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

1. Agency Name
   Alameda County
   Board of Supervisors
   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 [x]
   Face Value of Each Ticket/Pass $100
   Event Description: Baseball Game
   Date(s): 06/03/2022
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Oakland A's
   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.

<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>Archuleta, Ben</td>
<td>3</td>
<td>Ceremonial Role [ ] Other [x]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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 events held at a County facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [x]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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>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>
</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
   06/16/2022
   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 E-mail
(510) 272-6693 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 tie, $20 parking

Event Description: Baseball game
Date(s) 06/03/22

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.

<table>
<thead>
<tr>
<th>Number of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
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<tr>
<td></td>
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</tbody>
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<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>Lee, Brandon</td>
<td>3 + 1p</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
</tbody>
</table>

To promote attendance at a(n)... event held at a County

<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>
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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.

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)
   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 [ ]
   Event Description: Oakland Athletics vs. Boston Red Sox
   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 $100.00
   Date(s) 06/03/22
   If no: Coliseum Authority
   Name of Source: 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:
      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

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
   06-07-22
   (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 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 Oakland A's vs. Kansas City Royals
   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) 6/19/22
   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.

   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) | Number of Ticket(s)/Pass(es) | To reward a school or nonprofit organization for its contributions to the community
   Seek and Save 545 Saint John St., Pleasanton, CA 94566 10/3
   Seek & Save teaches, trains, and coaches Christian serving teams and ministry leaders to do justice with compassion as love to others, evangelism to the lost, obedience to the Word, and worship to God

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
   (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)  
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 $ 100  
Event Description:  
Baseball Game  
Date(s)  
06/21/22  
Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☐ If no:  
Oakland A's  
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(e)/Passes  
Describe the public purpose made pursuant to the agency’s policy  

B. Name of Individual (Last, First)  
Number of Ticket(e)/Passes  
Identify one of the following:  
Ceremonial Role ☐ Other ☐ Income ☐  
If checking "Ceremonial Role" or "Other" describe below:  
To promote tourism or foster economic or business develop  
Ceremonial Role ☐ Other ☐ Income ☐  
If checking "Ceremonial Role" or "Other" describe below:  

C. Name of Outside Organization (include address and description)  
Number of Ticket(e)/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  
06/22/22  
(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
   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 $ 100
   Event Description: Baseball Game
   Provide Title/Explanation
   Date(s) 06 / 21 / 22
   Ticket(s)/Pass(es) provided by agency?
   Yes [ ] No [ ]
   If no: Oakland A’s
   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:
   Lux, Andy
   7
   Ceremonial Role [ ] Other [ ] Income [ ]
   To promote attendance at events held at a County facility
   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

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
   06/22/22

Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helplines: 866/ASK-FPPC (866/275-3772)
**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions**

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<thead>
<tr>
<th>1. Agency Name</th>
<th>Alameda County</th>
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<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>Amy Shrago, Chief of Staff</td>
</tr>
<tr>
<td><strong>Area Code/Phone Number</strong></td>
<td>510-272-6695</td>
</tr>
<tr>
<td><strong>E-mail</strong></td>
<td><a href="mailto:Amy.Shrago@acgov.org">Amy.Shrago@acgov.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Function or Event Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does the agency have a ticket policy?</strong></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td><strong>Event Description:</strong></td>
<td>Oakland Athletics vs. Seattle Mariners</td>
</tr>
<tr>
<td><strong>Face Value of Each Ticket/Pass:</strong></td>
<td>$100.00</td>
</tr>
<tr>
<td><strong>Date(s)</strong></td>
<td>06 / 22 / 22</td>
</tr>
<tr>
<td><strong>Ticket(s)/Pass(es) provided by agency?</strong></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td><strong>Was ticket distribution made at the behest of agency official?</strong></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td><strong>If yes:</strong></td>
<td>Carson, Keith</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Recipients</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Name of Agency, Department or Unit</strong></td>
<td><strong>Number of Ticket(s)/Passes</strong></td>
</tr>
<tr>
<td><strong>B. Name of Individual</strong></td>
<td><strong>Number of Ticket(s)/Passes</strong></td>
</tr>
<tr>
<td>(Last, First)</td>
<td></td>
</tr>
<tr>
<td><strong>C. Name of Outside Organization</strong></td>
<td><strong>Number of Ticket(s)/Passes</strong></td>
</tr>
<tr>
<td>(include address and description)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Verification</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Amy Shrago</strong></td>
<td><strong>Chief of Staff</strong></td>
</tr>
<tr>
<td><strong>Print Name</strong></td>
<td><strong>Title</strong></td>
</tr>
<tr>
<td><strong>06-07-22</strong></td>
<td><strong>(month, day, year)</strong></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)
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 $ 137.50
Event Description Kapil Sharma
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Oakland As
If yes: Valle, Richard - Supervisor District 2

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:

Sharma, Aditi

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 Supervisor’s Assistant
Print Name Title (Month, Day, Year)

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   County Administrator’s Office
   Designated Agency Contact (Name, Title)
   Marites Ward
   Area Code/Phone Number 510-272-3893
   E-mail marites.ward@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Alameda County Fair
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ T: $18 P: $15
   Date(s) 06/17/2022 07/10/2022
   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: County Fire Department
      Number of Ticket(s)/Passes T:700 P:30
      Describe the public purpose made pursuant to the agency’s policy To promote, encourage, reward or support general employee morale, retention, or exemplary service.

   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

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.

