

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Heather Cartwright		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
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  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Oakland Arena  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Haubert, David  
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
Eddy, Derek	4 tix, 1 park	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 Cartwright Print Name  
 Supervisor's Assistant: 4/25/2023 Title (month, day, year)

Comment: \_\_\_\_\_

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

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<b>1. Agency Name:</b> Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
<b>Division, Department, or Region (If Applicable)</b> Board of Supervisors			
<b>Designated Agency Contact (Name, Title)</b> Gabriela Christy		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <b>Date of Original Filing:</b> _____ <small>(Month, Day, Year)</small>	
<b>Area Code/Phone Number</b> (510) 272-6692	<b>E-mail</b> Gabriela.Christy@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 LA Angels Date(s) 4 / 1 / 23  
Provide Title/Explanation


Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
<u>Eden United Church of Christ</u> <u>21455 BIRCH STREET Hayward, CA 94541</u> <u>The members of eden church worship and strive to follow CHRIST example</u>	<u>3</u>	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 3/28/23  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

**Agency Report of:  
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<b>Division, Department, or Region (If Applicable)</b> Board of Supervisors			
<b>Designated Agency Contact (Name, Title)</b> Gabriela Christy		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <b>Date of Original Filing:</b> _____ <small>(Month, Day, Year)</small>	
<b>Area Code/Phone Number</b> (510) 272-6692	<b>E-mail</b> 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  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  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:
<u>Aguilera, Estraya</u>	<u>4</u>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> To reward a community volunteer for his or her service to the public Income <input type="checkbox"/>
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.

\_\_\_\_\_  
Signature of Agency Head or Designee

Gabriela Christy      Supervisor's Assistant      3/28/2023  
Print Name      Title      (Month, Day, Year)

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

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<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> <small>For Official Use Only</small>
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	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

**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  
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. • 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.*

Sergio Ardila Supervisor's Assistant 7/19/23  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_

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<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
Alameda County			
Division, Department, or Region (if applicable)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) Date of Original Filing: <u>04/03/23</u> (month, day, year)	
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Amy Shrago, Chief of Staff			
Area Code/Phone Number	E-mail		
510-272-6695	Amy.Shrago@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 100.00

Event Description: Oakland A's Date(s) 04 / 01 / 23  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Oakland A's  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  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 <input checked="" type="checkbox"/>
<b>B. Name of Individual (Last, First)</b>		
	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C. Name of Outside Organization (include address and description)</b>		
	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.*

<u>Amy Shrago</u> <small>Signature of Agency Head or Designee</small>	<u>Amy Shrago</u> <small>Print Name</small>	<u>Chief of Staff</u> <small>Title</small>	<u>04/03/23</u> <small>(month, day, year)</small>
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Comment: \_\_\_\_\_



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

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<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b>
Division, Department, or Region (If Applicable) Board of Supervisors		For Official Use Only	
Designated Agency Contact (Name, Title) Gabriela Christy		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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 \$ 143.75

Event Description Event Boy      Date(s) 4 / 8 / 23  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes       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:
<u>Fujyugosh, Amaan</u>	<u>4</u>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> To reward a community volunteer for his or her service to the public      Income <input type="checkbox"/>
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.

_____ <small>Signature of Agency Head or Designee</small>	Gabriela Christy <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	<u>3/28/23</u> <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_

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Alameda County			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>05/01/23</u> (month, day, year)	
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Amy Shrago, Chief of Staff			
Area Code/Phone Number	E-mail		
510-272-6695	Amy.Shrago@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 143.75

Event Description: Burna Boy Date(s) 04 / 08 / 23  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Coliseum Authority  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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: \_\_\_\_\_



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<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Heather Cartwright		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
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 \$ \_\_\_\_\_ \$131.25

Event Description: New Edition Date(s) 04 / 09 / 2023  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Oakland Arena  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Haubert, David  
Official's Name (Last, First)

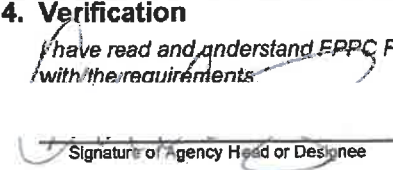
**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Stopka, Rylie	6	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at events held at a County facility
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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	5/11/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

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Ceremonial Role Events and Ticket/Pass Distributions**

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<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Sergio Ardila		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number (510) 272-6693	E-mail sergioardila.corzo@acgov.org	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 \$ 131.25

Event Description: New Edition Legacy Tour Date(s) 04 / 09 / 2023  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Oakland Arena  
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. \* 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
	Alameda Unified School District - 2060 Challe	4	To reward a school or nonprofit organization for its contrib
	Committed to upholding our community's core		

**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: Sergio Ardila Print Name: Sergio Ardila Supervisor's Assistant: 03.23.23 Title: Supervisor's Assistant (month, day, year)

Comment: \_\_\_\_\_

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

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<b>1. Agency Name</b> Alameda County Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago, Chief of Staff Area Code/Phone Number      E-mail 510-272-6695                      Amy.Shrago@acgov.org		Date Stamp <div style="border: 1px solid black; padding: 5px; text-align: center;">                     California Form <b>802</b>                      For Official Use Only                 </div> <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>05/01/23</u> <small>(month, day, year)</small>
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**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  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Coliseum Authority  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes     No     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 <input checked="" type="checkbox"/>
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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: \_\_\_\_\_

