

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
Alameda County			For Official Use Only
Division, Department, or Region <i>(if applicable)</i>			
Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
Lawson Bell, Supervisor's Assistant		Date of Original Filing: <u>06/16/22</u> <i>(month, day, year)</i>	
Area Code/Phone Number	E-mail		
(510) 272-6691	Lawson.Bell@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 100

Event Description: Baseball Game Date(s) 06/ / 03 / 2022

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland A's
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Haubert, David
Official's Name (Last, 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.

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 <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
Archuletta, Ben	3	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at events held at a County facility
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number 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 verified that the distribution set forth above, is in accordance with the requirements.

Lawson Bell
Supervisor's Assistant
06/16/2022

Print Name
Title
(month, day, year)

Comment: _____

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

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1. Agency Name Alameda County		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Heather Cartwright			
Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$100 tix, \$20 parking

Event Description: Baseball game Date(s) 06 / 03 / 22
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland A's
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Brown, Dave
Official's Name (Last, 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.

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:
Lee, Brandon	3 +1p	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a(n)... event held at a County...
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
 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 Cartwright Supervisor's Assistant 6/25/2022
Print Name Title (month, day, year)

Comment: _____

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

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1. Agency Name Alameda County		Date Stamp	California Form 802
Division, Department, or Region <i>(if applicable)</i> Board of Supervisors			For Official Use Only
Designated Agency Contact <i>(Name, Title)</i> Amy Shrago, Chief of Staff			<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>
Area Code/Phone Number 510-272-6695	E-mail Amy.Shrago@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 100.00

Event Description: Oakland Athletics vs. Boston Red Sox Date(s) 06 / 03 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Coliseum Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Carson, Keith
Official's Name (Last, 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
BOS District 5	4	To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff <input checked="" type="checkbox"/>
B. Name of Individual <i>(Last, First)</i>		
	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <i>(include address and description)</i>		
	Number 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 verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago
Print Name
Chief of Staff
Title
06-07-22
(month, day, year)

Comment: _____

Print **Clear**

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number E-mail (510) 272-6692 Gabriela.Christy@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) 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 \$ _____ 100/20

Event Description Oakland A's vs. Kansas City Royals Date(s) 6 / 19 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Athletics
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	To reward a school or nonprofit organization for its contributions to the community
Seek and Save 545 Saint John St., Pleasanton, CA 94566	10/3	agency's policy
Seek & Save teaches, trains, and coaches Christian serving teams		and ministry leaders to do justice with compassion as love to others, evangelism to the lost, obedience to the Word, and worship to God

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.

Gabriela Christy Supervisor's Assistant 6/28/22
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lawson Bell, Supervisor's Assistant Area Code/Phone Number E-mail (510) 272-6691 Lawson.Bell@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>06/22/22</u> <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 100

Event Description: Baseball Game Date(s) 06 / 21 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland A's
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Haubert, David
Official's Name (Last, 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.

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:
Phillips, Josh	12	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote tourism or foster economic or business devel
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

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.

Lawson Bell	Supervisor's Assistant	06/22/22
<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: _____

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

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1. Agency Name Alameda County Division, Department, or Region <i>(if applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Lawson Bell, Supervisor's Assistant		Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number (510) 272-6691	E-mail Lawson.Bell@acgov.org	<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: <u>06/22/22</u> <i>(month, day, year)</i>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 100

Event Description: Baseball Game Date(s) 06 / 21 / 22
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland A's
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Haubert, David
Official's Name (Last, 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.

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:
Lux, Andy	7	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To promote attendance at events held at a County facility
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

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.

Lawson Bell
Print Name
Supervisor's Assistant
Title
06/22/22
(month, day, year)

Comment: _____

Print
Clear

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

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1. Agency Name Alameda County		Date Stamp	California Form 802
Division, Department, or Region <i>(if applicable)</i> Board of Supervisors			For Official Use Only
Designated Agency Contact <i>(Name, Title)</i> Amy Shrago, Chief of Staff		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: <u>06/07/22</u> <i>(month, day, year)</i>	
Area Code/Phone Number 510-272-6695	E-mail Amy.Shrago@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Oakland Athletics vs. Seattle Mariners Face Value of Each Ticket/Pass \$ 100.00
Provide Title/ Explanation Date(s) 06 / 22 / 22

Ticket(s)/Pass(es) provided by agency? Yes No If no: Coliseum Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Carson, Keith
Official's Name (Last, 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.

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:
		Ceremonial Role <input type="checkbox"/> Other <input checked="checked" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input checked="checked" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
Berkeley Humane Society 2700 Ninth St., Berkeley, CA	18	To reward a school or nonprofit organization for its contribution

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.

Amy Shrago Chief of Staff 06-07-22
 Print Name Title (month, day, year)

Comment: _____

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

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1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Gabriela Christy		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Area Code/Phone Number (510) 272-6692	E-mail Gabriela.Christy@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 137.50

Event Description Kapil Sharma Date(s) 6 / 24 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland As
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2
Official's Name (Last, 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Sharma, Aditi	<u>3</u>	To reward a community volunteer for his or her service to the public Income <input type="checkbox"/>
		Income <input type="checkbox"/>
<small>If checking "Ceremonial Role" or "Other" describe below.</small>		
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	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 verified that the distribution set forth above, is in accordance with the requirements.