   Marites Ward
   Executive Assistant
   June 8, 2022
   T=2 for 1 or Friend of Fair Ticket. P=Parking Pass *Each good for one-time use on any date of Fair
   Comment: operations 6/17-7/10/2022
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions  

1. Agency Name  
County of Alameda  
Division, Department, or Region (if applicable)  
County Administrator's Office  
Designated Agency Contact (Name, Title)  
Marites Ward  
Area Code/Phone Number  510-272-3893  
E-mail  marites.ward@acgov.org  
Date Stamp  

2. Function or Event Information  
Does the agency have a ticket policy?  Yes □ No □  
Face Value of Each Ticket/Pass $  
T: $18  P: $15  
Event Description: Alameda County Fair  
Date(s)  *06/17/2022 07/10/2022  
Ticket(s)/Pass(es) provided by agency?  Yes □ No □  
If no:  
Name of Source  
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  
County Librarian  
T:30  P:15  
To promote, encourage, reward or support general employee morale, retention, or exemplary service.  

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  

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.  
Marites Ward  
Executive Assistant  
June 8, 2022  
Print Name  
Title  
(month, day, year)  

Comment: T=2 for 1 Ticket, P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022  

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

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
County Administrator’s Office
Designated Agency Contact (Name, Title)
Marites Ward
Area Code/Phone Number 510-272-3893
E-mail marites.ward@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □ 
Face Value of Each Ticket/Pass $ T: $18 P: $15
Event Description: Alameda County Fair
Date(s) 06/17/2022 07/10/2022
Ticket(s)/Pass(es) provided by agency? Yes □ No □ 
If no: 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.  
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<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tbody>
<tr>
<td>County ACERA Department</td>
<td>T:40 P:18</td>
<td>To promote, encourage, reward or support general employee morale, retention, or exemplary service.</td>
</tr>
</tbody>
</table>

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<tr>
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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.

Marites Ward
Print Name
Executive Assistant
Title
June 8, 2022
(month, day, year)

Comment: T=2 for 1 Ticket. P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022

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
   County of Alameda
   Division, Department, or Region (if applicable)
   County Administrator's Office
   Designated Agency Contact (Name, Title)
   Marites Ward
   Area Code/Phone Number 510-272-3893
   E-mail marites.ward@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 $ T: $18 P: $15
   Event Description: Alameda County Fair
   Date(s) 06 / 17 / 2023 07 / 10 / 2023
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Name of Source
   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
      County Assessor T:130 P:15 To promote, encourage, reward or support general employee morale, retention, or exemplary service.

   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

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.

   Marites Ward
   Print Name
   Executive Assistant
   Title
   June 8, 2022 (month, day, year)

Comment: T=2 for 1 Ticket. P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2023

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
   County of Alameda
   Division, Department, or Region (if applicable)
   County Administrator's Office
   Designated Agency Contact (Name, Title)
   Marites Ward
   Area Code/Phone Number  510-272-3893
   E-mail  marites.ward@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes □ No □
   Face Value of Each Ticket/Pass $  T: $18  P: $15
   Event Description: Alameda County Fair
   Date(s) 06/17/2022  07/10/2022
   Ticket(s)/Pass(es) provided by agency?  Yes □ No □
   If no:
   Name of Source
   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
   County Auditor  T:250  P:30  To promote, encourage, reward or support general employee morale, retention, or exemplary service.

   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:

   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.

   Marites Ward  Executive Assistant  June 8, 2022
   Print Name  Title  (month, day, year)

   Comment: T=2 for 1 Ticket, P=Parking Pass  "Each good for one-time use on any date of Fair operations 6/17-7/10/2022"
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   County Administrator's Office
   Designated Agency Contact (Name, Title)
   Marites Ward
   Area Code/Phone Number 510-272-3893
   E-mail marites.ward@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ T: $18 P: $15
   Event Description: Alameda County Fair
   Date(s) 06/17/2022 07/10/2022
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Name of Source
   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
      County Counsel
      Number of Ticket(s)/Passes T:70 P:15
      Describe the public purpose made pursuant to the agency's policy To promote, encourage, reward or support general employee morale, retention, or exemplary service.

   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

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.

   Marites Ward Executive Assistant June 8, 2022
   Print Name Title (month, day, year)

   Comment: T=2 for 1 Ticket. P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022

   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
County of Alameda
Division, Department, or Region (if applicable)
County Administrator's Office
Designated Agency Contact (Name, Title)
Marites Ward
Area Code/Phone Number 510-272-3893
E-mail marites.ward@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ■ No □
Face Value of Each Ticket/Pass $ T: $18 P: $15
Event Description: Alameda County Fair
Date(s) 06 / 17 / 2023 07 / 10 / 2023
Ticket(s)/Pass(es) provided by agency? Yes ■ No □
If no: 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>Information Technology Department</td>
<td>T:30 P:15</td>
<td>To promote, encourage, reward or support general employee morale, retention, or exemplary service.</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 &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</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>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 FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Marites Ward
Print Name

Executive Assistant
Title

June 8, 2022
(month, day, year)

Comment: T=2 for 1 Ticket. P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2023
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   County Administrator's Office
   Designated Agency Contact (Name, Title)
   Marites Ward
   Area Code/Phone Number 510-272-3893
   E-mail marites.ward@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ T: $18 P: $15
   Event Description: Alameda County Fair
   Provide Title/Explanation
   Date(s) *06/17/2022 07/10/2022
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Was ticket distribution made at the behest of agency official? Yes □ No □
   Name of Source
   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>Community Development Agency</td>
<td>T:130 P:15</td>
<td>To promote, encourage, reward or support general employee morale, retention, or exemplary service.</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 &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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</table>

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<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>
</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.

   Marites Ward
   Executive Assistant
   June 8, 2022

   Comment: T=2 for 1 Ticket, P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
A Public Document

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   County Administrator's Office
   Designated Agency Contact (Name, Title)
   Marites Ward
   Area Code/Phone Number 510-272-3893
   E-mail marites.ward@acgov.org
   Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $ T: $18 P: $15
   Event Description: Alameda County Fair
   Date(s): *06/17/2023 07/10/2023
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes [ ] No [ ]
   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
   District Attorney T:100 P:15 To promote, encourage, reward or support general employee morale, retention, or exemplary service.

