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 ☐
   Event Description: Kendrick Lamar
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 168.75
   Date(s) 09/01/2022
   If no: Name of Source
   If yes: Hauberl, 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.**
<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>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **B.**
<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>Frost, Cesley</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>(3) To promote tourism or foster economic or business de</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
</tbody>
</table>

   **C.**
<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></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)
   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 $ __________ 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
   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.

<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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<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>Rivera, Bradley</td>
<td>4</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(3) To promote tourism or foster economic or business de</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
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<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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<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.

Lawson Bell
Print Name
Supervisor's Assistant
Print Name
09/08/2022
(month, day, year)

Comment:

Print Clear
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 [ ]  
   - 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  
   - 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marchetti, Ethan</td>
<td>1</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>(3) To promote tourism or foster economic or business activity</td>
</tr>
</tbody>
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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.

   Lawson Bell  
   Supervisor’s Assistant  
   Date of Filing: 09/07/2022  
   Print Name  
   Title  
   (month, day, year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Lawson Bell, Supervisor's Assistant
   (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) 9 / 07 / 2022
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland A's
   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 | Ceremonial Role ☐ Other ☐ Income ☐
   (3) To promote tourism or foster economic or business de
   Fernandez, Rocky 12 Tickets
   Fernandez, Rocky 3 Parking

   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
   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. Chicago White Sox
   Date(s) 09 / 10 / 22
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Coliseum Authority
   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>
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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>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>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:
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) 272-6674
   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: 9/28/22
   (month, day, year)

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
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   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:
   Hinojosa, Alejandra | 3 | Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   (3) To promote tourism or foster economic or business de
   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
   Print Name
   Title
   09/28/22
   (month, day, year)

Comment: ____________________________
Agencies 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. New York Mets
   Date(s) 09 / 23 / 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.

   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
      Inclusive Community Resources 2855 Telegraph  4

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

   Comment:

   Print
   Clear