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<b>Division, Department, or Region (If Applicable)</b> Board of Supervisors			
<b>Designated Agency Contact (Name, Title)</b> Gabriela Christy		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <b>Date of Original Filing:</b> _____ <small>(Month, Day, Year)</small>	
<b>Area Code/Phone Number</b> (510) 272-6692	<b>E-mail</b> Gabriela.Christy@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 118.50

Event Description MWSE Provide Title/Explanation 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? No  Yes  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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
<u>Oakland Chinatown Chamber of Commerce</u> <u>2898 9th Street Suite 290 Oakland, CA</u> <u>Advocate for Asian Americans</u>	<u>4</u>	<u>To reward a school or nonprofit organization for its contributions to the community</u>

**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  
Print Name

Supervisor's Assistant  
Title

3/20/23  
(Month, Day, Year)

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Ceremonial Role Events and Ticket/Pass Distributions**

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<b>1. Agency Name</b> Alameda County Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago, Chief of Staff Area Code/Phone Number      E-mail 510-272-6695                      Amy.Shrago@acgov.org		Date Stamp <div style="border: 1px solid black; padding: 2px; text-align: center;">                     California Form <b>802</b>                      For Official Use Only                 </div> <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>05/01/23</u> <small>(month, day, year)</small>
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**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                      Date(s) 04 / 14 / 23  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No       If no: Coliseum Authority  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes  No       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:
Sanchez, Aurora	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at events held at a County facility
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 <small>Signature of Agency Head or Designee</small>	Amy Shrago <small>Print Name</small>	Chief of Staff <small>Title</small>	05/01/23 <small>(month, day, year)</small>
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Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: <u>05/02/23</u> <small>(month, day, year)</small>	
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 \$ 100.00

Event Description: Oakland A's    Date(s) 04 / 15 / 23  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Oakland A's  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes     No     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:
Kaplan, Stacey	5	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at events held at a County facility
Dolfi, Bridget	7	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> 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.*

<u>Amy Shrago</u> <small>Signature of Agency Head or Designee</small>	<u>Amy Shrago</u> <small>Print Name</small>	<u>Chief of Staff</u> <small>Title</small>	<u>05/02/23</u> <small>(month, day, year)</small>
--	--	---	--

Comment: \_\_\_\_\_

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions  
Continuation Sheet**

Agency Name

**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:
Berhane, Rahel	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To promote attendance at events held at a County facility
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

Print Clear

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
Alameda County			
Division, Department, or Region (if applicable)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Heather Cartwright			
Area Code/Phone Number	E-mail		
(510) 272-6691	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 / 2022

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Oakland Arena  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Haubert, David  
Official's Name (Last, First)

**3. Recipients**

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

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
	Colbalt Equipment Inc -7275 National Blvd, S	18tix, 4park	To promote County tourism on a local, state..scale
	Woman-owned small business, specializing in		

**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  
Signature of Agency Head or Designee Print Name Title 4/25/2022  
(month, day, year)

Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
Alameda County			For Official Use Only
Division, Department, or Region (if applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Sergio Ardila			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
(510) 272-6693	sergio.ardila@acgov.org	Date of Original Filing: _____ <small>(month, day, year)</small>	

**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  
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. \* 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:
Karen Halfon	18T 4P	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote County resources or facilities available to Coi
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 regulations.

\_\_\_\_\_ Sergio Ardila \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 7/19/23  
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

<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
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		
		<input type="checkbox"/> 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 \$ \$100 tix, \$20 park

Event Description: Oakland A's Game Date(s) 04 / 18 / 2022  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Oakland Arena  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Haubert, David  
Official's Name (Last, First)

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Gillig-451 Discovery Drive Livermore, CA 945	18tix, 4park	To promote attendance at events held..to maximize poten
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 regulations*

Signature of Agency Head or Designee: \_\_\_\_\_ Heather Cartwright \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_  
Print Name Title (month, day, year) 4/25/2023

Comment: \_\_\_\_\_

**Print** **Clear**

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

A Public Document

<b>1. Agency Name</b> Alameda County Division, Department, or Region <i>(if applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Heather Cartwright Area Code/Phone Number      E-mail (510) 272-6691                      heather.cartwright2@acgov.org		Date Stamp	California Form <b>802</b> For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <span style="font-size: small;">(month, day, year)</span>	

**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 / 29 / 2023  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Oakland Arena  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: Haubert, David  
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Modesto Customs-1226 Kansas Ave, Modesto	4tix, 1park	To promote attendance at events held..to maximize poten
Car Restorations, Upholstery, Auto Glass..		

**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 Print Name	Supervisor's Assistant Title	<u>4/5/2023</u> (month, day, year)
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Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Heather Cartwright		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
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 / 29 / 2023  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Oakland Arena  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Haubert, David  
Official's Name (Last, First)

**3. Recipients**

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Krause, Sheri	2 tix	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To promote County resources..available to County residents
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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 Print Name  
 \_\_\_\_\_ Supervisor's Assistant Title: Supervisor's Assistant  
 \_\_\_\_\_ Date: 6/5/2023 (month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
Alameda County			For Official Use Only
Division, Department, or Region (if applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Sergio Ardila			
Area Code/Phone Number	E-mail	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
(510) 272-6693	sergio.ardila@acgov.org	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 \$ 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. \* 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:
Andrew Park	18T 4P	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote County resources or facilities available to Cou
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.*

\_\_\_\_\_ Sergio Ardila \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 7/19/23  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_