   B. Name of Individual (Last, First) Number of Ticket(s)/Passes Identify one of the following:
   Ceremonial Role [ ] Other [ ] Income [ ]
   Ceremonial Role [ ] Other [ ] Income [ ]
   Ceremonial Role [ ] Other [ ] Income [ ]
   Ceremonial Role [ ] Other [ ] Income [ ]

   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.

   Marites Ward Executive Assistant June 8, 2022
   Print Name Title (month, day, year)

   Comment: T=2 for 1 Ticket, P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2023

   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
County of Alameda
Division, Department, or Region (if applicable)
County Administrator's Office
Designated Agency Contact (Name, Title)
Marites Ward
Area Code/Phone Number 510-272-3893
E-mail marites.ward@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □
Face Value of Each Ticket/Pass $ T: $18 P: $15
Event Description: Alameda County Fair
Provide Title/Explanation
Date(s) *06/17/2022 07/10/2022
Ticket(s)/Pass(es) provided by agency? Yes □ No □
If no: Name of Source
If yes: 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.

A. Name of Agency, Department or Unit
General Services Agency
Number of Ticket(s)/Passes T:250 P:15
Describe the public purpose made pursuant to the agency's policy To promote, encourage, reward or support general employee morale, retention, or exemplary service.

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

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.

Marites Ward
Print Name
Executive Assistant
Title
June 8, 2022 (month, day, year)

Comment: T=2 for 1 Ticket. P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   County Administrator's Office
   Designated Agency Contact (Name, Title)
   Marites Ward
   Area Code/Phone Number 510-272-3893
   E-mail marites.ward@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ T: $18 P: $15
   Event Description: Alameda County Fair
   Date(s) 06/17/2023 07/10/2023
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Name of Source
   If yes: 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>Health Care Services Agency</td>
<td>T:100 P:15</td>
<td>To promote, encourage, reward or support general employee morale, retention, or exemplary service.</td>
</tr>
</tbody>
</table>

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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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<tr>
<th>C. Name of Outside Organization (include address and description)</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.

Marites Ward
Print Name
Executive Assistant
Title
June 8, 2022 (month, day, year)

Comment: T=2 for 1 Ticket, P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2023

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   County Administrator's Office
   Designated Agency Contact (Name, Title)
   Marites Ward
   Area Code/Phone Number 510-272-3893
   E-mail marites.ward@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Alameda County Fair
   Date(s) 06/17/2022
   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 $ T: $18 P: $15
   Date(s) 06/17/2022

3. Recipients
   Name of Agency, Department or Unit
   Number of Ticket(s)/Passes
   Describe the public purpose made pursuant to the agency’s policy
   Human Resources
   T:200 P:15
   To promote, encourage, reward or support general employee morale, retention, or exemplary service.

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.

   Marites Ward
   Executive Assistant
   June 8, 2022

Comment: T=2 for 1 Ticket, P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions  

1. Agency Name  
County of Alameda  
Division, Department, or Region (if applicable)  
County Administrator's Office  
Designated Agency Contact (Name, Title)  
Marites Ward  
Area Code/Phone Number  
510-272-3893  
E-mail  
marites.ward@acgov.org  

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 $  
T: $18  P: $15  
Event Description: Alameda County Fair  
Date(s)  
06/17/2024  
07/10/2024  
Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☐  
If no:  
Name of Source  
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  

Probation Department  
T: 160 P: 15  
To promote, encourage, reward or support general employee morale, retention, or exemplary service.  

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  

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.  

Marites Ward  
Print Name  
Executive Assistant  
Title  
June 8, 2022  
(month, day, year)  

Comment: T=2 for 1 Ticket, P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2024  

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
   County of Alameda
   Division, Department, or Region (if applicable)
   County Administrator's Office
   Designated Agency Contact (Name, Title)
   Marites Ward
   Area Code/Phone Number 510-272-3893
   E-mail marites.ward@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ T: $18 P: $15
   Event Description: Alameda County Fair
   Date(s) 06/17/2022 07/10/2023
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: 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.
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<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>Public Defender</td>
<td>T:100 P:15</td>
<td>To promote, encourage, reward or support general employee morale, retention, or exemplary service.</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>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<th>C. Name of Outside Organization (include address and description)</th>
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<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.

   Marites Ward
   Executive Assistant
   June 8, 2022

Comment: T=2 for 1 Ticket, P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   County Administrator's Office
   Designated Agency Contact (Name, Title)
   Marites Ward
   Area Code/Phone Number 510-272-3893
   E-mail marites.ward@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $T: $18 P: $15
   Event Description: Alameda County Fair
   Date(s) *06/17/2022 07/10/2022
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes □ No □
   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
   Public Works Agency T:200 P:15 To promote, encourage, reward or support general employee morale, retention, or exemplary service.

   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

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.

   Marites Ward Executive Assistant June 8, 2022
   Print Name Title (month, day, year)

   Comment: T=2 for 1 Ticket, P=Pass *Each good for one-time use on any date of Fair operations 6/17/2022

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**
   - County of Alameda
   - Division, Department, or Region (if applicable)
   - County Administrator's Office
   - Designated Agency Contact (Name, Title)
   - Marites Ward
   - Area Code/Phone Number: 510-272-3893
   - E-mail: marites.ward@acgov.org

2. **Function or Event Information**
   - Does the agency have a ticket policy? [ ] Yes [ ] No
   - Face Value of Each Ticket/Pass $T: $18 $P: $15
   - Event Description: Alameda County Fair
   - Date(s): 06/17/2023, 07/10/2023
   - Ticket(s)/Pass(es) provided by agency? [ ] Yes [ ] No
   - 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>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</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>Registrar of Voters</td>
<td>T:70 P:15</td>
<td>To promote, encourage, reward or support general employee morale, retention, or exemplary service.</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></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></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>
</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.

