A Public Document

<u> </u>	elemonial Role Even	is and never	222 DISI	noutions	A	Public Document
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	
	Heather Cartwright				Amondmont (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Towde Explanation in Part 3.)
	(510) 272-6693	heather.cartwright@	@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy? Yes	No 🗖	Face Value of	Each Ticket/Pass \$	\$162.50
	Event Description: Pain is L	_ove		Date(s)	, 05 , 202	, ,
		Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [🗌 No 🔳	If no: Oakland	d Arena	
				If yes: Brown,	Name of Source Dave	
	Was ticket distribution made	at the behest Yes [🗆 No 🔳	ir yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
	• Use Section A to identify the ager	icy's department or unit. •	Use Section B to	o identify an individu	ual. Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	suant to the agency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		_ Identify one of the i	following:
	Gardley, Kassendra		4		nonial Role Other C king "Ceremonial Role" or "Other" de	in the second second second
				To encoura	ge County of Alamed	a resident and busines
					nonial Role Other C king "Ceremonial Role" or "Other" de	Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	suant to the agency's policy
7	M. JP. LEL					

4. Verification

		_Heather Cartwright	Supervisor's Assistant	man
Comment:	/	Print Name	Title	(month, fray, year)
	Pri	int Clear	FPPC Toll-Free Helpline: 866	FPPC Form 802 (2/2016) /ASK-FPPC (866/275-3772)

1.	Agency Name Alameda County			Date Stamp	California 802	
	Division, Department, or Reg	ion (if applicable)			For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago, Chief of Staff			Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			09/01/22	
	510-272-6695	Amy.Shrago@acgov.org		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor Does the agency have a tic Event Description: <u>Nelly,Ja</u> Ticket(s)/Pass(es) provided	ket policy? Yes Mo □ Rule, Ashanti, Lil Jon, Ma&e, Provide Title/ Explanation	Date(s) 08	m Authority	162.50	
	Was ticket distribution made of agency official?	e at the behest Yes 🔳 No 🗌	If yes: Carson	Official's Name (Last, First)		
3.	• Use Section A to identify the agen	ncy's department or unit. • Use Section B		ual. Use Section C to Identify	an outside organization.	

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Α.	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 I Income		
			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		

4. Verification

	Amy Shrago	Chief of Staff	09/01/22
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Print	Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)

A Public Document

9		to and mercur	435 DISTIL	Nations	A	and bocument	
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)					
	Amy Shrago, Chief of Staff				Amondmont (Must Pr	ovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	510-272-6695	Amy.Shrago@acgc	ov.org		Date of Original Filing:	08/16/22 (month, day, year)	
2.	Function or Event Inform	mation				100.00	
	Does the agency have a tick			ace Value of	Each Ticket/Pass \$	100.00	
	Event Description: Oakland Athletics vs. SF Giants Date(s) 08				, 06 , 22	//	
		Provide Title/ Explar	nation	no: Coliseu			
	Ticket(s)/Pass(es) provided	by agency? Yes L			Mana of Course		
	Was ticket distribution made at the behest Yes No U				, Keith		
	of agency official?				Official's Name (Last, First)		
_							
3.	Recipients			an a			
	Use Section A to identify the ager	cy's department of unit.		dentity an individ	ual. Ose section C to identif	y an outside organization.	
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy			
	BOS District 5		10		mote, encourage, reward, or support general vee morale, retention, exemplary service, or staff		
			Number of Ticket(s)/	-	Identify one of the following:		
	(Last, Fir	st)	Passes				
					nonial Role 🔲 Other 📕		
	Owens, Tunisia		2			held at a County facili	
	Ragas, Brian		4	ff cheo	nonial Role D Other		
			Number	10 promot		+	
	C. Name of Outside C (include address and		of Ticket(s)/ Passes	Describe t	ne public purpose made pu	rsuant to the agency's policy	

4. Verification

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

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
-			
		Number	
В.	Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
Lee,	Zitsu	2	To promote attendance at events held at a County facility
			Ceremonial Role Other Income Income
			Ceremonial Role Conternation Other Content Income Content of the C
			Ceremonial Role Cother Cother 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

Print

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V	eremonial Noie Lven	ta anu nokeur	133 DISL	Inducións		713	MIC DOCUMENT
1.	Agency Name				Date Stam	o l	California 802
	Alameda County						
	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					Must Provid	e Explanation in Part 3.)
	Area Code/Phone Number	E-mail				(พนอยา างหน	09/01/22
	510-272-6695	Amy.Shrago@acgo	v.org		Date of Original	Filing:(month, day, year)
2.	Function or Event Infor	mation					156.25
	Does the agency have a tick	ket policy? Yes	No 🗖	Face Value of	Each Ticket/Pas	s \$	130.23
	Event Description: Seventeen			Date(s)	, 14 , 22		1 1
	Provide Title/ Explanation						
	Ticket(s)/Pass(es) provided by agency? Yes D No D			If no: Coliseum Authority			
			If yes: Carson, Keith				
	Was ticket distribution made	e at the behest Yes	No 🗖	ir yes:	Official's Name (Las	st, First)	
	of agency official?						
3.	Recipients						
•.	Use Section A to identify the ager	ncy's department or unit.	Use Section B to	o identify an individ	ual. Use Section C t	o identify an	outside organization.
	A. Name of Agency, Dep	Number of Ticket(s)	Describe th	e public purpose m	ade pursua:	nt to the agency's policy	
	-		Passes	-			
			0				
	(<u></u>						0
	B. Name of Ind (Last, Fil		Number of Ticket(s) Passes	,	Identify one	of the follo	wing:
	Sanchez, Aurora		4		nonial Role 🔲 king "Ceremonial Role" or	Other 📕	Income
			_	To promote	e attendance at	events he	ld at a County facili
				Cerer	nonial Role 🔲	Other	

4. Verification

C.

Name of Outside Organization (include address and description)

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.

Number

of Ticket(s)/ Passes If checking "Ceremonial Role" or "Other" describe below:

Describe the public purpose made pursuant to the agency's policy

	Amy Shrago	Chief of Staff	09/01/22
Signature of Agency Headlor Designee	Print Name	Title	(month, day, year)
Comment:			
Prin	t Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)

Agency Report of: linkat/Dase Distributions

Public Document A

C	eremonial Role Even	is and licket/Pa	ass Distri	Dutions	/	A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County				Form UUZ	
	Division, Department, or Regi	on (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Heather Cartwright				Amendment (Musi	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	heather.cartwright@))acgov.org		Date of Original Filing	(month, day, year)
2.	Function or Event Inform	nation				£100 tiv. £20 parking
					Each Ticket/Pass \$_	\$100 tix, \$20 parking
	Event Description: Baseball	game		Date(s)	<u>, 19 , 22</u>	/
		Provide Title/ Explan	nation	f no: Oaklan		
	Ticket(s)/Pass(es) provided	by agency? Yes L			Marine of Courses	
	Was ticket distribution made	Was ticket distribution made at the behest Yes D No II If yes:			, Dave	
	of agency official?				Official's Name (Last, Firs	()
3.	Use Section A to Identify the agen A. Name of Agency, Depa		Use Section B to i Number of Ticket(s)/ Passes	1		ntify an outside organization, nursuant to the agency's policy
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of th	e following:
	Hattaway, Jared		3 +1p	If chee	monial Role D Other cking "Ceremonial Role" or "Other e County of Alameda	
					manial Rale DOther cking "Ceremonial Rale" or "Other	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe t	he public purpose made j	oursuant to the agency's policy

4. Verification

I have read and understand EPPC 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 Title

(month day, year)

Comment:



Print Name

A Public Document

1.	Agency Name				Date Stamp	California 000
	Alameda County					Form 802
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Amy Shrago, Chief of Staff				Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				. ,
	510-272-6695	Amy.Shrago@acgo	v.org		Date of Original Filing:	08/16/22 (month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	No 🗆 🛛	Face Value of I	Each Ticket/Pass \$	100.00
	Event Description: Oakland	ation				
	Ticket(s)/Pass(es) provided	by agency? Yes	es 🔲 No 🔳 If no: Coliseu			
				f yes: Carson,	Name of Source Keith	
	Was ticket distribution made of agency official?	at the behest Yes	No 🔲	it yes:	Official's Name (Last, First)	
3.	Recipients		In Contine Date	identife en individu	al Alas Sastian C to identify	
	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. Number					
	A. Name of Agency, Department or Unit			Describe th	e public purpose made pursi	uant to the agency's policy
	·					
			Number			

В.	Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the following:			
			Ceramonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:			
		161	Ceremonial Role Conter Conter Income Conter 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			
Khad	afy Foundation 1156 8th St, Oakland, C	4	To reward a school or nonprofit organization for its contrib			

4. Verification

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

Agency Report of: J TIAL Distributi 4/0

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Ç	eremonial Role Even	ts and licket/P	ass Distri	outions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact ((Name, Title)				
	Heather Cartwright				Amendment (Mu	ist Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	heather.cartwright@	acgov.org		Date of Original Filir	ng:(month, day, year)
2.	Function or Event Infor	mation				CAOD time COD and the
	Does the agency have a ticl	ket policy? Yes	Each Ticket/Pass \$	\$100 tix, \$20 parking		
	Event Description: Basebal	l game Provide Title/ Explai	າລກິດກ	ate(s)		········
	Ticket(s)/Pass(es) provided	by agency? Yes [🗆 No 🔳 🛛 If	no: Oaklan		
	Вгомл				Name of Source Dave	
	Was ticket distribution made of agency official?	e at the benest Yes [] No 🔳 "	yes	Official's Name (Last, Fi	irst)
3.	Recipients • Use Section A to identify the ager	ncy's department or unit. •	ual. Use Section C to ide	entify an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	ne public purpose made	pursuant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of t	the following:
	Dong, Jeanette		18 +4p	lf cheo	king "Ceremonial Role" or "Oth	
			To promote	e County of Alamed	a residentsupport for a	
					monial Role Othicking "Ceremonial Role" or "Othicking	er Income Income Income
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe t	he public purpose made	e pursuant to the agency's policy
			1			

4. Verification

have read and understand EPPC:R with the requirements	egulations 18944.1 and 18942. I	have verified that the distribution set forth	///
	Heather Cartwright	Supervisor's Assistant	ens/un
	Print Name	Title	(mont , day, year)

Clear

Print

		Heather Cartwright	Supervisor's Assistant	418/11
		Print Name	Title	(mont, day, year
	\mathcal{L}			
Comment:				
			E-	

С	eremonial Role Even	ts and Tick		A Public Documen	t			
1.	Agencý Name Alameda County					Date Stamp	California Form 802	2
	Division, Department, or Regi	on (if applicable)				-	For Official Use Only	
	Board of Supervisors Designated Agency Contact (Nama Titla)				-		
		Name, mej						_
	Heather Cartwright				Amendment (Mus	st Provide Explanation in Part 3.)		
	Area Code/Phone Number E-mail							
	(510) 272-6693	heather.cartw	right@ad	cgov.org	1	Date of Original Filing	g:(month, day, year)	
2.	Function or Event Inform	nation						
	Does the agency have a tick	tet policy?	Yes 🔳	No 🗌	Face Value of Each Ticket/Pass \$			
Event Description: Baseball game		Date(s)		//				
	Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 If no: Oakland		Nome of Source					
	Was ticket distribution made of agency official?	at the behest	Yes 🗌	No 🔳	If yes: Brown,	Dave Official's Name (Last, Firs	st)	

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.

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:		
Dong, Jeanette		18tix +4p	Ceremonial Role Other I Income Income To promote attendance at events held at County facility		
			Ceremonial Role Other I Income 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		

Nerification

lith the requirements.	Heather Cartwright	Supervisor's Assistant	10/n/wy
	Print Name	Title	(month, day, year)
Comment:			
3	Print Clear	FPPC Toll-Free Helpline: 86	FPPC Form 802 (2/2016)

A 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)			
	Amy Shrago, Chief of Staff				wide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			09/01/22
	510-272-6695	Amy.Shrago@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation			
	Does the agency have a tick	ket policy? Yes 🔳 No 🔲	Face Value of	Each Ticket/Pass \$	125.00
Provide Title/ Explanation		Date(s) 08 21 22			
			If no: _Coliseu		
	Was ticket distribution made of agency official?	e at the behest Yes 🔳 No 🗆	If yes: <u>Carson</u> ,	Name of Source , 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		
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:		
Wade, Katy		4	Ceremonial Role C Other I Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at events held at a County facili		
			Ceremonial Role Other 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		

4. Verification

	Amy Shrago	Chief of Staff	09/01/22
Aignature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Print	Clear	FPPC Toll-Free Helpline: 8	FPPC Form 802 (2/2016) 366/ASK-FPPC (866/275-3772)

Agency Report of: - -

С	eremonial Role Even	ts and Ticket/P	ass Distri	butions	A	Public Document
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)				
	Amy Shrago, Chief of Staff			rovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				. ,
	510-272-6695	Amy.Shrago@acgc	ov.org		Date of Original Filing:	06/07/22 (month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes 🛛	No 🗖 🗧 Fa	ace Value of	Each Ticket/Pass \$	100.00
	Event Description:	Athletics vs. New Yo	nation		27 22	
	Ticket(s)/Pass(es) provided		🗌 No 🔳 lf	no: Coliseu	m Authority	
				yes: Carson	Mana of Course	
	Was ticket distribution made	e at the behest Yes	🖩 No 🗖 🛛 If	yes:	Official's Name (Last, First)	
	of agency official?					
3.	Use Section A to identify the ager A. Name of Agency, Dep.		Use Section B to ic Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	Public Defender's Office		18	To promote employee r	e, encourage, reward, o norale, retention, exen	or support general nplary service, or staff
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
					nonial Role 🔲 Other 📃 king "Ceremonial Role" or "Other" dea	
					nonial Role D Other king "Ceremonial Role" or "Other" de	
	C. Name of Outside Organization (Include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy

4. Verification

	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)	

1.	Agency Name					Date Stamp	California	802
	Alameda County						Form	
	Division, Department, or Regi	on (if applicable)					For Official I	Use Only
	Board of Supervisors							
	Designated Agency Contact (Name, Title)						
	Lawson Bell, Supervisor's Assistant				Amendment (Must Pro			
	Area Code/Phone Number	E-mail					09/07/2022	1
	(510) 272-6691	Lawson.Bell	Dacgov.	org		Date of Original Filing: _	(month, day, yea	
2.	Function or Event Inform	mation						
	Does the agency have a tick	ket policy?	Yes 🔳	No 🗌	Face Value of	Each Ticket/Pass \$	1(68.75
	Event Description: Kendrick	Lamar			Date(s)	, 31 , 2022	//	
Provide Title			e/ Explanati	on				
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗖	No 📖	If no:	Name of Source		
	Was ticket distribution made of agency official?	e at the behest	Yes 🔳	No 🗖	If yes: Hauber	t, 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
в.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Strah, Jared		2	Ceremonial Role Cother Market Income Income (If checking "Ceremonial Role" or "Other" describe below: (3) To promote tourism or foster economic or business de
			Ceremonial Role Other I Income Income It 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. 4

		Lawson Bell	Supervisor's Assistant	09/07/2022	
		Print Name	Title	(month, day, year)	
Comment:					
	Prin	t Clear	EPEC Toll Seco Habilino: 88	FPPC Form 802 (2/2016	

A Public Document

A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) **Heather Cartwright** Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 heather.cartwright@acgov.org (month, day, year) 2. Function or Event Information \$168.75 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🔳 No 🗌 Date(s) 08 / 31 , Event Description: <u>Kendrick Lamar</u> 2022 Provide Title/ Explanation If no: _Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🗐 Name of Source Brown, Dave Was ticket distribution made at the behest Yes I No If yes: Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Other Ceremonial Role Income 🔲 If checking "Ceremonial Role" or "Other" describe below: Other Ceremonial Role Income 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes Homies Empowerment-2635 Seminary Ave Q To reward a school or nonprofit organization for its contrib 4

To provide spaces where youth can heal, thri

Verification

Commer

	Heather Cartwright	Supervisor's Assistant	9/13/2021
	Print Name	Title	(nonth, day, year)
t:			



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A Public Document California 1. Agency Name Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (if applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Amy Shrago, Chief of Staff Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 09/01/22 **Date of Original Filing:** 510-272-6695 Amy.Shrago@acgov.org (month, day, year) 2. Function or Event Information 168.75 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 📕 No 🗌 Event Description: Kendrick Lamar 08 31 22 Date(s)_ Provide Title/ Explanation If no: _Coliseum Authority Ticket(s)/Pass(es) provided by agency? Yes No Name of Source If yes: Carson, Keith Was ticket distribution made at the behest Yes Mo Official's Name (Last, First)

3. Recipients

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.

A. 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 (Lest, First)	Number of Ticket(s)/ Passes	Identify one of the following:	
Hourula, Johannes		4	Ceremonial Role Conternation Other Ceremonial Role Conternation of the Ceremonial Role" or "Cither" describe below: To promote attendance at events held at a County facility	
			Ceremonial Role Other I 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	
		la.		

4. Verification

Amy Shrago		Chief of Staff	09/01/22	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				
Print	Clear	FPPC Toll-Free Helpline: 8	FPPC Form 802 (2/2016) 666/ASK-FPPC (866/275-3772)	