A Public Docume

U	eremonial Role Events	s and nuckeura	122 0121	indutions	A	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regio	n (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Na	ame, Title)			ĺ	
	Lawson Bell, Supervisor's As	sistant			Amondmont (Must D	rovido Evertenstien in Dest O.)
	· · · · · · · · · · · · · · · · · · ·	E-mail				rovide Explanation in Part 3.)
	(510) 272-6691	Lawson.Bell@acgov	org.		Date of Original Filing:	07/20/2022 (month, day, year)
2.	Function or Event Inform	ation				100
	Does the agency have a ticke	t policy? Yes 📕	🛛 No 🗖	Face Value of	Each Ticket/Pass \$	100
	Event Description: Oakland A	\'s Game		Date(s) 07	042022	//
		Provide Title/ Explana		If no: Oakland	d A's	
	Ticket(s)/Pass(es) provided by	y agency? Yes L] No 🔳		Name of Course	
	Was ticket distribution made a	at the behest 🗸 🕞 🔳		If yes: Hauber	t, David	
	of agency official?	103		•	Official's Name (Last, First)	
	A. Name of Agency, Depart	ment or Unit	Number of Ticket(s) Passes	/ Describe th	e public purpose made pure	suant to the agency's policy
	B. Name of Individ (Last, First)		Number of Ticket(s) Passes	_	Identify one of the fo	
	Wilson, Alanna		3		nonial Role 🔲 Other 📗 king "Ceremonial Role" or "Other" des	
				To promote	attendance at events	held at a County facility
					nonial Role D Other	
	C. Name of Outside Org (include address and d		Number of Ticket(s) Passes	/ Describe th	e public purpose made pure	suant 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.

	Lawson Bell	Supervisor's Assistant	07/20/2022	
	Print Name	Title	(month, day, year)	
Comment:				
	Print Clear	FPPC Toll-Free Helpline: 866	FPPC Form 802 (2/2016) /ASK-FPPC (866/275-3772)	

Agency Report of: nte and Ticket/Pass Distributions

eremonial Role Events	and Ticket/P	ass Distri	butions	A	Public Document
Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Region	(if applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (Nan	ne, Title)				
Heather Cartwright				Amendment (Must	Provide Explanation in Part 3.)
Area Code/Phone Number E-	mail				
(510) 272-6693 he	eather.cartwright(@acgov.org		Date of Original Filing	(month, day, year)
Function or Event Informa	tion			h.	
Does the agency have a ticket	policy? Yes	No 🗖 F	ace Value of	Each Ticket/Pass \$ _	\$100 tix, \$20 parking
Event Description:Baseball ga				/04/_22	
Event Description:	Provide Title/ Expla	nation			/
Ticket(s)/Pass(es) provided by	agency? Yes	🗌 No 🔳 If	no: Oaklan	d A's	
AND CONTRACTOR OF A DESCRIPTION	41a a 1a a 1a a a 2		yes: Brown,	Name of Source Dave	
Was ticket distribution made at	the behest Yes	🗆 No 🔳 👖	yes	Official's Name (Last, First)
of agency official?					
Recipients					
Use Section A to identify the agency's	department or unit.	Use Section B to ic	lentify an individu	ual. Use Section C to iden	tify an outside organization.
Δ Name of Agency, Departm	ont or Unit	Number	Describe th	e public purpose made p	ursuant to the agency's policy
A. Name of Agency, Departm	ent or Onit	of Ticket(s)/ Passes	Describe u	ie public pulpose made pi	arouant to the agency a poncy
B. Name of Individu	ual	Number of Ticket(s)/		Identify one of the	e following:
B. (Last, First)		Passes		identity end er till	
				nonial Role 🔲 🛛 Other	
Lindawson, Brian		3 +1p		king "Ceremonial Role" or "Other"	
			To promote	e County of Alameda	residentsupport for a
			1	monial Role 🔲 Other	
			If chec	king "Ceremonial Role" or "Other"	describe below:
C. Name of Outside Organization		Number of Ticket(s)/	Describe th	ne public purpose made p	ursuant to the agency's policy
(include address and de	scription)	Passes			
Verification		4.1 and 18942.	l have verified	that the distribution set	forth above, is in accordance
I have read and onderstand FPPC	Regulations 1894				
	\mathcal{I}		-		(Inaln.
I have read and onderstand FPPC	Heather Car	twright	Sup	ervisor's Assistant	4/28/W
I have read and onderstand FPPC	Heather Car		Sup	ervisor's Assistant _{Title}	(month, day, year)

