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: Oakland A's Game
Date(s) 07 / 04 / 2022
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ 
If no: Oakland A's
Name of Source Haubert, David
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ 

3. Recipients
* Use Section A to identify the agency's department or unit. 
* Use Section B to identify an individual. 
* Use Section C to identify an outside organization.

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

| B. 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>Wilson, Alanna</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at events held at a County facility</td>
</tr>
<tr>
<td></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>
<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.

Lawson Bell Supervisor's Assistant 07/20/2022
Print Name Title (month, day, year)

Comment: 

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

**1. Agency Name**
Alameda County

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

**Designated Agency Contact (Name, Title)**
Heather Cartwright

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

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

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

**2. Function or Event Information**

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description:</td>
<td>Baseball game</td>
</tr>
<tr>
<td>Provide Title/Explanation</td>
<td></td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>If no:</td>
<td>Oakland A's</td>
</tr>
<tr>
<td>Name of Source</td>
<td>Brown, Dave</td>
</tr>
<tr>
<td>If yes:</td>
<td></td>
</tr>
<tr>
<td>Official's Name (Last, First)</td>
<td></td>
</tr>
</tbody>
</table>

**Face Value of Each Ticket/Pass $**
$100 tix, $20 parking

**Date(s)**
07 / 04 / 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>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>
</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>Lindawson, Brian</td>
<td>3+1p</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: To promote County of Alameda resident...support for...</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.

Heather Cartwright

Supervisor's Assistant

6/28/20
(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)
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 $ 100.00
Event Description: Oakland Athletics vs. Toronto Blue Jays
Date(s) 07 / 04 / 22
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. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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</thead>
<tbody>
<tr>
<td></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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<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>Khadafy Foundation 1156 8th St, Oakland, CA</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contrib</td>
</tr>
</tbody>
</table>

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

Amy Shrago
Chief of Staff
08/16/22 (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)
   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 []
   Face Value of Each Ticket/Pass $ 100.00
   Event Description: Oakland Athletics vs. Toronto Blue Jays
   Date(s) 07 / 06 / 22
   Ticket(s)/Pass(es) provided by agency? Yes [] No []
   Name of Source
   If yes: Coliseum Authority
   If no: Carson, Keith
   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>
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<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></td>
<td>Ceremonial Role [] Other [] Income []</td>
</tr>
<tr>
<td>Agana, Celeste</td>
<td>2</td>
<td>To promote attendance at events held at a County facility</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>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>C. Name of Outside Organization</td>
<td>Number of Ticket(s)/Passes</td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
<tr>
<td>(Include address and description)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</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.

   Amy Shrago  Chief of Staff  06-07-22
   Print Name  Title  (month, day, year)

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

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 $ | 100.00 |
| Event Description: | Oakland Athletics vs. Toronto Blue Jays | Date(s) 07/06/22 |
| Ticket(s)/Pass(es) provided by agency? | Yes ☐ No ☐ | Name of Source | Coliseum Authority |
| Was ticket distribution made at the behest of agency official? | Yes ☐ No ☐ | Official's Name (Last, First) | Carson, Keith |

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)/Pases</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOS District 5</td>
<td>4</td>
<td>To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff</td>
</tr>
</tbody>
</table>

B. Name of Individual (Last, First)  
Number of Ticket(s)/Pases  
Identify one of the following:  
Ceremonial Role ☐  Other ☐  Income ☐  
If checking "Ceremonial Role" or "Other" describe below:

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pases</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  
08-01-22  
(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)
   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 $ 100.00
   Event Description: Oakland Athletics vs. Houston Astros
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Date(s) 07/09/22
   If no: Coliseum Authority
   Name of Source
   If yes: Carson, Keith
   Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☑

3. Recipients
   • Use Section A to identify the agency’s department or unit.
   • Use Section B to identify an individual.
   • Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>A. 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>Alameda County Health Care for the Homeless</td>
<td>12</td>
<td>To provide opportunities for those who are receiving services from County agencies, consistent with the</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>
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<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<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>
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</tbody>
</table>

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<tr>
<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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</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
   06-07-22
   Print Name
   Title
   (month, day, year)