   Marites Ward
   Print Name
   Executive Assistant
   Title
   June 8, 2022
   (month, day, year)

Comment: T=2 for 1 Ticket, P=Parking Pass *Each good for one-time use on any day of Fair operations 6/17-7/10/2023
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions  

1. Agency Name  
County of Alameda  
Division, Department, or Region (if applicable)  
County Administrator’s Office  
Designated Agency Contact (Name, Title)  
Marites Ward  
Area Code/Phone Number 510-272-3893  
E-mail marites.ward@acgov.org  

2. Function or Event Information  
Does the agency have a ticket policy?  
Yes □ No □  
Face Value of Each Ticket/Pass $  
T: $18 P: $15  
Event Description: Alameda County Fair  
Date(s) *06/17/2023  
07/10/2023  
Ticket(s)/Pass(es) provided by agency?  
Yes □ No □  
If no:  
Name of Source  
If yes:  
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>Sheriff’s Department</td>
<td>T:100 P:15</td>
<td>To promote, encourage, reward or support general employee morale, retention, or exemplary service.</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>Ceremonial Role □ Other □ Income □</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>
</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.  

Marites Ward  
Print Name  
Executive Assistant  
Title  
June 8, 2022  
(month, day, year)  

Comment: T=2 for 1 Ticket, P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2023
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name  
County of Alameda  
Division, Department, or Region (if applicable)  
County Administrator’s Office  
Designated Agency Contact (Name, Title)  
Marites Ward  
Area Code/Phone Number E-mail  
510-272-3893  
marites.ward@acgov.org

2. Function or Event Information  
Does the agency have a ticket policy? Yes □ No □  
Face Value of Each Ticket/Pass $ \[T: \$18 \quad P: \$15\]  
Event Description: Alameda County Fair  
Date(s): *06/17/2022 07/10/2022*  
Ticket(s)/Pass(es) provided by agency? Yes □ No □  
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>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Services Agency</td>
<td>T:200 P:15</td>
<td>To promote, encourage, reward or support general employee morale, retention, or exemplary service.</td>
<td></td>
</tr>
</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></td>
<td></td>
<td>(\text{Ceremonial Role} \quad \text{Other} \quad \text{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>
</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></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.

Marites Ward  
Executive Assistant  
June 8, 2022

Comment: T=2 for 1 Ticket, P=Passing Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022*
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
A Public Document

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
County Administrator’s Office
Designated Agency Contact (Name, Title)
Marites Ward
Area Code/Phone Number
510-272-3893
E-mail
marites.ward@acgov.org

2. Function or Event Information
Does the agency have a ticket policy?  
Yes ☐ No ☐  
Face Value of Each Ticket/Pass $ T: $18  P: $15
Event Description: Alameda County Fair
Provide Title/Explanation
Date(s) *06 / 17 / 2022 07 / 10 / 2022
Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☐  
If no:  
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.</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>Child Support Services</td>
<td>T:50 P:15</td>
<td>To promote, encourage, reward or support general employee morale, retention, or exemplary service.</td>
</tr>
</tbody>
</table>

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

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

Marites Ward  
Print Name
Executive Assistant  
Title
June 8, 2022  
(month, day, year)

Comment: T=2 for 1 Ticket, P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2022
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
County Administrator's Office
Designated Agency Contact (Name, Title)
Marites Ward
Area Code/Phone Number 510-272-3893
E-mail marites.ward@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [ ] Face Value of Each Ticket/Pass $8 T: $18 P: $15
Event Description: Alameda County Fair
Provide Title/Explanation
Date(s) 06/17/2023 07/10/2023
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ] If no:
Was ticket distribution made at the behest of agency official? Yes [ ] No [ ] 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>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>Treasurer/Tax Collector</td>
<td>T:100 P:15</td>
<td>To promote, encourage, reward or support general employee morale, retention, or exemplary service.</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 &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</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>
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</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></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.

Marites Ward [Print Name]
Executive Assistant [Title]
June 8, 2022 (month, day, year)

Comment: T=2 for 1 Ticket. P=Parking Pass *Each good for one-time use on any date of Fair operations 6/17-7/10/2023*
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County Health Care Services Agency
   Division, Department, or Region (if applicable)
   Office of the Agency Director
   Designated Agency Contact (Name, Title)
   Colleen Chawla
   Area Code/Phone Number (510) 618-3452
   E-mail Colleen.Chawla@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Alameda County Fair
   Face Value of Each Ticket/Pass $18 ticket/$15 parking
   Date(s) 06/17/22 07/10/22
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   If no: ____________________________
   If yes: ____________________________
   Name of Source: Colleen Chawla
   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></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>Perkins, Shirley</td>
<td>1 ticket</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ Staff Appreciation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

   | C. Name of Outside Organization      | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy |
   | Include address and description      |                             |                                                               |

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.