Clear

Print

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

С	eremonial Role Even	ts and Ticke	t/Pass Dis	tributions	Α	Public Do	cument
1.	Agency Name				Date Stamp	California	802
	Alameda County					Form	002
	Division, Department, or Reg	ion (if applicable)			1	For Official	Use Only
	Board of Supervisors		ic				
	Designated Agency Contact	(Name, Title)			1		
	Amy Shrago, Chief of Staff				Amendment (Must Pr	nvide Explanation in	Part 3)
	Area Code/Phone Number	E-mail					i un o.y
	510-272-6695	Amy.Shrago@a	icgov.org		Date of Original Filing:	08/16/22 (month, day, yea	r)
2.	Function or Event Infor	mation					
	Does the agency have a ticl	ket policy? γ	es 🔳 No 🗖	Face Value of	Each Ticket/Pass \$	11	00.00
	Event Description: Oakland	Athletics vs. Tore		Date(s)		//	
	Ticket(s)/Pass(es) provided	by agency? Y	es 🗌 No 🔳	If no: <u>Coliseu</u>	Mama of Source		
	Was ticket distribution made of agency official?	e at the behest γ_i	es 🔳 No 🗋	If yes: Carson	, Keith Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the ager	ncy's department or uni	t. • Use Section B	to identify an individu	ual. Use Section C to identify	y an outside organi	zation.

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
в.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income Income Income
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Kha	dafy Foundation 1156 8th St, Oakland, 😭	4	To reward a school or nonprofit organization for its contrib
			· · · · · · · · · · · · · · · · · · ·

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 reguirements.

	Amy Shrago	Chief of Staff	08/16/22
	Print Name	e Title	(month, day, year)
Comment:			
	Print Clear	FPPC Toll-Free Helplir	FPPC Form 802 (2/2016) ne: 866/ASK-FPPC (866/275-3772)

Agency Report of: Alameda County Alameda County Date Stamp California 802 Division, Department, or Region (if applicable) Board of Supervisors For Official Use Only Designated Agency Contact (Name, Title) Designated Agency Contact (Name, Title) Designated Agency Contact (Name, Title)

Amy Shrago, Chief of Staff

 Area Code/Phone Number
 E-mail

 510-272-6695
 Arny.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 Athletics vs.	1 mm - 1	Date(s) / 06 / 22 /	1
	itle/ Explanation		
		If yes: Carson, Keith	
Was ticket distribution made at the behes of agency official?	t Yes 🛄 No 🗋	Official's Name (Last, First)	

Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing:

06/07/22

(month, day, year)

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
ose section A to identify the agency's department of unit.	ose section b to identify an individual.	ose 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:
Agana, Celeste	2	Ceremonial Role Other Marcon Income Income To promote attendance at events held at a County facility
		Ceremonial Role Other Ceremonial Role Other Ceremonial Role Other 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	06-07-22	
		Print Name	Title	(month, day, year)	
Comment:					
	Print	Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)	

1.	Agency Name			Date Stamp	California 802
	Alameda County				For Official Use Only
	Division, Department, or Reg	ion (if applicable)			TO Onicial Ose Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)		1	
	Amy Shrago, Chief of Staff			Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			
	510-272-6695	Amy.Shrago@acgov.org		Date of Original Filing:	08/01/22 (month, day, year)
2.	Function or Event Inform	mation			
	Does the agency have a tick	ket policy? Yes 🔳 No 🗔	Face Value of I	Each Ticket/Pass \$	100.00
	Event Description: Oakland	Athletics vs. Toronto Blue J	Date(s)	, 06 , 22 _	//
	Ticket(s)/Pass(es) provided	If no: _Coliseu	Name of Source		
	Was ticket distribution made	at the behest Yes 📕 No 🗌	If yes: Carson,	, Keith Official's Name (Last, First)	

Recipients

3.

of agency official?

• 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.