Gabriela Christy Supervisor's Assistant 6/29/22
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name County of Alameda		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) County Administrator's Office			
Designated Agency Contact (Name, Title) Marites Ward		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 510-272-3893	E-mail marites.ward@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ T: \$18 P: \$15

Event Description: Alameda County Fair Date(s) *06 / 17 / 2022 07 / 10 / 2022
Provide Title/ 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. 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, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
County Fire Department	T:700 P:30	To promote, encourage, reward or support general employee morale, retention, or exemplary service.
B. Name of Individual (Last, First)		
	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

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.

_____ Marites Ward _____ Executive Assistant _____ June 8, 2022
Print Name Title (month, day, year)

T=2 for 1 or Friend of Fair Ticket. P=Parking Pass *Each good for one-time use on any date of Fair

Comment: operations 6/17-7/10/2022 +

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

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1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
County Administrator's Office			
Designated Agency Contact (Name, Title)			
Marites Ward			
Area Code/Phone Number	E-mail		
510-272-3893	marites.ward@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ T: \$18 P: \$15

Event Description: Alameda County Fair Date(s) *06 / 17 / 2022 07 / 10 / 2022
Provide Title/ 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. 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, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
County Librarian	T:30 P:15	To promote, encourage, reward or support general employee morale, retention, or exemplary service.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

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.

_____ Marites Ward _____ Executive Assistant _____ June 8, 2022
Print Name Title (month, day, year)

Comment: T=2 for 1 Ticket. P=Parkina Pass *Each good for one-time use on anv date of Fair operations 6/17-7/10/2022

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

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1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
County Administrator's Office			
Designated Agency Contact (Name, Title)			
Marites Ward			
Area Code/Phone Number	E-mail		
510-272-3893	marites.ward@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ T: \$18 P: \$15

Event Description: Alameda County Fair Date(s) *06 / 17 / 2022 07 / 10 / 2022
Provide Title/ 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. 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, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
County ACERA Department	T:40 P:18	To promote, encourage, reward or support general employee morale, retention, or exemplary service.
B. Name of Individual (Last, First)		
	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

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.

_____ Marites Ward _____ Executive Assistant _____ June 8, 2022
Print Name Title (month, day, year)

Comment: T=2 for 1 Ticket. P=Parkina Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022

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

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1. Agency Name County of Alameda		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) County Administrator's Office			
Designated Agency Contact (Name, Title) Marites Ward		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 510-272-3893	E-mail marites.ward@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ T: \$18 P: \$15

Event Description: Alameda County Fair Date(s) *06 / 17 / 2022 07 / 10 / 2022
Provide Title/ 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. 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, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
County Assessor	T:130 P:15	To promote, encourage, reward or support general employee morale, retention, or exemplary service.
B. Name of Individual (Last, First)		
	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

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.

_____ Marites Ward _____ Executive Assistant _____ June 8, 2022
Print Name Title (month, day, year)

Comment: T=2 for 1 Ticket. P=Parkina Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022

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1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
County of Alameda			
Division, Department, or Region <i>(if applicable)</i>			
County Administrator's Office			
Designated Agency Contact <i>(Name, Title)</i>			
Marites Ward			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
510-272-3893	marites.ward@acgov.org	Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ T: \$18 P: \$15

Event Description: Alameda County Fair Date(s) *06 / 17 / 2022 07 / 10 / 2022
Provide Title/ 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. 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, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
County Auditor	T:250 P:30	To promote, encourage, reward or support general employee morale, retention, or exemplary service.
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <small>(include address and description)</small>	Number 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 verified that the distribution set forth above, is in accordance with the requirements.

Marites Ward	Executive Assistant	June 8, 2022
<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: T=2 for 1 Ticket. P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
County of Alameda			
Division, Department, or Region <i>(if applicable)</i>			
County Administrator's Office			
Designated Agency Contact <i>(Name, Title)</i>			
Marites Ward			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
510-272-3893	marites.ward@acgov.org	Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ T: \$18 P: \$15

Event Description: Alameda County Fair Date(s) *06 / 17 / 2022 07 / 10 / 2022
Provide Title/ 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. 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, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
County Counsel	T:70 P:15	To promote, encourage, reward or support general employee morale, retention, or exemplary service.
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <small>(include address and description)</small>	Number 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 verified that the distribution set forth above, is in accordance with the requirements.

Marites Ward
Print Name
Executive Assistant
Title
June 8, 2022
(month, day, year)

Comment: T=2 for 1 Ticket. P=Parkina Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
County Administrator's Office			
Designated Agency Contact (Name, Title)			
Marites Ward			
Area Code/Phone Number	E-mail		
510-272-3893	marites.ward@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ T: \$18 P: \$15

Event Description: Alameda County Fair Date(s) *06 / 17 / 2022 07 / 10 / 2022
Provide Title/ 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. 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, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Information Technology Department	T:30 P:15	To promote, encourage, reward or support general employee morale, retention, or exemplary service.
B. Name of Individual (Last, First)		
	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

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.

