

**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		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	Date of Original Filing: 06/16/2022 <small>(month, day, year)</small>
Designated Agency Contact (Name, Title) Lawson Bell, Supervisor's Assistant			
Area Code/Phone Number (510) 272-6691	E-mail Lawson.Bell@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 375

Event Description: Paul McCartney Date(s) 05 / 06 / 2022

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Arena

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:
Belton, Carlos	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 (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
06/16/2022
(month, day, year)

Comment: _____

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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> Lawson Bell, Supervisor's Assistant			
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>06/16/2022</u> <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 \$ 375

Event Description: Paul McCartney Date(s) 05 / 08 / 2022
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Arena
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><i>(Last, First)</i></small>	Number of Ticket(s)/ Passes	Identify one of the following:
Gonzalez, Maria	3	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 promote attendance at events held at a County facility
		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><i>(include address and description)</i></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
Print Name
Supervisor's Assistant
Title
06/16/2022
(month, day, year)

Comment: _____

**Agency Report of:
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1. Agency Name		Date Stamp	California Form 802
COUNTY OF ALAMEDA			For Official Use Only
Division, Department, or Region (if applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Brian Santos, Administrative Associate		Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number	E-mail		
510.272.6332	brian.santos@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 262.50

Event Description: Pearl Jam Date(s) 05 / 12 / 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: _____
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
Board of Supervisors, District 1 Staff	3	To promote attendance at a county sponsored event at a County facility to maximize potential county revenue.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Greg Ruth	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>
		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	05/13/22
Print Name	Title	<small>(month, day, year)</small>

Comment: _____

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

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1. Agency Name		Date Stamp	California Form 802
Alameda County			For Official Use Only
Division, Department, or Region (if applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Heather Cartwright			
Area Code/Phone Number	E-mail	Date of Original Filing: _____ <small>(month, day, year)</small>	
(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 \$ \$100 tix, \$20 parking

Event Description: Baseball game Date(s) 05 / 15 / 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:
		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
Deputy Sheriff's Activities League, 16335 E 1 st	10 +3p	To reward a school or nonprofit organization for its contrib ^u
Service provider for youth in unincorporated A		

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 6/28/22
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"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Schreiber, Zoe	5	To promote attendance at events held at a County facility
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
Godfrey, Tom	4	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>
		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 **Clear**

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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) Lawson Bell, Supervisor's Assistant			
Area Code/Phone Number (510) 272-6691	E-mail Lawson.Bell@acgov.org	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>06/16/2022</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 \$ 206.25

Event Description: Mount Westmore Date(s) 05 / 27 / 2022
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Arena
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:
Hernandez, Jared	2	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
Mendoza, Javier	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 promote attendance at events held at a County facility
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
06/16/2022
(month, day, year)

Comment: _____

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

California Form **802**
For Official Use Only

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.) Date of Original Filing: 05/31/22 <small>(month, day, year)</small>	
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. Houston Astros Date(s) 05 / 30 / 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 (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Thompson, Stephanie	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 promote attendance at events held at a County facility <input checked="" type="checkbox"/>
Royalty, Chelsea	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 promote attendance at events held at a County facility <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 05-31-22
Print Name Title (month, day, year)

Comment: _____

Print **Clear**