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 $62.50
   Event Description: Elevation Nights Fall Tour feat. Steve Th
   Date(s) 11 / 01 / 2023
   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:
      To encourage County of Alameda resident and business

   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:

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

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: $62.50  
- Event Description: Elevation Nights Fall Tour  
- Date(s): 11/01/22  
- 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>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:  
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: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Music, Richard</td>
<td>4</td>
<td></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.  

Signature of Agency Head or Designee: Amy Shrago  
Print Name: Chief of Staff  
Title:  
Date: 12/01/22  
(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)**: 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 $**: 143.75
- **Event Description**: Zac Brown Band
- **Date(s)**: 11/06/22
- **Ticket(s)/Pass(es) provided by agency?** Yes □ No □
- **If no: Coliseum Authority**
- **Was ticket distribution made at the behest of agency official?** Yes □ No □

### 3. Recipients

<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>
</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>
</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.

<table>
<thead>
<tr>
<th>Signature of Agency Head or Designee</th>
<th>Print Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amy Shrago</td>
<td></td>
<td>Chief of Staff</td>
</tr>
</tbody>
</table>

Date: 12/01/22 (month, day, year)
### Agency Name
Alameda County
Board of Supervisors
Amy Shrago, Chief of Staff

### Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description: Pentatonix
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
Face Value of Each Ticket/Pass $75.00
Date(s) 11/17/22
Name of Source Carson, Keith
Name of Source Official's Name (Last, First)

### Recipients
- **A.** Use Section A to identify the agency's department or unit.
  - Name of Agency, Department or Unit
  - Number of Ticket(s)/Passes
  - Describe the public purpose made pursuant to the agency's policy

<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.** Use Section B to identify an individual.
  - Name of Individual (Last, First)
  - Number of Ticket(s)/Passes

<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>Simpson, Michelle</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Hopkins, Liz</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

- **C.** Use Section C to identify an outside organization.
  - Name of Outside Organization (Include address and description)
  - Number of Ticket(s)/Passes
  - Describe the public purpose made pursuant to the agency's policy

<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>

### 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: 12/01/22

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:  The Millennium Tour: Turned Up!  
Face Value of Each Ticket/Pass $ 112.50  
Date(s)  
11 / 27 / 22  
Ticket(s)/Pass(es) provided by agency?  
Yes ☐  No ☐  
Was ticket distribution made at the behest of agency official?  
Yes ☐  No ☐  

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

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

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

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

<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.  

Signature of Agency Head or Designee:  
Amy Shrago  
Chief of Staff  
12/01/22  
(month, day, year)  

Comment:  

Print  Clear