ble)		Date Stamp	Form 802 For Official Use Only
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ore)			The state of the s
		Amendment (Must Pi	rovide Explanation in Part 3.)
rtwright2@acgov.org		Date of Original Filing: .	(month, day, year)
	-		
_			\$225
D:	ate(s)3	<u>, 1 , 2024</u>	
Title/ Explanation			
Yes ☐ No ■ If	no: Cakiant	Name of Source	
nt v m · i = lf	ves. Hauber	t, David	
sor Yes □ No ■ "	, 00	Official's Name (Last, First)	
		, r	
t or unit. • Use Section B to id	lentify an individu	ual. Use Section C to identif	y an outside organization.
Number			77-7-7-7
	Describe th	suant to the agency's policy	
		=	
Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
		-	_
4	If checi	king "Ceremonial Role" or "Other" de	scribe below:
	To promote	attendance at events	held at a County facili
	Ceren	nonial Role Other	Income [
			scribe below:
Number of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy
rasses			
ons 18944.1 and 18942. I	have verified	that the distribution set for	orth above, is in accordance
			2/1/2
ther D. Cartwright	Supe		
Print Name		Title	(month, day, year)
	Partitle/ Explanation Yes No If Pest Yes No If Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Yes No Face Value of Date(s) Date(s) Title/Explanation Yes No If no: Oakland Past Yes No If yes: Haubert Ont or unit. *Use Section B to identify an individual intervals. Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Antwright2@acgov.org Pace Value of Each Ticket/Pass \$

						abno boodinent
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	i 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 pro	ovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Chi	risty@acgov.	.org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform					(monal, bay, real)
	Does the agency have a ticket		Yes⊠ No	Face Value o	f Each Ticket/Pass \$	225
	Nicki Minaj	i			1	
	Event Description Nicki Minaj	Provide Title/Expl				
	Ticket(s)/Pass(es) provided by	v agency?	Name of Sour			
		100 100				
	Was ticket distribution made a	t the behest	No 🔲 Yes [If yes: Marqu	ez, Elisa - Supervisor	District 2
	of agency official?				Official's Name (La	181, FIF8T)
3.	Recipients	In discount of				
	Use Section A to identify the agency		unit. • Use Sec			
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy		
			1 400(00)			
			1 1			
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the following	ng:
	(Last, First)		Pass(es)			<u> </u>
					Other ial Role" or "Other" describe below:	Income
				souting continuin	The second second	
				Ceremonial Role	Other 🔲	Income
				If checking "Ceremoni	ial Role" or "Other" describe below:	
			Number of	To reward a scho	ol or nonprofit	
	Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	organization for i	ts contributions to	the agency's policy
	Community Child Care Cour	ncil (4Cs) Of	. 233(63)	the community		
	Alameda County 22351 City					
	Harnard CA QAEA1	noil (ACa) af		L coordinate reserves	o to atranathan familia	o and shilder-
	Community Child Care Cour Alameda County exists to de			coordinate resource	es to strengthen familie	s and children.
		- I	<u></u>			
١.	Verification	lations 18944 1 and	l 18942. I have ve	rified that the distribution set fo	orth above. is in accordance with	o the requirements
	• - The state of state of the s					•
	gnature of Agency Heat or Designee		Gabriela C		Supervisor's Assistant	2/27/2024 (Month, Day, Year)
					RI .	(
	Comment:					

١.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ For Official Use Only
	Division, Department, or Regi	on (If Applicable)			1 of Official Use Offiy
	Board of Supervisors					
1	Designated Agency Contact (Name, Title)				
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must provi	de explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	risty@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticker	t policy?	Yes ⊠ No 🗆	Face Value o	of Each Ticket/Pass \$	00.00
	Event Description <u>Sakland</u>	Alg Us S	F Grants		, 25, 24	
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No 🏻		Name of Source	
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes ☒	If yes:	Official's Name (Last	t, Firsty
3.	Recipients					
	Use Section A to identify the agency	y's department or	unit. • Use Section	on B to identify an individ	ual. • Use Section C to identify	an outside organization.
	A. Name of Agency, Department	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's			
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	:
	Fugtugosh, Manhol	i	3	Ceremonial Role If checking "Ceremor To reward a co	nial Role" or "Other" describe below:	Income 🔲
	· 			volunteer for	his or her service	
		9		to the public		Income
			Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant to	the agency's policy
	Verification I have read and understand FPPC Regu	ulations 40044 4	d 18042 hours us="	fied that the distribution set	forth above is in accordance with t	the requirements
	i nave read and understand FPPC Regu	nauons 16944.1 an				2. 2. \aA
	Signature of Agency Head or Designer		Gabriela Ch	nsty	Supervisor's Assistant	(Month, Day, Year)
	Comment:					