_____ Marites Ward _____ Executive Assistant _____ June 8, 2022
Print Name Title (month, day, year)

Comment: T=2 for 1 Ticket. P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
County of Alameda			
Division, Department, or Region <i>(if applicable)</i>			
County Administrator's Office			
Designated Agency Contact <i>(Name, Title)</i>			
Marites Ward			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
510-272-3893	marites.ward@acgov.org	Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ T: \$18 P: \$15

Event Description: Alameda County Fair Date(s) *06 / 17 / 2022 07 / 10 / 2022
Provide Title/ 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. 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, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Community Development Agency	T:130 P:15	To promote, encourage, reward or support general employee morale, retention, or exemplary service.
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number 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 verified that the distribution set forth above, is in accordance with the requirements.

Marites Ward
Print Name
Executive Assistant
Title
June 8, 2022
(month, day, year)

Comment: T=2 for 1 Ticket. P=Parkinng Pass *Each good for one-time use on anv date of Fair operations 6/17-7/10/2022

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
County of Alameda			
Division, Department, or Region <i>(if applicable)</i>			
County Administrator's Office			
Designated Agency Contact <i>(Name, Title)</i>			
Marites Ward		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ <small>(month, day, year)</small>	
510-272-3893	marites.ward@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ T: \$18 P: \$15

Event Description: Alameda County Fair Date(s) *06 / 17 / 2022 07 / 10 / 2022
Provide Title/ 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. 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, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
District Attorney	T:100 P:15	To promote, encourage, reward or support general employee morale, retention, or exemplary service.
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <small>(include address and description)</small>	Number 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 verified that the distribution set forth above, is in accordance with the requirements.

Marites Ward
Print Name
Executive Assistant
Title
June 8, 2022
(month, day, year)

Comment: T=2 for 1 Ticket. P=Parkind Pass *Each good for one-time use on anv date of Fair operations 6/17-7/10/2022

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

A Public Document

1. Agency Name County of Alameda Division, Department, or Region <i>(if applicable)</i> County Administrator's Office Designated Agency Contact <i>(Name, Title)</i> Marites Ward Area Code/Phone Number E-mail 510-272-3893 marites.ward@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> 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 \$ _____ T: \$18 P: \$15

Event Description: Alameda County Fair Date(s) *06 / 17 / 2022 07 / 10 / 2022
Provide Title/ 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. 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, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
General Services Agency	T:250 P:15	To promote, encourage, reward or support general employee morale, retention, or exemplary service.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

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.

 Marites Ward
Print Name

 Executive Assistant
Title

 June 8, 2022
(month, day, year)

Comment: T=2 for 1 Ticket. P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
County of Alameda			
Division, Department, or Region <i>(if applicable)</i>			
County Administrator's Office			
Designated Agency Contact <i>(Name, Title)</i>			
Marites Ward			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
510-272-3893	marites.ward@acgov.org	Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ T: \$18 P: \$15

Event Description: Alameda County Fair Date(s) *06 / 17 / 2022 07 / 10 / 2022
Provide Title/ 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. 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, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Health Care Services Agency	T:100 P:15	To promote, encourage, reward or support general employee morale, retention, or exemplary service.
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number 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 verified that the distribution set forth above, is in accordance with the requirements.

Marites Ward
Print Name
Executive Assistant
Title
June 8, 2022
(month, day, year)

Comment: T=2 for 1 Ticket. P=Parkin Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
County of Alameda			
Division, Department, or Region <i>(if applicable)</i>			
County Administrator's Office			
Designated Agency Contact <i>(Name, Title)</i>			
Marites Ward			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
510-272-3893	marites.ward@acgov.org	Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ T: \$18 P: \$15

Event Description: Alameda County Fair Date(s) *06 / 17 / 2022 07 / 10 / 2022
Provide Title/ 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. 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, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Human Resources	T:200 P:15	To promote, encourage, reward or support general employee morale, retention, or exemplary service.
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <small>(include address and description)</small>	Number 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 verified that the distribution set forth above, is in accordance with the requirements.

_____ Marites Ward <small>Print Name</small>	_____ Executive Assistant <small>Title</small>	_____ June 8, 2022 <small>(month, day, year)</small>
--	--	--

Comment: T=2 for 1 Ticket. P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022

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

A Public Document

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County of Alameda			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
County Administrator's Office			
Designated Agency Contact (Name, Title)			
Marites Ward			
Area Code/Phone Number	E-mail		
510-272-3893	marites.ward@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ T: \$18 P: \$15

Event Description: Alameda County Fair Date(s) *06 / 17 / 2022 07 / 10 / 2022
Provide Title/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. 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, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Probation Department	T:160 P:15	To promote, encourage, reward or support general employee morale, retention, or exemplary service.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

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.

_____ Marites Ward _____ Executive Assistant _____ June 8, 2022
Print Name Title (month, day, year)

Comment: T=2 for 1 Ticket. P=Parkina Pass *Each good for one-time use on anv date of Fair operations 6/17-7/10/2022

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
County of Alameda			
Division, Department, or Region (if applicable)			
County Administrator's Office			
Designated Agency Contact (Name, Title)			
Marites Ward			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
510-272-3893	marites.ward@acgov.org	Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ T: \$18 P: \$15

Event Description: Alameda County Fair Date(s) *06 / 17 / 2022 07 / 10 / 2022
Provide Title/ 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. 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, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Public Defender	T:100 P:15	To promote, encourage, reward or support general employee morale, retention, or exemplary service.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

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.