   Colleen Chawla
   Print Name
   Health Care Services Agency Director
   Title
   (6/17/2022)

   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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<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>Murray Hoem, Dina</td>
<td>1 ticket</td>
<td>Staff Appreciation</td>
</tr>
<tr>
<td>Shah, Sameena</td>
<td>1 ticket</td>
<td>Staff Appreciation</td>
</tr>
<tr>
<td>Rodriguez, Jeannette</td>
<td>1 ticket 1 parking pass</td>
<td>Staff Appreciation</td>
</tr>
<tr>
<td>Gallo, Cynthia</td>
<td>1 ticket</td>
<td>Staff Appreciation</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></td>
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<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Name of Individual (Last, First)</td>
<td>Number of Ticket(s)/Passes</td>
<td>Identify one of the following:</td>
</tr>
<tr>
<td></td>
<td>1 ticket</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Tabasa, Ernesto</td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td>1 ticket</td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td>Focitt, Alicia</td>
<td>1 ticket</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>Salter, Scott</td>
<td>1 ticket</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>Navarro, María</td>
<td>1 ticket</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td>1 parking pass</td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

| 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 |
|                                                                  |                            |                                                               |
|                                                                  |                            |                                                               |
|                                                                  |                            |                                                               |
### 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.*

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

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last, First)</td>
<td></td>
<td>Ceremonial Role □ Other □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
</tbody>
</table>

- **Sin, Jenny**
  - 1 ticket
  - Staff Appreciation

- **Jones, Nancy**
  - 1 ticket
  - Staff Appreciation

- **Esparza, Jeannina**
  - 1 ticket
  - Staff Appreciation

- **Martinez, Laura**
  - 1 ticket
  - Staff Appreciation

<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>
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<td></td>
</tr>
</tbody>
</table>
### 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.

<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>
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</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>Eng, Shannon</td>
<td>1 ticket</td>
<td>Staff Appreciation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td>Arroyo, Alexandra</td>
<td>1 ticket</td>
<td>Staff Appreciation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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</tbody>
</table>
## Agency Report of:
### Ceremonial Role Events and Ticket/Pass Distributions

**A Public Document**

1. **Agency Name**
   - HCSA
   - Division, Department, or Region *(if applicable)*
   - ENVIRONMENTAL HEALTH DEPARTMENT
   - Designated Agency Contact *(Name, Title)*

   **Area Code/Phone Number**

   **E-mail**

2. **Function or Event Information**
   - **Does the agency have a ticket policy?**
     - Yes ☐ No ☐
   - **Face Value of Each Ticket/Pass $**
     - 18.00
   - **Event Description:**
     - ALAMEDAS COUNTY FAIR
     - **Provide Title/Explanation**
   - **Date(s):**
     - 06/17/22
     - 7/10/22
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes ☐ No ☐
   - **If no:**
     - **Name of Source:**
     - **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.

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

### B.

<table>
<thead>
<tr>
<th>Name of Individual <em>(Last, First)</em></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>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<tbody>
<tr>
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</tbody>
</table>

4. **Verification**

I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Print Name:**

**Title:**

**(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>
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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>Salaices, Moneelle</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [X]</td>
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<tr>
<td></td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td>Carden, Emmi</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
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<td>Income [ ]</td>
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<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td>Nova K, Mansol</td>
<td>1</td>
<td>Ceremonial Role [ ] Other [ ]</td>
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<tr>
<td></td>
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<tr>
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<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td>Mondy, John</td>
<td>1</td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
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<td>Income [ ]</td>
</tr>
<tr>
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<th>Number of Ticket(s)/Passes</th>
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<tbody>
<tr>
<td>Babee, Jason</td>
<td>1</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
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<tr>
<td>Owcar, Ronald</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td>Hinson, Taylor</td>
<td>1</td>
<td>Ceremonial Role ☐ Other ☑</td>
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<td></td>
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<td>Income ☐</td>
</tr>
<tr>
<td>Arana, Clara</td>
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<td>Ceremonial Role ☐ Other ☑</td>
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<td>Income ☐</td>
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<tbody>
<tr>
<td>West, David</td>
<td>8</td>
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<tr>
<td></td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot;, describe below:</td>
</tr>
<tr>
<td>Yang, Michelle</td>
<td>1</td>
<td>Ceremonial Role □ Other □</td>
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<td></td>
<td></td>
<td>Income □</td>
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<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot;, describe below:</td>
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<tr>
<td>Delacruz, Sairul</td>
<td>1</td>
<td>Ceremonial Role □ Other □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income □</td>
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<tr>
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<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot;, describe below:</td>
</tr>
<tr>
<td>Dao Thi Trang</td>
<td>1</td>
<td>Ceremonial Role □ Other □</td>
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<tr>
<td></td>
<td></td>
<td>Income □</td>
</tr>
<tr>
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<tbody>
<tr>
<td>Lamb, Joan</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [✓]</td>
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<td></td>
<td></td>
<td>Income [ ]</td>
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<td></td>
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<tr>
<td>Williams</td>
<td>1</td>
<td>Ceremonial Role [ ] Other [✓]</td>
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<td></td>
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<td>Income [ ]</td>
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<tr>
<td>Obasa, Joy</td>
<td>1</td>
<td>Ceremonial Role [ ] Other [✓]</td>
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<td></td>
<td></td>
<td>Income [ ]</td>
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<tr>
<td>Porter, Leslie</td>
<td>1</td>
<td>Ceremonial Role [ ] Other [✓]</td>
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<td>Income [ ]</td>
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**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - HCSA
   - Environment Health Department

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☐ No ☐
   - Face Value of Each Ticket/Pass $15.00
   - Event Description: Alamedas County Fair
   - Date(s): 06/17/22
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   - If no: Brian Santos

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>A. Name of Agency, Department or Unit</th>
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<tr>
<td></td>
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<td>Ceremonial Role ☐ Other ☐ Income ☐</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.