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy	
BOS District 5		4	To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff	
в.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:	
			Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:	
			Ceremonial Role Other 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 S	hrago	Chief of Staff	08-01-22	
	Print Nar		Title	(month, day, year)	
Comment:					
	Print	Clear		FPPC Form 802 (2/2016)	

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

A Public Document

Provide Title/ Explanation

Yes 🗌 No 🔳

_					
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form OUZ
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only	
	Board of Supervisors				
	Designated Agency Contact	Name, Title)		1	
	Amy Shrago, Chief of Staff		Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number E-mail				06/07/22
	510-272-6695	Amy.Shrago@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			
	Does the agency have a tick		Face Value of	Each Ticket/Pass \$	100.00
	Event Description: Oakland	Athletics vs. Houston Astros	Date(s) 07	0922	

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	06-07-22
	Print Name	Title	(month, day, year)
Comment:			
	Print Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 366/ASK-FPPC (866/275-3772)

A Public Document

Face Value of Each Ticket/Pas					
Date(s)	07	/ 09		22	
If no: _C	oliseu	ım Aut	hor	ity	

Name of Source Carson, Keith Official's Name (Last, First)

3. Recipients

of agency official?

Ticket(s)/Pass(es) provided by agency?

Was ticket distribution made at the behest Yes Mo

• 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.

If yes:

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy		
Alameda County Health Care for the Homeless	12	To provide opportunities for those who are receiving services from County agencies, consistent with the		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:		
		Ceremonial Role Other Income Income Income Income Ceremonial Role" or "Other" describe below:		
		Ceremonial Role Other III Income Income III Income III 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		

С	eremonial Role Even	ts and Ticket/P	AI	Public Do	cument		
1.	Agency Name Alameda County			Date Stamp	California Form	802	
	Division, Department, or Reg	ion (if applicable)			1	For Official	Use Only
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Amy Shrago, Chief of Staff				Amendment (Must Pro	vide Explanation in	Port 21
	Area Code/Phone Number E-mail					08/16/22	ran S.)
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing: _	(month, day, yea	r)
2.	Function or Event Infor	mation					
	Does the agency have a ticl	ket policy? Yes	No 🗆 🛛 F	ace Value of	Each Ticket/Pass \$	1	00.00
					, 09 , 22//		
	Ticket(s)/Pass(es) provided	by agency? Yes	🗌 No 🔳 🛛 If	no: <u>Coliseu</u>			
	Was ticket distribution made at the behest Yes No I If yes: <u>Carson, Keith</u> of agency official?						
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to id	dentify an individu	ual. Use Section C to identify	an outside organiz	zation.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agenc	y's policy
	10						

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Motor Income Income
		Ceremonial Role Other Income Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
West Oakland Cultural Action Network	6	To reward a school or nonprofit organization for its contrib

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 S	Shrago	Chief of Staff	08-16-22	
		Print Name	Title	(month, day, year)	
Comment:					
	Print	Clear	FPPC Toll-Free Helpline: 8	FPPC Form 802 (2/2016) 66/ASK-FPPC (866/275-3772)	

. . . .

1.	Agency Name					Date Stamp	California	902
	Alameda County					Form	002	
	Division, Department, or Region (if applicable)					For Official	Use Only	
	Board of Supervisors							
	Designated Agency Contact (Name, Title)							
	Amy Shrago, Chief of Staff				ł	Amendment (Must Pro	vide Explanation in	Part 3.)
	Area Code/Phone Number	E-mail					08/12/22	
	510-272-6695	Amy.Shrago@	@acgov.	org		Date of Original Filing: _	(month, day, yea	r)
2.	Function or Event Infor	mation						
	Does the agency have a tick	ket policy?	Yes 🔳	No 🗌	Face Value of I	Each Ticket/Pass \$	1	75.00
	Event Description: Stray Kid	ds			Date(s)	<u>, 12 , 22 </u>	//	
		Provide Title	e/ Explanati	on				
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No 🔳	If no: Coliseu			
	Was ticket distribution made of agency official?	at the behest	Yes 🔳	No 🗖	If yes: <u>Carson,</u>	Name of Source Keith Official's Name (Last, First)		
3.	Recipients	cv's department or	unit •11se	e Section B	to identify an individu	al Use Section C to identify	an outside organi	zation

A Public Document

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, Armando	4	Ceremonial Role Other Income Income To promote attendance at events held at a County facility
		Ceremonial Role D Other D Income I Inco
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	08/12/22
	Print Name	Title	(month, day, year)
Comment:			
	Print Clear	FPPC Toll-Free Helpline: 866/AS	FPPC Form 802 (2/2016) SK-FPPC (866/275-3772)

