			
ł. Verification -				
I have read and understand FPPC Regulations 189-	44.1 and 18942.	I have verified	that the distribution set t	forth above, is in accordance
Sergio Ardi	la	Suna	ervisor's Assistant	2-/10/22
Signature of Agency Head or Designee	Print Name	— Сире	Title	(month. day. year)
Lighted of Figurey House of Boolgings				(
Comment:				

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. Agency Name				Date Stamp	California 802
Alameda County			Form OUZ For Official Use Only		
Division, Department, or Region		. or onload odd only			
Board of Supervisors	- """				
Designated Agency Contact (Nam	e, litle)				
Heather Cartwright  Area Code/Phone Number   E-n				Amendment (Must Pro	ovide Explanation in Part 3.)
	nail othor corturiabt?	Managay ara		Date of Original Filing: _	
(510) 272-6691 he	ather.cartwright2	@acguv.org		Date of Original Fillings	(month, day, year)
2. Function or Event Informat	ion				0.400.41
Does the agency have a ticket p	oolicy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	\$100 tix
Event Description: Oakland A's	Game		oto(s) 06	, 30 , 2022	
Event Description.	Provide Title/ Explai	nation			
Ticket(s)/Pass(es) provided by a	agency? Yes [	□ No 🔳 If	no: Oakland	Arena	
NAT- state of block-floor and to the		<u></u> IF	yes: Hauber	Name of Source t, David	
Was ticket distribution made at to of agency official?	me benest Yes [	_l No ■ "	y <del>c</del> o	Official's Name (Last, First)	
or agency official?					
B. Recipients					
<ul> <li>Use Section A to identify the agency's of</li> </ul>	lepartment or unit.	Use Section B to ic	dentify an individu	al. Use Section C to identify	an outside organization.
A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
		rasses			
B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Passes		identify one of the fo	ellowing:
8			Ceren	nonial Role Other	Income
Alvarez, Linda		2	If checi	king "Ceremonial Role" or "Other" desc	cribe below:
			To promote	attendance at events	held at a County facili
			Ceren	nonial Role Other O	Income
			If checi	king "Ceremonial Role" or "Other" desc	cribe below;
Name of Outside Organi (include address and desc		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
. Verification					
I have read and understand FPPC	Regulations 18944	.1 and 18942.	I have verified	that the distribution set fo	rth above, is in accordance
with/the requirements					1.12.12-
	Heather Cart	wright	Supe	ervisor's Assistant	8/66/WZ
Signature of Agency Head of Designee	Pı	rint Name		Title	(month, day, year)
Comment					
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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes No 🗆 Event Description: Oakland A's Game Date(s) 06 30 , Provide Title/ Explanation If no: Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes No 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Α. Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other $\square$ Income If checking "Ceremonial Role" or "Other" describe below: 2 Bastien, Roger To promote attendance at events held at a County facili Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

Comment:

	gulations 18944.1 and 18942. I	have verified that the distribution set forth	above, is in accordance
/with/the requirements.			6/24/WZ
	Heather Cartwright	Supervisor's Assistant	y wy wy
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

1.	Agency Name				Date Stamp	California 802
	Alameda County			Form OUZ For Official Use Only		
	Division, Department, or Reg	ion (if applicable)		Of Official Ose Office		
	Board of Supervisors					
	Designated Agency Contact (	Name,Title)				
	Sergio Ardila				☐ Amendment (Must P	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail		- C		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				\$100
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$	\$100
	Event Description: Oakland	A's vs. Chicago Whi	nation		<u>, 30 , 23 </u>	
	Ticket(s)/Pass(es) provided	by agency? Yes [		no: Oakland	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes [	□ No ■ If	yes: <u>Tam, L</u>	Official's Name (Last, First)	
 3.	Recipients					
	<ul> <li>Use Section A to identify the ager</li> </ul>	ocy's department or unit. •	Use Section <b>B</b> to ic	lentify an individ	ual. Use Section C to identi	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
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	following:
	Jacqueline Smith		3Т	If chec	monial Role Other Other of the County resources or	
				Cerer	monial Role Other C	Income 🗌
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	he public purpose made pu	rsuant to the agency's policy
4.	Verification I have read and understand FF	PPC Regulations 18944	4.1 and 18942.	l have verified	that the distribution set i	forth above, is in accordance
	with the requirements.	23				9/10/22
	- H \	Sergio Ardila		Sup	ervisor's Assistant	7/14/2
	Signature of Agency Head or Design	nee F	rint Name		Title	(month, day, year)
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions		A Public Doo	cument
1. Agency Name	Date Stamp	California Form	202
County of Alameda			
	4	For Official L	Ise Only

•	rigorioy riamio					Form 8UZ
	County of Alameda			Form OUZ For Official Use Only		
	Division, Department, or Regi	on (if applicable)		For Official Use Only		
	County Administrator's Office					
	Designated Agency Contact (	Name, Title)				
	Brian S. Santos, Administra	tive Associated			Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Tanionanion (mastrio	07/10/2023
	510-272-6332	brian.santos@acgo	v.org		Date of Original Filing:	(month, day, year)
2	Function or Event Infor	mation				
۴.				Topo Value of	Each Tieket/Dage &	18.00
	Does the agency have a tick				Each Ticket/Pass \$	
	Event Description: Alameda	County Fair		Date(s)	, 16 , 23	07 , 09 , 23
	T: 1 (/ \/D	Provide Title/ Explan		r		
	Ticket(s)/Pass(es) provided	by agency? Yes I	■ No 🗆 I	r no: "	Name of Source	
	Was ticket distribution made	at the behest Yes F		f yes:		
	of agency official?	1001			Official's Name (Last, First)	
_						
3.	Recipients		ilaa Caatian Daa i	al a matife , a m tim alti, itali,	New Continue Can identify.	
	Use Section A to identify the agen	cy's department or unit.		dentify an individu	ual. Use Section C to Identify	an outside organization.
	A. Name of Agency, Depa	irtment or Unit	Number of Ticket(s)/	Describe th	e public purpose made pursu	ant to the agency's policy
			Passes			
	: <del></del>		Number			
	B. Name of Indi		of Ticket(s)/		Identify one of the fol	lowing:
	(Lust, 1 III	3.7	Passes		: I D. I D. I D. II D. III D. II D.	. [7]
	Akil, Lucretia		2		nonial Role  Other  other  other  other	Income Income Income
	7 mii, Edorona		_	Two tickets	for the 2023 Alameda	County Fair
	39				nonial Role 🔲 Other 🛄 king "Ceremonial Role" or "Other" desci	Income 🔲
	N (0.111.0		Number			
	C. Name of Outside O		of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy
			1 40000	1		
4	Verification					
٠.	I have read and understand FP	PDC Populations 19044	1 and 19042	I have verified t	that the distribution set for	th shown is in appardance
	with the requirements.	PC Regulations 10944	.1 anu 10942.	i nave venneu i	inal the distribution set for	in above, is in accordance
	•	Lucretia Akil		Direc	ctor of Risk Managemer	nt 07/10/2023
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)
	J,					,,,, ,,,
	Comment:					

Agency Report of: Ceremonial Role Even	its and Ticket/F	Pass Distril	outions	Α	Public Document
1. Agency Name	Date Stamp	California Q02			
Alameda County					Form OUZ
Division, Department, or Reg	jion (if applicable)				For Official Use Only
Board of Supervisors					
<b>Designated Agency Contact</b>	(Name, Title)				
Sergio Ardila				Amendment (Must F	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				, ,
(510) 272-6693	sergio.ardila@acg	ov.org		Date of Original Filing:	(month, day, year)
2. Function or Event Infor	mation				\$18
Does the agency have a tic	ket policy? Yes	■ No□ Fa	ace Value of	Each Ticket/Pass \$ _	\$10
Event Description: Alamed	a County Fair  Provide Title/ Expla	anation		, 16 , 23	07 , 09 , 23
Ticket(s)/Pass(es) provided	•	□ No ■ If	no: Alamed	a County Fair	
Was ticket distribution made of agency official?	e at the behest Yes	□ No 🔳 If	yes: Tam, Le	Name of Source ena Official's Name (Last, First)	
3. Recipients  • Use Section A to identify the age	ncy's department or unit.	• Use Section B to id	entify an individu	ual. Use Section C to identi	fy an outside organization.
A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
B. Name of Inc		Number of Ticket(s)/ Passes		. Identify one of the	following:
(Last, 1)	,	rasses		nonial 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 policy	
East Bay Asian Youth Council	25	To promote County resources or facilities available to	
EBAYC builds strategic partnerships with scho			

Ceremonial Role

Other 🔲

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

4.	verification							
	I have read and	inderstand FPI	PC Regulations	18944.1 and 18942.	I have verified that the	e distribution set for	th above, is in acco	rdan
	with the requiren	ents.						
4		/- 1	COLUMN TO SERVICE STATE OF THE				2/10	1 /

	Sergio Ardila	Supervisor's Assistant	7/19/23
Signature of Agency Head or Designee	Print Name	Title ,	(month, day, year)

Comment: \_

Income

	, ,								
Ce	eremo	nial	Role	<b>Events</b>	and 7	Ticket/Pas	ss Dist	ributior	ıs

_							
	Agency Name				Date Stamp	California 802	
	Alameda County				]	For Official Use Only	
	Division, Department, or Reg	ion (if applicable)				r of Official Ose Offiy	
	Board of Supervisors						
	<b>Designated Agency Contact</b>	Name, Title)					
	Sergio Ardila				Amendment (Must	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filing	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticl	ket policy? Yes	■ No 🗆 📑	ace Value of	Each Ticket/Pass \$ _	icket \$18 Parking \$15	
	Event Description: Alameda	a County Fair	D	ate(s)06	, 16 , 23	07 , 09 , 23	
		Provide Title/ Explan	ation				
	Ticket(s)/Pass(es) provided	by agency? Yes [			a County Fair		
	Was ticket distribution made	at the behest Voc C	¬ No ■ If	yes: Tam, Le	ena		
	of agency official?	, at the period: 163 [	1 110		Official's Name (Last, First		
_							
3.	Recipients		II. C. Alem Danie	المائدة المسائدة المس	usl Alex Costion C to idon	tifu an outside erganization	
	Use Section A to identify the ager	icy's department or unit. • (	Number	entiry an individu	ual. Use Section C to iden	tily an outside organization.	
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made po	ursuant to the agency's policy	
			1 40000				
	.——————————————————————————————————————					,	
	B. Name of Ind		Number of Ticket(s)/		Identify one of the following:		
	(Last, Fir	st)	Passes				
					monial Role	describe below:	
				Ceren	nonial Role  Other	Income	
				1	king "Ceremonial Role" or "Other"	<del></del>	
	Name of Outside C	Prganization	Number of Ticket(c)/	Describe th	ne nublic nurpose made p	ursuant to the agency's policy	
	C. (include address and	description)	of Ticket(s)/ Passes	Dogonio ti	To partie parpos mass p		
	The Unity Council		25T 1P	To promote	e County resources o	or facilities available to Cou	
	The Unity Council's mis	sion is to promote sc					
_	Varification						
4.	Verification  Nave read and understand FF	DDC Regulations 18044	l 1 and 18942	I have verified	that the distribution set	forth above, is in accordance	
/	with the requirements.	7 O Negulations 10344	. 1 and 100 12.	, navo vonnou	that the distribution of		
	/ / X /	Sergio Ardila		Sup	ervisor's Assistant	7/19/73	
	Signature of Agency Head or Desig		rint Name		Title	(month, day, year)	
	Comment:						

-9			
Ceremonial	Role Events	and Ticket/Pass	Distributions

Ocicinomai Roic Ever	its and moresi	233 D13111	Dations		A: abile bocament
1. Agency Name				Date Stamp	California Q02
Alameda County					Form OUZ
Division, Department, or Reg	gion (if applicable)			1	For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name,Title)			1	
	(,				
Sergio Ardila Area Code/Phone Number	E-mail			Amendment (Mus	st Provide Explanation in Part 3.)
				Data of Original Filin	
(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filin	g:(month, day, year)
2. Function or Event Info	rmation				
Does the agency have a tic	ket policy?	I No□ F	ace Value of	Each Ticket/Pass \$	icket \$18 Parking \$15
		110 🗖	06	16 23	07 , 09 , 23
Event Description: Alamed	Provide Title/ Explan	D	ate(s)	<u>/ 16 / 23 </u>	<u> </u>
Ticket(a)/Dasa(aa) provides	•		no. Alamed	la County Fair	
Ticket(s)/Pass(es) provided	by agency: Yes L			Mana of Course	
Was ticket distribution mad	e at the behest Vos F	7 No 📰 If	yes: Tam, Le	ena	i
of agency official?	- at the 201100t 169 F	110	•	Official's Name (Last, Fir.	st)
or agonor omeian					
3. Recipients					
<ul> <li>Use Section A to identify the age</li> </ul>	ency's department or unit. • (	Jse Section B to id	dentify an individu	ual. Use Section C to ide	ntify an outside organization.
		Number			
A. Name of Agency, Dep	partment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made i	pursuant to the agency's policy
		F 05363			
B. Name of Inc	dividual	Number of Ticket(s)/		Identify one of th	ne following:
(Last, F	irst)	Passes			
				monial Role 🔲 Other	
			If chec	king "Ceremonial Role" or "Other	" describe below:
			Ceren	monial Role  Other	r Income
			1	king "Ceremonial Role" or "Other	
8		Number			
C. Name of Outside (include address ar		of Ticket(s)/	Describe th	he public purpose made	pursuant to the agency's policy
(,	,	Passes			
Lotus Bloom Family Res	ource Center	13T 2P	To promote	e County resources	or facilities available to Cou
Lotus Bloom's mission is	to provide a safe we				
Lotus Biodin's mission is	to provide a sale, we				
4. Verification					
	PPC Regulations 18944	1 and 18942.	I have verified	that the distribution se	et forth above, is in accordance
With the requirements	. r c rioganamente recer				,
	Sergio Ardila		Sun	ervisor's Assistant	2/101/22
Signature of Agency Head or Desi		int Name		Title	(month, day, year)
digitature of Agency (read of Designature	91100	Hallio			Comment with Again
Comment:					

	gency Report of:	to and Tielcot/F	less Distri	hutiana	Α.Γ	Dublic Degument
_	eremonial Role Even Agency Name	is and licket/P	ass Distri	butions	Date Stamp	Public Document California 802
	Alameda County					Form OUZ For Official Use Only
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sergio Ardila				Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			7-1-	- + (*40 D   -   -   -   -   *45
	Does the agency have a tick	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	et \$18 Parking \$15
	Event Description: Alameda	a County Fair		ate(s) 06	<u>, 16 , 23 </u>	07 , 9 , 23
	Event bescription.	Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🔳 If	no: Alamed	a County Fair	
	Man tiplest distribution made	o at the hohest ver	N If	yes: Tam, L	ena	
	Was ticket distribution made of agency official?	at the beliest yes	□ No ■ "	) oo.	Official's Name (Last, First)	
	or agency official:					
3.	•					
	Use Section A to identify the ager	ncy's department or unit.		lentify an individ	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Dep.	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy
	-					
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	-			Cerer	monial Role Other	Income

Barros, Keith	2T 1P	If checking "Ceremonial Role" or "Other" describe below:  To promote County resources or facilities available to Co
		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
Verification		

	VCI III GALIOII				
	I have read and understand FPPC Regulations 189	944 1 and 18942.	I have verified that the	distribution set forth above	e, is in accordanc
	Thave read and understand TTT o regulations ros	0 1 111 and 100 121			*
. /	with the requirements				

2,022 100 19		Sergio Ardila
1/		
Charles of Angency blood of	- Donianco	Drint Name

Supervisor's Assistant

7/9/23 (month, day, year)

Comment:

.aoo)ot			
Ceremonial	Role Events	and Ticket/Pass	Distributions

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$\overline{}$	ш.	4 L.J.B	118.4	$\mathbf{v}$	No. Li		C 1 1	H.

			r	The state of the s		
. Agency Name			Date Stamp	California 802		
Alameda County				For Official Use Only		
Division, Department, or Region (if applicable)				I di dilida de diliy		
Board of Supervisors	Board of Supervisors					
Designated Agency Contact (Name, Title)						
Sergio Ardila			Amandment (Must	Provide Explanation in Part 3.)		
Area Code/Phone Number   E-mail			Amendment (Musi	Provide Explanation in Part 3.)		
(510) 272-6693 sergio.ardila@acgo	ov.org		Date of Original Filing	:(month, day, year)		
(010)212 0000				(month, day, year)		
2. Function or Event Information				<b>#40</b>		
Does the agency have a ticket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$ _	<u> </u>		
- ·		. , 、 06	<u>, 16 , 23 </u>	07 , 9 , 23		
Event Description: Alameda County Fair  Provide Title/ Expla	nation					
	□ No 🔳 If	no: Alamed	a County Fair			
Honor(o), i dos(so) provided by agency i			Name of Source			
Was ticket distribution made at the behest Yes	□ No ■ If	yes: Tam, Le	Official's Name (Last, First	n		
of agency official?	==		Official's Name (Last, First	)		
3. Recipients						
<ul> <li>Use Section A to identify the agency's department or unit.</li> </ul>	Use Section B to ic	dentify an individu	ual. Use Section C to iden	tify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy			
	Passes					
[6						
B. Name of Individual	Number of Ticket(s)/		Identify one of the	e following:		
(Last, First)	Passes					
			monial Role Other			
Harada, Carol	3		king "Ceremonial Role" or "Other"			
		To promote	e County resources o	or facilities available to Co		
		Ceren	nonial Role  Other	Income		
	Į,	If chec	king "Ceremonial Role" or "Other"	describe below:		
Name of Outside Organization	Number		per l'actionne de la care a			
C. (include address and description)	of Ticket(s)/ Passes	Describe tr	ne public purpose made p	ursuant to the agency's policy		
	1					
4. Verification				a control of the second		
I have read and understand FPPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set	t forth above, is in accordance		
with the requirements				0/10/2		
_ Sergio Ardila	a	Sup	ervisor's Assistant	<u>+/14/13</u>		
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)		
Comment:						

-	ency Report of: remonial Role Event	ts and Ticket/P	ass Distri	butions	Α	Public Document
1. A	gency Name				Date Stamp	California 802
	Nameda County					Form OUZ For Official Use Only
D	ivision, Department, or Regi	on (if applicable)				For Official Ose Offiy
	Board of Supervisors					
D	esignated Agency Contact (	Name,Title)				
	Sergio Ardila				Amendment (Must Pr	ovide Explanation in Part 3.)
	rea Code/Phone Number	E-mail			Date of Original Filing: _	
(:	510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filling.	(month, day, year)
2. F	unction or Event Infor	nation				\$18
	oes the agency have a tick	et policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	Φ10
F	vent Description: Alameda	County Fair	D	ate(s)06	, 16 <u>, 23</u>	07 , 9 , 23
	.vone Description.	Provide Title/ Explai	nation			
Т	icket(s)/Pass(es) provided	by agency? Yes [			a County Fair	
V	Vas ticket distribution made	at the hehest Vac I	⊐ Na ■ If	yes: Tam, L	ena	(()
	of agency official?	at the benest 168	NO	,	Official's Name (Last, First)	
3.	Recipients					
	Use Section A to identify the agen		dentify an individi	ual. Use Section C to identify	an outside organization.	
	A. Name of Agency, Depa	Number of Ticket(s)/	Describe the public purpose made pursuant to the age			
			Passes			
	R Name of Indi	vidual	Number		Identify one of the fo	llowing:
	B. Name of Indi		of Ticket(s)/ Passes		identity one of the re	niowing.
					monial Role 🔲 Other 📕	
	Waage, Randy		4	If checking "Ceremonial Role" or "Other" describe below:		
				To promote	e County resources or	facilities available to Co
				1	monial Role Other	
				If chec	king "Ceremonial Role" or "Other" des	scribe below:
			<u> </u>			
	Name of Outside O		Number of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy
	(Include address and	- description/	Passes			
			-			
_	/: C 4 : - · ·					
	/erification have pead and upderstand FF	IDO Boaulations 4004	1 1 and 10010	I have verified	that the distribution set for	orth ahove is in accordance
	have read and understand FF vith the requirements:	PC Regulations 1894	4.1 and 18942.	ı nave venneu	that the distribution set it	orur above, is in accordance
	1.1 (111)	_ Sergio Ardila	l	Sun	ervisor's Assistant	7/19/73
7	Signature of Agency Head or Design		Print Name		Title	(month, day, year)
		·				
	Comment:		_			