	Agency Name				Date Stamp	California 802
	Alameda County					Form UUZ
	Division, Department, or Regi	on (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Vame, Title)				
	Gabriela Christy			Amondment (4. 4.	.,	
	Area Code/Phone Number	E-mail	Amendment (Must pro	/ide explanation in Part 3.)		
	(510) 272-6692	Gabriela.Chi	Date of Original Filing: —	(Month, Day, Year)		
2.	Function or Event Inform	nation				1-0
	Does the agency have a ticket		Yes 🛛 No	-	f Each Ticket/Pass \$	[00]
	Event Description Dakland	Provide Title/Expla	Lava Gvara		128 124	
	Ticket(s)/Pass(es) provided by	agency?	Yes □ No	If no: Alamed	da County	
					Name of Source	
	Was ticket distribution made a of agency official?	t the benest	No ☐ Yes	If yes: Marqu	uez, Elisa- Supervisor D Official's Name (Las	st, First)
_						
٠.	Recipients • Use Section A to identify the agency	's department or (unit. • Use Sec	tion B to identify an individu	al. • Use Section C to identify	/ an outside organization.
	A. Name of Agency, Department or Unit Numb			Describe the pub	lic purpose made pursuant to	the agency's policy
			Pass(es)			
				·		· .
				,		
	Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
	local I ala Arahmann	J	2	Ceremonial Role To reward a	other community	income 🗌
	maldondo, Anthon		3		r his or her service	
		J				
				to the public	;	Income
					i)	
20	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
6						
_						
	Verification I have read and understand FPPC Regulation	ations 18944 1 and	18942 I have ve	rified that the distribution set fo	orth above is in accordance with	the requirements
	. The street of	~	Gabriela Cl		Supervisor's Assistant	ala la la
	Signature of Agency Helid or Designee	25	Print Nam		Title	(Month, Day, Year)
						100000 1000 1000 Miles
	Comment:					

eremoma reore E					
Agency Name			Date Stamp	California 802	
Alameda County				E	Form For Official Use Only
Division, Department, o	r Region (If Applicab	le)			1 of Oniolal Ose Offiy
Board of Supervisors					
Designated Agency Co	ntact (Name, Title)				
Gabriela Christy				Amendment (Must r	provide explanation in Part 3.)
Area Code/Phone Numi	ber E-mail			_	
(510) 272-6692	Gabriela.Cl	hristy@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
Function or Event	Information				0750
Does the agency have a	a ticket policy?	Yes 🛛 No 🛭	Face Value o	of Each Ticket/Pass \$ _	15T.5U
Event Description	9 HARD TOU Provide Title/Ex	planation	Date(s) <u></u>	128124	
=: 1			If no: Alame	da County	
Ticket(s)/Pass(es) provi	ued by agency?	Yes 🔲 No 🛭	3	Name of So	
Was ticket distribution n	nade at the behest	No ☐ Yes 🏻	If ves: Marq	uez, Elisa- Supervisor	District 2
of agency official?			1,20	Official's Name ((Last, First)
Recipients					
Use Section A to identify the	e agency's department o		ion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, De	epartment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
B. Name of In		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role If checking "Ceremon	Identify one of the follow Other itial Role" or "Other" describe below:	Income
		Ticket(s)/	If checking "Ceremon Ceremonial Role	Other	Income Income
	e Organization	Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other island or "Other" describe below:	Income Income
C. Name of Outside (include address a	e Organization and description)	Number of Ticket(s)/	Ceremonial Role If checking "Ceremon Describe the pul	Other Dial Role" or "Other" describe below: Other Dial Role" or "Other" describe below: Olic purpose made pursuan	Income In
C. Name of Outside (include address a	e Organization and description)	Number of Ticket(s)/	Ceremonial Role If checking "Ceremon Describe the pul To reward a sch organization for	Other Dial Role" or "Other" describe below: Other Dial Role" or "Other" describe below:	Income In
C. Name of Outside (include address a annual A cls of Alamo	e Organization and description) eda (OWY #270 On Hand	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the pul	Other Dial Role" or "Other" describe below: Other Dial Role" or "Other" describe below: Olic purpose made pursuan	Income In
C. Name of Outside (include address a	e Organization and description) eda (OWY) #200 Dakland Re diducated to	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the pul To reward a schorganization for the community	Other Dial Role" or "Other" describe below: Other Dial Role" or "Other" describe below: Olic purpose made pursuan	Income In
C. Name of Outside (include address: 2005 adaptuatur Dr. 2005 adaptuatur Dr. 2005 and the congress on the congress of the cong	e Organization and description) eda (OWY #270 On Hand	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the pul To reward a schorganization for the community	Other Dial Role" or "Other" describe below: Other Dial Role" or "Other" describe below: Olic purpose made pursuan	Income In
C. Name of Outside (include address: 2005 adaptuatur Dr. 2005 adaptuatur Dr. 2005 and 2005 adaptuatur Dr. 2005 and 2005	e Organization and description) eda COUNY #270 Daldand Ex diducated to analy Fell per	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the pul To reward a sch organization for the community	Other or "Other" describe below: Other or "Other" describe below: Olic purpose made pursuant and or nonprofit rits contributions to	Income In
C. Name of Outside (include address: augustus of Alame of Outside (include address: augustus of Outside (include address: augus	e Organization and description) eda COUNY #270 Daldand Ex diducated to analy Fell per	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the pul To reward a schorganization for the community	Other or "Other" describe below: Other or "Other" describe below: Olic purpose made pursuant and or nonprofit rits contributions to	Income In

