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

**1. Agency Name**
Alameda County

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

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

**Area Code/Phone Number**
510-272-6695

**E-mail**
Amy.Shrago@acgov.org

**Date Stamp**

**California Form 802**
For Official Use Only

**Amendment** (Must Provide Explanation in Part 3.)

**Date of Original Filing:**
08/16/22

**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. SF Giants

**Date(s)**
08 / 06 / 22

**Provide Title/Explanation**

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

If no: **Coliseum Authority**

**Name of Source**

If yes: **Carson, Keith**

**Official’s Name (Last, First)**

**3. Recipients**

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

<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>10</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 (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owens, Tunisia</td>
<td>2</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  
08/16/22

**Print Name**

**Title**

**Print**  **Clear**

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.

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<td>Lee, Zitsu</td>
<td>2</td>
<td>To promote attendance at events held at a County facility</td>
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</tbody>
</table>

- If checking "Ceremonial Role" describe below:
- If checking "Other" describe below:
- If checking "Income" describe below:

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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Heather Cartwright
   Area Code/Phone Number  (510) 272-6693
   E-mail heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐  No ☑
   Face Value of Each Ticket/Pass $ 100 tix, $20 parking
   Event Description: Baseball game
   Date(s) 08/19/22
   Ticket(s)/Pass(es) provided by agency? Yes ☐  No ☑
   If no: Oakland A's
   Name of Source
   If yes: Brown, Dave
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes ☐  No ☑

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Passes
      Identify one of the following:
      Ceremonial Role ☐  Other ☐  Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote County of Alameda resident...support for all ☐
      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.
   Heather Cartwright
   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)
   Amy Shrago, Chief of Staff
   Area Code/Phone Number 510-272-6695
   E-mail Amy.Shrago@acgov.org
   Date of Original Filing: 08/16/22

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. Seattle Mariners
   Date(s) 08 / 19 / 22
   Ticket(s)/Pass(es) provided by agency? Yes ☐  No ☐
   If no: Coliseum Authority
   Name of Source Carson, Keith
   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

      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
         Khadafy Foundation 1156 8th St, Oakland, CA
         4
         To reward a school or nonprofit organization for its contrib

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

Comment:
Agency Name: Alameda County Board of Supervisors
Designated Agency Contact: Heather Cartwright
Area Code/Phone Number: (510) 272-6693
E-mail: heather.cartwright@acgov.org

2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes [ ] No [ ]</th>
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<tr>
<td>Event Description: Baseball game</td>
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<td>Date(s): 08/20/22</td>
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</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes [ ] No [ ]</td>
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<td>If no: Oakland A's</td>
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<td>Name of Source: Brown, Dave</td>
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<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>Yes [ ] No [ ]</td>
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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>
<td>Dong, Jeanette</td>
<td>18 +4p</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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.

Heather Cartwright
Supervisor's Assistant

Comment:

Print Clear

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1. Agency Name
   Alameda County

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

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

   Area Code/Phone Number
   510-272-6695

   E-mail
   Amy.Shrago@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes [ ]  No [x]  Face Value of Each Ticket/Pass $ 100.00

   Event Description: Oakland Athletics vs. New York Yankees
   Provide Title/Explanation

   Ticket(s)/Pass(es) provided by agency?  Yes [x]  No [ ]
   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

      Public Defender’s Office  18  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:

   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  06-07-22
   Print Name  Title  (month, day, year)

   Comment:  

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

1. **Agency Name**
   - Alameda County
   - Board of Supervisors
   - Lawson Bell, Supervisor’s Assistant

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [ ] No [ ]
   - **Event Description:** Kendrick Lamar
   - **Face Value of Each Ticket/Pass $** 168.75
   - **Date(s)** 08 / 31 / 2022
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [ ]
   - **Name of Source** Haubert, David
   - **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**

   **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 de

   **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**
   - **Date of Filing:** 09/07/2022

   **Comment:**