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_	or or in or in a rest of the contract of the c	to dila frontati			4	
	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	ion (if applicable)	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)	i			
	Sergio Ardila					
	Area Code/Phone Number	E-mail		0	Amendment (Must	Provide Explanation in Part 3.)
	(510) 272-6693	sergio.ardila@acgo	v ora		Date of Original Filing:	
	(310) 272-0033	301gio:araila@aogo	v.org			(month, day, year)
<u>.</u>	Function or Event Infor	mation				
	Does the agency have a tick	ket policv? Yes ▮	■ No 🗆 Fa	ace Value of	Each Ticket/Pass \$	cket \$18 Parking \$15
	Alamada	County Fair	- 110 -	06	1623	07 , 9 , 23
	Event Description:	Provide Title/ Explan	D	ate(s)	<u> </u>	
	Ticket(s)/Pass(es) provided		⊒ No ■ If	no. Alamed	a County Fair	
	ricket(s)/i ass(es) provided	by agency: 165 L			Mama of Course	
	Was ticket distribution made	at the behest Yes [	7 No ■ If	yes: Tam, Le	ena	
	of agency official?	100 [	=		Official's Name (Last, First,	1
3.	Recipients					
	• Use Section A to identify the ager	ncy's department or unit.	Use Section B to ic	lentify an individເ	ual. Use Section C to ident	tify an outside organization.
			Number	Docariba th	o nublic nurnose made n	ursuant to the agency's policy
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	ie public pui pose made po	insulant to the agency's policy
	T		Number	-		
	B. Name of Indi		of Ticket(s)/ Passes		Identify one of the	following:
	(1234)		rasses	Carra	monial Role Other	Income
	Zhong, Stacy		10T 3P		king "Ceremonial Role" or "Other"	
	Zhong, Stacy		101 01	To promote	- County resources o	r facilities available to Co
				1	monial Role Other Other	
				" Criec	iking deremanan Kore or Gular K	30001100 0010111.
	Name of Outside O		Number of Ticket(s)/	Describe th	ne public purpose made p	ursuant to the agency's policy
	(include address and	description)	Passes			
	S					
1	Verification		4			
т.	I have read and understand FF	PPC Regulations 18944	1 1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
	with the requirements.	1 C Negulations 10044	r. 1 and 100-12.	, navo voniou		
	>	Sergio Ardila		Sun	ervisor's Assistant	7/10/12
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)
	Signature of Agency flead of Design	iioo P	THE PROPERTY			() ****************************
	Comment:					

	Report of: ial Role Even	ts and Ticket/	Pass Distri	butions	Α	Public Document	
1. Agency Alameda	Agency Name Alameda County Division, Department, or Region (if applicable)					California 802 Form 809	
Board of	Supervisors d Agency Contact (						
Sergio A	Sergio Ardila Area Code/Phone Number   E-mail					rovide Explanation in Part 3.)	
(510) 272	2-6693	sergio.ardila@ac	gov.org		Date of Original Filing:	(month, day, year)	
Does the Event De Ticket(s)/	Does the agency have a ticket policy? Yes No  Event Description: Alameda County Fair  Provide Title/ Explanation  Ticket(s)/Pass(es) provided by agency? Yes No  Was ticket distribution made at the behest Yes No of agency official?				Date(s) 06 / 16 / 23 C  If no: Alameda County Fair  Name of Source  Tam Lena		
	Recipients  • Use Section A to identify the agency's department or unit.			1 - 1 - W-		fy an outside organization.	
-			Passes				
В.	B. Name of Individual (Last, First)				Identify one of the f	following:	
Thoma	s, Nathan		2	Ceremonial Role Other Inco.  If checking "Ceremonial Role" or "Other" describe below:  To promote County resources or facilities available to			
					nonial Role Other Ching "Ceremonial Role" or "Other" de		
c.	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy	
		PPC Regulations 189	944.1 and 18942.	I have verified	that the distribution set t	forth above, is in accordanc	
		Sergio Ard		Sup	ervisor's Assistant	7/19/23	
Signature	e of Agency Head or Desig	nee	Print Name		Title	(month, day, year)	

Agency Report of: Ceremonial Role Eve	ents and Ticket/P	ass Distri	butions	А	Public Document
Agency Name     Alameda County				Date Stamp	California 802 Form Sorm Sor Official Use Only
Division, Department, or R	egion (if applicable)				,
Board of Supervisors  Designated Agency Contact	ct (Name. Title)			-	
Sergio Ardila					
Area Code/Phone Number	E-mail			Amendment (Must F	Provide Explanation in Part 3.)
(510) 272-6693	sergio.ardila@acgc	ov.org		Date of Original Filing:	(month, day, year)
2. Function or Event Inf	ormation				\$18
	Does the agency have a ticket policy? Yes ■ No □ Face Value of				——————————————————————————————————————
Event Description: Alame	eda County Fair	D	ate(s)06	<u>/ 16 / 23 </u>	07 / 9 / 23
Ticket(s)/Pass(es) provide	Provide Title/ Explai	nation No <b>II</b> If	no: Alamed	a County Fair	
	, g , , , , , , , , , , , , , , , , , ,			Manage of Course	
Was ticket distribution ma of agency official?	ide at the behest Yes [	□ No ■ If	yes: Tam, Lo	Official's Name (Last, First)	
3. Recipients  • Use Section A to identify the a	gency's department or unit. •	Use Section B to ic	dentify an individ	ual. Use Section C to identi	fy an outside organization.
A. Name of Agency, D	epartment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pui	suant to the agency's policy
B. Name of	Individual	Number of Ticket(s)/		Identify one of the	following:
LJ.	First)	Passes			
Smith, Jackie		10		nonial Role  Other  Other  Meking "Ceremonial Role" or "Other" de	Income Lescribe below:
,			To promote	e County resources or	facilities available to Co
			1	nonial Role Other L king "Ceremonial Role" or "Other" de	_
C. Name of Outsid (include address		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
4. Verification  I have Lad and upderstand	FIRPC Regulations 1804	1 1 and 18042	I have verified	that the distribution set t	forth above, is in accordance
with the requirements.					
Citation of Assault Hand on De	Sergio Ardila	Print Name	Sup	ervisor's Assistant	7/19/23 (month, day, year)
Signature of Agency Head or De	saignee F	THE INDITIE		HUC	(monat, day, year)

Comment:

1. Agency Name	
i. 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)	<del> </del>
Sergio Ardila	Amendment (Must Provide Explanation in Part 3.)
Area Code/Phone Number E-mail	D. C. CO. L. L. LEW.
(510) 272-6693 sergio.ardila@acgov.org	Date of Original Filing:(month, day, year)
2. Function or Event Information	
Does the agency have a ticket policy? Yes ■ No ☐ Face Value o	of Each Ticket/Pass \$ <u>icket \$18 Parking \$15</u>
Alamada County Fair	, 16 , 23 07 , 9 , 23
Event Description: Alameda County Fair Date(s) 06	<u></u>
Provide Title/ Explanation	eda County Fair
	Nama of Course
Was ticket distribution made at the behest Yes ☐ No ■ If yes:	Lena
of agency official?	Official's Name (Last, First)
of agency officials	
<ul> <li>Recipients         <ul> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section B to identify an indivious Number</li> <li>Number</li> <li>Described</li> </ul> </li> </ul>	
A. Name of Agency, Department or Unit of Ticket(s)/ Describe Passes	the public purpose made pursuant to the agency's policy
B. Name of Individual Number of Ticket(s)/ (Last, First) Passes	Identify one of the following:
Simmons, Maritess 10T 2P ff ch	remonial Role Other Income Income Coeking "Ceremonial Role" or "Other" describe below:
Cer	remonial Role Other Income Income hecking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization of Ticket(s)/ Passes Describe	the public purpose made pursuant to the agency's policy
4. Verification	
I have read and understand FPPC Regulations 18944.1 and 18942. I have verifie	ed that the distribution set forth above, is in accordance
with the requirements.	
Sergio Ardila Su	pervisor's Assistant 7/19/23
Signature of Agency Head or Designee Print Name	Title (month, day, year)
Comment:	

			outions		Public Document
Agency Name				Date Stamp	California 802
Alameda County					Form OUZ
Division, Department, or Reg	gion (if applicable)		For Official Ose Offiy		
Board of Supervisors				]	
<b>Designated Agency Contact</b>	(Name, Title)				
Sergio Ardila				Amendment (Must F	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail			<u> </u>	
(510) 272-6693	sergio.ardila@acg	ov.org		Date of Original Filing:	(month, day, year)
. Function or Event Infor	rmation				1
Does the agency have a tic	ket policy? Yes	■ No□ Fa	ace Value of	Each Ticket/Pass \$	cket \$18 Parking \$15
Event Description: Alamed		D	ate(s)	<u>, 16 , 23 </u>	07 , 9 , 23
Ticket(s)/Pass(es) provided	•	anation ☐ No ■ If	no. Alamed	a County Fair	
nokel(s)/Fass(es) provided	by agency: 1es	_		Name of Source	
Was ticket distribution mad	e at the behest Yes	□ No ■ If	yes: <u>Tam, Le</u>	ena Official's Name (Last, First)	
of agency official?					
A. Name of Agency, Dep		of Ticket(s)/ Passes			
B. Name of Inc.		Number of Ticket(s)/ Passes		Identify one of the	following:
Lin, Suizi		10T 2P	If chec	monial Role Other Other Other Other	
			To promote	e County resources or	facilities available to Co
			1	monial Role	<del></del>
Name of Outside (include address an		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
. Verification	SPPC Regulations 1894	44.1 and 18942.	I have verified	that the distribution set	forth above, is in accordanc
i nave reau anu upaerstanu r	i i o i togalaliono i co				
with the requirements.	Sergio Ardii			ervisor's Assistant	2//0/2

Comment: \_

Aden	ncy Name				Date Stamp	California Ong	
_	eda County		·	California 802			
	on, Department, or Reg	ion (if applicable)		For Official Use Only			
	d of Supervisors						
	nated Agency Contact	(Name Title)			1		
•		(Name, nac)					
	o Ardila	IE mail	Amendment (Must Pr	rovide Explanation in Part 3.)			
	Code/Phone Number	E-mail			Date of Original Filing:		
(510)	272-6693	sergio.ardila@acgo	v.org		Date of Originar Filing.	(month, day, year)	
Fund	ction or Event Infor	mation				<b>A10</b>	
Does	the agency have a ticl	ket policy? Yes I	■ No□ F	ace Value of	Each Ticket/Pass \$	\$18	
		-		06	1623	07 , 9 , 23	
Provide Title/ Explanation							
Ticket	t(s)/Pass(es) provided	•	□ No ■ If	no: Alamed	a County Fair		
Hono	.(0)// 000(00) p.0//000	2) 2g2) 100 [		yes: Tam, Le	Name of Source		
Was t	ticket distribution made	e at the behest Yes [	Official's Name (Last, First)				
of ag	gency official?				Onicial's Name (Last, First)		
	cipients						
• Use	Section A to identify the ager	ncy's department or unit. •	Use Section B to id	dentify an individo	ual. Use Section C to identif	y an outside organization.	
△ Name of Agency, Department or Unit			Number of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy	
A. Name of Agency, Department or Unit		Passes					
 B.	R Name of Individual				Identify one of the f	ollowing:	
В.	(Last, Fi		of Ticket(s)/ Passes		identity one of the f	one unig.	
-				Cerer	monial Role Other	Income	
Hue	ey, Clytie		6	1	king "Ceremonial Role" or "Other" de		
				To promote	e County resources or	facilities available to C	
				Cerer	nonial Role Other	Income	
				1	king "Ceremonial Role" or "Other" de	scribe below:	
-			Number				
C.	Name of Outside C	_	of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy	
-			rasses				
Verif	fication						
	read and understand FI	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set f	orth above, is in accorda	
I have							
	he requirements.						
	he requirements	Sergio Ardila	1	Sup	ervisor's Assistant	7/19/	

Comment: \_\_\_\_

Cerem	onial Role Even	ts and Ticket/F	Pass Distri	butions	Α	<b>Public Document</b>
	ncy Name		Date Stamp	California 802		
Alam	eda County			101111		
Divisi	on, Department, or Reg	ion (if applicable)		For Official Use Only		
Board	d of Supervisors					
Desig	nated Agency Contact (	(Name, Title)				
	io Ardila				Amendment (Must Pro	ovide Explanation in Part 3.)
Area (	Code/Phone Number	E-mail				
(510)	272-6693	sergio.ardila@acg	ov.org		Date of Original Filing: _	(month, day, year)
. Fund	ction or Event Infor	mation			iol	rot \$10 Dorling \$15
Does	the agency have a ticl	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	tet \$ 18 Parking \$ 15
Even	t Description: Alameda	a County Fair  Provide Title/ Expl.	anation D	eate(s)	<u>, 16 , 23 </u>	07 9 23
Ticke	t(s)/Pass(es) provided	•	□ No ■ If	no: Alamed	a County Fair	
				yes: Tam, Le	Name of Source ena	
	ticket distribution made gency official?	e at the behest Yes	□ No ■ IT	yes:	Official's Name (Last, First)	
	cipients		all Santa Bhail	بامان دام ساز کند دار	Has Section C to identify	Lan outeldo organization
• Use	Section A to identify the ager	ncy's department or unit.	Number	T an individu	ual. Use Section C to identify	an outside organization.
Α.	Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy
— —	Name of Ind	ividual	Number of Toket(a)		ldentify one of the fo	ollowina:
В.	(Last, Fir		of Ticket(s)/ Passes		identity one of the re	
			0T.0D		nonial Role  Other  Other  Marking "Ceremonial Role" or "Other" des	Income _
Fox	kall, Jade		8T 2P	1		facilities available to Co
-				Cerer	monial Role Other classifier Ceremonial Role" or "Other" des	Income
C.	Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
		-				
	 fication					
	e read and understand FF ne requirements.	PPC Regulations 1894	14.1 and 18942.	l have verified	that the distribution set for	orth above, is in accordance
		Sergio Ardil	a	Sup	ervisor's Assistant	<u> 7/19/23</u>
Sig	Mature of Agency Head or Design	nee	Print Name		Title	(month, day, year)
Com	nment:					
COH	mione					

	A N				T 2 . 2:	California OOO
١.	Agency Name		Date Stamp California 80			
	Alameda County					
	Division, Department, or Reg	ion (if applicable)	]	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
		,				
	Sergio Ardila	Teit			Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filing:	(month, day, year)
_	Function or Event Infor					
۷.			_			\$18
	Does the agency have a tick				Each Ticket/Pass \$	
	Event Description: Alameda	County Fair	D	ate(s) 06	<u>, 16 , 23 </u>	07 , 9 , 23
	Event Description.	Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [	□ No ■ if	no: Alamed	a County Fair	
	· / / · / ·				Name of Source	
	Was ticket distribution made	at the behest Yes	□ No ■ If	yes: Tam, Le	Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
3.	Recipients					
	<ul> <li>Use Section A to identify the ager</li> </ul>	ncy's department or unit. •	Use Section B to id	lentify an individi	ual. Use Section C to Identif	fy an outside organization.
			Number			
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/ Describe th		he public purpose made pursuant to the agency's policy	
			Passes			
	-					
	-					
			Number	Identify one of the following:		
	B. Name of Indi		of Ticket(s)/ Passes			
	[233,13		1 44444	C-11-1	monial Role Other	Income 🔲
	Fara Karan		10		monial Role	
	Fong, Karen		10			facilities available to Co
				To promote		
				Cerer	monial Role 🔲 Other 🕻	Income 🔲
				If chec	king "Ceremonial Role" or "Other" de	escribe below:
				1		
			Number			
	C. Name of Outside O		of Ticket(s)/	Describe th	rsuant to the agency's policy	
	· · · · · · · · · · · · · · · · · · ·		Passes			
				1		
			1			
7	Verification					
4.		200 D	4.41.400.40	I have venified	that the distribution set t	arth ahova io in accordance
	I have read and understand FF	PC Regulations 1894	1.1 and 18942.	i nave verilled	that the distribution set i	orm above, is in accordance
<	with the requirements.	=		•		0 /10/2-
		Sergio Ardila	l 	Sup	ervisor's Assistant	<u> +/19/23</u>
	Signature of Agency Head or Design	nee F	rint Name		Title	(month, day, year)
	Comment:					

Agency itep	,011 01.		
Ceremonial	Role Events	and Ticket/Pass	Distributions

A	Pu	hl	ic	Do	CL	ım	en	1

	or o					
١.	Agency Name				Date Stamp	California 802
	Alameda County					Form UUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sergio Ardila		A secondario esta (14 set)	Booking Contraction in Deet 2)		
	Area Code/Phone Number	E-mail			Amenament (Must )	Provide Explanation in Part 3.)
	(510) 272-6693	sergio.ardila@acgo	v.ora		Date of Original Filing:	(month, day, year)
	(010) 272 0000					(month, day, year)
2.	Function or Event Infor	mation				<b>¢</b> 10
	Does the agency have a tick	ket policy? Yes	■ No 🗆 Fa	ace Value of	Each Ticket/Pass \$	\$18 
	Alameda	a County Fair		oto(a) 06	1623	07 , 9 , 23
	Event Description: Alameda	Provide Title/ Explar	action			
	Ticket(s)/Pass(es) provided	•	□ No ■ If	no: Alamed	a County Fair	
	1101101(-)/1-1111	,,, , , , , , , , , , , , , , ,			Mama of Source	
	Was ticket distribution made	at the behest Yes [	□ No ■ If	yes: Tam, Le	Official's Name (Last, First)	
	of agency official?				Ombiai s Namo (Last, 1 list)	
3.	Recipients					
	Use Section A to identify the ager	ncy's department or unit.	Use Section B to ic	lentify an individu	ual. Use Section C to ident	ity an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
	×		, 40000			
			Number			
	B. Name of Ind		of Ticket(s)/		Identify one of the	following:
	(Last, Fir	Sty	Passes			Income
	1000 alak - 84 a.a. 17 aka		2		monial Role Other description  Contact the contact of the con	
	Wright, Mary Kate			1		r facilities available to Co
				1	monial Role Other	
				ll chec	king "Ceremonial Role" or "Other" o	ieschbe below.
	Name of Outside C		Number of Ticket(s)/	Describe th	ne public purpose made pu	ursuant to the agency's policy
	(include address and	d description)	Passes			
1	Verification					
₹.		DDC Regulations 1904	1 1 and 12042	I have verified	that the distribution set	forth above, is in accordance
,	with the requirements.	-ro Regulations 10944	r. i aliu 10342.	i nave venneu	Eliat the distribution set	rata: aboro, is in accordance
/		Sergio Ardila	1	Sun	ervisor's Assistant	2/10/177
	Construe of Assessible des Principal		Print Name	Sup	Title	(month, day, year)
	Signature of Agency Head or Desig	nee P	rint Name		Tiue	(monan, day, year)
	Comment:					
	Comment.					