   [Signature]

   Date: 4/16/20

   Comment: ____________________________

   Print Name ____________________________

   Title ____________________________

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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>
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<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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</thead>
<tbody>
<tr>
<td>Sabine, Michelle</td>
<td>1</td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td>A. O. Hall, Marshall</td>
<td>1</td>
<td>Ceremonial Role ☐ Other ☐</td>
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<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td>G. Stewart, Corine</td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
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Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   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 $18
   Event Description Alameda County Fair
   Date(s) 06/17/22 7/10/22
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Alameda County Fair
   If yes: Alameda County Supervisor Dave Brown

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 ☐
   To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

   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
   Various (reference attached spreadsheet)
   364
   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.
   Heather Cartwright
   Supervisor's Assistant
   8/1/2022

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

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 ☐

Event Description Alameda County Fair
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 $ $18
Date(s) 6/17/22 7/10/22

If no: Alameda County Fair
Name of Source
If yes: Alameda County Supervisor Dave Brown
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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<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
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</thead>
<tbody>
<tr>
<td>Magallon, Maria Roberts, Royl Schulthesis, Carla</td>
<td>2</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>Graves, Kimberly Bolton, Carolyn Maxey, Lara</td>
<td>2</td>
<td>To reward a community volunteer for his or her service to the public</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></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
Print Name
Supervisor's Assistant
Title
08.01.2022 (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)**
   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** Alameda County Fair
   - **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** $15 parking pass
   - **Date(s)** 06 / 17 / 22
   - **Date(s)** 07 / 10 / 22

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 ☐
   - If checking "Ceremonial Role" or "Other" describe below:
   - To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

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

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

   **Heather Cartwright**
   **Supervisor's Assistant**
   **08.01.2022**

   **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 Alameda County Fair
   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 $15 parking pass
   Date(s) 06 / 17 / 22 07 / 10 / 22
   If no: Alameda County Fair
   Name of Source
   If yes: Alameda County Supervisor Dave Brown
   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 (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:
   To promote County-run, sponsored or supported community events, activities, or programs
   Wilson, Galen
   C. Name of Outside Organization
   Describe the public purpose made pursuant to the agency's policy
   (Include address and description)

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Heather Cartwright
   Supervisor's Assistant
   08.01.2022
   Print Name
   (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 $ | $18 |
| Event Description | Alameda County Fair |
| Provide Title/Explanation |
| Ticket(s)/Pass(es) provided by agency? | Yes ☐ No ☒ |
| If yes: Alameda County Fair |
| Name of Source |
| If no: |
| Name of Source |

**Date(s):**
6 / 17 / 22
07 / 10 / 22

---

**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)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Law, Fed)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Maddie</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Ceremonial Role ☐ Other ☐ Income ☐**

*If checking "Ceremonial Role" or "Other" describe below.*

**To encourage promote County-run, sponsored, or supported community events...**

| Ceremonial Role ☐ Other ☐ Income ☐ |
| --- | --- | --- |
| If checking "Ceremonial Role" or "Other" describe below: |

---

**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

08.01.2022

(Month, Day, Year)

Comment: 

---

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No [ ]
   - **Face Value of Each Ticket/Pass $** $18
   - **Event Description** Alameda County Fair
   - **Date(s)** 6/17/22 07/10/22
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   - **If yes:** Alameda County Fair
   - **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 (Last, First)**
   - **Number of Ticket(s)/Pass(es)**
   - **Identify one of the following:**
     - Ceremonial Role [x] Other [ ]
     - **Income** [ ]
   - **Carvalho, Christopher**
   - **4**
   - **To encourage promote County-run, sponsored, or supported community events...**

   - **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**
   - **Heather Cartwright**
   - **Supervisor's Assistant**
   - **08.01.2022**
   - **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

Date Stamp  
California Form 802

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

Amendment  
(Must provide explanation in Part 3.)

2. Function or Event Information  
Does the agency have a ticket policy?  
Yes ☒ No ☐  
Face Value of Each Ticket/Pass $  
$18

Event Description  
Alameda County Fair  
Provide Title/Explanation

Date(s)  
6 / 17 / 22  
07 / 10 / 22

Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☒  
If no:  
Alameda County Fair  
Name of Source

Was ticket distribution made at the behest of agency official?  
No ☐ Yes ☒  
If yes:  
Alameda County Supervisor Dave Brown  
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  

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

B. Name of Individual (Last, First)  

| Number of Ticket(s)/Pass(es) | Identify one of the following:  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>-------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Lam, Marianne</td>
<td>3</td>
</tr>
</tbody>
</table>

To encourage promote County-run, sponsored, or supported community events...

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

<table>
<thead>
<tr>
<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 have read and understand FPPC Regulations 18444.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Heather Cartwright  
Print Name

Supervisor’s Assistant  
Title

08.01.2022  
(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

   **Date Stamp**
   California Form 802
   For Official Use Only

   **Amendment** (Must provide explanation in Part 3.)
   Date of Original Filing: __________

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ __________
   Date(s) __________

   **Event Description**
   Alameda County Fair

   **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
   If no: **Name of Source**

   **Was ticket distribution made at the behest of agency official?** Yes ☒ No ☐
   If yes: **Name of Agency Supervisor Dave Brown**
   **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: |

   Sundararaman, Asha
   Ceremonial Role ☐ Other ☐ Income ☐
   To encourage promote County-run, sponsored, or supported community events...

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
   08.01.2022
   (Month, Day, Year)

   **Comment:** ________

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

   □ 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 $ __________
   Event Description Alameda County Fair
   Provide Title/Explanation
   Date(s) 6/17/22 07/10/22
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Alameda County Fair
   Name of Source
   If yes: Alameda County Supervisor Dave Brown
   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)
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To encourage promote County-run, sponsored, or supported community events...
   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.

