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

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago
Area Code/Phone Number
5102726695
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
Date(s) 05 / 01 / 21
Event Description
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland Athletics
Name of Source
If yes: Carson, Keith
Official’s Name (Last, First)

3. Recipients
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)
Number of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
If checking “Ceremonial Role” or “Other” describe below:
Ceremonial Role ☐ Other ☐ Income ☐
If checking “Ceremonial Role” or “Other” describe below:

C. Name of Outside Organization
(include address and description)
Number of Ticket(s)/Pass(es)
Describe the public purpose made pursuant to the agency’s policy
Peralta Elementary School 460 63rd St.
Oakland CA 94609
6
To reward a school or nonprofit organization for its contributions to the community.

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

Amy Shrago
Print Name
Chief of Staff
Title
06/01/21
(Month, Day, Year)

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

**1. Agency Name**
Alameda County

**Division, Department, or Region (if Applicable)**
Board of Supervisors

**Designated Agency Contact (Name, Title)**
Amy Shrago

**Area Code/Phone Number**
5102726695

**E-mail**
amy.shrago@acgov.org

**Date Stamp**

**California Form 802**
For Official Use Only

**Amendment**
(Must provide explanation in Part 3.)

**Date of Original Filing:** 06/01/21
(Month, Day, Year)

**2. Function or Event Information**

**Does the agency have a ticket policy?** Yes ☒ No ☐

**Event Description**
Oakland A's

**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:**
Carson, Keith

**Official’s Name (Last, First)**

**Face Value of Each Ticket/Pass $**

**Date(s)**
05/08/21

**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** ☐ **Other** ☐ **Income** ☐

**If checking “Ceremonial Role” or “Other,” describe below:**

**C. Name of Outside Organization**

**(include address and description)**
Sequoia Elementary School 3730 Lincoln Ave. Oakland CA 94602

**Number of Ticket(s)/Pass(es)**
6

**Describe the public purpose made pursuant to the agency’s policy**
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.

Amy Shrago
Print Name

Chief of Staff
Title

06/01/21
(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - Alameda County
   - 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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☑ No ☐
   - Event Description
     - Baseball game
   - Face Value of Each Ticket/Pass $ 100
   - Date(s) 05/27/21
   - Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   - If no: Oakland A's
   - If yes: Chan, Wilma
   - Was ticket distribution made at the behest of agency official? Yes ☑ No ☐

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**
   - Number of Ticket(s)/Pass(es)
   - Identify one of the following:
     - Ceremonial Role ☐ Other ☐ Income ☐
   - To promote attendance at an event held at a County facility in order to maximize potential County revenue...

   **C. Name of Outside Organization**
   - Number of Ticket(s)/Pass(es)
   - Describe the public purpose made pursuant to the agency’s policy

4. **Verification**
   - Heather Cartwright ☑ Supervisor’s Assistant ☐
   - 07/15/2021 (Month, Day, Year)

**Comment:**

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Heather Cartwright
   Area Code/Phone Number E-mail
   (510) 272-6693 heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Baseball game
   Face Value of Each Ticket/Pass $ $100
   Date(s) 05 / 28 / 21
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A’s
   If yes: Chan, Wilma
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

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 Number of Ticket(s)/Pass(es) Identify one of the following:
   Galicia, Rebecca 6
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:

   C. Name of Outside Organization (include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy

   Verification
   ☑ I, Heather Cartwright, have verified that the distribution set forth above, is in accordance with the requirements.

   Supervisor’s Assistant
   Heather Cartwright
   Supervisor’s Title
   Signature of Agency Head or Designee
   Date

Comment:

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago

   Area Code/Phone Number E-mail
   510-272-6695 amy.shrago@acgov.org

   [Date Stamp]
   California Form 802
   For Official Use Only
   Amendment (Must provide an explanation in Part 3.)
   Date of Original Filing: 06/01/21
   (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Event Description [Oakland A’s]
   Provide Title/Explanation
   Face Value of Each Ticket/Pass $ [ ] [ ]
   Date(s) 05/29/21 [ ] [ ]
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: Oakland Athletics
   Name of Source [ ] [ ]
   If yes: Carson, Keith
   Official’s Name (Last, First)

3. Recipients
   [Use Section C to identify an outside organization.]
   Use Section C to identify an individual.
   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 [ ] Other [ ] Income [ ]
      if checking “Ceremonial Role” or “Other” describe below:
      Ceremonial Role [ ] Other [ ] Income [ ]
      if checking “Ceremonial Role” or “Other” describe below:

   C. Name of Outside Organization
      (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Peter Pan Coop Nursery School 4618 Allendale Ave, Oakland, CA 94619
      6 To reward a school or nonprofit organization for its contributions to the community.

4. Verification
   I, [ ] [ ] FPPC Regulations 18944.1 and 18942.1, have verified that the distribution set forth above, is in accordance with the requirements.
   Amy Shrago Chief of Staff
   Print Name Title
   06/01/21 (Month, Day, Year)

Comment: [ ] [ ]

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