Date Stamp California Form 802
For Official Use Only
Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing:
ach Ticket/Pass \$ \$18  16 , 23
Use Section C to identify an outside organization.
Identify one of the following:
nial Role Other Income g "Ceremonial Role" or "Other" describe below: County resources or facilities available to Co
nial Role
public purpose made pursuant to the agency's policy
at the distribution set forth above, is in accordant visor's Assistant

Comment: \_

Ceremonial Role Events and Ticket/Pass Distributions	
1. Agency Name	Date St

A Public Document								
тр	For Official Use Only	2						
it (Must Pro	vide Explanation in Part 3.)							
ıl Filing:	(month, day, year)							
ass \$	07 , 9 , 23							
;								
.ast, First)	·							
to identify	an outside organization.							
made pursi	uant to the agency's policy	1						
		_						
ne of the fol	llowing:							
Other	Income							

1. Agency Name				Date Stamp	California 802	
Alameda County					For Official Use Only	
Division, Department, or Region (if	applicable)					
Board of Supervisors				ļ		
Designated Agency Contact (Name,	Title)					
Sergio Ardila				Amendment (Must P.	rovide Explanation in Part 3.)	
Area Code/Phone Number E-ma						
(510) 272-6693 serg	io.ardila@acgov	/.org		Date of Original Filing:	(month, day, year)	
2. Function or Event Information	on				\$18	
Does the agency have a ticket po	licy? Yes 🎚	I No ☐ Fa	ace Value of	Each Ticket/Pass \$	φιο	
Event Description: Alameda Cour	nty Fair Provide Title/ Explan	ation D	ate(s)	, 16 , 23	07 9 23	
Ticket(s)/Pass(es) provided by ag		] No ■ If	no: Alamed	a County Fair  Name of Source		
Was ticket distribution made at th	e behest Voc F	J No.■ If	yes: Tam, Le	Name of Source ena Official's Name (Last, First)		
of agency official?	0 20001 163 [	110	•	Official's Name (Last, First)		
<ul><li>Recipients</li><li>Use Section A to identify the agency's de</li></ul>	partment or unit	Ica Saction R to ic	entify an individu	ual Mise Section C to identif	y an outside organization	
• Use Section A to identify the agency's de	partment of unit.	Number	entity an individu	dai. Ose section e to identifi	y an outside organization	
A. Name of Agency, Department	or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
· · · · · · · · · · · · · · · · · · ·		F 43363				
·						
B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:	
Thompson, Michelle		2		eremonial Role Other Income Checking "Ceremonial Role" or "Other" describe below:		
mompson, Michelle			To promote	e County resources or	facilities available to Co	
<del>1</del>				monial Role  Other		
				king "Ceremonial Role" or "Other" de	<del>-</del>	
Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pui	rsuant to the agency's policy	
( <del></del>						
4. Verification		4 1 400 40	l la como comilia d	that the distribution act t	forth above in in accordance	
I have read and understand FPPC R with the requirements	eguiations 18944	. i and 18942.	i nave veritied	urat trie distribution set i	orar above, is in accordance	
	Sergio Ardila		Sun	ervisor's Assistant	7-119/7	
Signature of Agency Head or Designee		rint Name		Title	(month, day, year)	
Signature of Figures (1984)						
Comment:						

Agency Report of: Ceremonial Role Eve	nts and Ticket/P	ass Distri	butions	Α	Public Document
1. Agency Name				Date Stamp	California 202
Alameda County			Form OUZ		
Division, Department, or Re	egion (if applicable)		For Official Use Only		
Board of Supervisors					
Designated Agency Contac	t (Name,Title)				
Sergio Ardila				Amendment (Must P	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				
(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing:	(month, day, year)
2. Function or Event Info	ormation				\$18
Does the agency have a t	icket policy? Yes	- 110		Each Ticket/Pass \$	<b>\$10</b>
Event Description: Alame	da County Fair	D	ate(s) 06	, 16 , 23	07 , 9 , 23
E. VOII.	Provide Title/ Expla	nation			
Ticket(s)/Pass(es) provide	d by agency? Yes			a County Fair	
Mar tielest distribution mo	do at the beheat	= If	yes: Tam, Le	ena	
Was ticket distribution ma of agency official?	de at the benest Yes	∐ No ■ "	ycs	Official's Name (Last, First)	
Name of Agency, De  B. Name of It (Last,	epartment or Unit	Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes			rsuant to the agency's policy
Thakur, Sudheer		2	If chec	nonial Role Other Miking "Ceremonial Role" or "Other" de	
			To promote	County resources or	facilities available to Co
				nonial Role	<del></del>
Name of Outside (include address a		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
4. Verification					
I have read and understand with the requirements					forth above, is in accordanc
( ,	Sergio Ardila	a	Sup	ervisor's Assistant	-H19/L
Signature of Agency Head or De	signee	Print Name		Title	(month, day, year)

Comment: \_\_

	J J							
3	eremoni	al	Role	<b>Events</b>	and	Ticket/Pass	Distribution	S

Δ	Di	ıbl	lic	Dog	٠.,	me	nt
_							

				2 2 2	0-116
. Agency Name				Date Stamp	California 802
Alameda County					For Official Use Only
Division, Departmen	nt, or Region (if applicable)				For Official Use Offiy
Board of Superviso	ors				
Designated Agency					
Sergio Ardila					
Area Code/Phone N	umber E-mail			Amendment (Must	Provide Explanation in Part 3.)
	I	lov ord		Date of Original Filing	
(510) 272-6693	sergio.ardila@acg	lov.org		Date of originary imag	(month, day, year)
2. Function or Eve	ent Information				
		- N. M. E	ace Value of l	Each Ticket/Pass \$_	\$18
Does the agency h		110			
Event Description:	Alameda County Fair	D	ate(s)	<u>, 16 , 23 </u>	07 9 23
	Provide Title/ Exp	lanation		a County Fair	
Ticket(s)/Pass(es)	provided by agency? Yes	🔲 No 🔳 🏻 If	no: Alamed	Name of Source	
		If	yes: Tam, Le	ena	
	tion made at the behest Yes	i□ No■ "	yes.	Official's Name (Last, Firs	0
of agency official?	?				
Desiminants					
B. Recipients	4:5. 4b	Allea Castian Ptais	lantify an individu	ual Alsa Section C to iden	atify an outside organization
Use Section A to iden	tify the agency's department or unit.		lentily an individu	ual. Ose section c to iden	itily all outside organization.
A. Name of A	gency, Department or Unit	Number of Ticket(s)/	Describe th	ne public purpose made p	ursuant to the agency's policy
A.		Passes			
( <del></del>					
		Number			6.11
В.	lame of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the	e following:
			Coron	monial Role  Other	Income
Sung, Eric		2		king "Ceremonial Role" or "Other"	
Surig, Life			To promote	County resources o	or facilities available to Co
				monial Role Other	<del></del>
			II chec	king "Ceremonial Role" or "Other"	describe below.
Name o	of Outside Organization	Number	Describe th	ne nublic nurnose made n	oursuant to the agency's policy
	address and description)	of Ticket(s)/ Passes	Describe ti	ie public pul pose made p	and a distribution of the control of
I)					
		1			
The state of the s		4	1		
4. Verification					
I have read and und	erstand FPPC Regulations 189	44.1 and 18942.	I have verified	that the distribution se	t forth above, is in accordance
with the requirement	ts /				- 110 120
	— Sergio Ardi	la	Sup	ervisor's Assistant	7/19/23
Signature of Agency H	ead or Designee	Print Name		Title	(month, day, year)
Comment:					

eremonial Role Ev	ents and Ticket/	Pass Distri	butions		Public Document
Agency Name		Date Stamp	California 802		
Alameda County			Form OUZ For Official Use Only		
Division, Department, or F	Region (if applicable)		1 of Gillotta Coc Only		
Board of Supervisors					
Designated Agency Conta	ct (Name,Title)				
Sergio Ardila				Amendment (Must F	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				
(510) 272-6693	sergio.ardila@ac	gov.org		Date of Original Filing:	(month, day, year)
. Function or Event Inf	ormation				<b>#40</b>
Does the agency have a	ticket policy? Yes	s No 🗆 🗜	ace Value of	Each Ticket/Pass \$ _	<u>\$18</u>
Event Description: Alam	Event Description: Alameda County Fair Date(s				07 , 9 , 23
	Provide Title/ Exp	nlanation			
Ticket(s)/Pass(es) provid	ed by agency? Ye			a County Fair	
	T. LOT. L. L	19	yes: Tam, L	ena	
Was ticket distribution ma	ade at the benest Ye	s 🔲 No 📕 ''	yes	Official's Name (Last, First)	
of agency official?					
	11 11	Passes			
L.	Individual f, First)	Number of Ticket(s)/ Passes		Identify one of the	following:
Stevko, Kayla		2	If chec	nonial Role Other Mining "Ceremonial Role" or "Other" do	Income [ escribe below: facilities available to Col
			Cerer	nonial Role  Other  C	Income [
	de Organization and description)	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
Verification I have read and upderstand	FPPC Regulations 189	44.1 and 18942.	I have verified	that the distribution set	forth above, is in accordanc
with the requirements.	Sergio Ard	ila	Sup	ervisor's Assistant	7/1972
Signature of Agency Head or D	asianaa	Print Name		Title	(month, day, year)

Signature of Agency Head or Designee

Comment:

Print Name

Ceremonial Role Events and Ticket/Pass Distributions	
1. Agency Name	Date Stam

Δ	Pu	h	lic	Do	CI	ım	enf
$\overline{}$	ГИ	LJ.		ப	L.		CIL

١.	Agency Name				Date Stamp	California 802			
	Alameda County			Form OUZ					
	Division, Department, or Regi	on (if applicable)	]	For Official Use Only					
	Board of Supervisors								
	<b>Designated Agency Contact</b> (	Name,Title)			1				
	Sergio Ardila				Amendment (Must Provide Explanation in Part 3.)				
	Area Code/Phone Number	E-mail			Amendment (wastrious Explanation in Fatto.)				
	(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filing	:(month, day, year)			
_						(month, day, year)			
2.	Function or Event Inform	mation		\$18					
	Does the agency have a tick		110		Each Ticket/Pass \$				
	Event Description: Alameda	County Fair	, 16 , 23 07 , 9 , 23						
	EVOIR BOOOMPRON.	Provide Title/ Expla							
	Ticket(s)/Pass(es) provided	by agency? Yes [	🗌 No 🔳 If	If no: Alameda County Fair					
				yes: Tam, Le	Name of Source ena				
	Was ticket distribution made	at the behest Yes	□ No ■ "	yes.	Official's Name (Last, First	)			
	of agency official?								
3.	Recipients								
υ,	Use Section A to identify the agen	cv's department or unit. •	ual. Use Section C to ident	tify an outside organization.					
			Number						
	A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy					
			Passes						
	B. Name of Individual (Last, First)		Number						
			of Ticket(s)/	Identify one of the following:					
			Passes		Othor	Income 🗍			
			2	1	monial Role				
Snow, Doug			-	To promote County resources or facilities available to Co					
	-								
					monial Role Other				
	C. Name of Outside O (include address and	rganization	Number of Ticket(s)/	Describe th	he public purpose made p	ursuant to the agency's policy			
	(include address and	i description)	Passes						
			1						
	(								
				1					
_				J					
4.	Verification								
	I have read and understand FF	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance			
,	with the requirements								
(		Sergio Ardila	ì	Sup	ervisor's Assistant	<del></del>			
	Signature of Agency Head or Design	nee F		Title	(month, day, year)				
	0								
	Comment:								

1 Amono	ii Nama				Date Stamp	California 000	
_	Agency Name				Date Stamp	Form 802	
	da County					For Official Use Only	
	n, Department, or Reg	ion (if applicable)					
	of Supervisors						
Designa	ated Agency Contact (	Name,Title)					
Sergio	Ardila				☐ Amendment (Must	Provide Explanation in Part 3.)	
	ode/Phone Number	E-mail			1		
(510) 2	272-6693	sergio.ardila@acg	jov.org		Date of Original Filing	(month, day, year)	
						(month, day, year)	
2. Funct	ion or Event Infor	mation				\$18	
Does tl	he agency have a ticl	cet policy? Yes	No ☐ F	ace Value of	Each Ticket/Pass \$_	φ10	
	Description: Alameda	County Fair		06	<u>, 16 , 23 </u>	07 , 9 , 23	
Event l	Description:	Provide Title/ Exp	lanation				
Ticket(	s)/Pass(es) provided		□ No ■ I	f no: Alamed	la County Fair		
nonoi(	0)/1 d00(00) p101/404	~, aga, 100			Mama of Course		
Was tid	cket distribution made	at the behest Yes	No ■ I	f yes: Tam, L	ena Official's Name (Last, First	11	
	ency official?				Officiars Name (Last, First	)	
	pients						
• Use S	ection A to identify the ager	cy's department or unit.	•Use Section B to	identify an individ	ual. Use Section C to iden	tify an outside organization.	
Α.	Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made p	ursuant to the agency's policy	
2			Passes				
В.	Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	e following:	
-				Ceret	monial Role Other	Income _	
Rese	endez, Tami		2		If checking "Ceremonial Role" or "Other" describe below:		
11000	, , am			To promote	e County resources o	or facilities available to Co	
-							
					monial Role  Other		
					Starting Continuous and Land		
C.	Name of Outside C		Number of Ticket(s)/	Describe to	he public purpose made p	ursuant to the agency's policy	
0.	(include address and	d description)	Passes				
				1			
A \/~=!E!	action						
4. Verific		700 Daniel 100	44.4 and 400.40	I house conificat	I that the distribution co	t forth ahove is in accordance	
I have i	read and understand FI e rea <del>ul</del> reme	PPC Regulations 189	44.1 and 18942.	. I nave veniled	triat trie distribution se	t forth above, is in accordance	
VVIIII NIII	Comment of the second	O===:!= A : !!	ilo	C	omicarla Assistant	2/16/12	
_		Sergio Ardi		Sup	ervisor's Assistant	month day year	
Signa	ture of Agency Head or Desig	nee	Print Name		Title	(month, day, year)	
0							
Comn	nent:						

	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)			1	
	Sergio Ardila				☐ Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (mass	7 TOVIGO Explanation III T die 6.9
	(510) 272-6693	sergio.ardila@acgc	ov.org		Date of Original Filing	(month, day, year)
	Function or Event Infor	mation				¢19
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$ _	\$18
	Event Description: Alameda	County Fair	D	ate(s) 06	<u>, 16 , 23 </u>	07 , 9 , 23
	Lvent Description.	Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	🔲 No 🔳 🏻 If	no: Alamed	a County Fair	
			If	yes: Tam, Le	Name of Source ena	
	Was ticket distribution made	e at the benest Yes	□ No 🖩 "	yes	Official's Name (Last, First	)
	of agency official?					
3.	Recipients					
-	Use Section A to identify the ager	cy's department or unit. •	Use Section B to ic	lentify an individu	ual. Use Section C to iden	tify an outside organization.
	A. Name of Agency, Depa		Number of Ticket(s)/			ursuant to the agency's policy
			Passes			
			-			
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the	e following:
	Rees-Gerton, Alex		2		monial Role Other	
			1	To promote	e County resources of	or facilities available to Co
	-				monial Role Other  Cherical Role or "Other"	
	Name of Outside C		Number of Ticket(s)/ Passes	Describe th	he public purpose made p	ursuant to the agency's policy
	Verification I have read and understand FR	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution se	t forth above, is in accordance
*	with the requirements			0		70/1/1/2=
		Sergio Ardila		Sup	ervisor's Assistant	
	Signalure of Agency Head or Desig	nee	Print Name		Title	(month, day, year)

Ceremonial Role Events and Ticket/Pass Distributions	A	A Public Doc	ument
1. Agency Name	Date Stamp	California Form	802
Alameda County		Form	002

١,	Agency Name				Date Stamp	California 802
	Alameda County					FORIII
	Division, Department, or Regi	on (if applicable)			]	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name,Title)	]			
	Sergio Ardila				Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			]	
	(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				\$18
	Does the agency have a tick		Each Ticket/Pass \$	Ψ10		
	Event Description: Alameda	County Fair	D	ate(s) 06	<u>, 16 , 23 </u>	07 , 9 , 23
	ETOIR Boompaon	Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [	a County Fair			
	Was ticket distribution made	at the hehest Vaci	ena			
	of agency official?	at the benest Yes [	Official's Name (Last, First)			
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit. •	ual. Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Depa	ertment or Unit	Number of Ticket(s)/	Describe th	rsuant to the agency's policy	
	3		Passes			
	·					
	- No. 10 10 10 10 10 10 10 10 10 10 10 10 10	Number		Identify one of the following:		
	B. Name of Indi		of Ticket(s)/ Passes	Identify one of the following:		
				Cerer	monial Role Other	Income 🔲
	Ramos Vega, Araceli		2		escribe below;	
				To promote	e County resources or	facilities available to Cor
					monial Role 🔲 Other 🛚	
				If chec	cking "Ceremonial Role" or "Other" d	escribe below:
	·		Number			
		Name of Outside Organization		Describe the public purpose made pursuant to the agency		rsuant to the agency's policy
	(include address and	description	Passes			
4	Verification					
4,	I have read and understand FF	PPC Regulations 1894	1 1 and 18942	I have verified	that the distribution set	forth above, is in accordance
	with the requirements.	TO Negalations 1094	7.1 and 10042.	r navo vonnoa	that the alone and the	
•		Sergio Ardila	l	Sup	ervisor's Assistant	2/19/22
	Signature of Agency Head or Design		Print Name		Title	(month, day, year)
	Comment:					

9007	· · · · · · · · · · · · · · · · · · ·		
Ceremonial	Role Events	and Ticket/Pass	Distributions

. Agency Name	-			Date Stamp	California 202
Alameda County					Form OUZ
Division, Department, or Regi	on (if applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (	Name,Title)				
Sergio Ardila				Amendment (Must P	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail			] _	
(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filing:	(month, day, year)
Function or Event Infor	nation				\$18
Does the agency have a tick		■ No 🗆 📑	ace Value of	Each Ticket/Pass \$	φ10
Event Description: Alameda	County Fair	D	ate(s)06	<u>, 16 , 23 </u>	07 , 9 , 23
	Provide Title/ Explai	nation			
Ticket(s)/Pass(es) provided	by agency? Yes [			a County Fair  Name of Source	
Was ticket distribution made	at the behest Yes F	J No.■ If	yes: Tam, Le	ena ——————————	
of agency official?	1631	_ 140	Ne ne	Official's Name (Last, First)	
. Recipients					£
Use Section A to identify the agen	cy's department or unit.		lentify an individu	ual. Use Section C to identi	ty an outside organization.
A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pui	rsuant to the agency's policy
1		Number			
B. Name of Indi		of Ticket(s)/		Identify one of the	following:
			1	nonial Role Other	Income 🗌
Perez, Francisco		2	1	king "Ceremonial Role" or "Other" de	
			To promote	County resources or	facilities available to Co
			1	nonial Role Other	
			If chec	king "Ceremonial Role" or "Other" de	escribe below:
		Number			
C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
		F 45505			
. Verification					
I have read and understand FF	PC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
with the requirements.)	<u></u>				3.1
	Sergio Ardila		Sup	ervisor's Assistant	7-119/7
Signature of Agency Head or Design	nee - P	rint Name		Title	(month, day, year)
Comment:					