С	eremonial Role Even	ts and Ticket/P	ass Disti	ributions	Α	Public Document
1.	Agency Name			Date Stamp	California 802	
	Alameda County					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				1	
	Lawson Bell, Supervisor's Assistant				Amendment (Must Pi	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			_	07/00/00
	(510) 272-6691	Lawson.Bell@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				100
	Does the agency have a tick	🔳 No 🗌	Face Value of	ace Value of Each Ticket/Pass \$1		
	Event Description: Oakland A's Baseball Game			Date(s)	, 25 , 22	
		Provide Title/ Explan	nation			//
	Ticket(s)/Pass(es) provided	by agency? Yes [No 📕	If no:Oaklan		
				If yes: Hauber	Name of Source t. David	
	Was ticket distribution made at the behest Yes 🔳 No 🗌			It yes:	Official's Name (Last, First)	
	of agency official?					
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	D .		Number of Ticket(s)/ Passes		Identify one of the fe	ollowing:
	B. Name of Individual (Last, First) Missionaries Mook and Monique Pastor Martin Aguilar		12	If check	nonial Role Other Ming "Ceremonial Role" or "Other" des	
			9	If check	nonial Role D Other king "Ceremonial Role" or "Other" des note tourism or foster e	Income Income Income Concomic or business de
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant 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. Å

	Laws	on Bell	Supervisor's Assistant	07/26/22	
		Print Name	Title	(month, day, year)	
Comment:					
	Print	Clear	FPPC Toll-Free Helpline: 866	FPPC Form 802 (2/2016)	

Ceremonial Role Events and Ticket/Pass Distributions					A Public Document		
1.	Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Region (if applicable)				1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)				1		
	Lawson Bell, Supervisor's Assistant					Provide Explanation in Part 3.)	
	Area Code/Phone Number E-mail						
	(510) 272-6691 Lawson.Bell@acgov.org				Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				100	
	Does the agency have a ticl	ket policy? Yes	📕 No 🔲 🛛 F	ace Value of	Each Ticket/Pass \$	100	
	Event Description: Oakland A's Game Date				<u>, 27 , 22 </u>	//	
	Ticket(s)/Pass(es) provided	by agency? Yes	🗆 No 🔳 If	no: Oaklan	d A's		
	·			yes: Hauber	Name of Source		
	Was ticket distribution made of agency official?	No 🗌 👖	yes:	Official's Name (Last, First)			
	A. Name of Agency, Depa		of Ticket(s)/ Passes			suant to the agency's policy	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the f	following:	
	Archuleta, Ben Thompson, Barret		4 tix 1 park	lf chec	nonial Role D Other king "Ceremonial Role" of "Other" de Note tourism or foster (
			4 tix 1 park	lf chec	nonial Role DOther	Income Income conomic or business de	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes			suant to the agency's policy	
	3						

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. .

	Laws	on Bell	Supervisor's Assistant	07/27/22
	5	Print Name	Title	(month, day, year)
Comment:				
	Print	Clear	FPPC Toll-Free Helpline: 866	FPPC Form 802 (2/2016) ASK-FPPC (866/275-3772)

С	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	Α	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Region (if applicable)				-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				1	
	Lawson Bell, Supervisor's Assistant				Amendment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number					
	(510) 272-6691 Lawson.Bell@acgov.org				Date of Original Filing:	
2.	Function or Event Infor	mation				118.75
	Does the agency have a ticket policy? Yes 🔳 No 🗌			ace Value of	Each Ticket/Pass \$	110.75
	Event Description:			Date(s) 07 / 29 / 22 /////		
	Ticket(s)/Pass(es) provided	by agency? Yes	🗆 No 🔳 🛛	f no: <u>Oaklan</u>		
				f yes: Hauber	Name of Source t. David	
	Was ticket distribution made at the behest Yes Mo			f yes:	Official's Name (Last, First)	
	of agency official?					
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	B. Name of Indi	witual	Number		ldontifu one of the f	
	(Last, First)		of Ticket(s)/ Passes		Identify one of the fo	bilowing:
	Fernandez, Ignacio		4	If chec	nonial Role D Other king "Ceremonial Role" or "Other" des	
				(3) 10 prom		
					nonial Role 🔲 Other 🔟 king "Ceremonial Role" or "Other" des	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
		a				

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. Ł

	Lawso	on Bell	Supervisor's Assistant	07/27/22
	280 S	Print Name	Title	(month, day, year)
Comment:				
	Print	Clear	FPPC Toll-Free Helpline: 866	FPPC Form 802 (2/2016) /ASK-FPPC (866/275-3772)