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 $  $100 tix, $20 park
   Event Description: Oakland A's Game
   Date(s) 04 / 01 / 2023
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Oakland Arena
   Ticket(es) provided by: 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:
      - 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 Cartwright
   Supervisor's Assistant
   Print Name
   Title
   (month, day, year)

Comment:
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 Oakland A's vs. LA Angels
   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 $ 100
   Date(s) 4/1/23
   If no:
   Name of Source
   If yes:
   Valle, Richard- Supervisor District 2
   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)/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>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
<th>Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
</tbody>
</table>

<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>Eden United Church of Christ 2155 Birch Street, Hayward, CA 94541</td>
<td>3</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 3/28/23
   Title
   Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   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 ☐
   Face Value of Each Ticket/Pass: $225
   Event Description: FUTURE & FRIENDS
   Date(s): 4/01/23
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source:
   If no:
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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

   B. Name of Individual (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   - To reward a community volunteer for his or her service to the public
   - Income ☐

   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.

   Nature of Agency Head or Designee: Gabriela Christy
   Supervisor’s Assistant: 3/28/2023

   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)
   Sergio Ardila
   Area Code/Phone Number (510) 272-6693
   E-mail sergio.ardila@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 vs. Los Angeles Angels
   Date(s) 04 / 01 / 23
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland Coliseum
   Name of Source
   If yes: Tam, Lena
   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
      Leadership San Leandro - 120 Estudillo Ave 3
      To promote County resources or facilities available to Co.
      The Leadership San Leandro program is base

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
   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  

Date of Original Filing:  
04/03/23 (month, day, year)  

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 A's  

Date(s)  
04/01/23  

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

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.  

<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>

| 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  
Amy Shrago  

Print Name  
Chief of Staff  
04/03/23 (month, day, year)  

Comment:  

FPPC Form 802 (2/2016)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [ ] No [ ]
- **Event Description:** Future & Friends
- **Face Value of Each Ticket/Pass:** $225.00
- **Date(s):** 04/01/23
- **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

<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>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>

#### B. Name of Individual (Last, First)

<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></td>
<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 (Include address and description)

<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>
</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  
04/03/23
### Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

1. **Agency Name**
   - Alameda County
   - Board of Supervisors
   - 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 [X] No [ ]
   - **Event Description:** Buena Boy
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
   - **Face Value of Each Ticket/Pass:** $43.75
   - **Date(s):** 4/18/23

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

   - **Name of Individual (Last, First)**
     - **Number of Ticket(s)/Pass(es)**
     - **Ceremonial Role**: ☐ Other ☐
     - **To reward a community volunteer for his or her service to the public**

   - **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**
   - 
   - **Signature of Agency Head or Designee:** __________________________
   - **Print Name:** Gabriela Christy
   - **Title:** Supervisor’s Assistant
   - **Date:** 3/23/23

   **Comment:**

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FPPC 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
   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: Burna Boy
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 143.75
   Date(s) 04/08/23
   If no: Coliseum Authority
   Name of Source Carson, Keith
   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
      Board of Supervisors District 5 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:
      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  05/01/23

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $131.25
   Event Description: New Edition
   Date(s) 04 / 09 / 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.

<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>Stopka, Rylie</td>
<td>6</td>
<td>Ceremonial Role □ Other □ Income □ To promote attendance at events held at a County facility</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>
<td></td>
<td></td>
<td></td>
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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

   Print Name

   Title

   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)
   Sergio Ardila
   Area Code/Phone Number (510) 272-6693
   E-mail sergioardila.corzo@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Event Description: New Edition Legacy Tour
   Face Value of Each Ticket/Pass $ 131.25
   Date(s) 04/09/2023
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: Oakland Arena
   Name of Source: Tam, Lena
   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>

<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>Alameda Unified School District - 2060 Challe</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contrib</td>
</tr>
<tr>
<td>Committed to upholding our community's core</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.
   Sergio Ardila
   Signature of Agency Head or Designee
   Supervisor's Assistant
   Print Name
   Title
   Date (month, day, year) 08/23/23

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
   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 $ 131.25
   Event Description: New Edition
   Date(s) 04 / 09 / 23
   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
      Board of Supervisors District 5 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:
      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  Amy Shrago  Chief of Staff 05/01/23
   Print Name
   Title
   (month, day, year)

Comment:

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description 🎨
   Face Value of Each Ticket/Pass $ 118.50
   Date(s) 4/14/23
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Valle, Richard- Supervisor District 2
          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)/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:
      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)/Pass(es) Describe the public purpose made pursuant to the agency's policy
      Oakland Chamber of Commerce 288 6th Street, Suite 240 Oakland, CA
      Advocate for Asian Americans
      4
      To reward a school or nonprofit organization for its contributions to the 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.
   Gabriela Christy Supervisor's Assistant
   (Month, Day, Year)
   Comment: 

FPPC 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
   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
   Date of Original Filing: 05/01/23