# Agency Report of: Ceremonial Role E

_e	remoniai Role Even	is and nickelin	สรร บารเก	butions		A FUDIIC	Document
. /	Agency Name	Date Stamp		California 802			
	Alameda County					Forn	
Ĩ	Division, Department, or Reg	on (if applicable)			1	For Of	ficial Use Only
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)					
	Sergio Ardila				Amendment (M	hat Dravida Evalana	tion in Bort 2.1
	Area Code/Phone Number	E-mail			. C. Amendment (M	ust Provide Explana	ion in Part 3.)
	(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Fili	ing:(month, da	y, year)
2.	Function or Event Infor	mation					\$18
	Does the agency have a tick		110 🗀		Each Ticket/Pass :	\$	
	Event Description: Alameda	County Fair	D	ate(s) 06	<sub>/</sub> 16 <sub>/</sub> 23	07 , 9	9 , 23
	_vent becompation.	Provide Title/ Explar	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes [	] No 🔳 If	no: Alamed	a County Fair		
			1.5	yes: Tam, Le	Name of Source ena		
	Was ticket distribution made of agency official?	e at the behest Yes [	□ No ■ <sup>IT</sup>	yes:	Official's Name (Last, F	-irst)	
<del></del> 3.	Recipients						
٠.	• Use Section A to identify the ager	cy's department or unit. •	Use Section B to i	dentify an individu	ual. Use Section C to ic	dentify an outside o	rganization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made	e pursuant to the a	igency's policy
	2					<del></del>	
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of	the following:	
	Orput, Katrina		2	If chec	nonial Role Oth king "Ceremonial Role" or "Oth e County resource:		Income C
				1	nonial Role  Oth		Income
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	ne public purpose mad	e pursuant to the a	agency's policy
	Verification						to to a const
	I have read and understand FF wit <u>h t</u> he requirements	PPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution	set forth above,	is in accordance
	· · · · · · · · · · · · · · · · · · ·	Sergio Ardila	l	Sup	ervisor's Assistant	5	1/19/23
	Signature of Agency Head or Design	nee P	rint Name		Title		(month, day, year)
	Comment:						

. Agency Name				Date Stamp	California 202
Alameda County					Form 002
Division, Department, or Re	gion (if applicable)			1	For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name.Title)				
	, , , , , , , , , , , , , , , , , , , ,				
Sergio Ardila  Area Code/Phone Number	E-mail			Amendment (Must a	Provide Explanation in Part 3.)
				Date of Original Filing:	
(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filling.	(month, day, year)
2. Function or Event Info	rmation				
Does the agency have a ti		■ No E	ace Value of	Each Ticket/Pass \$ _	\$18
Event Description: Alamed	a County Fair	D	ate(s)	<u>, 16 , 23 </u>	07 9 23
	Provide Title/ Explai		Alamed	a County Fair	
Ticket(s)/Pass(es) provide	d by agency? Yes L	1,000		Name of Source	
Mas tisket distribution may	to at the beheat were	n v ≔ lf	yes: Tam, Le	ena	
Was ticket distribution mad	ie at the penest Yes [	IJ No ■ "	y 00.	Official's Name (Last, First)	
of agency official?					
8. Recipients					
<ul> <li>Use Section A to identify the ag</li> </ul>	ency's department or unit.	Use Section B to id	lentify an individu	ual. Use Section C to ident	ify an outside organization.
ose section with the time, and ag		Number			
A. Name of Agency, De	partment or Unit	of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy
, <u> </u>		Passes			
B. Name of In	dividual	Number of Ticket(s)/		Identify one of the	following:
(Last, I	First)	Passes			
3			Ceremonial Role Other Income Income		
Malawan, Mariwr		2			
			To promote	e County resources of	r facilities available to Co
9			Cerer	monial Role Other	Income
				king "Ceremonial Role" or "Other" o	
::		Number			
C. Name of Outside (include address a		of Ticket(s)/	Describe th	he public purpose made pu	ursuant to the agency's policy
(molado adarese a		Passes			
I. Verification					
I have read and understand I	FPPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
with the requirements					
	Sergio Ardila		Sup	ervisor's Assistant	7/19/7
Signature of Agency Head or Des		rint Name		Title	(month, day, year)
Digitative of Agency fread of Des	.5			****	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Comment:					
50111110110					

1901107 110P	011 011		
Ceremonial	Role Events a	and Ticket/Pass	<b>Distributions</b>

1.	Agency Name				Date Stamp	California OOO
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sergio Ardila				Amendment /Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Mast	Trovide Expranation III T art 5.)
	(510) 272-6693	sergio.ardila@acgc	ov.org		Date of Original Filing	:(month, day, year)
-	Function or Event Infor	<u> </u> mation				
<b>4</b> .	Does the agency have a ticl		Each Ticket/Pass \$ _	\$18		
			- 110			
	Event Description: Alameda	Provide Title/ Expla	C	oate(s)	<u> 16                                   </u>	07 9 23
	Ticket(s)/Pass(es) provided		nation ■ If	no. Alamed	la County Fair	
	Hoket(o)/H doo(oo) provided	by agonoy. Tos			Mama of Course	
	Was ticket distribution made	e at the behest Yes	□ No ■ If	yes: Tam, L	ena Official's Name (Last, First	9
	of agency official?				Omolar a Mario (Eddi, 1 noi	,
_	Decinionto					
3.	Recipients • Use Section A to identify the ager	ocy's department or unit •	Use Section B to i	dentify an individ	ual. Use Section C to iden	tify an outside organization.
	- Ose Section A to identify the ager	icy's department or unit.	Number	I		
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/	Describe th	ne public purpose made p	ursuant to the agency's policy
			Passes			
				-		
			Number			
	B. Name of Ind (Last, Fit		of Ticket(s)/ Passes		Identify one of the	of following:
				Cerer	monial Role  Other	Income
	Li, Cece		2	If checking "Ceremonial Role" or "Other" describe below:		
				To promote	e County resources o	r facilities available to Co
				Cerei	monial Role  Other	Income
			1	If chec	cking "Ceremonial Role" or "Other"	describe below:
	Name of Outside C	Organization	Number of Ticket(s)/	Describe to	he nublic nurpose made p	ursuant to the agency's policy
	C. Name of Outside C	d description)	of Ticket(s)/ Passes	Beschibe	no pasno parposo220 p	
_						
4.	Verification					
	I have read and understand FF	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
	with the requirements.				711000	
		<ul> <li>Sergio Ardila</li> </ul>	3	Sup	ervisor's Assistant	<u> </u>
	Signature of Agency Head or Desig	nee F	Print Name		Title	(month, day, year)
	Commont:					
	Comment:					

A name at Name	10 0.770 7.7010 0.77			D-1- 01- ···	California
. Agency Name		Date Stamp	California 802		
Alameda County	and the same time to be to				For Official Use Only
Division, Department, or Reg	ion (it applicable)				
Board of Supervisors				]	
Designated Agency Contact	Name, Title)				
Sergio Ardila				Amendment (Must i	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail			]	
(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filing:	(month, day, year)
. Function or Event Infor	mation				\$18
Does the agency have a tick		110 🗀		Each Ticket/Pass \$ _	
Event Description: Alameda	County Fair	D	ate(s) 06	<u>, 16 , 23 </u>	07 , 9 , 23
Event Description.	Provide Title/ Explar	ation			
Ticket(s)/Pass(es) provided	by agency? Yes [	□ No 🔳 If	no: Alamed	a County Fair	
, , , , , ,			yes: Tam, Le	Name of Source	
Was ticket distribution made	at the behest Yes [	□ No ■ If	yes:	Official's Name (Last, First)	
of agency official?					
. Recipients					····
<ul> <li>Use Section A to identify the ager</li> </ul>	cy's department or unit.		dentify an individu	ual. Use Section C to ident	iry an outside organization.
A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
		1 45555			
5		Normhau			
B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the	following:
/			Ceren	nonial Role  Other	Income
Kurpiesi, Michael		2	1	king "Ceremonial Role" or "Other" o	
rtarpress, resources			To promote	e County resources or	facilities available to Cor
				monial Role  Other  Other  Other  Other  Other  Other  Other	
×		ļ			
Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
-					
. Verification					
I have read and understand Fl	C Regulations 18944	1.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
with the requirements.					0 ,101/-
	Sergio Ardila		Sup	ervisor's Assistant	7/14/2
Signature of Agency Head or Desig		rint Name	_ = =	Title	(month, day, year)
· · · · · · · · · · · · · · · · · · ·					
Comment:					
Comment					

1	Agency Name				Date Stamp	California OOO	
	•				Date ottamp	Form 802	
	Alameda County  Division, Department, or Reg	ion (if applicable)			-	For Official Use Only	
	<del>-</del>	ion (ii applicable)					
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Sergio Ardila	Sergio Ardila				Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			] —		
	(510) 272-6693	sergio.ardila@acg	ov.org		Date of Original Filing	(month, day, year)	
_						(, 23), 7227	
2.	Function or Event Infor	mation				\$18	
	Does the agency have a tic				Each Ticket/Pass \$ _	——————————————————————————————————————	
	Event Description: Alameda	a County Fair		late(s) 06	<u>16</u> <u>23</u>	07 , 9 , 23	
	Event bescription.	Provide Title/ Expla	anation				
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■ If no: Alam				a County Fair	-	
			110	Tam L	Name of Source		
	Was ticket distribution made	e at the behest Yes	□ No ■ If	yes: Tam, Le	Official's Name (Last, First	·)	
	of agency official?				Omorar o rvanio (2404) i nov	,	
-							
3.	•						
	Use Section A to identify the ager	ncy's department or unit.		dentify an individu	ual. Use Section C to iden	tiry an outside organization.	
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy	
			1 43363				
			Number				
	D.	Name of Individual (Last, First)			Identify one of the following:		
	(		Passes	0	monial Role  Other	Income 🔲	
	Hughes, Aaron		2	1	king "Ceremonial Role" or "Other"		
	riughes, Aaron			To promote	- County resources o	r facilities available to Co	
					<u>-</u>		
				1	monial Role  Other		
				n cnec	cking "Ceremonial Role" or "Other"	uescribe below,	
	-						
	1 -	Name of Outside Organization		Describe th	he public purpose made p	ursuant to the agency's policy	
	(include address and	d description)	of Ticket(s)/ Passes				
	y <del></del>						
1	Verification		-d				
→.		DDC Populations 1904	11 and 19012	I have verified	that the distribution set	forth above, is in accordance	
	with the equirements.	PC Regulations 1694	4.1 anu 10942.	i nave vermeu	that the distribution set	Torur above, is in accordance	
	- don onto				ervisor's Assistant	2/101/72	
		Sergio Ardila		Sup	Title	771765	
	Signature of Agency Head or Desig	пее	Print Name		nue	(month, day, year)	
	Comment:						

Comment: \_\_\_\_

ameda County Fair  Provide Title/ Explar  pvided by agency? Yes [	■ No □ Fa	Date Stamp  California 802 Form For Official Use Only  Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing:
ber E-mail sergio.ardila@acgo Information e a ticket policy? Yes Image and a County Fair  Provide Title/ Explant  Ovided by agency? Yes [	■ No □ Fa	Date of Original Filing:
sergio.ardila@acgo Information e a ticket policy? Yes I ameda County Fair  Provide Title/ Explant ovided by agency? Yes [	■ No □ Fa	ace Value of Each Ticket/Pass \$ \$18  ate(s) 16 23 07 9 23
sergio.ardila@acgo Information e a ticket policy? Yes I ameda County Fair  Provide Title/ Explant ovided by agency? Yes [	■ No □ Fa	ace Value of Each Ticket/Pass \$ \$18  ate(s) 16 23 07 9 23
sergio.ardila@acgo  Information e a ticket policy? Yes I ameda County Fair  Provide Title/ Explain ovided by agency? Yes [	■ No □ Fa	ace Value of Each Ticket/Pass \$ \$18  ate(s) 16 23 07 9 23
sergio.ardila@acgo  Information e a ticket policy? Yes I ameda County Fair  Provide Title/ Explain ovided by agency? Yes [	■ No □ Fa	ace Value of Each Ticket/Pass \$ \$18  ate(s) 16 23 07 9 23
Information e a ticket policy? Yes ameda County Fair  Provide Title/ Explan ovided by agency? Yes	■ No □ Fa	ace Value of Each Ticket/Pass \$ \$18  ate(s) 16 23 07 9 23
e a ticket policy? Yes ameda County Fair  Provide Title/ Explar  pvided by agency? Yes [	Da	ate(s)
ameda County Fair  Provide Title/ Explar  pvided by agency? Yes [	Da	ate(s)
ovided by agency? Yes [	ation	
ovided by agency? Yes [	□ No ■ If	Alameda County Fair
n made at the behest Yes [		1101
i made at the benest Yes [	= If:	yes:  Name of Source  Yes: Tam, Lena
	_ No ■ "	yesOfficial's Name (Last, First)
the agency's department or unit. •	Use Section B to id	dentify an individual. Use Section C to identify an outside organization.
cy, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
e of Individual	Number	Identify one of the following:
(Last, First)	Passes	
Garcia, Marisol		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:  To promote County resources or facilities available to Co
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
utside Organization ress and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
tand EPPC Regulations 18944	1.1 and 18942. I	I have verified that the distribution set forth above, is in accordan
)		Supervisor's Assistant 7/19/2
	the agency's department or unit.  cy, Department or Unit  e of Individual (Last, First)  utside Organization ress and description)	the agency's department or unit. *Use Section B to id  Number of Ticket(s)/ Passes  e of Individual (Last, First)  2  Number of Ticket(s)/ Passes  2  Land EPPC Regulations 18944.1 and 18942.

1. Agency Name				Date Stamp	California 802
Alameda County					For Official Use Only
Division, Department, or Region	1 (if applicable)				l or small, cos smy
Board of Supervisors					
Designated Agency Contact (Na	nme,Title)				
Sergio Ardila				Amendment (Must I	Provide Explanation in Part 3.)
	-mail				
(510) 272-6693	ergio.ardila@acgov	org.		Date of Original Filing:	(month, day, year)
2. Function or Event Informa	ation				¢10
Does the agency have a ticket	t policy? Yes	I No □ F	ace Value of	Each Ticket/Pass \$	\$18
Event Description: Alameda C	County Fair	D	ate(s)06	, 16 , 23	07 9 23
Ticket(s)/Pass(es) provided by	Provide Litte/ Explana	ation ] No <b>II</b> If	no: Alamed	a County Fair	
100		If	yes: Tam, Le	Name of Source ena	
Was ticket distribution made a of agency official?	it the benest Yes	」No∎ "	yes	Official's Name (Last, First)	
3. Recipients  • Use Section A to identify the agency	's department or unit. • U	Jse Section B to ic	lentify an individu	ual. Use Section C to ident	ify an outside organization.
A. Name of Agency, Departs	ment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
B. Name of Individ	dual	Number of Ticket(s)/		Identify one of the	following:
(Last, First)		Passes	Ceren	nonial Role  Other	Income 🔲
Garcia, Ana		2	If chec	king "Ceremonial Role" or "Other" d	lescribe below:
					r facilities available to Co
				nonial Role	
C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
4. Verification I have read and understand FPP	C Regulations 18944.	1 and 18942.	l have verified	that the distribution set	forth above, is in accordance
with the regulation ats.	Sergio Ardila		Sup	ervisor's Assistant	7/19/73
signature of Agency Head or Designee	`	int Name		Title	(month, day, year)
Comment:					

Cerem	onial Role Even	ts and Ticket/Pa	ass Distril	butions	Α	Public Document
. Agen	cy Name				Date Stamp	California 802
	eda County					T OITH
Divisio	on, Department, or Regi	on (if applicable)				For Official Use Only
Board	of Supervisors					
Design	nated Agency Contact (	Name, Title)			1	
Sergio	o Ardila				Amendment (Must P	Provide Explanation in Part 3.)
_	Code/Phone Number	E-mail			Amendment (mast)	Total Explanation in Factory
(510)	272-6693	sergio.ardila@acgo	v.org		Date of Original Filing:	(month, day, year)
. Func	tion or Event Infor	mation				\$18
Does	the agency have a tick	ket policy? Yes ▮	■ No 🔲 📑	ace Value of	Each Ticket/Pass \$	\$10
Event	Description: Alameda	County Fair	D	ate(s)	<u>, 16 , 23 </u>	07 9 23
Ticket	t(s)/Pass(es) provided	Provide Title/ Explar by agency? Yes [	ation ☐ No ■ If	no: Alamed	a County Fair	r:
	(-) ===(==) p.=aoa	) NO 1 ) 1 100 E			Name of Source	
	icket distribution made gency official?	e at the behest Yes [	□ No ■ If	yes: <u>Tam, Le</u>	Official's Name (Last, First)	·
	cipients Section A to identify the ager	ncy's department or unit.	Use Section B to ic	dentify an individu	ual. Use Section C to identi	fy an outside organization.
Α.	Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
-	Mana of tad		Number		Identify one of the	fallowing
В.	Name of Ind (Last, Fir		of Ticket(s)/ Passes		identity one of the	ionownig.
Ferr	reira, Stacy		2		monial Role Other Other or "Other" de	-
				To promote	e County resources or	facilities available to Co
\ <u></u>					monial Role	
C.	Name of Outside C		Number of Ticket(s)/ Passes	Describe ti	he public purpose made pu	rsuant to the agency's policy
4. Verif		PP Regulations 18944	1 1 and 18942	I have verified	that the distribution set :	forth above, is in accordanc
	he Teni i ements	Sergio Ardila			ervisor's Assistant	7/16/n
	-	Sergio Aidila	rint Name		Title	(month, day, year)

Comment: \_\_\_\_\_

Agency Report of: Ceremonial Role Event	s and Ticket/P	ass Distri	butions	A	A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					101111
Division, Department, or Regi	on (if applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (	Vame, Title)				
Sergio Ardila				Amendment (Must	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail			<del>-</del>	
(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filing	(month, day, year)
2. Function or Event Inform	mation				\$18
Does the agency have a tick	et policy? Yes			Each Ticket/Pass \$ =	
Event Description: Alameda	County Fair		Date(s)	, 16 , 23	07 / 9 / 23
Ticket(s)/Pass(es) provided	Provide Title/ Explai	nation		a County Fair	
ποποτίου, πασσίαση μη πασσί		2000		Name of Source	
Was ticket distribution made	at the behest Yes [	□ No 🔳 📑	f yes: Tam, Le	Official's Name (Last, First	t)
of agency official?				,	,
3. Recipients  • Use Section A to identify the agen  A. Name of Agency, Depa		Use Section B to i Number of Ticket(s)/ Passes			tify an outside organization. ursuant to the agency's policy
B. Name of Indi (Last, Fire Chandler, Emily		Number of Ticket(s)/ Passes	If chec	Identify one of the nonial Role  Other  Other  Or "Other"	Income 🔲

4	10.1	,					4 8		
4.	M	0	rı	fi	r	а	Ť١	0	n
т.	w	•			·	ч	••	v	

C.

10/11/04/10/1	
I have read and understand FPPC Regulations 18944.1 and 1894	2. I have verified that the distribution set forth above, is in accordance
with the requirements.	

Number of Ticket(s)/ Passes

Sergio Ardila Supervisor's Assistant 9/10/23
Signature of Agency Head or Designee Print Name Title (month, day, year)

Ceremonial Role

Other

Describe the public purpose made pursuant to the agency's policy

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

Comment: \_\_\_\_\_

Income ...

