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)
Gabriela Christy
Area Code/Phone Number E-mail
(510) 272-6692 Gabriela.Christy@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description J Balvin
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

Face Value of Each Ticket/Pass $ 248.75
Date(s) 5/1/2022
If no: Oakland
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>A. 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>

<table>
<thead>
<tr>
<th>B. 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>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>To reward a school or nonprofit organization for its contributions to the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Child Care Council (4Cs) Of Alameda County 22351 City Center Dr</td>
<td>3</td>
<td>4Cs is a non-profit family resource agency dedicated to strengthening children, families and child care providers in Alameda County since 1972.</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.

Gabriela Christy
Supervisor's Assistant

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
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lawson Bell, Supervisor's Assistant
   Area Code/Phone Number (510) 272-6691
   E-mail Lawson.Bell@aogov.org.

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Paul McCartney
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 375
   Date(s) 05 / 06 / 2023
   If no: Oakland Arena
   Name of Source
   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.

<table>
<thead>
<tr>
<th>A.</th>
<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>
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<td></td>
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<tr>
<th>B.</th>
<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>Belton, Carlos</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
<td></td>
</tr>
<tr>
<td>To promote attendance at events held at a County facility</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C.</th>
<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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<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.

Lawson Bell
Supervisor's Assistant
Print Name
Title
06/16/2022
(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)
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 ☐
Event Description Paul McCartney
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass $ 375
Date(s) 5/6/22
If no: Oakland A's
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.

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:

Wong, Cindy

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.

Gabriela Christy
Print Name
Supervisor's Assistant
Title

Comment:

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

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

   **Designated Agency Contact (Name, Title)**
   Amy Shrako, Chief of Staff

   **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 $** 375.00
   - **Event Description:** Paul McCartney
   - **Date(s):** 05/06/22 05/08/22
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☐
   - **If no:** Coliseum Authority
   - **Was ticket distribution made at the behest of agency official?** Yes ☐ No ☐
   - **If yes:** Carson, Keith

3. **Recipients**
   - **A. Name of Agency, Department or Unit**
     - BOS District 5
     - **Number of Ticket(s)/Passes**: 2
     - **Describe the public purpose made pursuant to the agency's policy**
       - To reward a County employee for his or her exemplary service to the public or to encourage staff development;

   - **B. Name of Individual (Last, First)**
     - Carson, Keith
     - **Number of Ticket(s)/Passes**: 4
     - **Identify one of the following:**
       - **Ceremonial Role** ☐ **Other** ☐ **Income** ☐
       - **If checking "Ceremonial Role" or "Other" describe below:**
       - To promote tourism or foster economic development on:

     - Bowerbank, Norma
     - **Number of Ticket(s)/Passes**: 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;

   - **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 Shrako**  **Chief of Staff**
   **Print Name**  **Title**

   **05/31/22**

   **(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)
   Lawson Bell, Supervisor’s Assistant

   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 $ 375

   Event Description: Paul McCartney
   Date(s): 05/08/2022
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: Oakland Arena
   Name of Source
   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:
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:
      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 [ ] Supervisor's Assistant [ ] 06/16/2022
   Print Name [ ] Title [ ] (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
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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Paul McCartney
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass $ 815-
Date(s) 5 / 8 / 22
If no: Oakland A's
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.
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:
[Insert Table with options for Ceremonial Role, Other, Income] If checking “Ceremonial Role” or “Other” describe below:

C. Name of Outside Organization Number of Ticket(s)/Pass(es) To reward a school or nonprofit organization for its contributions to the community
(include address and description) 3 the agency’s policy
Community Child Care Council (4Cs) Of Alameda County 22351 City Center Dr
4Cs is a non-profit family resource agency dedicated to strengthening
children, families and child care providers in Alameda County since 1972.

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
Print Name Title

Comment: ☑

Date Stamp California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)
Date of Original Filing: (Month, Day, Year)

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  
COUNTY OF ALAMEDA  
Division, Department, or Region (if applicable)  
Board of Supervisors  
Designated Agency Contact (Name, Title)  
Brian Santos, Administrative Associate

Area Code/Phone Number  
510.272.6332  
E-mail  
brian.santos@acgov.org

Date Stamp  
California Form 802  
For Official Use Only

[Box to indicate whether this is an 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 $ 262.50  
Event Description: Pearl Jam  
Provide Title/Explanation

Date(s) 05 / 12 / 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: 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>
<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>Board of Supervisors, District 1 Staff</td>
<td>3</td>
<td>To promote attendance at a county sponsored event at a County facility to maximize potential county revenue.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(e)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greg Ruth</td>
<td>3</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<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>
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</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.

Lawson Bell  
Print Name  
Supervisor’s Assistant  
Title  
05/13/22  
(month, day, year)

Comment:  

Print  
Clear
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, Chief of Staff  
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 $ 262.50  
Event Description: Pearl Jam  
Date(s) 05 / 12 / 22 05 / 13 / 22

Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☐  
If no: Coliseum Authority  
Name of Source  
Carson, Keith  
Official's Name (Last, First)

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.