Marites Ward <small>Print Name</small>	Executive Assistant <small>Title</small>	June 8, 2022 <small>(month, day, year)</small>
---	---	---

Comment: T=2 for 1 Ticket. P=Parkina Pass *Each good for one-time use on anv date of Fair operations 6/17-7/10/2022

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

A Public Document

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Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
County Administrator's Office			
Designated Agency Contact (Name, Title)			
Marites Ward			
Area Code/Phone Number	E-mail		
510-272-3893	marites.ward@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ T: \$18 P: \$15

Event Description: Alameda County Fair Date(s) *06 / 17 / 2022 07 / 10 / 2022
Provide Title/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. 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, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Public Works Agency	T:200 P:15	To promote, encourage, reward or support general employee morale, retention, or exemplary service.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

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.

_____ Marites Ward _____ Executive Assistant _____ June 8, 2022
Print Name Title (month, day, year)

Comment: T=2 for 1 Ticket. P=Parkina Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
County of Alameda			
Division, Department, or Region <i>(if applicable)</i>			
County Administrator's Office			
Designated Agency Contact <i>(Name, Title)</i>			
Marites Ward			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
510-272-3893	marites.ward@acgov.org	Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ T: \$18 P: \$15

Event Description: Alameda County Fair Date(s) *06 / 17 / 2022 07 / 10 / 2022
Provide Title/ 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. 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, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Registrar of Voters	T:70 P:15	To promote, encourage, reward or support general employee morale, retention, or exemplary service.
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <small>(include address and description)</small>	Number 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 verified that the distribution set forth above, is in accordance with the requirements.

Marites Ward
Print Name
Executive Assistant
Title
June 8, 2022
(month, day, year)

Comment: T=2 for 1 Ticket. P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
County of Alameda			For Official Use Only
Division, Department, or Region <i>(if applicable)</i>			
County Administrator's Office			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
Marites Ward			
Area Code/Phone Number	E-mail		
510-272-3893	marites.ward@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ T: \$18 P: \$15

Event Description: Alameda County Fair Date(s) *06 / 17 / 2022 07 / 10 / 2022
Provide Title/ 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. 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, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Sheriff's Department	T:100 P:15	To promote, encourage, reward or support general employee morale, retention, or exemplary service.
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number 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 verified that the distribution set forth above, is in accordance with the requirements.

Marites Ward
Executive Assistant
June 8, 2022

Print Name
Title
(month, day, year)

Comment: T=2 for 1 Ticket. P=Parkina Pass *Each good for one-time use on anv date of Fair operations 6/17-7/10/2022

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
County of Alameda			
Division, Department, or Region <i>(if applicable)</i>			
County Administrator's Office			
Designated Agency Contact <i>(Name, Title)</i>			
Marites Ward			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
510-272-3893	marites.ward@acgov.org	Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ T: \$18 P: \$15

Event Description: Alameda County Fair Date(s) *06 / 17 / 2022 07 / 10 / 2022
Provide Title/ 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. 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, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Social Services Agency	T:200 P:15	To promote, encourage, reward or support general employee morale, retention, or exemplary service.
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <small>(include address and description)</small>	Number 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 verified that the distribution set forth above, is in accordance with the requirements.

Marites Ward
Print Name
Executive Assistant
Title
June 8, 2022
(month, day, year)

Comment: T=2 for 1 Ticket. P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
County of Alameda			
Division, Department, or Region <i>(if applicable)</i>			
County Administrator's Office			
Designated Agency Contact <i>(Name, Title)</i>			
Marites Ward			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
510-272-3893	marites.ward@acgov.org	Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ T: \$18 P: \$15

Event Description: Alameda County Fair Date(s) *06 / 17 / 2022 07 / 10 / 2022
Provide Title/ 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. 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, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Child Support Services	T:50 P:15	To promote, encourage, reward or support general employee morale, retention, or exemplary service.
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <small>(include address and description)</small>	Number 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 verified that the distribution set forth above, is in accordance with the requirements.

Marites Ward
Print Name
Executive Assistant
Title
June 8, 2022
(month, day, year)

Comment: T=2 for 1 Ticket. P=Parkina Pass *Each good for one-time use on anv date of Fair operations 6/17-7/10/2022

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

A Public Document

1. Agency Name County of Alameda		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) County Administrator's Office			
Designated Agency Contact (Name, Title) Marites Ward		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 510-272-3893	E-mail marites.ward@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ T: \$18 P: \$15

Event Description: Alameda County Fair Date(s) *06 / 17 / 2022 07 / 10 / 2022
Provide Title/ 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. 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, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Treasurer/Tax Collector	T:100 P:15	To promote, encourage, reward or support general employee morale, retention, or exemplary service.
B. Name of Individual (Last, First)		
	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

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.