Name of Outside Organization

(include address and description)

Ceremonial Role Events and Ticket/Pass Distributions	A	A Public Document
I. Agency Name	Date Stamp	California 802
Alameda County		
Division, Department, or Region (if applicable)		For Official Use Only
Board of Supervisors		
Designated Agency Contact (Name, Title)		

	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sergio Ardila				Amendment (Must Pro	ovide Explanation in Part 3 )
	Area Code/Phone Number	E-mail			Amendment (Masters	ovide Explanation in Fait 3.)
	(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				\$18
	Does the agency have a tic		■ No 🗆		Each Ticket/Pass \$	Ψ10
	Event Description: Alameda	a County Fair		Date(s)06		07 9 23
	Ticket(s)/Pass(es) provided	Provide Title/ Explain by agency? Yes [	No 🔳	If no: Alamed	Name of Course	
	Was ticket distribution made of agency official?	e at the behest Yes [	□ No ■	If yes: Tam, Le	Official's Name (Last, First)	
3.	Recipients  • Use Section A to identify the ager	ncy's department or unit. •	Use Section B to	o identify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Dep		Number of Ticket(s) Passes		e public purpose made purs	
	B. Name of Ind	ividuał	Number of Ticket(s)	,	Identify one of the fo	bllowing:
	(Last, Fi		of Ticket(s). Passes			
	Bybee, Crystal		2	If chec	nonial Role Other Microsoft Officer Microsoft Officer	cribe below:
				To promote	County resources or t	acilities available to Cor
					nonial Role Other Ming "Ceremonial Role" or "Other" des	Income C
	Name of Outside C		Number of Ticket(s) Passes	/ Describe th	ne public purpose made purs	suant to the agency's policy
4.	Verification I have read and understand FI with the requirements.	PPC Regulations 18944	1,1 and 1894	2. I have verified	that the distribution set fo	orth above, is in accordance
	The road of the same of the sa	Sergio Ardila		Sup	ervisor's Assistant	7/19/23
	Signature of Agency Head or Desig	nee P	rint Name		Title	(month, day, year)

Comment: \_

Agency Report of: Ceremonial Role Even	ts and Ticket/Pa	ss Distri	butions	Α	Public Document
1. Agency Name				Date Stamp	California 202
Alameda County					Form OUZ
Division, Department, or Reg	on (if applicable)				For Official Use Only
Board of Supervisors  Designated Agency Contact (	Name, Title)				
Sergio Ardila				Amendment (Must P	rovide Explanation in Part 3.)
Area Code/Phone Number	E-mail			Amendment (mast)	TOVIGO Explanation in Fart o.y
(510) 272-6693	sergio.ardila@acgov.	org		Date of Original Filing: .	(month, day, year)
Function or Event Information     Does the agency have a tick     Event Description: Alameda     Ticket(s)/Pass(es) provided     Was ticket distribution made of agency official?	xet policy? Yes ■ County Fair  Provide Title/ Explanat by agency? Yes □	No If	oate(s)	Each Ticket/Pass \$	\$18 07 , 9 , 23
3. Recipients  • Use Section A to identify the agen		e Section B to id			
A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
-					-

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Bibian, Marisol	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:  To promote County resources or facilities available to Cou
		Ceremonial Role Other 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

т.	•	v	•	10	u	 v	•

Comment: \_\_

	egulations 16944. Fand 16942. Fi	mave vermed that the distribution set for t	rabove, is in accordance
vith the requirements.	Sergio Ardila	Supervisor's Assistant	7/19/23
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Print

Clear

C	eremonial Role Even	ts and Ticket/P	A Public Document						
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)							
	Sergio Ardila				Amandment /Must	Provide Explanation in Part 3 )			
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)				
	(510) 272-6693	ov.org		Date of Original Filing	(month, day, year)				
<del></del>	Function or Event Infor	mation			-	0.10			
	Does the agency have a ticl	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$ _	<u>\$18</u>			
	Event Description: Alameda			rate(s) 06	, 16 , 23	07 , 9 , 23			
	Event Booonpaon.	Provide Title/ Expla	nation						
	Ticket(s)/Pass(es) provided	by agency? Yes	-		a County Fair				
	Was ticket distribution made	at the behest was	□ No ■ If	yes: Tam, Le	ena				
	of agency official?	s at the beliest fest	□ NO ■	,	Official's Name (Last, First				
_									
3.	Recipients  • Use Section A to identify the ager	ncy's department or unit. •	Use Section B to id	dentify an individu	ual. Use Section C to ident	tify an outside organization.			
		Number							
	A. Name of Agency, Depart	of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy				
			Number						
	B. Name of Ind (Last, Fir		of Ticket(s)/ Passes		Identify one of the following:				
				Ceren	emonial Role Other Income				
	Basaldua, Trinidad		2	If chec	ecking "Ceremonial Role" or "Other" describe below:				
				To promote	e County resources o	r facilities available to Co			
				Cerer	nonial Role  Other	Income _			
				If chec	king "Ceremonial Role" or "Other"	describe below:			
			Number	-					
	C. Name of Outside C		of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy			
	-		1 43363						
4.	Verification								
	I have read and understand FI	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance			
	with the requirements.			_		0/10/7			
		Sergio Ardila		Sup-	ervisor's Assistant	+/14/6.			
	Signature of Agency Head or Desig	nee F	Print Name		Title	(month, day, year)			
	Comment:								

C	eremonial Role Even	its and licket/P	ass Distri	butions	Α	Public Document	
1.	Agency Name			Date Stamp	California Q02		
	Alameda County					Form OUZ	
	Division, Department, or Reg	jion (if applicable)				For Official Use Only	
	Board of Supervisors						
	<b>Designated Agency Contact</b>	(Name,Title)					
	Sergio Ardila				Amendment (Must Pri	ovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				•	
	(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tic	ket policy? Yes	■ No 🗆 F	ace Value of I	Each Ticket/Pass \$	\$18	
	Event Description: Alameda	a County Fair  Provide Title/ Explai	D	ate(s)	, 16 , 23	07 9 23	
	Ticket(s)/Pass(es) provided	•	□ No 🔳 If	no: Alamed	a County Fair		
	Mar tiplest distribution mod	a at the beheat F	If	yes: Tam, Le	ena		
	Was ticket distribution made of agency official?	e at the penest Yes [	□ No 🔳 🖽	ycs	Official's Name (Last, First)	;	
3.	Recipients						
	• Use Section A to identify the age	ncy's department or unit. •	Use Section B to Id	dentify an individu	ıal. Use Section C to identify	an outside organization.	
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy	
		Number					
	B. Name of Ind (Last, Fi		of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
	Arreola, Juan Carlos		2		monial Role Other Income Income Cking "Ceremonial Role" or "Other" describe below:		
				To promote County resources or facilities available to Co			
	4				nonial Role Other City Other City "Ceremonial Role" or "Other" des	Income C	
	Name of Outside C	•	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy	
	3 <del>-</del>						
<b>1</b> .	Verification	SALOSA*					
	I have read and understand FI with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance	
	The respondence of the	Sergio Ardila		Supe	ervisor's Assistant	7/19/2	

Ι.	Agency Name				Date Stamp	California 802			
	Alameda County					101111			
	Division, Department, or Reg	on (if applicable)			1	For Official Use Only			
	Board of Supervisors								
	Designated Agency Contact (	Name, Title)							
	Sergio Ardila				D Amondment (M. 46	1			
	Area Code/Phone Number	E-mail			Amenament (Must P	rovide Explanation in Part 3.)			
	(510) 272-6693	sergio.ardila@acg	ov.org		Date of Original Filing:(month, day, year)				
	Function or Event Infor	mation							
	Does the agency have a tick	et policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	\$18			
	Event Description: Alameda			oto(s) 06	<u> 16                                   </u>	07 , 9 , 23			
	Event Description:	Provide Title/ Expla	anation						
	Ticket(s)/Pass(es) provided		□ No ■ If	no: Alamed	la County Fair				
			1.5	yes: Tam, L	Name of Source ena				
	Was ticket distribution made	at the behest Yes	□ No 🔳 II	yes.	Official's Name (Last, First)				
	of agency official?								
3.	Recipients								
•	Use Section A to identify the agent	cy's department or unit.	ual. Use Section C to identi	fy an outside organization.					
		Name of Agency, Department or Unit			blis wyrmae'n made nyr	rought to the grangula nation			
	A. Name of Agency, Depa	of Ticket(s)/ Passes	Describe tr	ne public purpose made pui	suant to the agency's policy				
		<u></u>							
			1						
			Number		Identify and of the followings				
	B. Name of Indi		of Ticket(s)/ Passes	Identify one of the following:					
				Cerer	monial Role Other	Income			
	Thabit, Osama		4T	If checking "Ceremonial Role" or "Other" describe below:					
				To promote County resources or facilities available to Cor					
				Cerer	monial Role Other	Income			
					cking "Ceremonial Role" or "Other" de	escribe below:			
	Name of Outside O	rganization	Number	Decaribe ti	ha nublia nurnosa mada nu	rsuant to the agency's policy			
	C. (include address and		of Ticket(s)/ Passes	Describe ti	ne public purpose made pu	isdant to the agency's policy			
						1.			
1	Verification		-						
(0)	I have read and understand FF	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set t	forth above, is in accordance			
	with the requirements.	. C , togalations 1001	100121						
		Sergio Ardil	<b>a</b>	Sup	ervisor's Assistant	07/27/23			
	Signature of Agency Head or Design		Print Name		Title	(month, day, year)			
	• • •								
	Comment:								

١.	Agency Name				Date Stamp	California Q02				
	Alameda County			Form OUZ						
	Division, Department, or Reg	ion (if applicable)			-	For Official Use Only				
	Board of Supervisors									
	Designated Agency Contact (	Name, Title)								
	Sergio Ardila				Amendment (Must I	Provide Explanation in Part 3.)				
	Area Code/Phone Number	E-mail			Amendment (wost)	Tovido Expranadon III I alt 3.)				
	(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing:(month, day, year)					
2.	Function or Event Infor	Function or Event Information  Does the agency have a ticket policy? Yes No ☐ Face Value of Each Ticket/Pass \$ icket \$18 Parking \$15								
	Does the agency have a tick	ket policy? Yes I	■ No□ F	ace Value of	Each Ticket/Pass \$ _	cket \$18 Parking \$15				
	Event Description: Alameda	County Fair  Provide Title/ Explain	D	ate(s)	, 16 , 23	07 , 09 , 23				
	Ticket(s)/Pass(es) provided	·	□ No 📰 If	no: Alamed	a County Fair  Name of Source	<del></del>				
	Was ticket distribution made	at the behest Yes [	□ No 🔳 lf	yes: Tam, Le	Name of Source ena 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.									
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	rsuant to the agency's policy						
						<del></del>				
	U.	Name of Individual (Last, First)			Identify one of the following:					
				1	nonial Role Other king "Ceremonial Role" or "Other" d					
				1	nonial Role  Other  Other  Cking "Ceremonial Role" or "Other" d					
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy				
	Lincoln Square Park and F	Recreation Center	56T 2P	To promote	County resources or	facilities available to Cou				
	250 10th St Oakland									
1	Verification									
*.	I have read and understand FP	PC Regulations 18944	!.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance				
	with the requirements	Sergio Ardila	ervisor's Assistant	2/12/12						
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)				
	Comment:									

-3 1					
Ceremonial	Role	<b>Events</b>	and	Ticket/Pass	<b>Distributions</b>

Δ	Pu	ıbl	lic	Do	CH	m	enf	ŀ
~	- T		116.	1 / 5 /	16	1 2 1.4	H 11	и

_							
	Agency Name				Date Stamp	California 802	
	Alameda County					Form 002	
	Division, Department, or Region	on (if applicable)				For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (A	Name Title)			-		
		iamo, riao,					
	Sergio Ardila				Amendment (Must	Provide Explanation in Part 3.)	
		E-mail					
	(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filing	(month, day, year)	
_	Function or Event Inforn	nation					
••						\$18	
	Does the agency have a tick				Each Ticket/Pass \$ _		
	Event Description: Alameda	County Fair	D	ate(s)	<u> 16 , 23 </u>	07 , 9 , 23	
	2.00.00000	Provide Title/ Explan	nation				
	Ticket(s)/Pass(es) provided b	by agency? Yes [	\rbrack No 🔳 If	no: Alamed	la County Fair		
				yes: Tam, Le	Name of Source ena		
	Was ticket distribution made	at the behest Yes	🗌 No 🔳 🏻 It	yes:	Official's Name (Last, First	·)	
	of agency official?					•	
_							
3.	Recipients						
	Use Section A to identify the agence	:y's department or unit. • l	Use Section B to id	dentify an individu	ual. Use Section C to iden	tity an outside organization.	
	A. Name of Agency, Depar	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy	
			Passes				
	Y						
	B. Name of Indiv	/idual	Number		Identify one of the	e following:	
	(Last, Firs		of Ticket(s)/ Passes		racinally one or an	•	
				Cerer	monial Role Other	Income	
	Garcia, Marisol		2	If checking "Ceremonial Role" or "Olher" describe below:			
				To promote	e County resources o	r facilities available to Co	
	3-14-1			<u> </u>		_	
					monial Role Other Other Cking "Ceremonial Role" or "Other"		
	C. Name of Outside Or		Number of Ticket(s)/	Describe th	he public purpose made p	ursuant to the agency's policy	
	(include address and	description)	Passes				
	·						
_							
1.	Verification						
	I have read and und stand FPI	PC Regulations 18944	.1 and 18942.	I have verified	that the distribution set	torth above, is in accordance	
	with the requirements,					0 /2 /22	
		Sergio Ardila		Sup	ervisor's Assistant	<u> </u>	
	Signature of Agency Head or Designo	ee Pr	rint Name		Title	(month, day, year)	
	Comment:						

Ceremonial Role Events and Ticket/Pass Distributions	Α	A Public Document			
1. Agency Name	Date Stamp	California 802			
Alameda County					
Division, Department, or Region (if applicable)	7	For Official Use Only			
Board of Supervisors					

	Alameda County					Form UUZ		
	Division, Department, or Regi	ion (if applicable)				For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (	(Name, Title)						
	Sergio Ardila				Amendment (Must F	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Amendment (wost)	TOVIGO EXPIBITATION III T BIT 5.7		
	(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filing:	(month, day, year)		
2.	Function or Event Information					<b>#</b> 40		
	Does the agency have a tick	■ No 🗆		Each Ticket/Pass \$ _	\$18			
	Event Description: Alameda	County Fair		Date(s)	, 16 , 23	07 , 9 , 23		
		Provide Title/ Explai	nation					
	Ticket(s)/Pass(es) provided	by agency? Yes [	10000	If no: Alamed	Manage of Course	11-3-		
	Was ticket distribution made	at the hehest var	T. Na 🗐	If yes: Tam, Le	ena			
	of agency official?	s at the beliest Yes [	_ INO ■	,	Official's Name (Last, First)			
	or agency emolar.							
3.	Recipients							
	Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individu	ual. Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy		
	<del></del>	v.						
	,							
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the following:			
					nonial Role Other	Income _		
	Colon, Melainie		2	If checking "Ceremonial Role" or "Other" describe below:				
	\$			To promote	County resources or	facilities available to Co		
					nonial Role Other Cking "Ceremonial Role" or "Other" d			
	Name of Outside O (include address and	•	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's polic				
_								
1.	Verification							
	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942	2. I have verified	that the distribution set	forth above, is in accordance		
1	with the requirements.	Commis Andres		C	andoorla Assistant	2/22/20		
/	Officeture of Agency Lload or Design	Sergio Ardila	rint Name	Supe	ervisor's Assistant	month day look		
•	Sonature of Agency Head or Design	100 P	init ivanie		Title	(month, dáy, year)		

Comment:\_

Clear

C	eremonial Role Even	ts and Ticket/P	ass Distri	butions		A Public Document		
1.	Agency Name		Date Stamp	California 802				
	Alameda County							
	Division, Department, or Reg	ion (if applicable)				For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)						
	Sergio Ardila				Amandmont (16:	A Describe Franchism in Dord 2.)		
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)			
	(510) 272-6693	sergio.ardila@acgo	Date of Original Filing	g:(month, day, year)				
2.	Function or Event Infor	mation			5	<b>\$10</b>		
	Does the agency have a tic	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	\$18		
	Event Description: Alameda	a County Fair	poetion		16 , 23	07 , 9 , 23		
	Ticket(s)/Pass(es) provided		🔲 No 🔳 If	no: Alamed	a County Fair			
	, , , , , ,		_	Tam !	Name of Source			
	Was ticket distribution made of agency official?	e at the behest Yes	□ No ■ <sup>If</sup>	yes:	Name of Source ena Official's Name (Last, Fire	st)		
3.	Recipients		ties Costion C to ide	ntifican autoida assaulintian				
	Use Section A to identify the age		dentify an individi	ual. Use Section C to ide	ntily an outside organization.			
	A. Name of Agency, Dep	Number of Ticket(s)/ Passes	Describe th	ne public purpose made բ	pursuant to the agency's policy			
	B. Name of Ind	Number of Ticket(s)/		Identify one of the following:				
	(Last, Fi	rst)	Passes					
	Rose, Gina		2	Ceremonial Role Other Incor				
	11030, Olila			To promote County resources or facilities available to Co				
		N.			nonial Role Other Incom			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's polic			
_								
4.	Verification I have read and understand Fl	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution se	et forth above, is in accordance		
	With the Equipments.  Sergio Ardila			Supervisor's Assistant 7/27/23				
	Signature of Agency Head or Desig	nee F	Print Name		Title	(month, day, year)		
	Comment:							

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	Agency Name				Date Stamp	California	802
	Alameda County					Form	
	Division, Department, or Region (if a	pplicable)				For Official	Use Only
	Board of Supervisors						
	Designated Agency Contact (Name,7	itle)					
	Heather Cartwright	Amendment (Must Pro	vide Explanation in	Part 3.)			
	Area Code/Phone Number   E-mai				Amenament (mass 10	wao Exprendaon ii	, un e.,
	(510) 272-6691 heath	ner.cartwright2(	@acgov.org		Date of Original Filing:	(mont <b>h</b> , day, yea	r)
2.	Function or Event Informatio	n			¢	10 tiv/ 015 pe	rking
	Does the agency have a ticket pol	icy? Yes ■	No ☐ Fa	ice Value of	Each Ticket/Pass \$	518 tix/ \$15 pa	arking
	Event Description: Alameda Cour	ity Fair	ation			July 9	2022
	Ticket(s)/Pass(es) provided by age		] No ■ If i	no: Alamed	a County Fair		
	Ticket(s)/i doo(co) provided by dg	, , , , , , ,		Name of Source			
	Was ticket distribution made at the	behest Yes	] No 🔳 If	yes: Hauber	Official's Name (Last, First)		
	of agency official?				,		
3.	<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section B to identify an individual</li> </ul>				ual. Use Section C to identify	an outside organi	zation.
	A. Name of Agency, Department	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agend	cy's policy	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	icket(s)/ Identify one of the following:				
					nonial Role Other Other king "Ceremonial Role" or "Other" desc		Income 🗌
					nonial Role Other Other king "Ceremonial Role" or "Other" desc		Income
	Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agen	cy's policy
	Alameda County Building Trade	es-7750 Parde	12tix/4park	To promote	e County-run, sponsore	d or supporte	d commun
	Coalition of 28 affiliated unions						
4. Verification  I have read and understand FPPC Regulations 18944.  with the requirements.  Heather D. Ca					that the distribution set fo ervisor's Assistant Title	orth above, is in	1/wy
	Signature of Agency Head or Designee	FI	IIII (TMITTE			1	
	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 **Date of Original Filing:** (510) 272-6691 heather.cartwright2@acgov.org (month, day, year) 2. Function or Event Information \$18 tix/ \$15 parking Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Alameda County Fair Date(s) June 2023 July 2023 Provide Title/ Explanation If no: Alameda County Fair 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: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 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 of Ticket(s)/ C. (include address and description) Passes To promote County-run, sponsored or supported commun Livermore Wine Growers Association-3585 8tix/1park To advance, protect & promote the quality wir 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. feather D. Cartwright Supervisor's Assistant Title Signature of Agency Head or Designee Print Name (month, day, yea

Clear

Comment:

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California 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 **Date of Original Filing:** heather.cartwright2@acgov.org (510) 272-6691 (month, day, year) 2. Function or Event Information \$168.00 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes ■ No □ Event Description: Alameda County Fair Date(s) June / 16 July 2023 Provide Title/ Explanation If no: \_Alameda County Fair 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: В. of Ticket(s)/ (Last, First) Passes Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 1 Jennings, Estella To promote County resources or facilities available to C Other  $\square$ Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: 1 Zhou, Tammy To promote County resources or facilities available to Ca 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.

