# Ceremonial Role Events and Ticket/Pass Distributions

**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 of Original Filing:**
07/01/21

## 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description:** Oakland A's
- **Face Value of Each Ticket/Pass:** $100
- **Date(s):** 06 / 08 / 21
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **If no:**
  - **Name of Source:**
  - **Name of Source:**

## 3. Recipients

**A. Name of Agency, Department or Unit**

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B. Name of Individual**

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

**C. Name of Outside Organization (include address and description):**

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roses in Concrete Community School 4551 Steele St. Oakland CA 94619</td>
<td>6</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

## 4. Verification

I, Amy Shrago, Designee, have verified that the distribution set forth above, is in accordance with the requirements.

Signature: Amy Shrago

Date: 07/01/21

Comments:
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 ☐
   Face Value of Each Ticket/Pass $ ______
   Event Description Baseball game
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 06 / 10 / 21
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   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.

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<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
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<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moloo, Abbas</td>
<td>6</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue...</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

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

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

Comment: ______

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Name
Alameda County

### Division, Department, or Region (If Applicable)
Board of Supervisors

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

### Area Code/Phone Number E-mail
5102726695 amy.shrago@acgov.org

#### Amendment (Must provide explanation in Part 3.)
- Date of Original Filing: 07/01/21
- (Month, Day, Year)

#### 2. Function or Event Information
- Does the agency have a ticket policy? Yes ☒ No ☐
- Face Value of Each Ticket/Pass $ 150
- Date(s) 06 / 12 / 21
- Event Description Oakland A's
- Provide Title/Explanation

#### Ticket(s)/Pass(es) provided by agency?
- Yes ☐ No ☒
- If yes: Oakland Athletics
- Name of Source
- If no: Carson, Keith
- Official's Name (Last, First)

#### Was ticket distribution made at the behest of agency official?
- No ☐ Yes ☒

### 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 ☐
- Kaplan, Stacey
- To reward a community volunteer for his or her service to the public.

#### C. Name of Outside Organization

#### 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.

Amy Shrago
Print Name

Chief of Staff
Title

07/01/21
(Month, Day, Year)
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
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Name of Source
If yes: Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

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

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B. Name of Individual

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<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
</tr>
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<tbody>
<tr>
<td>Villalpando, Tanya</td>
<td>6</td>
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</table>

Identify one of the following:
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)

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

Heather Cartwright
Supervisor's Assistant

07/15/2021

Comment: