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)
Gabriela Christy
Area Code/Phone Number (510) 272-6692
E-mail Gabriela.Christy@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description CABIN LEON
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass $137.50
Date(s) 2 / 4 / 2023 /

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

B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:

C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) 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.

Gabriela Christy Supervisor's Assistant
Print Name Title

Comment:

Date Stamn California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year)

PPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   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 $131.25
   Event Description: The Soul II Soul Tour
   Date(s) 02 / 11 / 23
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Coliseum Authority
   If no: 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>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: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Aisha</td>
<td>8</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>
<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>

   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 |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<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.
   Amy Shrago
   Chief of Staff
   03/01/23
   Signature of Agency Head or Designee
   Print Name
   Title
   (month, day, year)
   Comment:

FPPC Form 802 (2/2018)
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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 145
   Event Description: Supercross
   Date(s) 02 / 18 / 2022
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland Arena
   Ticket(s)/Pass(es) distributed 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.

   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

   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 D. Cartwright
   Supervisor's Assistant

   Comment:

   Signature of Agency Head or Designee
   Print Name
   Title
   (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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass: $145.00
   - Event Description: Monster Energy AMA Supercross
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   - Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   - Date(s): 02 / 18 / 23

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</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jelks, Fatimah</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</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 ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

   **C.**
<table>
<thead>
<tr>
<th>Name of Outside Organization</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: 03/01/23
   - (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)
   Gabriela Christy
   Area Code/Phone Number E-mail
   (510) 272-6692 Gabriela.Christy@acgov.org
   Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: [Provide Title/Explanation]
   Face Value of Each Ticket/Pass $ 2.50
   Date(s) 2/23/23 2/24/23

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)/Pass(es) | 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)/Pass(es)</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)/Pass(es) | Identify one of the following:

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<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>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>

C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | 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)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union City Family Center - 7555 Webster St.</td>
<td>6</td>
<td>To reward a school or nonprofit organization for its contributions to the community</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: Gabriela Christy
   Supervisor's Assistant: [Title]
   Date: 3/23/23

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
   Email: 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: Disney on Ice
   Date(s) 02 / 23 / 23
   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>
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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>Imani, Kenya</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>To promote attendance at events held at a County facility.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
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<tr>
<th>C. 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
   03/01/23
   (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: Road Trip Adventures
Date(s) 02 / 24 / 2023 02 / 25 / 2023
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 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
Tri-Valley Seek&Save-PO Box 701, Livermore 20 To reward school/non-profit for its contributions to the con
To support At-Risk/Low-income single moms

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
Signature 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
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Event Date(s): 02/24/23
   Face Value of Each Ticket/Pass $62.60
   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>Osorio, Vickie</td>
<td>4</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>
<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>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>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Shrago
Chief of Staff
03/01/23

Comment:
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
   Date Stamp
   California Form 802
   (For Official Use Only)
   Amendment (Must Provide Explanation in Part 3.)
   Date of Original Filing: 03/01/23
   (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: Disney on Ice
   Date(s) 02/25/23
   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
   Social Services Agency 4 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:
   Morski, Jenni 4 To promote attendance at events held at a County facility
   Forti, Lisa 4 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 this requirements.
   Amy Shrago, Chief of Staff 03/01/23
   (Signature of Agency Head or Designee)
   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)
   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.)
   Date of Original Filing: 

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: Road Trip Adventures
   Date(s) 02 / 26 / 2023
   Ticket(s)/Pass(es) provided by agency?  Yes □  No □
   Oakland Arena
   If no: 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>
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<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
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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></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>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>Livermore Valley Joint Unified School District</td>
<td>14</td>
<td>To reward school/non-profit for its contributions to the con</td>
</tr>
<tr>
<td>LVJVUSD is that each student will graduate</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 D. Cartwright  Supervisor's Assistant
   Signature of Agency Head or Designee  Print Name  Title
   (month, day, year)
   Comment:
**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

1. **Agency Name**
   - Alameda County
   - 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**

**Form 802**

**California**

**For Official Use Only**

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

**Date of Original Filing**
- 03/01/23 (month, day, year)

2. **Function or Event Information**

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

   **Event Description**
   - Disney on Ice

   **Face Value of Each Ticket/Pass**
   - $62.50

   **Date(s)**
   - 02 / 26 / 23

   **Ticket(s)/Pass(e) provided by agency?**
   - Yes ☐ No ☐

   **If no: Coliseum Authority**

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

3. **Recipients**

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

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

   **B. Name of Individual (Last, First)**
   - Number of Ticket(s)/Passes
   - Identify one of the following:
     - Ceremonial Role ☐
     - Other ☐
     - Income ☐

   **To promote attendance at events held at a County facility**

   **C. Name of Outside Organization**
   - 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**
   - Amy Shrago

   **Print Name**
   - Chief of Staff

   **Title**
   - 03/01/23 (month, day, year)

   **Comment:**

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FPPC Form 802 (2/2018)

FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)