Heather D. Cartwright Sup

Supervisor's Assistant

Title

(month, day year)

Comment: \_\_\_\_\_

Signature of Agency Head or Designee

Print Name

**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** Date of Original Filing: (510) 272-6691 heather.cartwright2@acgov.org (month, day, year) 2. Function or Event Information \$18 tix/\$15 parking Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ■ No □ Event Description: Alameda County Fair Date(s) June July 2023 Provide Title/ Explanation If no: Alameda County Fair 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: В. of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 250tix/10p Various (See attached list) To promote attendance at events held a County facility in 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 FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Heather D. Cartwright Supervisor's Assistant O//W/
Signatule of Agency Head or Designee Print Name Title (month, day, year)

with the Requirements.

Comment:

MATRICE CO.	Organization	Phone #	Eriand of Enir	# Parking Pace	Butler Honorary Amusement Pass (Reusable)	Reasor	1 Email
Nume	Cirpanitation	PROJE W	O C		0	19	
TICKETS REMAINING						-	
TICKET VALUE			\$18	51	5	561	
SECTION A - COUNTY EMPLOYEES						-	
Ernest Hang	ITD		4				ernest.hong@acgov.org
Jeff Voetsch	ПО		2				Jeff.voetsch@acgov.org
Fremont Office			30				
Pleasanton Office			152				
SECTION B - INDIVIDUALS							
		FRIEND OF FAIR					
Gloria Olson	Fremont Constituent	<b>510-797-5839</b>	8				
Linda Randell	Hayward Constituent		4				
Tim Sbranti			2				
Thelma Cabrera	Pleasanton Constituent		4				tpcabrera@yahoo.com
Tammy Zhou			5				
Derek Ko			4				
Yolanda Chan			4				
Estella Jennings			5				
Maria Chavez			2				
Domínic Trampetti			4				
		PARKING PASS RECIPIENTS					
Tim Sbranti					1		
Dominic Trampetti					1		
Pleasanton Office					8		
		BUTLER HONORARY AMUSEMENT	PASS				
Tammy Zhou						1	
Estella Jennings						1	
Lucia sermings							
				•			
SECTION C - OUTSIDE ORGANIZATIONS							
Alameda County Building Trades			12		4		
Livermore Wine Growers Association			8		1		

	. Agency Name				Date Stamp	California 802	
	Alameda County				ļ ļ	Form UUZ	
	Division, Department, or Regi	on (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)					
	Gabriela Christy						
	Area Code/Phone Number	E-mail			Amendment (Must provi	ide explanation in Part 3.)	
	(510) 272-6692	Gabriela.Ch	risty@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation					
	Does the agency have a ticket		Yes⊠ No [	Face Value o	f Each Ticket/Pass \$	18/15	
	Event Description 2023 Alam	eda County F	air	Date(s) 06	16 , 23		
	Lvent Description	Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by	/ agency?	Yes ☐ No 🖸	If no: Alamed	da County  Name of Source		
	AAA	1. (1 1 1 4		Margi			
	Was ticket distribution made a of agency official?	t the benest	No ☐ Yes 🛭	If yes: Marqu	uez, Elisa- Supervisor Di	t, First)	
_							
	Recipients  • Use Section A to identify the agency	/'s department or	unit. • Use Sect	ion B to identify an individu	ual. • Use Section C to identify	an outside organization.	
	A. Name of Agency, Departme		Number of		lic purpose made pursuant to		
	At Name of Agency, Departme		Ticket(s)/ Pass(es)	20001120 tilo pai	ne public purpose made pursuant to the agency's policy		
		, A					
			Number of				
	B. Name of Individua (Last, First)	i	Ticket(s)/ Pass(es)		Identify one of the following	:	
					community or his or her service	Income	
	Gonzalez, Alejandro		<del>-</del>				
			5	to the publi			
			1 1	To reward a			
	Rodriquez, Itzel					Income	
			5		his or her service		
				to the public			
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe and part	The state of the s	e agency's policy	
	(include address and des	cription)	Pass(es)				
			-				
•	Verification	lations 190// 4	d 190/2   hous	ified that the distribution set f	ingth shows is in secondaries with the	ha raquiromonto	
	I have read and understand FPPC Requi	เสนบทร 10944.1 <b>an</b>				ine requirements.	
	Signature of Agency Head or Designee		Gabriela Ch		Supervisor's Assistant	(Month Day, Year)	
	orginature or Agency mead or pesignee		riiii, Ndiile		2100	(World Day, rear)	
	Comment:						

						711 dono bocament
1.	Agency Name			Date Stamp	California 202	
	Alameda County					Form OUZ
	Division, Department, or Region (If Applicable)				1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
		. ,				
	Gabriela Christy  Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6692		risty@acgov.	OFG	Date of Original Filing: _	
_			nsty@acgov.	.org		(Mo <b>nt</b> h, Day, Year)
۷.	Function or Event Infor		v 57 v 1	Eggs Value o	f Each Ticket/Door ¢	18/15
	Does the agency have a ticke		Yes⊠ No	_	f Each Ticket/Pass \$	
	Event Description 2023 Alam	Provide Title/Expl	-air	Date(s)	1623	
		Provide Tille/Expi	anation	Alama	da County	
	Ticket(s)/Pass(es) provided by	y agency?	Yes No [	If no: Alamed	Name of Sour	rce
	Was ticket distribution made a	t the hehest	No 🗆 Voc	Marqu	uez, Elisa- Supervisor [	District 2
	of agency official?		No ☐ Yes	△ IT yes: ———	Official's Name (La	ast, First)
2	Recipients					
٠.	Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individu	ial. • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Departure 4 to a control of the cont		
			Pass(es)			
			Newstand			
	B. Name of Individua	ıl.	Number of Ticket(s)/		Identify one of the following	g:
			Pass(es)	 To reward a c	community	
	Guien, Sylvia				his or her service	income 🔲
		,	5		nis or her service	
				to the public		ing:  Income  Income
	Higares, Fredrick			To reward a	community	
	riigares, rieurick		5		r his or her service	<b>a</b>
						<del>5</del>
			Number of	to the public		
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to the agency's policy	
			1 433(63)			
			+			
ŀ.	Verification	400444	140040 44	T		
	I have read and understand FPPC Regul	auons 18944.1 and				tne requirements.
		- 22	Gabriela Ch		Supervisor's Assistant	6 27 23
	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)

1	Agency Name			Date Stamp	California Ong	
1.						
	Alameda County  Division, Department, or Region (If Applica	ahla)			Form For Official Use Only	
	Division, Department, or Region (if Applica	ibie)				
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Gabriela Christy			Amendment (Must provide explanation in Part 3.)		
	Area Code/Phone Number E-mail			_	NO OXPIGNATION IN FAIR 6.7	
_	(510) 272-6692 Gabriela.0	Christy@acgov.o	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information				19/15	
	Does the agency have a ticket policy?	Yes 🛛 No 🕻	] Face Value o	f Each Ticket/Pass \$	18/15	
	Event Description 2023 Alameda County	y Fair	Date(s)06	, 16 , 23		
	Provide Title/E	Explanation				
	Ticket(s)/Pass(es) provided by agency?	Yes ☐ No 🛭	If no: Alamed	da County  Name of Source		
			Mag	OVEZ, Elisa -Supu		
	Was ticket distribution made at the behesion of agency official?	t No ☐ Yes 🛭	If yes:	Official's Name (Las	st. First)	
_						
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.					
		Number of				
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
	·					
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following	r:	
	(Last, First)	Pass(es)			,· 	
			Ceremonial Role	Other	Income	
			іт спескіпд "Сегетопі	ial Role" or "Other" describe below:		
		1				
			Ceremonial Role	Other	Income	
			If checking "Ceremoni	ial Role" or "Other" describe below:	land land	
			To resumed a si	chool or nonprofit		
	Name of Outside Organization (include address and description)	Number of Ticket(s)/		for its contributions to	agency's policy	
		Pass(es)	the communit			
	La Familia 24301 Southland Dr #300, Hayward, CA 94545	30/2	dio community			
		JOIL				
	We provide underserved multicultural		necessary to build r	esilience, wellness, and	economic power.	
	communities with the tools and support					
4.	Verification					
	I have read and understand FPPC Regulations 18944.1	and 18942. I have veri	fied that the distribution set fo	orth above, is in accordance with t	the requirements.	
		Gabriela Ch	risty	Supervisor's Assistant	Le 27 23	
	Signature of Ag ncy Head or Designee	Print Name		Title	(Month, Day, Year)	
	Comment:					

						AT abile becament		
١.	Agency Name				Date Stamp	California 802		
	Alameda County					Form OUZ		
	Division, Department, or Regi	on (If Applicable	)			For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (/	Name,Title)						
		,						
	Gabriela Christy  Area Code/Phone Number   E-mail				Amendment (Must prov	/ide explanation in Part 3.)		
	(510) 272-6692	Gabriela.Chi	rietv@acdov	OFG	Date of Original Filing:			
_	Function or Event Inform		noty (gradge v	.019		(Month, Day, Year)		
۷.			V 121 N	□ Face Value o	f Each Ticket/Pass \$	18/15		
	Does the agency have a ticket		Yes 🗵 No	_				
	Event Description 2023 Alamo	eda County F  Provide Title/Expl	air	Date(s) 06 / 16 / 23				
		Frovide Tille/Expir	arrauori					
	Ticket(s)/Pass(es) provided by	agency?	Yes No	If no: Alameda County  Name of Source				
	Was ticket distribution made a	t the behest	No ☐ Yes	⊠ If ves. Marqu	uez, Elisa- Supervisor D	istrict 2		
	of agency official?		140 🔲 163	и yes	Official's Name (La	st, First)		
3	Recipients							
•	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	ial. • Use Section C to identify	y an outside organization.		
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to the agency's policy			
			Pass(es)					
			Nous to a const					
	B. Name of Individua	ı	Number of Ticket(s)/		Identify one of the following	g:		
			Pass(es)	Ceremonial Role	Other	Income		
					ial Role" or "Other" describe below:	Income		
				Ceremonial Role	Other	Income		
				If checking "Ceremoni	ial Role" or "Other" describe below:			
	Name of Outside Occurs	ration	Number of					
	C. Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made	he agency's policy		
	Fremont Family Resource C	enter 39155	. 200(00)	To reward a scl	nool or nonprofit or its contributions to			
Fremont Family Resource Center 39155		30/2 organization		of the continuents				
	Liberty St, Fremont, CA 9453	37	30/2	1 mannits	T			
	Liberty St, Fremont, CA 945		30/2	the community	<u></u>			
	Liberty St, Fremont, CA 9453 innovatively combines the be	est efforts of	30/2	the community  Non-Profit social se	rvice organizations wor			
	Liberty St, Fremont, CA 9453 innovatively combines the be more than 20 State, County,	est efforts of	30/2	the community  Non-Profit social se	<u></u>			
	Liberty St, Fremont, CA 9453 innovatively combines the be- more than 20 State, County, Verification	est efforts of City and		Non-Profit social se Tri-City community	rvice organizations wor with strong, healthy ind	ividuals, families and		
	Liberty St, Fremont, CA 9453 innovatively combines the be more than 20 State, County,	est efforts of City and	1 18942. I have ve	the community Non-Profit social se Tri-City community Children	rvice organizations wor with strong, healthy ind	ividuals, families and		
	innovatively combines the best more than 20 State, County,  Verification  I have read and understand FPPC Regular	est efforts of City and	1 18942. I have ve Gabriela C	the community Non-Profit social se Tri-City community children prified that the distribution set for	rvice organizations wor with strong, healthy ind orth above, is in accordance with Supervisor's Assistant	ividuals, families and		
	Liberty St, Fremont, CA 9453 innovatively combines the be- more than 20 State, County, Verification	est efforts of City and	1 18942. I have ve	the community Non-Profit social se Tri-City community children prified that the distribution set for	rvice organizations wor with strong, healthy ind	ividuals, families and		

_	Cicinomai Noic Even	to una me	Meur ass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802	
	Alameda County					I OIIII
	Division, Department, or Regi	on (If Applicable	е)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Gabriela Christy					
	Area Code/Phone Number E-mail			Amendment (Must pro	vide explanation in Part 3.)	
	(510) 272-6692	Gabriela.Ch	risty@acgov	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				, ,
	Does the agency have a ticket	t policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	18/15
	Event Description 2023 Alam	eda County F	air	Date(s)06	, 16 , 23	1 1
	Lveni Description	Provide Title/Expl	lanation			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes □ No	If no: Alamed	da County	
	., ., .,		100 🗖 110		Name of Sour	
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes: Marqu	ez, Elisa- Supervisor D	
					Onicial's Ivame (La	si, Firsi)
3.	Recipients  • Use Section A to identify the agency	's denartment ar	unit allea Saa	tion B to identify an individu	al allos Sastion C to identifi	
			Number of			
	A. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
	<del></del>					
	B. Name of Individua	ı	Number of Ticket(s)/		Identify one of the following	α:
	(Last, First)		Pass(es)			
					Other al Role" or "Other" describe below:	Income
				" sheshing coroniaring	article of Calci account bolom.	
				Ceremonial Role	Other	Income
				If checking "Ceremonia	al Role" or "Other" describe below:	
	Name of Outstate Out	4!	Number of			
	Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
	Viola Blythe Community Sen	vice Center	1 334(4,4)		ool or nonprofit	
	of Newark 37365 Ash Street		30/2	-	its contributions to	
	a nonnastit nanaastarian sar	maration	<del>                                     </del>	the community		
	a nonprofit, nonsectarian cor organized to promote, suppo			immediate need.	human services to any	/ person who is in
_						
•	Verification I have read and understand FPPC Regula	ations 18944.1 and	l 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements
			Gabriela Ch		Supervisor's Assistant	lehaha
	Signature of Agency Head or Designee	; U <del>-</del> 2	Print Name		Title	(Month, Day, Year)
						(
Comment:						

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form OUZ	
	Division, Department, or Regi	on (If Applicabl	e)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)					
	Gabriela Christy	·					
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)	
	(510) 272-6692		nristy@acgov.c	ora	Date of Original Filing:		
,	Function or Event Inform			9		(Month, Day, Year)	
	Does the agency have a ticket		Yes⊠ No □	Tace Value o	f Each Ticket/Pass \$	18/15	
				-			
	Event Description 2023 Alam	Provide Title/Exp	lanation	Date(s)	, 16 , 23		
				If no: Alamed	da County		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes ☐ No 🗵	if no:	Name of Sour	се	
	Was ticket distribution made a	t the behest	No ☐ Yes 🗵	If ves: Marqu	ıez, Elisa- Supervisor D	District 2	
	of agency official?			, you	Official's Name (La	st, First)	
3.	Recipients						
	Use Section A to identify the agency	's department or	unit. • Use Section	on B to identify an Individu	al. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	public purpose made pursuant to the agency's policy		
:			, , , ,				
-							
0	B. Name of Individua		Number of Ticket(s)/		Identify one of the followin		
	(Last, First)		Pass(es)		identity one of the following	<del></del> _	
				Ceremonial Role	Other Cal Role" or "Other" describe below:	Income	
				n onecoming determine	a note of other describe below.		
2				Ceremonial Role	Other 🗍	Income	
					al Role" or "Other" describe below:	moonie	
1	Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy	
	Union City Family Center 72	5 Whipple		To reward a sci	hool or nonprofit		
	Road Union City, CA 94587		30/2		or its contributions to		
3	The Union City Family Cente	er provides		the community			
	an innovative community sch						
	Verification						
1	I have read and understand FPPC Regula	ations 18944.1 an	d 18942. I have verif	ied that the distribution set fo	orth above, is in accordance with	the requirements.	
		¥	Gabriela Chr	risty	Supervisor's Assistant	429/23	
	VSignature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
Comment							

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1. Agency Name					Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only
	Board of Supervisors					
Designated Agency Contact (Name, Title)					}	
	Gabriela Christy					
	Area Code/Phone Number   E-mail				Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6692		risty@acgov.	.org	Date of Original Filing: _	(Month, Day, Year)
_	Function or Event Inform					(MOTH, Day, Teal)
	Does the agency have a ticket		Yes 🔀 No	☐ Face Value o	f Each Ticket/Pass \$	18/15
	Event Description 2023 Alam			Lond	, 16 , 23	
	Event Description	Provide Title/Exp	lanation	Date(s)	10 120	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes ☐ No [	If no: Alamed	da County	
	Tionet(a)/T dao(ea) provided by	agonoy.	res 🔲 No	_	Name of Soul	
	Was ticket distribution made a	t the behest	No ☐ Yes	If yes: Marqu	uez, Elisa- Supervisor I	District 2
	of agency official?				Official's Name (La	ıst, First)
3.	Recipients					
	Use Section A to identify the agency	s department or	7	tion B to identify an individu	ial. • Use Section C to identif	iy an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's poli			o the agency's policy
	,		Pass(es)			
	B. Name of Individua		Number of			
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followin	.g.
				Ceremonial Role	Other	Income
				If checking "Ceremoni	ial Role" or "Other" describe below:	
				Ceremonial Role	Other	Income \( \square\)
					ial Role" or "Other" describe below:	
	C. Name of Outside Organi		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
			Pass(es)	To reward a scho	_	
	Tiburcio Vasquez Health Ce Mission Blvd, Hayward, CA		30/2	~	its contributions to	
				the community		
	TVHC has delivered cultural				s of southern Alameda	County, for over 40
	linguistically appropriate hea	e		years.		
	Verification					
	I have read and understand FPPC Regul	ations 18944.1 an				the requirements.
	Jak Carlon a	_	Gabriela Ch		Supervisor's Assistant	u/28/23
	Signature of Agency Head or Designee		Print Name	е	Title	(Month, Day, Year)
	Comment:					

_						
I. Agency Name					Date Stamp	California 802
	Alameda County					Form UUL
	Division, Department, or Region	n (If Applicable	)		İ	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (N	ame Title)				·
		ano, nao,				
	Gabriela Christy				Amendment (Must pro	vide explanation in Part 3.)
		E-mail			Date of Original Filing:	
			risty@acgov.	.org	Date of Original Filling	(Month, Day, Year)
2.	Function or Event Inform	ation				18/15
	Does the agency have a ticket	policy?	Yes⊠ No.	Face Value o	f Each Ticket/Pass \$	10/13
	Event Description 2023 Alame	da County F	air	Date(s) 06	16 , 23	1 1
	Event Description	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by	agency?	Yes ☐ No [	If no: Alame	da County	
		0	100 🗀 110 [	_	Name of Soul	
	Was ticket distribution made at	the behest	No ☐ Yes	⊠ If yes: Marqu	uez, Elisa- Supervisor [	
	of agency official?				Official's Name (La	ist, rirst)
3.	Recipients					
	Use Section A to identify the agency's	s department or		tion B to identify an individu	ual. • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Departmen	t or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
	4		Pass(es)			
			-			
			Number of			
	B. Name of Individual		Ticket(s)/		Identify one of the following	g:
			Pass(es)	Ceremonial Role	Other	Income
					ial Role" or "Other" describe below:	ILICOURE
	·			Ceremonial Role	Other	Income 🔲
				If checking "Ceremon	ial Role" or "Other" describe below:	
			I	,		
	Name of Outside Organiz		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
			Pass(es)	- To reward a school		
	LOV of Newark 8440 Central	Ave, Suite	30/2	organization for i	ts contributions to	
	A/B Newark, CA 94560		30/2	the community		
	For over 40 years, LOV has t	ouched the		people in need.		
	lives of Tri-City children, senio	ors and				
	Verification					
•	I have read and understand FPPC Regula	tions 18944.1 and	l 18942. I have ve	rified that the distribution set f	orth above, is in accordance with	the requirements.
	7		Gabriela Ch	nristy	Supervisor's Assistant	10/27/29
	V Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
	- L					
	Comment:					