_____ Marites Ward _____ Executive Assistant _____ June 8, 2022
Print Name Title (month, day, year)

Comment: T=2 for 1 Ticket. P=Parkina Pass *Each good for one-time use on anv date of Fair operations 6/17-7/10/2022

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Alameda County Health Care Services Agency			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>6/17/2022</u> (month, day, year)	
Office of the Agency Director			
Designated Agency Contact (Name, Title)			
Colleen Chawla			
Area Code/Phone Number	E-mail		
(510) 618-3452	Colleen.Chawla@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$18 ticket/\$15 parking

Event Description: Alameda County Fair Date(s) 06 / 17 / 22 07 / 10 / 22
Provide Title/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: Colleen Chawla
Official's Name (Last, 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.

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:
Perkins, Shirley	1 ticket	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Staff Appreciation
Crecy, Margaret	1 ticket	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Staff Appreciation
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

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.

_____ Colleen Chawla _____ Health Care Services Agency Director _____
Print Name Title (month, day, year)

Comment: _____

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

Agency Name

Alameda County Health Care Services Agency

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, 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:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Murray Hoem, Dina	1 ticket	Staff Appreciation
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Shah, Sameena	1 ticket	Staff Appreciation
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Rodriguez, Jeannette	1 ticket 1 parking pass	Staff Appreciation
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Gallo, Cynthia	1 ticket	Staff Appreciation
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

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

Agency Name _____

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, 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:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Tabasa, Ernesto	1 ticket	Staff Appreciation
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Foott, Alicia	1 ticket	Staff Appreciation
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Salter, Scott	1 ticket	Staff Appreciation
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Navarro, Maria	1 ticket 1 parking pass	Staff Appreciation
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

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

Agency Name _____

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, 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:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Sin, Jenny	1 ticket	Staff Appreciation
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Jones, Nancy	1 ticket	Staff Appreciation
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Esparza, Jeannina	1 ticket	Staff Appreciation
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Martinez, Laura	1 ticket 1 parking pass	Staff Appreciation
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

Print

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

Agency Name _____

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, 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:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Eng, Shannon	1 ticket	Staff Appreciation
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Arroyo, Alexandra	1 ticket	Staff Appreciation
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

Print

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

A Public Document

1. Agency Name HCSA Division, Department, or Region (if applicable) ENVIRONMENTAL HEALTH DEPARTMENT Designated Agency Contact (Name, Title)		Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number	E-mail		
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 18.00

Event Description: ALAMEDAS COUNTY FAIR Date(s) 06 / 17 / 22 7 / 10 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Brian Santos
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, 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.

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:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

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.

Bon Brazalton-Grigo Adm Spec II 6/16/22
Print Name Title (month, day, year)

Comment: _____

Print

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

Agency Name

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, 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:
Squires, Monelle	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
Garabito, Erik	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
Noda, Mansel	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
Mendabi, John	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> 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

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

Agency Name

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, 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:
Beebe, Jason	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Owcarz, Ronald	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Hinson, Tylor	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Arana, Clara	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

Print

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

Agency Name

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, 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:
West, David	8	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
Yang, Michelle	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
DeLaCruz, Sairul	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
Duong-Ly -Trang	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

Print **Clear**

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

Agency Name _____

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, 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:
Lam, JOAN	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Williams, Julia	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Obasa, Rowelyn	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Parker, LaTracy	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

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

A Public Document

1. Agency Name HCSA Division, Department, or Region <i>(if applicable)</i> ENVIRONMENTAL HEALTH DEPARTMENT Designated Agency Contact <i>(Name, Title)</i>		Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number	E-mail		
<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>		Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 15.00

Event Description: ALAMEDAS COUNTY FAIR Date(s) 06 / 17 / 22 7 / 10 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Brian Santos
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, 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.

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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

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.

Ben Brackton-Crueger Adm Spec II 6/17/22
 Print Name Title (month, day, year)

Comment: _____

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

Agency Name

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, 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:
Salvages, Michelle	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Flores, Marisol	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Guerrec-Montez; Celine	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Heather Cartwright		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$18

Event Description Alameda County Fair Date(s) 06 / 17 / 22 7 / 10 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Dave Brown
Official's Name (Last, 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Various (reference attached spreadsheet)	44	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Various (reference attached spreadsheet)	364	To reward a school or nonprofit organization for its 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.

Heather Cartwright Supervisor's Assistant 8/1/2022
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Heather Cartwright			
Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org		
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) 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 \$ _____ \$18

Event Description Alameda County Fair Date(s) 6 / 17 / 22 07 / 10 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Dave Brown
Official's Name (Last, 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Magallon, Maria Roberts, Royl Schulthesis, Carla	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public
Graves, Kimberly Bolton, Carolyn Maxey, Lara	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	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 verified that the distribution set forth above, is in accordance with the requirements.