   Heather Cartwright
   Print Name
   Supervisor's Assistant
   Title
   08.01.2022 (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)**
Heather Cartwright

**Area Code/Phone Number**
(510) 272-6693

**E-mail**
heather.cartwright@acgov.org

**Date of Original Filing:**

- **2. Function or Event Information**
  - **Does the agency have a ticket policy?** Yes ✗ No ☐
  - **Face Value of Each Ticket/Pass** $18
  - **Event Description** Alameda County Fair
  - **Date(s)** 6/17/22 07/10/22
  - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ✗
  - **If no:**
    - **Name of Source** Alameda County Fair
  - **If yes:**
    - **Name of Source** Alameda County Supervisor Dave Brown

**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

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</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>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</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>

#### C. Name of Outside Organization

<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>Alameda County Behavioral Health 7200 Bancroft Ave, #125-A, Oakland,CA</td>
<td>8</td>
<td>To promote health, motivate and provide expanded opportunities to vulnerable populations in County... To support and empower individuals experiencing mental health + substance</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**  
Print Name

**Supervisor's Assistant**  
Title

**08.01.2022**  
(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)
   Heather Cartwright

   Area Code/Phone Number
   (510) 272-6693

   E-mail
   heather.cartwright@acgov.org

   Date Stamp

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

   Face Value of Each Ticket/Pass $ 18

   Date(s) 6 / 17 / 22

   If no: Alameda County Fair
   Name of Source
   Alameda County Supervisor Dave Brown
   Official's Name (Last, First)

   Event Description Alameda County Fair
   Provide Title/Explanation

   Ticket(s)/Pass(es) provided by agency?
   Yes ☐ No ☑

   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:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To encourage County of Alameda resident and business support for attendance at local events...
      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.

   Heather Cartwright
   Supervisor's Assistant
   08.01.2022
   (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Heather Cartwright
   (510) 272-6693
   heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Alameda County Fair
   Date(s) 6/17/22 07/10/22
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Alameda County Fair
   Name of Source
   If yes: Alameda County Supervisor Dave Brown
   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 (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:
   To encourage promote County-run, sponsored, or supported community events...

   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 1944.1 and 1942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Heather Cartwright
   Supervisor's Assistant
   08.01.2022

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 $18

Event Description Alameda County Fair
Provide Title/Explanation

Date(s) 6 / 17 / 22 07 / 10 / 22

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Alameda County Fair
Name of Source

If yes: Alameda County Supervisor Dave Brown
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

<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>

B. Name of Individual (Last, First)

<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td>To encourage promote County-run, sponsored, or supported community events...</td>
</tr>
<tr>
<td></td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<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 (Last, First) have read and understand FPPC Regulation 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

08.01.2022
(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)
- 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
  - Alameda County Fair
  - 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 $18

### Date(s)
- 6/17/22
- 7/10/22

## 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

<table>
<thead>
<tr>
<th>Name of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>

### B. Name of Individual (Last, First)
- Wilson, Galen

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

- To promote attendance at events held at a County facility in order to maximize potential County revenue...

### C. Name of Outside Organization (Include address and description)

<table>
<thead>
<tr>
<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 have read and understand FPPC Regulations 19441 and 1942. I have verified that the distribution set forth above, is in accordance with the requirements.

- Heather Cartwright
- Supervisor's Assistant
- 08.01.2022

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, 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 [ ]
   Event Description:  Alameda County Fair
   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 $ 18.00
   Date(s)  06 / 07 / 22
            07 / 10 / 22
   If no:  Alameda County Fair
   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

   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 reward a community 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 Shrago  Chief of Staff  07/01/22
   Print Name  Title  (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.

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

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

#### B. Name of Individual

<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></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
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<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
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<td></td>
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<tr>
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<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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></td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization

<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>True Vine Missionary Baptist Church 1125 West Street Oakland CA 94607</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>West Oakland Health Council 700 Adeline St. Oakland CA 94607</td>
<td>25</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>
### 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>
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<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 &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; 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>Albany Senior Center 846 Masonic Ave., Albany CA 94706</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>All Of Us or None 4400 Market St. Oakland, CA 94608</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Beebe Memorial Cathedral 3900 Telegraph Ave. Oakland CA 94609</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Berkeley Daytime Drop-In Center 2218 Acton St. Berkeley CA 94702</td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>
### 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

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

#### B. Name of Individual

<table>
<thead>
<tr>
<th>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>
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<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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</table>

#### C. Name of Outside Organization

<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>Berkeley Youth Alternatives</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Beth Eden Baptist Church 118310th St. Oakland CA 94607</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Bonita House 6333 Telegraph Ave., Suite 102 Oakland Ca 94609</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>BOSS 1918 University Ave. #2A Berkeley CA 94704</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>

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FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### 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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<tr>
<th>Name of Agency, Department or Unit</th>
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</tbody>
</table>

#### B. Name of Individual (Last, First)

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<tr>
<th>Name of Individual (Last, First)</th>
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<th>Identify one of the following:</th>
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<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
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<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
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<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>Ceremonial Role [ ] Other [ ] Income [ ]</th>
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<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
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<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
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#### 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)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
<td>Catholic Charities 433 Jefferson St. Oakland 94612</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Downtown Oakland Senior Center 200 Grand Ave. Oakland CA 94612</td>
<td>20</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Emeryville Citizens Assistance Program 3610 San Pablo Ave. Emeryville CA</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Ecology Center 2530 San Pablo Ave. Berkeley CA 94702</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
Continuation Sheet

### 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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</tbody>
</table>

#### B. Name of Individual (Last, First)

<table>
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<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
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<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<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>20</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>40</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>
### 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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<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 &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
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<td>Ceremonial Role □ Other □ Income □</td>
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<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
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<tr>
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<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; 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>Berkeley Juneteenth Cultural Celebration</td>
<td>50</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Options Recovery Services 1931 Center St. Berkeley CA 94704</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Pacific Center for Human Growth 2712 Telegraph Ave. Berkeley CA 94705</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
<tr>
<td>Positive Communication Practices 2627 57th Ave Oakland CA 94605</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community.</td>
</tr>
</tbody>
</table>
# 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.*