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

| B. | Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:  
   |                                |                           | Ceremonial Role ☐ Other ☐ Income ☐ |
|----|---------------------------------|---------------------------|----------------------------------|
| Pendleton, Matt                  | 4                          | To promote attendance at events held at a county facility ☐ |
| Connor, Brandy                   | 4                          | To reward a community volunteer for service to the public ☐ |

<table>
<thead>
<tr>
<th>C.</th>
<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>
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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 (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)
   Gabriela Christy

   Area Code/Phone Number
   (510) 272-6692

   E-mail
   Gabriela.Christy@acgov.org

   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy?
   Yes ☑ No ☐

   Event Description
   Pearl Jam

   Face Value of Each Ticket/Pass $ 260.50

   Date(s) 5 / 13 / 22

   Ticket(s)/Pass(es) provided by agency?
   Yes ☐ No ☑
   If no: ________________________________

   Name of Source
   Valle, Richard - Supervisor District 2
   Official's Name (Last, First)

   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 | 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:
   Hannon, Michael | 3 | To reward a community volunteer for his or her service to the public
   ______________________________________ | 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
   ______________________________________ |
   ______________________________________ |
   ______________________________________ |

4. Verification
   I have read and understood 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
   (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)
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 [ X ] Face Value of Each Ticket/Pass $ 100.00
Event Description: Oakland Athletics vs. Los Angeles Angels
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ X ] Date(s) 05 / 13 / 22
If no: Coliseum Authority
Name of Source
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.

<table>
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<tr>
<th>A. Name of Agency, Department or Unit</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>
</tr>
</thead>
<tbody>
<tr>
<td>Simpson, Samuel</td>
<td>14</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at events held at a County facility</td>
</tr>
<tr>
<td>Jones, Jason</td>
<td>4</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at events held at a County facility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
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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 Title
05-31-22 (month, day, year)

Comment: 

Print Clear
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 ☐
   **Event Description** Oakland A's vs. LA Angels
   **Provide Title/Explanation**
   **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒
   **Face Value of Each Ticket/Pass $** 100/20
   **Date(s)** 5 / 14 / 22
   **If no:**
   **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.

   **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:**

   **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

   **We advocate for all creatures of God, including companion animal welfare nonprofit**

   **We advocate for all creatures of God, including companion animals.**

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**
   **Print Name**

   **Supervisor's Assistant**
   **Title**

   **Date 06/28/22**

   **Comment:**

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

<table>
<thead>
<tr>
<th><strong>1. Agency Name</strong></th>
<th>Alameda County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Division, Department, or Region (If Applicable)</strong></td>
<td>Board of Supervisors</td>
</tr>
<tr>
<td><strong>Designated Agency Contact (Name, Title)</strong></td>
<td>Gabriela Christy</td>
</tr>
<tr>
<td><strong>Area Code/Phone Number</strong></td>
<td>(510) 272-6692</td>
</tr>
<tr>
<td><strong>E-mail</strong></td>
<td><a href="mailto:Gabriela.Christy@acgov.org">Gabriela.Christy@acgov.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>2. Function or Event Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the agency have a ticket policy?</td>
</tr>
<tr>
<td><strong>Event Description</strong></td>
</tr>
<tr>
<td><strong>Ticket(s)/Pass(es) provided by agency?</strong></td>
</tr>
<tr>
<td><strong>Was ticket distribution made at the behest of agency official?</strong></td>
</tr>
<tr>
<td><strong>Face Value of Each Ticket/Pass $</strong></td>
</tr>
<tr>
<td><strong>Date(s) 5/15/22</strong></td>
</tr>
<tr>
<td><strong>If no:</strong> Oakland HS</td>
</tr>
<tr>
<td><strong>If yes:</strong> Valle, Richard - Supervisor District 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>3. Recipients</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Name of Agency, Department or Unit</strong></td>
</tr>
<tr>
<td><strong>Number of Ticket(s)/Pass(es)</strong></td>
</tr>
<tr>
<td><strong>Describe the public purpose made pursuant to the agency's policy</strong></td>
</tr>
</tbody>
</table>

| **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: |

| **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** |

| **Community Child Care Council (4Cs) Of Alameda County 22351 City Center Dr** |
| **3** |
| **4Cs is a non-profit family resource agency dedicated to strengthening** |
| **children, families and child care providers in Alameda County since 1972.** |

<table>
<thead>
<tr>
<th><strong>4. Verification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>I hereby declare and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.</td>
</tr>
<tr>
<td>Gabriela Christy</td>
</tr>
<tr>
<td>Supervisor's Assistant</td>
</tr>
<tr>
<td>Print Name</td>
</tr>
<tr>
<td>Title</td>
</tr>
</tbody>
</table>

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
   Date Stamp
   California Form 802
   For Official Use Only
   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 tix, $20 parking
   Event Description: Baseball game
   Provide Title/Explanation
   Date(s) 05 / 15 / 22
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: Oakland A’s
   Name of Source
   Brown, Dave
   Official’s Name (Last, First)
   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.