_						A E abito boodinent	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form OUZ	
	Division, Department, or Regi	on (If Applicable	9)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (	Name.Title)					
		,					
	Gabriela Christy	P			Amendment (Must pro	ovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail	-i-t		Date of Original Filing: _		
_	(510) 272-6692		risty@acgov.	.org	Date of Original Chings	(Month, Day, Year)	
2.	Function or Event Inform			_ = ./.		18/15	
	Does the agency have a ticker		Yes ⊠ No.	wast	f Each Ticket/Pass \$		
	Event Description 2023 Alam	eda County F		Date(s)06	1623		
		Provide Title/Exp	lanation	Alamaa	da Carratir		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No [	If no: Alamed	Name of Sou	rre	
	Was ticket distribution made a	t the beheat		Margi	iez, Elisa- Supervisor [		
	of agency official?	t the benest	No ☐ Yes I	If yes:	Official's Name (La	ast, First)	
_							
٥.	Recipients  • Use Section A to identify the agency	/'s department or	unit. • Use Sec	tion B to identify an individu	ıal. ● Use Section C to identi	fv an outside organization.	
	A. Name of Agency, Departme		Number of				
	Name of Agency, Departme	in or offic	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individua	ı	Number of Ticket(s)/		Identify one of the following	ng:	
	(Last, First)		Pass(es)				
					Other Land Role" or "Other" describe below:	Income	
				ii onedang coremon	arriolo di Caldi destribo boloni.		
				Ceremonial Role	Other	Income	
				If checking "Ceremoni	ial Role" or "Other" describe below:		
			l No. 1				
	Name of Outside Organ (include address and des		Number of Ticket(s)/	TO Street Advantage	Hamiliana wada wilaisasa A	the agency's policy	
			Pass(es)		nool or nonprofit		
	Eden Youth & Family Center Tennyson Rd, Hayward, CA		30/2	the community	r its contributions to		
			1	the continuinty			
	To promote equitable access				licy advocacy that part	nerships, and policy	
	coordinated services, strateg	gic		advocacy that			
ļ. <u>.</u>	Verification		*				
/	I have read and understand FPPC Regul	ations 18944.1 and	d 18942. I have vei	rified that the distribution set fo	orth above, is in accordance with	the requirements.	
			Gabriela Ch	nristy	Supervisor's Assistant	Le/27/23	
\	Signature of Agency Head or Dasignee	0.	Print Name	-	Title	(Month, Day, Year)	
	.Comment:						

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	Agency Name			Date Stamp	California OOO
	County of Alameda				Form 802
Ī	Division, Department, or Region (if applicable)				For Official Use Only
1	County Administrator's Office				
ī	Designated Agency Contact (Name, Title)				
CO.	Brian Santos, Administrative Associate			Amendment (Must Pro	vide Explanation in Part 3.)
7	Area Code/Phone Number E-mail				
-	(510) 272-6332 Brian.Santos@	@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Information			b	
1	Does the agency have a ticket policy?	Yes 🔳 No 🗌	Face Value of	Each Ticket/Pass \$	18.00
ı	Event Description: Alameda County Fair	_	Data(s) 6	<u>, 16 , 23 </u>	7 , 9 , 23
١	Provide Title.	/ Explanation			
•	Ticket(s)/Pass(es) provided by agency?		If no: Alamed	Name of Course	
1	Mag tighet distribution made at the helpest	v = =	If yes: Susan	Name of Source S. Muranishi	
'	Nas ticket distribution made at the behest of agency official?	Yes 📙 No 🔳	ıı yes	Official's Name (Last, First)	
	or agency official:				
3.	Recipients				
	• Use Section A to identify the agency's department or L	ınit. • Use Section B to	Identify an individ	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe th	ne public purpose made purs	uant to the agency's policy
		Passes			
		Number			
	B. Name of Individual	of Ticket(s)/		Identify one of the fo	llowing:
	B. Name of Individual (Last, First)	1101111111	Caraci	131 3 34 4 4	
	(Last, First)	of Ticket(s)/		Identify one of the formonial Role Other king "Ceremonial Role" or "Other" descriptions	Income [
	B. Name of Individual (Last, First)  Cruz, Joseph	of Ticket(s)/ Passes	If chec	nonial Role  Other	Income [
	(Last, First)	of Ticket(s)/ Passes	Employee .	monial Role  Other  Making "Ceremonial Role" or "Other" descr Appreciation	Income [
	(Last, First)	of Ticket(s)/ Passes	Employee .	nonial Role Other Mains "Ceremonial Role" or "Other" desc	Income In
	(Last, First)	of Ticket(s)/ Passes	Employee .	nonial Role  Other king "Ceremonial Role" or "Other" description	Income In
	(Last, First)  Cruz, Joseph  Name of Outside Organization	of Ticket(s)/ Passes	Employee .  Cerer	monial Role  Other  Making "Ceremonial Role" or "Other" description  monial Role  Other  Making "Ceremonial Role" or "Other" description	Income In
	(Last, First)  Cruz, Joseph	of Ticket(s)/ Passes	Employee .  Cerer	nonial Role  Other king "Ceremonial Role" or "Other" description	Income In
	(Last, First)  Cruz, Joseph  Name of Outside Organization	of Ticket(s)/ Passes  \$ 5  Number of Ticket(s)/	Employee .  Cerer	monial Role  Other  Making "Ceremonial Role" or "Other" description  monial Role  Other  Making "Ceremonial Role" or "Other" description	Income In
	(Last, First)  Cruz, Joseph  Name of Outside Organization	of Ticket(s)/ Passes  \$ 5  Number of Ticket(s)/	Employee .  Cerer	monial Role  Other  Making "Ceremonial Role" or "Other" description  monial Role  Other  Making "Ceremonial Role" or "Other" description	Income In
	(Last, First)  Cruz, Joseph  Name of Outside Organization	of Ticket(s)/ Passes  \$ 5  Number of Ticket(s)/	Employee .  Cerer	monial Role  Other  Making "Ceremonial Role" or "Other" description  monial Role  Other  Making "Ceremonial Role" or "Other" description	Income In
	Cruz, Joseph  C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes  \$ 5  Number of Ticket(s)/	Employee .  Cerer	monial Role  Other  Making "Ceremonial Role" or "Other" description  monial Role  Other  Making "Ceremonial Role" or "Other" description	Income In
i. '	(Last, First)  Cruz, Joseph  Name of Outside Organization	of Ticket(s)/ Passes  \$ 5  Number of Ticket(s)/	Employee .  Cerer	monial Role  Other  Making "Ceremonial Role" or "Other" description  monial Role  Other  Making "Ceremonial Role" or "Other" description	Income In
	Cruz, Joseph  C. Name of Outside Organization (include address and description)  Verification  I have read and understand FPPC Regulations	of Ticket(s)/ Passes  15  Number of Ticket(s)/ Passes	Employee Cerer If chec	monial Role  Other  Maing "Ceremonial Role" or "Other" description  monial Role  Other  Maing "Ceremonial Role" or "Other" description  me public purpose made purs	Income In
	C. Name of Outside Organization (include address and description)  Verification  I have read and understand FPPC Regulations with the requirements.	of Ticket(s)/ Passes  15  Number of Ticket(s)/ Passes  18944.1 and 18942	Employee Cerer If check  Describe to	monial Role  Other  Making "Ceremonial Role" or "Other" description  monial Role  Other  Making "Ceremonial Role" or "Other" description  me public purpose made purs  that the distribution set follows:	Income In
	C. Name of Outside Organization (include address and description)  Verification  I have read and understand FPPC Regulations with the requirements.	of Ticket(s)/ Passes  15  Number of Ticket(s)/ Passes	Employee Cerer If check  Describe to	monial Role  Other  Maing "Ceremonial Role" or "Other" description  monial Role  Other  Maing "Ceremonial Role" or "Other" description  me public purpose made purs	Income In

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1.	Agency Name				Date Stamp	California 802
	Alameda County Health Car					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Department of Environment	al Health				
	Designated Agency Contact (	Name, Title)				
	Bennie Brazelton Griego				Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				TO VIOLE MAPPINION IN THE U.S. O.
	510-567-6777	ben.brazelton-gri	ego@acgov.org	)	Date of Original Filing:	(month, day, year)
	# 41 F 41 - f -	42				
2.	Function or Event Infor					18.00
	Does the agency have a tick				Each Ticket/Pass \$ _	10.00
	Event Description: Alameda	County Fair		pate(s) 06	, 17 , 23	07 , 10 , 23
		Provide litte/Ex	planation			
	Ticket(s)/Pass(es) provided by agency? Yes No D If no:				Manual of Cavidas	
Was ticket distribution made at the behest Yes ☐ No ☐ If yes: Susan			Muranishi County Adr	ministrator		
			yes	Official's Name (Last, First)		
	of agency official?					
3.	Recipients			- A		
	Use Section A to identify the agen	cy's department or unit.	• Use Section B to it	dentify an individu	ual. Use Section C to ident	ify an outside organization.
	Passes				e public purpose made pu	rsuant to the agency's policy
			morale and	, encourage, reward o	r support employee	
				moreac and	rownion	
			Number			
	B. Name of Indi		of Ticket(s)/		Identify one of the	following:
	(Lecot, 1 m		Passes	1		
					nonial Role Other C king "Ceremonial Role" or "Other" of	
			-			
					nonial Role  Other  Other  Other  Other  Other  Other  Other  Other  Other	
			Number			
	C. Name of Outside O		of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy
	(marada descada ente		Passes	-		
	-		+			
_						·
1.	Verification					
	I have read and understand FP	PC Regulations 189	44.1 and 18942.	I have verified t	that the distribution set	forth above, is in accordance
	with the requirements.	-				
			ELTON GRIEG	O ADM	I.SPEC.II	6/23/23
	Signature of Agency Head or Design	pel Cap	Print Name		Title	(month, day, year)
	Comment:					
	Comment:					

_	or office and the contract of					ti dallo boddillolle
1.	Agency Name				Date Stamp	California 802
	County Administrator's Offi					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	County Administrator's Office	ce - Budget and Fina	nce Unit			
	<b>Designated Agency Contact</b>	(Name,Title)				
	Susan S. Muranishi, Count	y Administrator			Amondment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Most	
	(510) 272-6984	countyadministrato	r@acgov.org		Date of Original Filing:	6/30/23 (month, day, year)
_						(month, day, year)
2.	Function or Event Infor	mation				18
	Does the agency have a tic		Each Ticket/Pass \$ _	10		
	Event Description: Alamed	a County Fair	D	ate(s) 06	16 , 23	07 , 09 , 23
	Event Decomption:	Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes!	□ No 🔳 If	no: Alamed	a County Fair Associ	ation
			16		Name of Source	
	Was ticket distribution made	e at the behest Yes	🗌 No 🔳 🏻 IT	yes:	Official's Name (Last, First)	)
	of agency official?					
3.	Recipients					
J.	Use Section A to identify the age	ncy's department or unit. •	Use Section B to id	dentify an individu	ual. Use Section C to ident	tify an outside organization.
			Number		and the second	
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy
	THE RESERVE THE PARTY	Cart Viscous Table	Fasses			
	•					
			Number			
	B. Name of Ind (Last, Fi		of Ticket(s)/		Identify one of the	following:
	(Last, 11	34	Passes	311014 3		
	Leocario, Brenda		15	1	nonial Role  Other  Other  or "Other" of the or "Other"	
	Leocario, Dienua		'0	Employee	Appreciation	
				<u> </u>		
					nonial Role Other of the Normal Role of the Normal	
				1 0,00	king determinantiale at other i	iciando valay,
	C. Name of Outside C		Number of Ticket(s)/	Describe th	ne public purpose made pu	ursuant to the agency's policy
	(ilicidue address all	u description)	Passes	STEPHEN.		
						,
	/ <u></u>					
		•				
4.	Verification					
	I have read and understand FI	PPC Regulations 18944	1.1 and 18942.	have verified	that the distribution set	forth above, is in accordance
	with the requirements.					
	/v 1.1	BRENDA V.	LEOCARIO	ADM	IIN. ASSOCIATE, CA	AO 06/30/23
	Signature of Agency Head or Desig	nee P	rint Name	0.0	Title	(month, day, year)
	Commont					
	Comment:					

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_			W			trabile becament
1.	Agency Name			Date Stamp	California Q02	
	County of Alameda					Form OUZ
	Division, Department, or Regio	n (if applicable)			1	For Official Use Only
	County Administrator's Office	Risk Managemen	t Unit			
	Designated Agency Contact (N		COINC		-	
	besignated Agency Contact (A	ame, me,				
					Amendment (Must	Provide Explanation in Part 3.)
		E-mail				
	510-272-6451	theresa.quan@acg	ov.org		Date of Original Filing	(month, day, year)
2	Function or Event Inform	ation				
۷.						18.00
	Does the agency have a ticke				Each Ticket/Pass \$ _	
	Event Description: Alameda	County fair tickets		ate(s) 6	<u>, 16 , 2023</u>	7 / 9 / 2023
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided b	y agency? Yes	■ No 🗆 If	no:	Name of Source	
	Was ticket distribution made a	at the behest Yes [	🗌 No 🔳 🛚 II	yes:	Official's Name (Last, Firs	0
	of agency official?					,
3.	Recipients					
	Use Section A to identify the agency	y's department or unit. •	·y	dentify an individu	ual. Use Section C to iden	tify an outside organization.
	A Name of Agency, Depart	tment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made p	ursuant to the agency's policy
			Passes			
	LE ISTATION EN LINE DATE DATE	Number				
	B. Name of Indivi		of Ticket(s)/ Passes		Identify one of the	e following:
	(200) 1 3 2,		rasses			
	Ough Thorses		6		nonial Role  Other Other  Or "Other"	
	Quan, Theresa		"		•	
	-			Will attend	the fair	
	·			Ceren	nonial Role 🔲 Other	Income
				If checi	king "Ceremonial Role" or "Other"	describe below:
	Name of Outside Org	anization	Number	Describe 4h	a unbita unumana mada u	ursuant to the agency's policy
	C. (include address and d		of Ticket(s)/ Passes	Describe in	ie public purpose made p	ursuant to the agency's policy
						•
	-			<del> </del>		
				L		
4.	Verification					
	I have read and understand FPP	C Regulations 18944	1.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
	with the requirements.				, ,	
	Theresa Quan			Spec	cialist Clerk II	06/30/2023
	Signature of Agency Head or Designed		rint Name	— <u> </u>	Title	(month, day, year)
						· · · · · · · · · · · · · · · · · · ·
	Comment:					

_								
1.	Agency Name			Date Stamp	California 202			
	County of Alameda					Form OUZ		
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only		
	County Administrator's Office	ce						
	Designated Agency Contact	(Name, Title)			1			
	Susan Muranishi				Amondment (Marit B	harida E. J. E. i D. (0.)		
	Area Code/Phone Number	E-mail			Amendment (wast P.	rovide Explanation in Part 3.)		
	susan.muranishi@acgov.org			Date of Original Filing: 4/30/23 (month, day, year)				
_	Constinues Frant Info					(Month, day, year)		
۷.	Function or Event Infor					18.00		
	Does the agency have a ticl				Each Ticket/Pass \$			
	Event Description: Alameda	a County Fair		ate(s)	<u>, 16 , 23 </u>	07 09 23		
	Provide little/ Explanation							
	Ticket(s)/Pass(es) provided	by agency? Yes	_					
	Was ticket distribution made	at the behest Ves	yes: Muranis	shi, Susan				
	Was ticket distribution made at the behest Yes No If yes: Micrahism, Odsan Official's Name (Last, First)							
3.	·							
	<ul> <li>Use Section A to identify the ager</li> </ul>	ncy's department or unit.	Use Section B to id	dentify an individu	ual. Use Section C to identif	y an outside organization.		
	A. Name of Agency, Depart	Number of Ticket(s)/	Describe th	Use Section C to identify an outside organization.  public purpose made pursuant to the agency's policy				
			Passes					
			1					
		E LESC - A	Number			USC. CO. CO. CO. CO. CO.		
	B. Name of Indi		of Ticket(s)/		Identify one of the f	ollowing:		
	(Last, 1 ii	30	Passes	Comm	nonial Role 🔲 Other 🖥	<u> </u>		
	Santos, Brian		10	1	king "Ceremonial Role" or "Other" de	Income scribe below:		
	Garrioo, Brian			Employee A	Appreciation			
	<del></del>			<u> </u>	nonial Role Other			
				1	nonial Role 🔲 — Other L king "Ceremonial Role" or "Other" de			
			Number	Labora III				
	C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy		
			1 44444					
_	Verification			1				
**	I have read and understand FF	PPC Regulations 1894	4 1 and 18942	I have verified :	that the distribution set fo	orth above is in accordance		
	with the requirements.	r o riogulations root	1.7 dild 10012.	, navo vonnou	trat trio diotribation out it	on accept to m accordance		
í.		Bria	an Santos	A	Administrative Associa	te 06/30/2023		
	Signature of Agency Head or Design		Print Name	2 9	Title	(month, day, year)		
	•				8			
	Comment:							

### **Agency Report of:**

Ceremonial Role Events and Ticket/Pass Distributions	A Public Document			
1. Agency Name	Date Stamp	California 802		
County Administrator's Office		Form OUZ		
Division, Department, or Region (if applicable)		For Official Use Only		

. Agency Name		Date Stamp	California 802		
County Administrator's Office	ce		Form OU		
Division, Department, or Reg	ion (if applicable)		For Official Use Only		
Risk Management Unit					
<b>Designated Agency Contact</b>	(Name, Title)	The state of the s			
Brian S Santos, Administrat	ive Associate	Amendment (Must Pro	Amendment (Must Provide Explanation in Part 3.)		
Area Code/Phone Number	E-mail	American (wast) to	Amendment (Must Provide Explanation in Part 3.)		
510-272-6332	brian.santos@acgov.org	Date of Original Filing: _	(month, day, year)		
. Function or Event Infor	mation				

_				
2.	Function or Event Information			
	Does the agency have a ticket policy?	Yes 🔳 No 🗌	Face Value of Each Ticket/Pass \$	18.00
	Event Description: Alameda County Fair		Date(s) 06 / 16 / 23	07 , 09 , 23
		le/ Explanation		
	Ticket(s)/Pass(es) provided by agency?	Yes 🔳 No 🗌	If no:	
			Name of Source	
	Was ticket distribution made at the behest of agency official?	Yes 🗌 No 🔳	If yes:Official's Name (Last, First)	

3		R	ec	ip	ie	nts
_	-			٠,		

<ul> <li>Use Section A to identify the agency's department or unit.</li> </ul>	<ul> <li>Use Section B to identify an individual.</li> </ul>	Use Section C to identify an outside organization

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Songco-Daluz, Maria	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:  CAO Staff Member
		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

### 4. Verification

Comment: \_

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.

	Maria Songco-Daluz	Worker's Comp. Administrator	7/3/2023
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 1. Agency Name Date Stamp California County of Alameda County Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Ashley Strasburg ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-670-5717 Date of Original Filing: Ashley Strasburg @acgov.org (month, day, year) 2. Function or Event Information 18/15 Does the agency have a ticket policy? Yes XI No □ Face Value of Each Ticket/Pass \$ \_ Event Description: 2023 Alameda County Fair Date(s) 6, 16, 23 If no: Alameda County Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest Yes ☒. No ☐ 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ identify one of the following: (Last, First) Passes Ceremonial Role Other Income Adrienne Bareilles If checking "Ceremonial Role" or "Other" describe below: J To promote County resources or-facilities available to County of Alameda residents. Ceremonial Role Income 🔲 To promote County resources or facilities Geoffrey Peete 13 available to County of Alameda residents Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (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.