_____ Heather Cartwright _____ Supervisor's Assistant _____ 08.01.2022
Print Name Title (Month, Day, Year)

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

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Division, Department, or Region (If Applicable) Board of Supervisors			For Official Use Only
Designated Agency Contact (Name, Title) Heather Cartwright			<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>
Area Code/Phone Number (510) 272-6693	E-mail Heather.Cartwright@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$15 parking pass

Event Description Alameda County Fair Date(s) 06 / 17 / 22 07 / 10 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Dave Brown
Official's Name (Last, 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Brown, Maddie Hong, Ernest Carvalho, Christopher	1 ea.	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
Lam, Marianne Sundaraman, Asha Richardson, India	1 ea.	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

*4.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

<u>Heather Cartwright</u> <small>Print Name</small>	<u>Supervisor's Assistant</u> <small>Title</small>	<u>08.01.2022</u> <small>(Month, Day, Year)</small>
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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

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Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Heather Cartwright			
Area Code/Phone Number (510) 272-6693	E-mail Heather.Cartwright@acgov.org	<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <small><i>(Month, Day, Year)</i></small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$15 parking pass

Event Description Alameda County Fair Date(s) 06 / 17 / 22 07 / 10 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Dave Brown
Official's Name (Last, 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small><i>(Last, First)</i></small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Geisner, Ben	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> To promote County-run, sponsored or supported community events, activities, or programs
Wilson, Galen	5	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> To promote County-run, sponsored or supported community events, activities, or programs
C. Name of Outside Organization <small><i>(include address and description)</i></small>	Number of Ticket(s)/Pass(es)	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 verified that the distribution set forth above, is in accordance with the requirements.

Heather Cartwright Supervisor's Assistant 08.01.2022
Print Name *Title* *(Month, Day, Year)*

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

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Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$18

Event Description Alameda County Fair Date(s) 6 / 17 / 22 07 / 10 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Dave Brown
Official's Name (Last, 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Brown, Maddie	6	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To encourage promote County-run, sponsored, or supported community events...
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	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 verified that the distribution set forth above, is in accordance with the requirements.

_____ Supervisor's Assistant _____ 08.01.2022
Print Name Title (Month, Day, Year)
 Heather Cartwright

**Agency Report of:
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Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$18

Event Description Alameda County Fair Date(s) 6 / 17 / 22 07 / 10 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Dave Brown
Official's Name (Last, 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Carvalho, Christopher	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To encourage promote County-run, sponsored, or supported community events...
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification
I have read and understand FPPC Regulation 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Heather Cartwright Supervisor's Assistant 08.01.2022
Print Name Title (Month, Day, Year)

**Agency Report of:
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Designated Agency Contact <i>(Name, Title)</i> Heather Cartwright		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(Month, Day, Year)</i>	
Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$18

Event Description Alameda County Fair Date(s) 6 / 17 / 22 07 / 10 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Dave Brown
Official's Name (Last, 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Lam, Marianne	3	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To encourage promote County-run, sponsored, or supported community events...
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/Pass(es)	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 verified that the distribution set forth above, is in accordance with the requirements.

Heather Cartwright <i>Print Name</i>	Supervisor's Assistant <i>Title</i>	08.01.2022 <i>(Month, Day, Year)</i>
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**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name Alameda County <hr/> Division, Department, or Region (If Applicable) Board of Supervisors <hr/> Designated Agency Contact (Name, Title) Heather Cartwright <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">Area Code/Phone Number</td> <td style="border: none;">E-mail</td> </tr> <tr> <td style="border: none;">(510) 272-6693</td> <td style="border: none;">heather.cartwright@acgov.org</td> </tr> </table>	Area Code/Phone Number	E-mail	(510) 272-6693	heather.cartwright@acgov.org	Date Stamp	<div style="background-color: #333; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">California Form 802</div> For Official Use Only
Area Code/Phone Number	E-mail					
(510) 272-6693	heather.cartwright@acgov.org					
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)		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 \$ _____ \$18

Event Description Alameda County Fair Date(s) 6 / 17 / 22 07 / 10 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Dave Brown
Official's Name (Last, 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Sundararaman, Asha	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To encourage promote County-run, sponsored, or supported community events...
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	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 verified that the distribution set forth above, is in accordance with the requirements.

<u>Heather Cartwright</u> <small>Print Name</small>	<u>Supervisor's Assistant</u> <small>Title</small>	<u>08.01.2022</u> <small>(Month, Day, Year)</small>
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Comment:

**Agency Report of:
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Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$18

Event Description Alameda County Fair Date(s) 6 / 17 / 22 07 / 10 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Dave Brown
Official's Name (Last, 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Hong, Ernest	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To encourage promote County-run, sponsored, or supported community events...
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	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 verified that the distribution set forth above, is in accordance with the requirements.

<u>Heather Cartwright</u> <small>Print Name</small>	<u>Supervisor's Assistant</u> <small>Title</small>	<u>08.01.2022</u> <small>(Month, Day, Year)</small>
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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name Alameda County <hr/> Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors <hr/> Designated Agency Contact <i>(Name, Title)</i> Heather Cartwright <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Area Code/Phone Number (510) 272-6693</td> <td style="width:50%; border: none;">E-mail heather.cartwright@acgov.org</td> </tr> </table>		Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org	Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org				
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> 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 \$ _____ \$18

Event Description Alameda County Fair Date(s) 6 / 17 / 22 07 / 10 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Dave Brown
Official's Name (Last, 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Alameda County Behavioral Health 7200 Bancroft Ave, #125-A, Oakland, CA	8	To promote health, motivate and provide expanded opportunities to vulnerable populations in County...
To support and empower individuals experiencing mental health+substance		

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 Cartwright	Supervisor's Assistant	08.01.2022
Print Name	Title	(Month, Day, Year)

Comment: _____

**Agency Report of:
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Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$18

Event Description Alameda County Fair Date(s) 6 / 17 / 22 07 / 10 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Dave Brown
Official's Name (Last, 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Richardson, India	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To encourage County of Alameda resident and business support for attendance at local events...
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	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 verified that the distribution set forth above, is in accordance with the requirements.