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

1. Agency Name
   Alameda County

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

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

   Area Code/Phone Number  E-mail
   510-272-6695  Amy.Shrago@acgov.org

   Date of Original Filing: 08/16/22 (month, day, year)

2. Function or Event Information
   Does the agency have a ticket policy?  Yes □  No □
   Face Value of Each Ticket/Pass $ 100.00
   Event Description: Oakland Athletics vs. Houston Astros
   Date(s) 07/09/22
   Ticket(s)/Pass(es) provided by agency?  Yes □  No □
   If no: Coliseum Authority
   If yes: Carson, Keith

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>
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</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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Oakland Cultural Action Network</td>
<td>6</td>
<td>To reward a school or nonprofit organization for its contrib</td>
</tr>
</tbody>
</table>

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

   Amy Shrago
   Print Name
   Chief of Staff
   Title
   08-16-22 (month, day, year)

   Comment:
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 □ Face Value of Each Ticket/Pass $ 175.00
Event Description: Stray Kids Date(s) 07 / 12 / 22
Ticket(s)/Pass(es) provided by agency? Yes □ No ■ If no: Coliseum Authority
Was ticket distribution made at the behest of agency official? Yes □ No ■ If yes: Carson, Keith

3. Recipients
• 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>
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<td></td>
<td></td>
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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>Sanchez, Armando</td>
<td>4</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at events held at a County facility</td>
</tr>
</tbody>
</table>

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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago Chief of Staff 08/12/22
Print Name Title (month, day, year)

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

1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
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: Oakland A's Baseball Game Date(s) 07 / 25 / 22
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: Oakland A's
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: Haubert, David

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 ☐
(3) To promote tourism or foster economic or business growth
If checking "Ceremonial Role" or "Other" describe below:

Missionaries Mook and Monique 12
Pastor Martin Aguilar 9

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 07/26/22
Print Name Title (month, day, year)

Comment:
**Agency Name**
Alameda County

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

**Designated Agency Contact (Name, Title)**
Lawson Bell, Supervisor's Assistant

**Area Code/Phone Number**
(510) 272-6691

**E-mail**
Lawson.Bell@acgov.org

**Date of Original Filing:** 07/27/22 (month, day, year)

---

**2. Function or Event Information**

- **Does the agency have a ticket policy?** Yes □ No □
- **Event Description:** Oakland A's Game
- **Face Value of Each Ticket/Pass:** $100
- **Date(s):** 07 / 27 / 22

**Ticket(s)/Pass(es) provided by agency?** Yes □ No □

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

- **If no:**
  - **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>
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<td></td>
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<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arculeta, Ben</td>
<td>4 tix 1 park</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td>Thompson, Barret</td>
<td>4 tix 1 park</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
</tbody>
</table>

(3) To promote tourism or foster economic or business
d

<table>
<thead>
<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.

Lawson Bell

Supervisor's Assistant

07/27/22 (month, day, year)

Print Name

Title

Comment:
1. Agency Name
   Alameda County

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

   Designated Agency Contact (Name, Title)
   Lawson Bell, Supervisor's Assistant

   Area Code/Phone Number
   (510) 272-6691

   E-mail
   Lawson.Bell@acgov.org

   Date Stamp
   California Form 802
   For Official Use Only

   Amendment (Must Provide Explanation in Part 3.)
   Date of Original Filing: 07/27/22

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 118.75
   Event Description: Dijjit Dosanjh
   Date(s) 07 / 29 / 22
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland Arena
   If yes: Haubert, David
   Official's Name (Last, First)

3. Recipients
   Use Section A to identify the agency's department or unit.
   Use Section B to identify an individual.
   Use Section C to identify an outside organization.

   A.
   Name of Agency, Department or Unit
   Number of Ticket(s)/Passes
   Describe the public purpose made pursuant to the agency's policy

   B.
   Name of Individual
   (Last, First)
   Number of Ticket(s)/Passes
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   (3) To promote tourism or foster economic or business development
   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
   07/27/22
   Print Name
   Title
   (month, day, year)

   Comment: