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 $  
168.75  
Event Description:  
Kendrick Lamar  
Date(s)  
09 / 01 / 2022  
Ticket(s)/Pass(es) provided by agency?  
Yes [ ] No [ ]  
If no:  
Name of Source  
If yes:  
Haubert, David  
Official's Name (Last, First)

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

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

| 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: |
|-------------------------------------|-----------------------------|----------------------------------------------------------------|
| Frost, Cesley                       | 3                           | (3) To promote tourism or foster economic or business development  
Ceremonial Role [ ] Other [ ] Income [ ]  
If checking "Ceremonial Role" or "Other" describe below: |

<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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</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  
09/07/2022  
(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 ☐ Face Value of Each Ticket/Pass $168.75
   Event Description: Kendrick Lamar
   Date(s) 09 / 01 / 2023
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: Oakland Arena
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: Brown, Dave

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

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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Passes
   __________________________________________________________________________________________

   C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Passes
   Meals on Wheels of Alameda County - 1721 Blvd | 4
   To reward a school or nonprofit organization for its contri

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

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

1. Agency Name
   Alameda County
   Board of Supervisors
   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 $ 168.75
   Event Description: Kendrick Lamar
   Date(s) 09 / 01 / 22
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: Coliseum Authority
   Name of Source 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.

   A. Name of Agency, Department or Unit  Number of Ticket(s)/Passes  Describe the public purpose made pursuant to the agency's policy
      Board of Supervisor, District 5 2  To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff
      Probation 2  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 10/03/22
   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
   Board of Supervisors
   Lawson Bell, Supervisor’s Assistant

2. Function or Event Information
   Does the agency have a ticket policy? [Yes] [No]
   Face Value of Each Ticket/Pass $45
   Event Description: Scottish Highland Games
   Date(s) 09/04/2022
   Ticket(s)/Pass(es) provided by agency? [Yes] [No]
   If no: SF Caledonian Club
   If yes: 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.

   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:
   Rivera, Bradley | 4 |
   Ceremonial Role [ ] Other [ ] Income [ ]
   (3) To promote tourism or foster economic or business de
   Ceremonial Role [ ] Other [ ] Income [ ]
   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
   09/08/2022

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)
   Lawson Bell, Supervisor's Assistant
   Area Code/Phone Number E-mail
   (510) 272-6691 Lawson.Bell@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 100
   Event Description: Oakland A's Game
   Date(s) 09 / 07 / 2022
   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.

<table>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<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>
</tr>
</thead>
<tbody>
<tr>
<td>Marchetti, Ethan</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(3) To promote tourism or foster economic or business deve</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

4. Verification
   I have read and understand FPPC Regulations 16944.1 and 16942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Lawson Bell                         Supervisor's Assistant
   Print Name                           Title
   09/07/2022                           (month, day, year)
   Comment:                             

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lawson Bell, Supervisor’s Assistant
   Area Code/Phone Number (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) 9 / 07 / 2022
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: Oakland A’s
   Ticket Distribution made at the behest of agency official? Yes [ ] No [ ]
   If yes: Hauert, 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 de
      Ceremonial Role [ ] Other [ ] Income [ ]
      (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 [ ]
   09/07/2022 [ ]

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [ ]
Face Value of Each Ticket/Pass $100 tx, $20 parking
Event Description: Baseball game
Provide Title/Explanation
Date(s) 09 / 09 / 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)

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>
</tr>
</thead>
<tbody>
<tr>
<td>Cartwright, Delia</td>
<td>18tix +4p</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>To encourage County of Alameda resident and business</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking ‘Ceremonial Role’ or ‘Other’ describe below:</td>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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</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
Print Name
Supervisor's Assistant
Title

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 $ 100.00
   Event Description: Oakland Athletics vs. Chicago White Sox
   Date(s) 09, 10, 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.

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Forti, Lisa</td>
<td>6</td>
<td></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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</table>

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<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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</thead>
<tbody>
<tr>
<td>Peter Pan Coop Nursery School</td>
<td>8</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:

Print  Clear
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) 272-6674
   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 $225
   Event Description: Bad Bunny
   Date(s) 9/14/22
   Ticket(s)/Pass(es) provided by agency? [ ] Yes [ ] No
   If no: Oakland Arena
   Name of Source
   If yes: Haubert, David
   Official's Name (Last, First)

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

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

   **B. Name of Individual** *(Last, First)*
   Hinojosa, Alejandra
   Number of Ticket(s)/Passes 3
   Describe the public purpose made pursuant to the agency's policy
   Identify one of the following:
   Ceremonial Role [ ] Other [ ] Income [ ]
   Ceremonial Role [ ] Other [ ] Income [ ]
   (3) To promote tourism or foster economic or business de
   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.

   Lawson Bell
   Print Name
   Supervisor's Assistant
   Print Name
   Title
   09/28/22
   (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)
Heather Cartwright
Area Code/Phone Number (510) 272-6693
E-mail heather.ccartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass $ $225.00
   Event Description: Bad Bunny
   Provide Title/Explanation
   Date(s) 09/14/2023
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: Ring Central Coliseum (Oakland Coliseum)
   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.

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<td>Identify one of the following:</td>
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<td></td>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td>Homies Empowerment-2635 Seminary Ave</td>
<td>2</td>
<td>To reward a school or nonprofit organization for its contrib</td>
</tr>
<tr>
<td></td>
<td>To provide spaces where youth can heal, thr</td>
<td></td>
<td></td>
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4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Heather Cartwright
Supervisor’s Assistant

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)
   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 $ 225.00
   Event Description: Bad Bunny
   Date(s) 09 / 14 / 2022
   (Provide Title/Explaination)
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Ring Central Coliseum (Oakland Coliseum)
   Name of Source
   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.

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<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
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<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</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     |                           |                                                               |
   |                                      |                           | The Unity Council-1900 Fruitvale Ave #2a, Or 2 To reward a school or nonprofit organization for its contrib |
   |                                      |                           | A non-profit Social Equity Development Corp.                   |

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: ____________________________

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 $225.00
   Event Description: Bad Bunny
   Date(s) 09 / 14 / 22
   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>
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<tr>
<th>Name of Agency, Department or Unit</th>
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<tbody>
<tr>
<td>Simpson, Sam</td>
<td>4</td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(10) To promote attendance at events held at a County [ ]</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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<th>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.

   Signature of Agency Head or Designee: Amy Shrago
   Print Name: Chief of Staff
   Title: 10/03/22
   (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
   510-272-6695

   E-mail
   Amy.Shrago@acgov.org

   Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy? [Yes] [No]
   Face Value of Each Ticket/Pass $200.00

   Event Description: WWE Sunday Stunner

   Date(s) 09/18/22

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

   If no: Coliseum Authority

   If yes: 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.

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy
   Probation | 4 | To provide opportunities to those who are receiving services from County agencies, consistent with the

   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.

   Signature of Agency Head or Designee
   Print Name

   Chief of Staff
   Title
   Date (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) 272-5693
   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 tx., $20 parking
   Event Description: Baseball game
   Date(s) 09 / 21 / 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: Brown, Dave

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

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<th>A. Name of Agency, Department or Unit</th>
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<th>Number of Ticket(s)/ Passes</th>
<th>Identify one of the following:</th>
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<tbody>
<tr>
<td>Lloyd, Laura</td>
<td>9tx +2p</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>
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<th>C. Name of Outside Organization (include address and description)</th>
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<tr>
<td>SOS Meals on Wheels-2235 Poivorosa Ave #</td>
<td>9tx +2p</td>
<td>To reward a school or nonprofit organization for its contrib</td>
</tr>
<tr>
<td>Meal deliveries to seniors nonprofit</td>
<td></td>
<td></td>
</tr>
</tbody>
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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
   Print Name
   Supervisor's Assistant
   Title
   10/9/2022
   (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)
   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: Oakland Athletics vs. New York Mets
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   Date(s) 09 / 23 / 22
   Face Value of Each Ticket/Pass $ 100.00
   If no:
   Event Description: Coliseum Authority
   Name of Source
   Carpenter, 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.

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<tr>
<td>Inclusive Community Resources 2855 Telegraph</td>
<td>4</td>
<td>To promote health, motivate, and provide expanded opp</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)
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.)
Data of Original Filing: 10/03/22
(month, day, year)

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass $ 112.50
Event Description: Kehlani
Provide Title/Explanation
Date(s): 09/30/22
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: Coliseum Authority
If yes: Carson, Keith
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.

A. Name of Agency, Department or Unit Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy
Probation 4 To provide opportunities to those who are receiving services from County agencies, consistent with the

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 ☐
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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 of Agency Head or Designee Amy Shrago
Print Name
Chief of Staff
Title
10/03/22
(month, day, year)

Comment:

Print Clear

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