Heather Cartwright
Supervisor's Assistant
08.01.2022

Print Name
Title
(Month, Day, Year)

**Agency Report of:
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Designated Agency Contact (Name, Title) Heather Cartwright			
Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$18

Event Description Alameda County Fair Date(s) 6 / 17 / 22 07 / 10 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Dave Brown
Official's Name (Last, 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Molina, Courtney	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To encourage promote County-run, sponsored, or supported community events...
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	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 verified that the distribution set forth above, is in accordance with the requirements.

Heather Cartwright <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	08.01.2022 <small>(Month, Day, Year)</small>
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Ceremonial Role Events and Ticket/Pass Distributions**

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Board of Supervisors			
Designated Agency Contact (Name, Title) Heather Cartwright			
Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$18

Event Description Alameda County Fair Date(s) 6 / 17 / 22 07 / 10 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Dave Brown
Official's Name (Last, 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Geisner, Ben	5	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To encourage promote County-run, sponsored, or supported community events...
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	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 verified that the distribution set forth above, is in accordance with the requirements.

Heather Cartwright Supervisor's Assistant 08.01.2022
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Heather Cartwright			
Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org		
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>			

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$18

Event Description Alameda County Fair Date(s) 6 / 17 / 22 07 / 10 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Dave Brown
Official's Name (Last, 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Wilson, Galen	10	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at events held at a County facility in order to maximize potential County revenue...
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	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 verified that the distribution set forth above, is in accordance with the requirements.

Heather Cartwright Supervisor's Assistant 08.01.2022
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Amy Shrago, Chief of Staff		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number 510-272-6695	E-mail Amy.Shrago@acgov.org	Date of Original Filing: <u>07/01/22</u> (month, day, year)	

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 / 07 / 22 07 / 10 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Carson, Keith
Official's Name (Last, 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.

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:
Johnson, Sandra	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To reward a community for service to the public.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
100 Black Men 1632 12th Street, Oakland, CA <input checked="" type="checkbox"/>	20	
100 Black Women PO Box 24231, Oakland, CA <input checked="" type="checkbox"/>	20	

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.

Amy Shrago Chief of Staff 07/01/22
 Print Name Title (month, day, year)

Comment: _____

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

Agency Name

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, 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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
True Vine Missionary Baptist Church 1125 West Street Oakland CA 94607	10	To reward a school or nonprofit organization for its contributions to the community
West Oakland Health Council 700 Adeline St. Oakland CA 94607	25	To reward a school or nonprofit organization for its contributions to the community.

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

Agency Name

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, 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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
Albany Senior Center 846 Masonic Ave., Albany CA 94706	20	
All Of Us or None 4400 Market St. Oakland, CA 94608	25	
Beebe Memorial Cathedral 3900 Telegraph Ave. Oakland CA 94609	10	
Berkeley Daytime Drop-In Center 2218 Acton St. Berkeley CA 94702	15	

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

Agency Name

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, 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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
Berkeley Youth Alternatives	10	To reward a school or nonprofit organization for its contributions to the community
Beth Eden Baptist Church 118310th St. Oakland CA 94607	10	To reward a school or nonprofit organization for its contributions to the community.
Bonita House 6333 Telegraph Ave., Suite 102 Oakland Ca 94609	10	To reward a school or nonprofit organization for its contributions to the community.
BOSS 1918 University Ave. #2A Berkeley CA 94704	10	To reward a school or nonprofit organization for its contributions to the community.

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

Agency Name

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, 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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
Catholic Charities 433 Jefferson St. Oakland 94612	10	To reward a school or nonprofit organization for its contributions to the community
Downtown Oakland Senior Center 200 Grand Ave. Oakland CA 94612	20	To reward a school or nonprofit organization for its contributions to the community.
Emeryville Citizens Assistance Program 3610 San Pablo Ave. Emeryville CA	10	To reward a school or nonprofit organization for its contributions to the community.
Ecology Center 2530 San Pablo Ave. Berkeley CA 94702	10	To reward a school or nonprofit organization for its contributions to the community.

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

Agency Name

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, 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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
Emeryville Senior Center 4321 Salem Street Emeryville, CA 94608	20	To reward a school or nonprofit organization for its contributions to the community
Emeryville Parks and Rec 4300 San Pablo Ave. Emeryville CA 94608	40	To reward a school or nonprofit organization for its contributions to the community.
First AME 530 37th Street Oakland CA 94609	10	To reward a school or nonprofit organization for its contributions to the community.
Hidden Genius Project 519 17th St. Ste 240 Oakland CA 94612	10	To reward a school or nonprofit organization for its contributions to the community.