Comment: _____

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Α	Pι	ldı	IC L	JOI	CUI	me	nı

OCI.	ciliomai itolo Eveni	o alla lic	ntour doo	Diotributions		A Public Document	
1. A	gency Name				Date Stamp	California 802	
Α	ameda County	,					
Di	vision, Department, or Regi	on (If Applicable	e)			For Official Use Only	
В	oard of Supervisors						
De	esignated Agency Contact (Vame,Title)					
G	abriela Christy				Amondment (Must be	ovide explanation in Part 3.)	
Ar	ea Code/Phone Number	E-mail			Amendmem (Mast pr	очие ехріапацоп іп Рап з.)	
(5	10) 272-6692	Gabriela.Ch	risty@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2. F	unction or Event Inforr	nation					
Do	es the agency have a ticket	policy?	Yes⊠ No [Face Value o	f Each Ticket/Pass \$	100	
Ev	ent Description OAKARD AU	NS. Class	avd(sVavdla Ination	NS Date(s) 3	130,24		
Tic	cket(s)/Pass(es) provided by	\lam\				urce	
W	Was ticket distribution made at the behest No 🗆			Marqu	uez, Elisa- Supervisor	District 2	
	Vas ticket distribution made at the behest No ☐ Yes ☑ If yes: Marc of agency official?				Official's Name (L	ast, First)	
3. R	ecipients						
٠١	Ise Section A to identify the agency	's department or	-i	tion B to identify an individu	ial. • Use Section C to ident	ify an outside organization.	
Α	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	(s)/ Describe the public purpose made pursuant to the agency's			
_							
В	B. Name of Individual Number Ticket(s				Identify one of the followi	ng;	
-	(Last, First)		Pass(es)		Other ial Role" or "Other" describe below:	Income _	
_				Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income	
C.	Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
New	the Promotoral 4800 ma	wyNa	3	To reward a school or nonprofit organization for its contributions to			
adent	mphainnoj and advoca municipi realth work	furpromot eves	Zar	— the community			
	erification value and understand FPPC Regula	ations 18944.1 and	d 18942. I have ver	rified that the distribution set fo	orth above, is in accordance wit	h the requirements.	
			Gabriela Ch	risty	Supervisor's Assistant	328 24	

Ag	ency Name				Date Stamp	California 802	
	meda County				25	Form For Official Use Only	
Div	ision, Department, or Regio	on (If Applicable)			1 of Official Ose Offly	
Bo	ard of Supervisors						
	signated Agency Contact (\!\	lame,Title)					
Ga	briela Christy						
		E-mail			Amendment (Must pi	rovide explanation in Part 3.)	
		Gabriela.Ch	risty@acgov.or	g	Date of Original Filing:	(Month, Day, Year)	
	nction or Event Inform	nation				(mental, bay, roal)	
	es the agency have a ticket		Yes⊠ No□	Face Value o	of Each Ticket/Pass \$	62.50	
	ent Description	Provide Title/Expli	R		, 30 , 24		
				If no: Alame	da County		
Ticket(s)/Pass(es) provided by agency? Yes					Name of Soi		
Was ticket distribution made at the behest No ☐ Yes ☒				lf ves: Marqu	uez, Elisa- Supervisor	District 2	
of agency official?				,	Official's Name (L	Last, First)	
Re	cipients						
• Us	se Section A to identify the agency'	's department or	unit. • Use Section	n B to identify an individe	ual. • Use Section C to ident	tify an outside organization.	
A.	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
		·					
В.	Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following:		
				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income .	
_				. Ceremonial Role	Other	Income 🗀	
					nial Role" or "Other" describe below:	income	
C.	Name of Outside Organiz		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy	
cls	& Alaneda Com M			To reward a sc	hool or nonprofit		
		DAN AND			or its contributions to		
310	5 WydogusterDr#27	OU WINGE			-		
B10 Profi	5 Wydgywater Dr# 27 + Family Resource agenc	y dedicated		the community			
B10 Profi	5 an adaptualenti # 27 + Family Resource agence enathennes continuen Family	y dedicated					
	tFamily Resource agence englishing children Familiation	y dedicated milier(+ Ch	UDCARS TO	udors in Mcc) -		
	tFamily Resource agence	y dedicated milier(+ Ch	UDCARS TO	udors in Mcc) -	th the requirements.	
	tFamily Resource agence englishing children Familiation	y dedicated milier(+ Ch	UDCARS TO	udals In McC) -	121/24	