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

<table>
<thead>
<tr>
<th>B. 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></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<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>Alameda County Behavioral Health-7200 Bannister Rd</td>
<td>8 +1p</td>
<td>To promote attendance at an… event held at a County…</td>
</tr>
<tr>
<td>To support and empower individuals experience (</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
   (month, day, year)
   Comment:

Print  Clear
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 [x] Face Value of Each Ticket/Pass $100, $20 parking
   Event Description: Baseball game
   Date(s) 05/15/22
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x] If no: Oakland A's
   Was ticket distribution made at the behest of agency official? Yes [ ] No [x] If yes: Brown, Dave

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 [ ] 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)/Passes | Describe the public purpose made pursuant to the agency’s policy
   - Deputy Sheriff's Activities League, 16335 E 1st St
     10 +3p To reward a school or nonprofit organization for its contrib
   - 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.

   [Signature]

   Heather Cartwright
   Print Name
   Supervisor's Assistant
   Title
   6/28/2012
   (month, day, year)

Comment: 

Print Clear
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)
   Lawson Bell, Supervisor’s Assistant

   Area Code/Phone Number
   (510) 272-6691

   E-mail
   Lawson.Bell@acgov.org

   Date Stamp

   California Form 802
   For Official Use Only

   □ Amendment (Must Provide Explanation in Part 3.)
   Date of Original Filing: 06/16/22

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) 05 / 26 / 2022
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Oakland A’s
   Name of Source Haubert, David
   Official's Name (Last, First)
   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.

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

<table>
<thead>
<tr>
<th>B. 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>Sevilla, Tanya</td>
<td>5</td>
<td>Ceremonial Role □ Other □</td>
</tr>
<tr>
<td>Thompson, Wanda</td>
<td>5</td>
<td>Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at events held at a County facility</td>
</tr>
</tbody>
</table>

<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>
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<tbody>
<tr>
<td></td>
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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
   (month, day, year)

   Comment:
### 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>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<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>Schreiber, Zoe</td>
<td>5</td>
<td>To promote attendance at events held at a County facility</td>
</tr>
</tbody>
</table>

- Ceremonial Role [ ]
- Other [ ]
- Income [ ]

If checking "Ceremonial Role" or "Other" describe below:

- Ceremonial Role [ ]
- Other [ ]
- Income [ ]

If checking "Ceremonial Role" or "Other" describe below:

- Ceremonial Role [ ]
- Other [ ]
- Income [ ]

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
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)**
   - 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 $** 206.25
   - **Event Description:** Mount Westmore
   - **Date(s):** 05/27/2022
   - **Ticket(s)/Pass(es) provided by agency?** [Yes] [No] [No]
   - **If no:** Oakland Arena
   - **Name of Source:** 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:**
     - Ceremonial Role
     - Other
     - Income
   - **Ceremonial Role**
   - **Other**
   - **Income**
   - **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

   **Date:** 06/16/2022
   - (month, day, year)

   **Comment:**

   **Print**  **Clear**

   FPPC Form 802 (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

Division, Department, or Region (if applicable)
Board of Supervisors

Designated Agency Contact (Name, Title)
Amy Shrago, Chief of Staff

Area Code/Phone Number 510-272-6695
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: 05/31/22
(month, day, year)

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. Texas Rangers
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.

<table>
<thead>
<tr>
<th>A.</th>
<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>
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<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<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></td>
<td>Decker, Breeanna</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<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></td>
<td>To promote attendance at events held at a County facility ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>C.</th>
<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>
<td>Lincoln Families 1266 - 14th Street, Oakland</td>
<td>15</td>
<td>To reward a school or nonprofit organization for its contrib</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.

Amy Shrago
Print Name
Chief of Staff
Title
05-31-22
(month, day, year)

Comment:

Print Clear

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
Division, Department, or Region (if applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago, Chief of Staff
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 [x]
Face Value of Each Ticket/Pass $ 100.00
Event Description:  Oakland Athletics vs. Houston Astros
Date(s) 05 / 30 / 22
Ticket(s)/Pass(es) provided by agency?  Yes [x]  No [ ]
If no:  Coliseum Authority
Name of Source
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

B. Name of Individual (Last, First)  Number of Ticket(s)/Passes  Identify one of the following:
Thompson, Stephanie  4  Ceremonial Role [x]  Other [ ]  Income [ ]
If checking "Ceremonial Role" or "Other" describe below:
To promote attendance at events held at a County facility
Royalty, Chelsea  4  Ceremonial Role [x]  Other [ ]  Income [ ]
If checking "Ceremonial Role" or "Other" describe below:
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.

Amy Shrago  Chief of Staff  05-31-22
Print Name  Title  (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)
Gabriela Christy
Area Code/Phone Number E-mail
(510) 272-6692 Gabriela.Christy@acgov.org

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. Houston Astros
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Date(s) 5 / 31 / 22
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If no:
Name of Source: Oakland Athletics
If yes:
Name of Inside Organization: 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>
</tr>
</thead>
<tbody>
<tr>
<td>ALCO Public Works Agency</td>
<td>18/4</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
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<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<tr>
<th>Name of Outside Organization (include address and description)</th>
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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
Print Name
Supervisor's Assistant
Title

Comment: