С	Ceremonial Role Events and Ticket/Pass Distributions					AI	Public Do	cument
1.	Agency Name Alameda County					Date Stamp	California Form	802
	Division, Department, or Reg	ion (if applicable)					For Official	Use Only
	Board of Supervisors Designated Agency Contact (Name, Title)							
	Lawson Bell, Supervisor's Assistant				Amendment (Must Provide Explanation in Part 3.)		Part 3.)	
	Area Code/Phone Number (510) 272-6691	E-mail Lawson.Bell(	Dacgov.	org		Date of Original Filing: _	09/07/2022 (month, day, yea	
2.	Function or Event Infor	mation						
	Does the agency have a tick	ket policy?	Yes 🔳	No 🗖	Face Value of	Each Ticket/Pass \$	1	68.75
	Event Description: Kendrick Lamar Provide Title/ Explanation		Date(s)	, 01 , 2022	//			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No 🔳	If no:			
				If yes: <u>Hauber</u>	Name of Source 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.

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
8.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Frost, Cesley		3	Ceremonial Role Cother income Income (3) To promote tourism or foster economic or business de
			Ceremonial Role Other I income I income I 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

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	09/07/2022	
	Print N	lame Title	(month, day, year)	
Comment:				
	Print Clea	ar EPPC Toll-Free Heinline: 8	FPPC Form 802 (2/2016	

**A Public Document** 

5	eremonial Role Even	is and never	ass Dist	nutions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OVZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Heather Cartwright					t Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				er forrad Explanation in Fart 5.7
	(510) 272-6693	heather.cartwright@	)acgov.org		Date of Original Filing	g:(month, day, year)
2.	Function or Event Infor	mation				\$168.75
	Does the agency have a tick		and the second second		Each Ticket/Pass \$	\$100.10
	Event Description: Kendrick	Lamar		Date(s)	, 01 , 202 <del>2</del>	///
		Provide Title/ Explan	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes		If no: Oaklan	Mama of Course	
	Was ticket distribution made	at the behest. Voc D	No 🔳	If yes: Brown,	Dave	
	of agency official?	fes L			Official's Name (Last, Firs	st)
3.	• Use Section A to identify the agen	ncy's department or unit, • l	Jse Section B to	o identify an individu	ual. Use Section C to Ide	ntify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	pursuant to the agency's policy
	<u>.</u>					
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of th	e following:
					nonial Role 🗌 Other king "Ceremonial Role" or "Other	
	·				nonial Role D Other king "Ceremonial Role" or "Other	
	C. Name of Outside O (include address and	-	Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	pursuant to the agency's policy
	Meals on Wheels of Alam	eda County-1721 Br	4	To reward	a school or nonprofi	t organization for its contrib
	To assist frail, homeboun	d seniors to maintair				
_						

4. Verification

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	9/B/Wi	
		Print Name	Title	(fonth, fy, year)	
Comment:	<i>C</i>				
	Pr	int Clear	FPPC Toll-Free Helpline: 866	FPPC Form 802 (2/2016) 5/ASK-FPPC (866/275-3772)	

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**A Public Document** 

1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Regi	on (if applicable)		1	For Official Use Only
	Board of Supervisors				
	<b>Designated Agency Contact (</b>	Name, Title)		1	
	Amy Shrago, Chief of Staff		Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number E-mail				10/03/22
	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	Face Value of Each Ticket/Pass \$ 168.75			
	Event Description: Kendrick		Date(s) 09 , 01 , 22		
	Ticket(s)/Pass(es) provided		Name of Source		
	Was ticket distribution made of agency official?	at the behest 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.

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Boa	rd of Supervisor, District 5	2	To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff
Probation		2	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 I Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceramonial Role Conter
С.	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	10/03/22	
Sgnadure of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				
Prin	t Clear	FPPC Toll-Free Helpline: (	FPPC Form 802 (2/2016) 366/ASK-FPPC (866/275-3772)	

A Public Document	Α	P	ubli	С	Doc	um	ent
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1.	Agency Name				Date Stamp	California	802
	Alameda County					Form	and the second second
	Division, Department, or R	egion (if applicable	)			For Official L	Jse Only
	Board of Supervisors						
	<b>Designated Agency Contac</b>	t (Name, Title)					
	Lawson Bell, Supervisor's Assistant				Amendment (Must Provide Explanation in Part 3.)		Part 3.)
	Area Code/Phone Number E-mail					09/08/2022	·
	(510) 272-6674	Lawson.Bell	@acgov.org		Date of Original Filing:	(month, day, year	
2.	Function or Event Inf	ormation					
	Does the agency have a ticket policy? Yes 📰 No 🗖			Face Value of Each Ticket/Pass \$45			45
	Event Description: Scottish Highland Games Provide Title/ Explanation		Date(s)		///_		
	Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳			If no: SF Cale	Alama of Course		
	Was ticket distribution ma of agency official?	ide at the behes	t 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
<b>B</b> .	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Rivera, Bradley		4	Ceremonial Role Other Income Income (3) To promote tourism or foster economic or business de
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
С.	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. .

	Lawson Bell	Supervisor's Assistant	09/08/2022	
	Print Name	Тіце	(month, day, year)	
Comment:				
	Print Clear	FPPC Toll-Free Helpline: 866	FPPC Form 802 (2/2016)	

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) Lawson Bell, Supervisor's Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 09/07/2022 Date of Original Filing: (510) 272-6691 Lawson.Bell@acgov.org (month, day, year) 2. Function or Event Information 100 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🔳 No 🗌 Event Description: Oakland A's Game Date(s) \_09 07 2022 Provide Title/ Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source Haubert, David If yes: Was ticket distribution made at the behest Yes MINO 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.

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:
Marchetti, Ethan		1	Ceremonial Role Other Income Income (3) To promote tourism or foster economic or business de
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
С.	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.

_	Lawson Bell	Supervisor's Assistant	09/07/2022
	Print Name	Title	(month, day, year)
Comment:			
	Print Clear	EDBC Toll-Eree Helpline: 8	FPPC Form 802 (2/2016

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

4	Aganou Nama					Data Stamp	California	
1.	Agency Name					Date Stamp	California	802
	Alameda County					Form	The second s	
	Division, Department, or Reg	ion (if applicable)					For Official L	Jse Only
	Board of Supervisors							
	Designated Agency Contact (	(Name, Title)						
	Lawson Bell, Supervisor's A	awson Bell, Supervisor's Assistant				Amendment (Must Pro	vide Explanation in	Part 3.)
	Area Code/Phone Number	E-mail				_		
	(510) 272-6691	Lawson.Bell@	acgov.	org		Date of Original Filing: _	09/07/2022 (month, day, year	
2.	Function or Event Infor	mation						
	Does the agency have a tick	ket policy?	Yes 🔳	No 🗌	Face Value of	Each Ticket/Pass \$		100
	Event Description: Oakland	A's Game			Date(s)	, 07 , 2022	//	
	Provide Title/ Explanation			Ostilaa				
	Ticket(s)/Pass(es) provided by agency? Yes		Yes 🗌	No 🎬	If no: Oakland			
	Was ticket distribution made at the behest Yes 📰 No 🗌			If yes: <u>Haubert</u> , David				
	of agency official?	e at the denest	Yes 🔳	No 🗌	n yes	Official's Name (Last, First)		
3.	Recipients							

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

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:
Fern	andez, Rocky	12 Tickets	Ceremonial Role Conter for the Income (Income (Income Ceremonial Role" or "Other" describe below: (3) To promote tourism or foster economic or business de
Fern	andez, Rocky	3 Parking	Ceremonial Role Cother
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. A

	Lawso	on Bell	Supervisor's Assistant	09/07/2022	
		Print Name	Title	(month, day, year)	
Comment:					
	Print	Clear	EDDC Tall Free Helpline: 866	FPPC Form 802 (2/2016	