 	 ירשוויי	

Signature of Agency Head or Designee

Ashley Strasburg

Clear

Supervisor's Assistand

8/2/2023

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California **Date Stamp** County of Alameda County Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Ashley Strasburg ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-670-5717 Date of Original Filing: Ashley Strasburg @acgov.org (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes XI No TI Face Value of Each Ticket/Pass \$ \_ Event Description: 2023 Alameda County Fair Date(s) 6, 16, 23 Provide Title/ Explanation If no: Alameda County Ticket(s)/Pass(es) provided by agency? Yes □ No 🔼 Was ticket distribution made at the behest Yes ☒. No ☐ 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 Name of Agency, Department or Unit of Ticket(a)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ identify one of the following: (Last. First) Passos Note Miles Ceremonial Role Other 🔲 Income 15 If checking "Ceremonial Role" or "Other" describe below: To promote County resources or facilities available to County of Alameda residents Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes First Presbyterian Church of Hayward To reward school or Nonprofit organization 10 2490 Grove Way, CV 94646 for it's contributions to the community 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. tshlev Strasbura Supervisor's Assistant Signature of Agency Head or Designee

Print

Comment:

Clear

FPPC Form 802 (2/2016)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Alameda County Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Ashley Strasburg Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-670-5717 Ashley strasburg @acgov.org (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes 🛛 No 🗆 Face Value of Each Ticket/Pass \$ \_ Event Description: 2023 Alameda County Fair Date(s) 6, 16, 23 Yes No⊠ If no: Alameda County Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest Yes ☒. No ☐ If yes: Miley, Nate-Supervisor, District
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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ identify one of the following: (Last, First) Pages Erin Armstrona Ceremonial Role Other Income 🔲 if checking "Caramonial Role" or "Other" describe below: 3 To promote County resources or-facilities auxillable County of Alameda residents Ceremonial Role Other | Income Ken Carbone If checking "Ceremonial Role" or "Other describe below:
To promote County resources or facilities available to County of Alameda residents Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (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

	Ashley Strasburg	Supervisor's Assistant	8/2/200
Signature of Agendy Head or Designee	Print Name	Title	(month, day, year)
Comment:			

with the requirements.

Agency Report of: Ceremonial Role Events and Ticket/P	ass Distri	ibutions	A Pu	blic Document
1. Agency Name	County of Alameda County			2-116
	a count	<del>1</del> 9		Form 802
Division, Department, or Region (if applicable)				For Official Use Only
Board of Superv	Bors			
Designated Agency Contact (Name, Title)				
Ashley Strasburg Area Code/Phone Number [E-mail			Amendment (Must Provide	Explanation in Part 3.)
510-670-5717 Ashley. Stras	burg @a	acgov.org	Date of Original Filing:	nonth, day, year)
2. Function or Event Information				
		ace Value of I	Each Ticket/Pass \$l	8/15
Event Description: 2023 Alameda Coun		Date(s)	116,23	, 9, 23
Provide Title/ Explar Ticket(s)/Pass(es) provided by agency? Yes [	□ No∑ If		reda County	
Was ticket distribution made at the behest Yes [ of agency official?	⊠ No □ If	yes: Miley	Name of Source  Notte - Supervisor,  Official's Name (Last, First)	District 4
3. Recipients  • Use Section A to identify the agency's department or unit.	Use Section B to i	dentify an Individu	ual. Use Section C to Identify an o	outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant	to the agency's policy
B. Name of individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the following:	
Achley Strasburg	4	To promo	ontial Role Other Other Other County resources or Other describe to County resources or Other Alameda resident	Income In
Jasmine Howard	4	To promote	eremonial Role Other I Indicate the checking "Ceremonial Role" or "Other" describe below.  LOK COUNTY RESOURCES OF Facilities a net of Alameda residents	
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes			to the agency's policy
Asland Community Association	10	To rewar for it's	d school or nonprof contributions to the	tt organization community
				· ·
4. Verification I have read and understand FPPC Regulations 18944. with the requirements.  ASNIEU S		GE-91		above, is in accordance
	Int Name	<u>a</u>	ervisor's Assistand	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Alameda County Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Ashley Strasburg Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-670-5717 Date of Original Filing: Ashley Strasburg @acgov.org (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ .. Event Description: 2023 Alameda County Fair Date(s) 6, 16, 23 If no: Alameda County Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest Yes ☒. No ☐ 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ Passes identify one of the following: (Last, First) Ceremonial Role Other 🔲 Income To promote County resources or facilities available J to County of Alameda residents Ceremonial Role Other Income It checking "coromonial Role" or "Other describe below:
To promote County resources or facilities available 3 to County of Alameda residents Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes County To reward school or nonprofit organization United Seniors of Oakland+ for it's contribution to the community 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.

Agency Report of: Ceremonial Role Events and Ticket/P	ass Distri	ibutions	A Put	olic Document
1. Agency Name County of Alamed				alifornia 802
Division, Department, or Region (if applicable)			1	For Official Use Only
Board of Superv	nsovs			1
Designated Agency Contact (Name, Title)			1	
Ashley Strasburg			Amendment (faut Duride )	
Area Code/Phone Number E-mail			Amendment (Must Provide E	explanation in Part 3.)
510-670-5717 Ashley. Strai	sburg @	acgov.org	Date of Original Filing:	onth, day, year)
2. Function or Event Information				
Does the agency have a ticket policy? Yes	XÍ No□ F	ace Value of	Each Ticket/Pass \$1 S	3/15
Event Description: 2023 Alameda Cour	nation	' '	<u> </u>	<u>, 9 , as</u>
Ticket(s)/Pass(es) provided by agency? Yes	□ No⊠ II	fno: Alan	neda County	
Was ticket distribution made at the behest Yes of agency official?	XI No □ II	fyes: Miley	Name of Source  Note - Supervisor, I  Official's Name (Last, First)	District 4
3. Recipients  • Use Section A to identify the agency's department or unit.	Use Section B to i	dentify an individu	ual. Use Section C to identify an ou	itside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	of Ticket(s)/ Describe the public purpose made pursuant to the agency		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		identify one of the following	ng:
Thelma Calorea	а	To Promote	nonial Role Other Other County resources or -	facilities available
Chinota Chew	8	To promot	nonial Role O Other O long "Ceremonial Role" or "Other" describe be te County re sources or l of Alameda resident	Income Income Tacilities availables.
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant		
Cherryland Community Association	10		rd school or nonprod contributions to the	
4. Verification  I have read and understand FPPC Regulations 18944 with the requirements.  ASN Levices	1.1 and 18942. Strasbur		that the distribution set fortinat	bove, is in accordance
	rint Name	y out	Title	(month, day, year)

### Agency Report of:

Ceremonial Role Events and Ticke	tPass Distri	ibutions		A Public Document
. Agency Name	1		Date Stamp	California 802
County of Alame	da			Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
Board of Super	rvisov3			
Designated Agency Contact (Name, Title)				
Ashley Strusburg	٦		Amendment (t	
Area Code/Phone Number   E-mail	<u>,                                      </u>		Amendment (Mu.	st Provide Explanation in Part 3.)
510-670-5717 Ashley, st	rasburg oac	gov.org	Date of Original Filin	ng:(month, day, year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No□ F	ace Value of	Each Ticket/Pass \$	18/15
Event Description: Alameda Count	y Fair	Date(s)	,16, az	7,9,23
		ino: <u>Alar</u>	Neda County Name of Source	
Was ticket distribution made at the behest of agency official?	Yes⊠ No 🗆 🏻 I	ryes: Mife	V) Nate - Sul Official's Name (Last, Fir	penisor, District 4
8. Recipients				
Use Section A to identify the agency's department or us	nit. •Use Section B to i	dentify an individu	ial. Use Section C to ide	entify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy	
	_ =			
B. Name of individual (Last, First)	Number of Ticket(s)/ Passes	y Identify one of the following:		
Neola Crosby	4	Ceren If check to Cauna	nonial Role Other dag "Ceremonial Role" or "Other RE County Resou A of Alameda re	r lncome [r describe below: I rces or facilities availal Sidents.
Nenita Tadeo	a	To promi	nonial Role Other lying "Ceremonial Role" or "Other County YES	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made	pursuant to the agency's policy
Youth Uprising	10	for it's (	rdschool or n Contributions to	onprofit organizatio
<ul> <li>Verification         I have read and understand FPPC Regulations 1 with the requirements.     </li> </ul>	8944.1 and 18942.	I have verified	that the distribution se	et forth above, is in accordance
Ashle	4 Strasbur	a Su	pervisor's Assis	# 8/42023 (month, day, year)
Signature of Agency Head or Designee	Print Name	<del>}</del>	Title	(month, day, year)
Comment:				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name **Date Stamp** California County of Alameda County Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Ashley Strasburg ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-670-5717 Ashley Strasburg @acgov.org (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes ☑ No □ Face Value of Each Ticket/Pass \$ \_ Event Description: 2023 Alameda County Fair Date(s) 6, 16, 23 If no: Alameda County Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest Yes ☒. No ☐ If yes: Miley, Notte-Supervisor, District
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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ identify one of the following: (Last, First) Passas Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income if checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s) Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Hamed Courty United Seniors of Oakland + To reward school or nonprofit organization 45 for it's contributions to the community Convention participants 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.				

	HISTHEY STRUSOUND	orbeinizons HERIZIANA	0/2/2025
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
U			
Comment:			

A	gency Report of: eremonial Role Events and Ticket/P	ass Distr	ibutions	A E	Public Document
1.	Agency Name  County of Alamed  Division, Department, or Region (if applicable)  Board of Superv  Designated Agency Contact (Name, Title)	a County		Date Stamp	California 802 For Official Use Only
	Ash Fey Strasburg Area Code/Phone Number   E-mail			Amendment (Must Prov	vide Explanation in Part 3.)
	510-670-5717 Ashley. Stras	burg @	acgov.org	Date of Original Filing:	(month, day, year)
2. Function or Event Information  Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$  Event Description: ADA3 Alameda County Fair Date(s) Date(s) Date(s)  Provide Title/ Explanation  Ticket(s)/Pass(es) provided by agency? Yes No No If no: Alameda County  Name of Source  Was ticket distribution made at the behest Yes No If yes: Miley, Note - Supervisor,					7,9,23
3.	of agency official?  Recipients  Use Section A to identify the agency's department or unit.	Use Section 8 to id	dentify an individu	al. Use Section C to identify a	n outside organization.
	A. Name of Agency, Department or Unit  Alameda County Behavioral Hea  - Melanie Jones, Peer Heathn	of Ticket(s)/ Passes	Describe the	e public purpose made pursu:	ant to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the folk	owing:
	Pastor Layrence Vanttook	10	To promo available cerem	onial Role Other Oing "Ceremonial Role" or "Other" described to County of Alam ontal Role Other Other Officer or "Other" described to County of Alam ontal Role Other Officer or "Other" described to the order of the officer of the other offi	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pursua	ant to the agency's policy
	Golden Age, Sandra Johnson	10	To reward for it's (	d school or non Pr Lontribudions to H	ne Community
4.	Verification  I have read and understand FPPC Regulations 18944. with the requirements.  Signature of Agendy Head or Designee  Comment:			hat the distribution set forti excisor's Assistand	

Agency Report of: Ceremonial Role Events and Ticket/F	Pass Distr	ibutions	A Public Document
1. Agency Name  County of Alamed  Division, Department, or Region (if applicable)	County of Alameda County  Division, Department, or Region (if applicable)  Board of Supervisors		
Ashtey Strasburg  Area Code/Phone Number E-mail  510-1670-5717 Ashtey Stras	shura @	acadu.org	Date of Original Filing:(month, day, year)
2. Function or Event Information  Does the agency have a ticket policy? Yes  Event Description: 2023 Alameda Cour  Provide Title/ Expla  Ticket(s)/Pass(es) provided by agency? Yes    Was ticket distribution made at the behest Yes    of agency official?	Each Ticket/Pass \$ 18/15  10,03 7,9,03  Meda County  Name of Source Notte-Supervisor, District 4  Official's Name (Last, First)		
3. Recipients  • Use Section A to identify the agency's department or unit.  A. Name of Agency, Department or Unit	Use Section B to i Number of Ticket(s)/ Passes		e public purpose made pursuant to the agency's policy
B, Name of Individual  (Last, First)	Number of Ticket(e)/ Passes		Identify one of the following:
Cheryl Perkins	2/1	To promot available cerem	ionial Role Other Income Incom
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant to the agency's policy
Kingdom Builders Christian Fellowhi 2321 International Blvd, Oakland	ಿ ಎರ		d school or nonprofit organization contributions to the Community
4. Verification  I have read and understand FPPC Regulations 18944, with the requirements.  ASNEY Signature of Agend, Head or Dasignee  Comment:			that the distribution set forth above, is in accordance  EWISOV'S ASSISTANT 8/2/2023  Title (month, day, year)

### Agency Report of:

"	1901109		0100	• •				
	Caramo	nial	Role	<b>Events</b>	and	Ticket/Page	Distribution	ns

_		10 4114 1101142	. 400 2.04.			th amilia pagament				
1.	Agency Name		Date Stamp	California 802						
	County Administrator's Office			TOILL COL						
	Division, Department, or Reg	ion (if applicable)		For Official Use Only						
	County Adminstrator's Offic									
	Designated Agency Contact	(Name, Title)								
	Susan S. Muranishi, County		Amendment (Must	Provide Explanation in Part 3.)						
	Area Code/Phone Number	a Code/Phone Number E-mail			06/30/2023					
	(510) 272-3862	CountyAdministra	ator@acgov.org		Date of Original Filing:	(month, day, year)				
2.	Function or Event Infor	nation								
	Does the agency have a tick		ace Value of I	Each Ticket/Pass \$ _	18.00					
					07 , 09 , 23					
	Event Description: Alameda	Provide Title/ Exp								
	Ticket(s)/Pass(es) provided	by agency? Yes	da County Fair Association							
			14		Name of Source					
	Was ticket distribution made	at the behest Yes	s 🗌 No 🔳 🏻 IT	yes:	Official's Name (Last, First)	)				
	of agency official?									
3.	Recipients									
	<ul> <li>Use Section A to identify the agent</li> </ul>	• 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.								
	Δ Name of Agency, Depa	ertment or Unit	Number of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy				
	A. Name of Agency, Depa	Transfer of one	Passes	Describe di	e pasio parpose made po	nodulis to the agency a policy				
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	following:				
			1 45555	Cerem	nonial Role Other	Income				
	Thorne, Krystal	10		If checking "Ceremonial Role" or "Other" describe below:						
				Employee Appreciation						
				Cerem	nonial Role  Other [	Income				
				If check	king "Ceremonial Role" or "Other" o					
	C. Name of Outside O	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency							
	(include address and	description)	Passes	4	- Sharp and M					
_	Verification									
+.	I have read and understand FP	DC Regulations 180	that the distribution set	forth above, is in accordance.						
	with the requirements.	r o negurations ros-	and the distribution set	Total above, is in accordance						
		Krystal Tho	ounting Specialist I	06/30/2023						
	Signature of Agency Head or Design		Title	(month, day, year)						
	Comment:									

		<b>455 DISHI</b>	butions		A Public Documen		
. Agency Name	Date Stamp	Calif					
County of Alameda			·	Form 802			
Division, Department, or Region (if appli	cable)			1	For Official Use Only		
County Administrator's Office							
Designated Agency Contact (Name, Title)							
Susan Muranishi			Amendment (M	lust Provide Explanation in Part 3.)			
Area Code/Phone Number E-mail					1/20/23		
susan.m	nuranishi@a	acgov.org		Date of Original Fili	(month, day, year)		
. Function or Event Information							
Does the agency have a ticket policy	Each Ticket/Pass \$	\$18.00					
	1.0				07 , 09 , 23		
Event Description:	Event Description: Alameda County Fair Date(s) Date(s)						
Ticket(s)/Pass(es) provided by agenc	-	□ No 🔳 If	no: Alamed	la County Fairgrou	nds		
			yes: Murani	Name of Source			
Was ticket distribution made at the be	Official's Name (Last, F	First)					
of agency official?							
. Recipients							
Use Section A to identify the agency's department	ual. Use Section C to id	dentify an outside organization.					
A Name of Agency Dengtment or I					a murrupat to the agencyle wellow		
A. Name of Agency, Department or U	THIL .	of Ticket(s)/ Passes	Describe ti	Describe the public purpose made pursuant to the agency's p			
		1	l.				
Name of Individual		Number		Identify one of	the following:		
B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of	the following:		
(Last, First)	.7	of Ticket(s)/ Passes		nonial Role Oth	er Income [		
D.		of Ticket(s)/	If chec	nonial Role Oth	er Income [		
(Last, First)		of Ticket(s)/ Passes	If chec	nonial Role Oth	er Income [		
(Last, First)		of Ticket(s)/ Passes	Employee Ceret	nonial Role  Oth	er Income		
(Last, First)	1)	of Ticket(s)/ Passes	Employee Ceres	monial Role  Oth king "Ceremonial Role" or "Oth Appreciation monial Role  Oth king "Ceremonial Role" or "Oth	er Income		
Ward, Marites  Name of Outside Organization	1)	of Ticket(s)/ Passes 10 Number of Ticket(s)/	Employee Ceres	monial Role  Oth king "Ceremonial Role" or "Oth Appreciation monial Role  Oth king "Ceremonial Role" or "Oth	er Income		
Ward, Marites  C. Name of Outside Organization (include address and description)		of Ticket(s)/ Passes  10  Number of Ticket(s)/ Passes	Employee  Cerer If chec	monial Role  Oth king "Ceremonial Role" or "Oth Appreciation monial Role  Oth king "Ceremonial Role" or "Oth	er Income		
Ward, Marites  Name of Outside Organization (include address and description	ations 18944	of Ticket(s)/ Passes  10  Number of Ticket(s)/ Passes	Employee  Cerer If chec	monial Role  Oth king "Ceremonial Role" or "Oth Appreciation  monial Role  Oth king "Ceremonial Role" or "Oth the public purpose made  that the distribution s	er Income		
Ward, Marites  C. Name of Outside Organization (include address and description)  Verification I have read and understand FPPC Regulation	ations 18944	of Ticket(s)/ Passes  10  Number of Ticket(s)/ Passes	Employee  Cerer If chec	monial Role  Oth king "Ceremonial Role" or "Oth Appreciation monial Role  Oth king "Ceremonial Role" or "Oth	er Income		

1.	Agency Name				Date Stamp	California Q02	
	County of Alameda			Form OUZ			
	Division, Department, or Regi	on (if applicable)		For Official Use Only			
	County Administrator's Offic	е					
	Designated Agency Contact (	Name, Title)					
	Susan Muranishi		D 4	I			
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)		
		susan.muranishi@	acgov.org		Date of Original Filing:	(month, day, year)	
2.	<b>Function or Event Inform</b>	nation					
	Does the agency have a tick	et policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	18.00	
	Event Description: Alameda	County Fair  Provide Title/ Expl.	D	ate(s)06	<u>, 16 , 23                                  </u>		
	Ticket(s)/Pass(es) provided	•	a County Fairgrounds				
	Was ticket distribution made	at the behest vo-	□ N- ■ If	ves. Muranis	official's Name (Last, First)		
	of agency official?	at the beliest 168	□ No ■ "	y 00.:	Official's Name (Last, First)		
3.	Recipients						
	• Use Section A to identify the agen	cy's department or unit.	• Use Section B to id	dentify an individu	ual. Use Section C to identify	y an outside organization.	
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy			
			Number				
	B. Name of Indi	of Ticket(s)/ Passes		Identify one of the fo			
	Yen, Amy	4	Ceremonial Role Other Income Income Income Englished Services Serv				
					nonial Role Other Ching "Ceremonial Role" or "Other" des		
	Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursuant to the agency's policy			
						-	
	Verification	DC Boardotions 4004	4.4 and 49040	l hava varifie d	that the distribution and fo	orth chaus is in a second	
	I have read and understand FPI with the requirements	-c regulations 1894	4. i ario 18942. i	nave ventied t	urat ine distribution set fo	nui above, is in accordance	
		Δ	Amy Yen		Administrative Analyst	06/30/2023	
	Signature of Agency Head Design		Print Name		Title	(month, day, year)	
	Comment:						