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
   Date Stamp
   California Form 802
   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
   Event Description: Baseball game
   Date(s) 09/08/21
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Provided Title/Explanation
   If no: Oakland A's
   Name of Source
   Chan, Wilma
   Official's Name (Last, First)
   If 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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</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>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Olney, Eric</td>
<td>12</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at a(n)... event held at a County...</td>
</tr>
<tr>
<td></td>
<td></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>
</tbody>
</table>

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

4. Verification
   I have read and understand regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance
   Heather Cartwright
   Supervisor's Assistant
   (Print Name)
   (Title)
   Comment:

   (month/day/year)
Agencies 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)
   Gabriela Christy
   Area Code/Phone Number (510) 272-6692
   E-mail Gabriela.Christy@acgov.org
   Date Stamp
   California Form 802
   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 ☐
   Event Description Oakland A's vs. Texas Rangers
   Face Value of Each Ticket/Pass $ ___________ 100
   Date(s) 09/10/21
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   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.

<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>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

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<tr>
<th>Name of Individual</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>

<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>Sunol Glen School 11601 Main St, Sunol, CA 94586</td>
<td>12</td>
<td>To reward a nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>We, the entire Sunol Glen staff, parent body and community of Sunol will foster</td>
<td></td>
<td>an environment that will produce goal-oriented students, long learners and productive members of society through continuous evaluation and improvement</td>
</tr>
</tbody>
</table>

4. Verification
   I certify that in accordance with 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 (Print Name)
   (Title)
   Date (Month, Day, Year)

Comment: Fundraiser for Auction
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 [ ]
   Face Value of Each Ticket/Pass:
   Event Description: Baseball game
   Date(s): 09 / 12 / 21
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   Name of Source: Oakland A's
   Was ticket distribution made at the behest
   of agency official? Yes [ ] No [ ]
   Official's Name (Last, First): Chan, Wilma

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
      Number of Ticket(s)/Passes
      Identify one of the following:
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:
      To promote county resources or facilities available to Cow

   C. Name of Outside Organization
      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
   [Signature]
   Heather Cartwright
   Supervisor's Assistant
   (Month, Day, Year)
   Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Board of Supervisors
Designated Agency Contact (Name, Title)
Gabriela Christy
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 $ 200
Event Description Pepe Aguilar
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: [Signature]
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)
Date(s) 09/17/21

3. Recipients
A. Name of Agency, Department or Unit
Describe the public purpose made pursuant to the agency’s policy

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

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
UC FAMILY CENTER 725 Whipple Rd, Union City, CA 94587 3
To reward a nonprofit organization for its contributions to the community
Since 2013, the Union City Family Center (UCFCC) has improved the lives
nearly 20,000 individuals. We collaborate with more than 40 agencies that provide services to students and families in the
New Haven Unified

4. Verification
I, [Agency Name] designee,
have verified that the distribution set forth above, is in accordance with the requirements.

Gabriela Christy __________ Supervisor’s Assistant __________
Print Name __________ Date (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: Board of Supervisors
Designated Agency Contact: Amy Shrago
Area Code/Phone Number: 5107276695
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: $200
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? Yes ☑ No ☐
If yes: Carson, Keith
Official's Name (Last, First):

Date of Original Filing: 09/21/21
(Month, Day, Year)

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) | Ceremonial Role ☐ Other ☐ Income ☐
Identify one of the following:
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
Youth Alive | 12 | 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
09/21/21
(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)
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 ☐
Face Value of Each Ticket/Pass $ 100
Event Description: Baseball game
Date(s) 09/23/21
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: Oakland A's
If yes: Channing Wilma

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

3. Recipients

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></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>
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<td></td>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deputy Sheriff's Activities League, 16335 E 1</td>
<td>12</td>
<td>To reward a school or nonprofit organization for its contrib</td>
</tr>
<tr>
<td>Youth sports/activities league in unincorporated</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Print Name
Title

Comment:

Print
Clear
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 [X]  
   Face Value of Each Ticket/Pass $100  
   Event Description: Baseball game  
   Date(s) 09/24/21  
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]  
   If yes: Oakland A's  
   If no: [ ]  
   Name of Source [ ]  
   Was ticket distribution made at the behest of agency official? Yes [ ] No [X]  
   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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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</tr>
</tbody>
</table>

   | B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:  
   |------------------------------------|-----------------------------|---------------------------------|
   | Barnett, Brad                      | 12                          | To promote attendance at an event held at a County... [X]  
   |                                    |                             |                                  |

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</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>

4. Verification
   I have read and understand the FCRA, Title 8, Government Code, sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with these provisions.  
   Heather Cartwright [Signature]
   Supervisor's Assistant [Signature]  
   Print Name [Name]
   Title [Title]  
   Date 01/27/21

   Comment: [ ]
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: 5102726695
   E-mail: amy.shrago@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Oakland A's
   Face Value of Each Ticket/Pass $200
   Date(s) 09/25/21
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source: Carson, Keith
   If yes: _______________________________________
   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: BOS Dist 5
      Number of Ticket(s)/Pass(es): 10
      Describe the public purpose made pursuant to the agency’s policy
      To promote encourage, encourage, reward or support general employee morale

   B. Name of Individual
      Coleman, Robert
      Number of Ticket(s)/Pass(es): 2
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      To reward a community volunteer for service to the public.

      Number of Ticket(s)/Pass(es): 2
      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

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 ☐
   Print Name: Amy Shrago
   Title: Chief of Staff
   Date of Filing: 09/24/21

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)