**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) 272-6691

   **E-mail**
   heather.cartwright2@acgov.org

   **Date Stamp**
   California Form 802

   —— For Official Use Only ——

   —— Amendment (Must Provide Explanation in Part 3) ——

   **Data 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**
     - $137.50
   - **Event Description**
     - Wu-Tang and Nas
   - **Date(s)**
     - 01/10/2022
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [ ]
   - **If no:**
     - **Location:** Oakland Arena
     - **Name of Source:** Haubert, David
     - **Officer'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 [ ]
   **To promote attendance at events held at a County facility**
   **If checking "Ceremonial Role" or "Other" describe below:**
   - 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 LEPPC 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**
   - **Supervisor's Assistant**
   - **Title**
   —— (month, day, year) ——

   **Comment:**

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**FPPC Form 802 (2/2018)**
FPPC Toll-Free Helpline: 888/ASF-FPPC (888/273-5772)
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 Shrado, Chief of Staff
   Area Code/Phone Number
   510-272-6695
   E-mail
   Amy.Shrado@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: Wu Tang Clan & Nas
   Date(s) 10 / 01 / 22
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Coliseum Authority
   Name of Source
   Carson, Keith
   Name of Official
   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
      2
      To provide opportunities to those who are receiving services from County agencies, consistent with the
      Board of Supervisors, District 5
      2
      The Promote, Encourage, Reward, or Support General
      employee morale, retention, exemplary service, or staff

   B. Name of Individual
      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
      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.
   Signature of Agency Head or Designee
   Amy Shrado
   Print Name
   Chief of Staff
   Title
   11/01/22
   (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)
   Heather Cartwright
   Area Code/Phone Number E-mail
   (510) 272-6693 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, $20 parking
   Event Description: Baseball game
   Date(s) 10/03/22
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland A's
   If yes: Brown, Dave
   Name of Source 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.
   * Name of Agency, Department or Unit * Number of Ticket(s)/Passes * Describe the public purpose made pursuant to the agency's policy
   A. 

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

   * Name of Outside Organization (include address and description) * Number of Ticket(s)/Passes * Describe the public purpose made pursuant to the agency's policy
   C. Oakland Chinatown Chamber of Commerce ☐ 18tix +4p To reward a school or nonprofit organization for its contrib
       Promote business in the Asian 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
   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)
   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 $187.50
   Event Description: My Chemical Romance
   Date(s) 10/05/2022
   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.

<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>Harrison, Ashlynn</td>
<td>4</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>
</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 &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.
   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 □
Event Description: My Chemical Romance
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)
Face Value of Each Ticket/Pass $ 187.50
Date(s) 10 / 05 / 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>
<tbody>
<tr>
<td></td>
<td></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>Wade, Raphael</td>
<td>4</td>
<td>Ceremonial Role □ Other □ 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>
</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></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.

Signature of Agency Head or Designee
Amy Shrago
Chief of Staff
11/01/22

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 Shrargo, 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 $ __________
Event Description: Mary J. Blige
Date(s) 10 / 06 / 22
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: Coliseum Authority
Name of Source
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.

A. Name of Agency, Department or Unit
Board of Supervisors, District 5
Number of Ticket(s)/Pases
4
Describe the public purpose made pursuant to the agency’s policy
To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff

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:
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)/Pases
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
Amy Shrargo
Print Name
Chief of Staff
Print Name
Title
11/01/22
(month, day, year)

Comment:

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

1. Agency Name
   Alameda County
   Designated Agency Contact (Name, Title)
   Heather Cartwright
   Area Code/Phone Number: (510) 272-6891
   E-mail: heather.cartwright2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Disney on Ice - Into the Magic
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass: $62.50
   Date(s): 10/13/2023, 10/14/2023
   If no: Oakland Arena
   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.

<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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<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>Ellingsen, Roland</td>
<td>6</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote County resources or facilities available to ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>
   |                                      |                             | 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>
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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.
   Signature of Agency Head or Designee
   Heather D. Cartwright
   Supervisor’s Assistant
   (MDM, day, month, 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

   Date of Original Filing: 11/01/22

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

   Event Description: Disney on Ice: Into the Magic

   Face Value of Each Ticket/Pass $ 62.50

   Date(s) 10 / 13 / 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.

   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

   Describe the public purpose made pursuant to the agency's policy

   Identify one of the following:

   Ceremonial Role ☐ Other ☐ Income ☐

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

   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.

   Signature of Agency Head or Designee

   Print Name

   Title

   Date of Filing: 11/01/22

   Comment:

   FPPC Form 802 (2/2016)
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 $62.50
   Event Description: Disney on Ice: Into The Magic
   Date(s) 10 / 14 / 2023 10 / 15 / 2023
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland Arena
   If yes: Brown, Dave
   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>

<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>
<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>Girls Inc. of the Island City, 1724 Santa Clara</td>
<td>8</td>
<td>To reward a school or nonprofit organization for its contrib</td>
</tr>
<tr>
<td>Youth services organization in Alameda</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
   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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☐ No ☐
   - **Event Description:** Disney on Ice: into the Magic
   - **Face Value of Each Ticket/Pass $** 62.50
   - **Date(s):** 10/14/22
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☐
   - **Was ticket distribution made at the behest of agency official?** Yes ☐ No ☐

3. **Recipients**
   - **A. Name of Agency, Department or Unit:**
     - Board of Supervisors, District 5
     - **Number of Ticket(s)/Passes:** 4
     - **Describe the public purpose made pursuant to the agency's policy:** To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff

   - **B. Name of Individual**
     - **Identify one of the following:**
       - Ceremonial Role ☐ Other ☐ Income ☐
       - Ceremonial Role ☐ Other ☐ Income ☐

   - **C. Name of Outside Organization**
     - **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:**
   **Title:**

   **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) 272-6691
   E-mail heather.cartwright2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ __________
   Event Description: Disney on Ice - Into the Magic
   Date(s) __________
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If yes: __________
   If no: __________
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   If yes: __________
   If 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 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.

   Signature of Agency Head or Designee

   Heather D. Cartwright
   Supervisor's Assistant
   Title
   Date (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) 272-6691
   E-mail heather.cartwright2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 62.50
   Event Description: Disney on Ice - Into the Magic
   Date(s) 10 / 15 / 2022
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland Arena
   If yes: Haubert, David
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐

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

   Name of Individual (Last, First)
   Number of Ticket(s)/Passes
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   To promote attendance at events held at a County facility

   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 D. Cartwright
   Supervisor's Assistant
   Comment:

   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must Provide Explanation in Part 3.)
   Date of Original Filing: (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)
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 $ ☐
Event Description: Disney on Ice: Into The Magic
Date(s) 10/15/2023 10/16/2023
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: Oakland Arena
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.

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:
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
Trybe - 1341B E25th St. Oakland, CA 94606 8 To reward a school or nonprofit organization for its contrib
Community building nonprofit in Oakland prov

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
Date (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)**: 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 $** $62.50
- **Event Description**: Disney on Ice: Into The Magic
- **Date(s)**: 10/15/2023 10/16/2023
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [ ]
- **If no**: Oakland Arena
- **Name of Source**: 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>
<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></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>
<tbody>
<tr>
<td>Trybe - 1341B E25th St. Oakland, CA 94606</td>
<td>12</td>
<td>To reward a school or nonprofit organization for its contrib</td>
</tr>
<tr>
<td>Community building nonprofit in Oakland prov</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**
- **Supervisor's Assistant**

**Comment:**

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**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

Face Value of Each Ticket/Pass $  
62.50

Date Stamp  
California Form 802

For Official Use Only

Amendment  
(Must Provide Explanation in Part 3.)

Date of Original Filing:  
11/01/22

(month, day, year)

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

Event Description:  
Disney on Ice: Into the Magic

Provide Title/Explanatıon

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

Date(s)  
10 / 15 / 22

If no:  
Coliseum Authority

Name of Source

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

If yes:  
Carson, Keith

Officer’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>Board of Supervisors, District 5</td>
<td>4</td>
<td>To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff.</td>
</tr>
<tr>
<td>Probation</td>
<td>2</td>
<td>To provide opportunities to 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>Liu, Jennifer</td>
<td></td>
<td>To promote attendance at events held at a County facility.</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.

Amy Shrago  
Chief of Staff

Signature of Agency Head or Designee  
Print Name  
Title

Date  
11/01/22

(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)
   Heather Cartwright

   Area Code/Phone Number E-mail
   (510) 272-8691 heather.cartwright2@acgov.org

   Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass $ 62.50
   Event Description: Disney on Ice - Into the Magic
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑

   Date(s) 10 / 16 / 2021
   If no: Oakland Arena
   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 ☐
      To promote attendance at events held at a County facility

   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
   Heather D. Cartwright
   Supervisor's Assistant
   Pron Name
   Title

   Date (month, day, year)

Comment:

Print Clear
### 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

### Function or Event Information
**Does the agency have a ticket policy?** Yes ☐ No ☐
**Event Description:** Disney on Ice: Into the Magic
**Face Value of Each Ticket/Pass** $62.50
**Date(s):** 10 / 16 / 22
**Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☐
**Was ticket distribution made at the behest of agency official?** Yes ☐ No ☐
**Coliseum Authority**
Name of Source Carson, Keith
Official’s Name (Last, First)

### 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>
<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>Board of Supervisors, District 5</td>
<td>4</td>
<td>To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff □</td>
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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>Moorsky, Jenni</td>
<td>4</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>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>
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<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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### 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
Title

Amy Shrago  Chief of Staff  11/01/22
(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  E-mail
(510) 272-6674 Lawson.Bell@acgov.org

Date Stamp

California Form 802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: 10/10/2022

(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy?  Yes ☐ No ☐

Face Value of Each Ticket/Pass $ 118.75

Date(s) 10 / 18 / 22

Event Description: Scorpions

Provide Title/Explanatation

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

If no: Oakland Arena

If yes: Haubert, David

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.

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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>
</tr>
</thead>
<tbody>
<tr>
<td>Krause, Paul</td>
<td>3</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>(3) To promote tourism or foster economic or business de</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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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

10/10/2022

(month, day, year)

Comment:
Agency: Alameda County Board of Supervisors

1. **Agency Name**
   - Alameda County Board of Supervisors

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [ ] No [ ]
   - **Face Value of Each Ticket/Pass $** $118.75
   - **Event Description:** Scorpions feat. Whitesnake
   - **Date(s):** 10/18/2022
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [ ]
   - **Venue:** Oakland Arena
   - **Name of Source:** Haubert, David
   - **Official’s Name (Last, First):**

3. **Recipients**
   - **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** [ ]
   - **Identify one of the following:**
   - **To promote attendance at events held at a County facility**

   **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:**
   - **Title:**

   **Comment:**

---

**FPPC Form 802 (2/2016)**
**FPPC Toll-Free Helpline:** 888/ASK-FPPC (888/275-3772)