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 118.75
   Event Description: Muse
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Date(s) 04/14/23
   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>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passees</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)/Passees</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanchez, Aurora</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>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>Describe the public purpose made pursuant to the agency’s policy</td>
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</tr>
</tbody>
</table>

   | C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Passees | 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 05/01/23
   Signature of Agency Chief or Designee
   Print Name
   Title (month, day, year)
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 $  
   Event Description:  
   Oakland A's  
   Date(s)  
   04 / 15 / 23  
   Ticket(s)/Pass(es) provided by agency?  
   Yes □ No ■  
   If no:  
   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:  
   Ceramic Role □ Other □ Income □  
   If checking "Ceremonial Role" or "Other" describe below:  
   To promote attendance at events held at a County facility

   Kaplan, Stacey  
   5

   Dolji, Bridget  
   7

   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/Designee  
   Amy Shrago  
   Print Name  
   Chief of Staff  
   05/02/23  
   (month, day, year)

   Comment:
### 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>Berhane, Rahel</td>
<td>4</td>
<td>To promote attendance at events held at a County facility</td>
</tr>
<tr>
<td></td>
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<td>Ceremonial Role</td>
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</tbody>
</table>
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 $ 100 tix, $20 park
   Event Description: Oakland A's Game
   Date(s) 04 / 16 / 2023
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: Oakland Arena
   Ticket(s)/Pass(es) provided by agency? 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.

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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>
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<tbody>
<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>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
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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>
</tr>
</thead>
<tbody>
<tr>
<td>Colbalt Equipment Inc - 7275 National Blvd.</td>
<td>18tix, 4park</td>
<td>To promote County tourism on a local, state...scale</td>
</tr>
<tr>
<td>Woman-owned small business, specializing in</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
   Date (month, day, year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sergio Ardila
   Area Code/Phone Number (510) 272-8693
   E-mail sergio.ardila@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $Ticket-100 Parking-20
   Event Description: Oakland A's vs. Chicago Cubs
   Date(s): 04 / 17 / 23
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Oakland Coliseum
   If yes: Tam, Lena

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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<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
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<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pases</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Halfon</td>
<td>18T 4P</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 County resources or facilities available to Col</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
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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 law.
   Signature of Agency Head or Designee: Sergio Ardila
   Supervisor's Assistant: Print Name, Title: (9/19/13, 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) 272-6691
Date Stamp
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 $ $100 tix, $20 park
Event Description: Oakland A's Game
Date(s) 04 / 18 / 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.

<table>
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<tr>
<th>A.</th>
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<tr>
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<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<th>C.</th>
<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>Gillig-451 Discovery Drive Livermore, CA 94550</td>
<td>18 tix, 4 park</td>
<td>To promote attendance at events held...to maximize poten</td>
<td></td>
</tr>
</tbody>
</table>

To improve quality of life through transformati

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
   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 □
   Event Description: Oakland A's Game
   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 $100 tix, $20 park
   Date(s) 04 / 29 / 2023
   If no: Oakland Arena
   Name of Source 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>Name of Agency, Department or Unit</th>
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<table>
<thead>
<tr>
<th>Name of individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
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<tr>
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<td>Ceremonial Role □ Other □ Income □</td>
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<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<th>Describe the public purpose made pursuant to the agency’s policy</th>
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</thead>
<tbody>
<tr>
<td>Modesto Customs-1226 Kansas Ave, Modesto</td>
<td>4tix, 1park</td>
<td>To promote attendance at events held to maximize potential</td>
</tr>
<tr>
<td>Car Restorations, Upholstery, Auto Glass...</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 these requirements.

   Signature of Agency Head or Designee: Heather Cartwright
   Print Name: Supervisor’s Assistant
   Title: 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) 272-6691
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 $100 tix, $20 park

Event Description: Oakland A's Game
Event(s)/Pass(es) provided by agency? Yes [ ] No [ ]

Date(s) 04/29/2023

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

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

3. Recipients

<table>
<thead>
<tr>
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<tr>
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<td>----------------------------------</td>
<td>---------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Krause, Sheri</td>
<td>2 tix</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td>Name of Outside Organization (Include address and description)</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.

[Signature of Agency Head or Designee] [Print Name] [Supervisor's Assistant]

6/5/2023 (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)
Sergio Ardila
Area Code/Phone Number E-mail
(510) 272-6693 sergio.ardila@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □
Face Value of Each Ticket/Pass $ ____________
Ticket-100 Parking-20
Event Description: Oakland A's vs. Cincinnati Reds
Date(s) 04 / 30 / 23 ____________ / ____________
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes □ No □
If no: Oakland Coliseum
Name of Source
Was ticket distribution made at the behest of agency official? Yes □ No □
If yes: Tam, Lena
Official’s Name (Last, First)

3. Recipients
- Use Section A to identify the agency’s department or unit.
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<tr>
<td></td>
<td>Andrew Park</td>
<td>18T 4P</td>
<td>Ceremonial Role □ Other □ Income □</td>
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To promote County resources or facilities available to CoC

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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
Sergio Ardila
Print Name
Supervisor’s Assistant

7/19/23 (month, day, year)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)