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

Agency Name

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, 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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
Berkeley Juneteenth Cultural Celebration	50	To reward a school or nonprofit organization for its contributions to the community
Options Recovery Services 1931 Center St. Berkeley CA 94704	10	To reward a school or nonprofit organization for its contributions to the community.
Pacific Center for Human Growth 2712 Telegraph Ave. Berkeley CA 94705	10	To reward a school or nonprofit organization for its contributions to the community.
Positive Communication Practices 2627 57th Ave Oakland CA 94605	10	To reward a school or nonprofit organization for its contributions to the community.

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

Agency Name

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, 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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
Prescott Joseph Resource Center 920 Peralta Street, Oakland CA 94607	51	To reward a school or nonprofit organization for its contributions to the community
Progressive Missionary Baptist Church 3301 King St. Berkeley CA 94704	10	To reward a school or nonprofit organization for its contributions to the community.
South Berkeley Senior Center 2939 Ellis Street Berkeley CA 94703	20	To reward a school or nonprofit organization for its contributions to the community.
Temescal Telegraph BID 490 43rd St. Oakland CA 94609	50	To reward a school or nonprofit organization for its contributions to the community.

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

Agency Name

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, 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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
Albany Senior Center 846 Masonic Ave., Albany CA 94706	20	
All Of Us or None 4400 Market St. Oakland, CA 94608	25	
Beebe Memorial Cathedral 3900 Telegraph Ave. Oakland CA 94609	10	
Berkeley Daytime Drop-In Center 2218 Acton St. Berkeley CA 94702	15	

Print

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Alameda County			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>07/01/22</u> (month, day, year)	
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Amy Shrago, Chief of Staff			
Area Code/Phone Number	E-mail		
510-272-6695	Amy.Shrago@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 168.00

Event Description: Alameda County Fair - Ride Pass Date(s) 06 / 07 / 22 07 / 10 / 22
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Carson, Keith
Official's Name (Last, 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
BOS District 5	7	To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff <input checked="" type="checkbox"/>
B. Name of Individual (Last, First)		
		Identify one of the following:
Carson, Keith	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To encourage County of Alameda resident and business <input checked="" type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)		
		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 verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago Chief of Staff 07/01/22
Print Name Title (month, day, year)

Comment: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region <i>(if applicable)</i> Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Amy Shrago, Chief of Staff			
Area Code/Phone Number 510-272-6695	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: <u>07/01/22</u> <i>(month, day, year)</i>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 15.00

Event Description: Alameda County Fair - Parking Date(s) 06 / 07 / 22 07 / 10 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Carson, Keith
Official's Name (Last, 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
BOS District 5	7	To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff <input checked="" type="checkbox"/>
B. Name of Individual (Last, First)		
Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Kinnon, Kristy	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> To reward a community for service to the public.
Carson, Keith	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> To encourage County of Alameda resident and business <input checked="" type="checkbox"/>
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

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.

Amy Shrago
Chief of Staff
07/01/22

Print Name
Title
(month, day, year)

Comment: _____

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

Agency Name

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, 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:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
Thompson, Stephanie	1	To reward a community volunteer for service to the public ⁺
Music, Richard	1	To reward a community volunteer for service to the public ⁺
Connor, Brandy	2	To reward a community volunteer for service to the public ⁺
Tiffany, Star	1	To reward a community volunteer for service to the public ⁺
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

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802
Division, Department, or Region (if applicable) Board of Supervisors			For Official Use Only
Designated Agency Contact (Name, Title) Amy Shrago, Chief of Staff			<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)
Area Code/Phone Number 510-272-6695	E-mail Amy.Shrago@acgov.org	Date of Original Filing: <u>07/01/22</u> <small>(month, day, year)</small>	

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 / 07 / 22 07 / 10 / 22
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Carson, Keith
Official's Name (Last, 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
BOS District 5	25	To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff <input checked="" type="checkbox"/>
B. Name of Individual (Last, First)		
		Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
Carson, Keith	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To encourage County of Alameda resident and business <input checked="" type="checkbox"/>
C. Name of Outside Organization (include address and description)		
		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 verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago
Print Name
Chief of Staff
Title
07/01/22
(month, day, year)

Comment: _____

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

Agency Name _____

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, 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:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Kinnon, Kristy	11	To reward a community volunteer for service to the public ⁺
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Connor, Brandy	10	To reward a community volunteer for service to the public ⁺
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Swift, Julie	6	To reward a community volunteer for service to the public ⁺
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Horula, Matlena	6	To reward a community volunteer for service to the public ⁺
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

Print **Clear**

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

Agency Name _____

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, 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:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Lieu, Jennifer	4	To reward a community volunteer for service to the public <input checked="" type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Fredotovich, Selesia	6	To reward a community volunteer for service to the public <input checked="" type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Royalty, Chelsea	3	To reward a community volunteer for service to the public <input checked="" type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Thompson, Stephanie	3	To reward a community volunteer for service to the public <input checked="" type="checkbox"/>
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

Print

Clear

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

Agency Name

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, 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:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
Music, Richard	10	To promote County-run attendance at events held at a Co <input checked="" type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
Tiffany, Star	3	To reward a community volunteer for service to the public <input checked="" type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
Butler, Dunnin	2	To reward a community volunteer for service to the public <input checked="" type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

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