<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>
</tr>
</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></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
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</tbody>
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<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>Prescott Joseph Resource Center 920 Peralta Street, Oakland CA 94607</td>
<td>51</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td></td>
<td>Progressive Missionary Baptist Church 3301 King St. Berkeley CA 94704</td>
<td>10</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td></td>
<td>South Berkeley Senior Center 2939 Ellis Street Berkeley CA 94703</td>
<td>20</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td></td>
<td>Temescal Telegraph BID 490 43rd St. Oakland CA 94609</td>
<td>50</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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

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

### B. Name of Individual  
**Last, First**

| Name of Individual  
**Last, First** | Number of Ticket(s)/Passes | Identify one of the following: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role</td>
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<td>Ceremonial Role</td>
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<tr>
<td></td>
<td></td>
<td>Ceremonial Role</td>
</tr>
</tbody>
</table>

### C. Name of Outside Organization  
**Include address and description**

| Name of Outside Organization  
**Include address and description** | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany Senior Center 846 Masonic Ave., Albany CA 94706</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>All Of Us or None 4400 Market St. Oakland, CA 94608</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Beebe Memorial Cathedral 3900 Telegraph Ave. Oakland CA 94609</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Berkeley Daytime Drop-In Center 2218 Acton St. Berkeley CA 94702</td>
<td>15</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)  
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  
Date of Original Filing: 07/01/22

2. Function or Event Information  
Does the agency have a ticket policy? Yes □ No □  
Face Value of Each Ticket/Pass $ 168.00  
Event Description: Alameda County Fair - Ride Pass  
Date(s) 06/07/22 07/10/22  
Ticket(s)/Pass(es) provided by agency? Yes □ No □  
If no: Alameda County Fair  
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. 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>BOS District 5</td>
<td>7</td>
<td>To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson, Keith</td>
<td>1</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To encourage County of Alameda resident and business.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</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  
Chief of Staff  
Print Name  
Title  
07/01/22  
(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 ☐
Face Value of Each Ticket/Pass $ 15.00
Event Description: Alameda County Fair - Parking
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: Alameda County Fair
Name of Source
If yes: Carson, Keith
Official’s Name (Last, First)
Date(s) 06 / 07 / 22 07 / 10 / 22

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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</thead>
<tbody>
<tr>
<td>BOS District 5</td>
<td>7</td>
<td>To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff</td>
<td></td>
</tr>
</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>Kinnon, Kristy</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
</tr>
<tr>
<td>Carson, Keith</td>
<td>1</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</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>
</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
07/01/22
(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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<tbody>
<tr>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last, First)</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>
<tr>
<td>Thompson, Stephanie</td>
<td>1</td>
<td>To reward a community volunteer for service to the public ☐</td>
</tr>
<tr>
<td>Music, Richard</td>
<td>1</td>
<td>To reward a community volunteer for service to the public ☐</td>
</tr>
<tr>
<td>Connor, Brandy</td>
<td>2</td>
<td>To reward a community volunteer for service to the public ☐</td>
</tr>
<tr>
<td>Tiffany, Star</td>
<td>1</td>
<td>To reward a community volunteer for service to the public ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</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>(include address and description)</td>
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<tr>
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</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)
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 $ ________ 18.00
Event Description: Alameda County Fair
Date(s) 06 / 07 / 22 07 / 10 / 22
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes □ No □
If no: Alameda County Fair
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 | 25 | 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:

   Carson, Keith | 4 | Ceremonial Role □ Other □ Income □
   Ceremonial Role □ Other □ Income □
   If checking "Ceremonial Role" or "Other" describe below:
   To encourage County of Alameda resident and business

   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 □ □ □
Print Name
Chief of Staff □ □ □
Title
07/01/22 □ □ □
(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.*

<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>
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<tr>
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</tbody>
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<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>Kinnon, Kristy</td>
<td>11</td>
<td>To reward a community volunteer for service to the public</td>
</tr>
<tr>
<td></td>
<td>Connor, Brandy</td>
<td>10</td>
<td>To reward a community volunteer for service to the public</td>
</tr>
<tr>
<td></td>
<td>Swift, Julie</td>
<td>6</td>
<td>To reward a community volunteer for service to the public</td>
</tr>
<tr>
<td></td>
<td>Horula, Matlena</td>
<td>6</td>
<td>To reward a community volunteer for service to the public</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>
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</tr>
</tbody>
</table>

**Form 802**
A Public Document

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### 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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<tr>
<th>Name of Agency, Department or Unit</th>
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</tr>
</tbody>
</table>

#### B. Name of Individual (Last, First)

<table>
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<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></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Lieu, Jennifer</td>
<td>4</td>
<td>To reward a community volunteer for service to the public ☘</td>
</tr>
<tr>
<td>Fredotovich, Selesia</td>
<td>6</td>
<td>To reward a community volunteer for service to the public ☘</td>
</tr>
<tr>
<td>Royalty, Chelsea</td>
<td>3</td>
<td>To reward a community volunteer for service to the public ☘</td>
</tr>
<tr>
<td>Thompson, Stephanie</td>
<td>3</td>
<td>To reward a community volunteer for service to the public ☘</td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization (include address and description)
| Name of Outside Organization (include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy |
|                                                               |                           |                                                               |
|                                                               |                           |                                                               |
|                                                               |                           |                                                               |
|                                                               |                           |                                                               |
|                                                               |                           |                                                               |
### 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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</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>Music, Richard</td>
<td>10</td>
<td>To promote County-run attendance at events held at a City Hall.</td>
</tr>
<tr>
<td>Tiffany, Star</td>
<td>3</td>
<td>To reward a community volunteer for service to the public.</td>
</tr>
<tr>
<td>Butler, Dunnin</td>
<td>2</td>
<td>To reward a community volunteer for service to the public.</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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