**A Public Document** 

1.	Agency Name				Date Stamp	California	802
	Alameda County	Alameda County				Form	002
	Division, Department, or Reg	on (if applicable)			1	For Official U	Jse Only
	Board of Supervisors	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1		
	Heather Cartwright				Amendment (Must Pro	vide Explanation in	Part 3.)
	Area Code/Phone Number	E-mail			1		-
	(510) 272-6693	heather.cartwright@	Dacgov.org	)	Date of Original Filing:	(month, day, yea	r)
2.	Function or Event Infor	mation					
	Does the agency have a ticket policy? Yes			Face Value of	Each Ticket/Pass \$	00 tix, \$20 pa	irking
	Event Description: Basebal	Igame		Datė(s)	, 09', 22	//	
		Provide Title/ Explan		lf no: _Oaklan	d Δ's		
	Ticket(s)/Pass(es) provided	by agency? Yes	🗌 No 🔳		Name of Source		
	Was ticket distribution made	at the hehest . Vee F		If yes: Brown,	Dave		
	of agency official?	sature benest Yes			Official's Name (Last, First)		
	Si agonoy omolar.						
3.	Recipients						
	<ul> <li>Use Section A to Identify the ager</li> </ul>	ncy's department or unit.	Use Section B	to identify an individe	ual. Use Section C to identify	an outside organi	zation.
	A, Name of Agency, Depa	artment or Unit	Number of Ticket(s Passes	)/ Describe th	ne public purpose made purs	uant to the agenc	y's policy

В.	Name of Individual (Last, Fırst)	Number of Ticket(s)/ Passes	Identify one of the following:
Cartw	right, Delia	18tix +4p	Ceremonial Role Cother Conter Income Income Income
			To encourage County of Alameda resident and busines
			Ceremonial Role C Other C Income I Income I 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 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 14/2/1100

		Heather Cartwright	Supervisor's Assistant	MINIC
		Print Name	Title	(month, day, year)
$\smile$	le la construction de la constru			
Comment:	<u> </u>			
		Print Clear	EDDC Toll-Free Helpline: 86	FPPC Form 802 (2/2016) 6/ASK-ERPC (866/275-3772)

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$\mathbf{C}$	eremonial Role Even	is and never	ass Distri	DULIONS	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	Designated Agency Contact (Name, Title)				
	Amy Shrago, Chief of Staff				Amendment (Must Pr	nuide Exploration in Port 21
	Area Code/Phone Number	E-mail				08/16/22
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				400.00
	Does the agency have a tick	ket policy? Yes	No 🛛 🗜	ace Value of	Each Ticket/Pass \$	100.00
	Event Description:	Athletics vs. Chicag	o White 🔓 D	ate(s)	, 10 , 22	//
	Ticket(s)/Pass(es) provided	Provide Title/ Explai	No 🔳 If	no: _Coliseu	m Authority	
	nokel(a)/1 ass(es) provided	by agoincy: Test			Name of Source	
	Was ticket distribution made	at the behest Yes	No 🛛 🛛 If	yes: Carson	, Kelln Official's Name (Last, First)	
	of agency official?				Omdals Name (Last, Filst)	
	Use Section A to identify the agen     A. Name of Agency, Depa		Number of Ticket(s)/ Passes	1		suant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	Forti, Lisa		6		nonial Role 🔲 Other 📕 king "Ceremonial Role" or "Other" des	
					nonial Role DOther C	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	Peter Pan Coop Nursery	School	8	To reward	a school or nonprofit o	rganization 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	Title	(month, day, year)
Comment:				
	Print	Clear	FPPC Toll-Free Helpline: 8	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lawson Bell, Supervisor's Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 9/28/22 Date of Original Filing: (510) 272-6674 Lawson.Bell@acgov.org (month, day, year) 2. Function or Event Information 225 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🔳 No 🗌 Event Description: Bad Bunny 9 14 22 Date(s) Provide Title/ Explanation If no: \_Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 Name of Source If yes: Haubert, David

Was ticket distribution made at the behest Yes Mo of agency official?

Print

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.

Official's Name (Last, First)

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:		
Hinojosa, Alejandra		3	Ceremonial Role Other March Income Income (3) To promote tourism or foster economic or business de		
			Ceremonial Role Other I 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		
		_			

#### Verification 4

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	09/28/22
	Print Name	Title	(month, day, year)
Comment:			
	Print Clear		FPPC Form 802 (2/2016

	3. 4 m	- mar	
- A P	ublic	Doci	ument

	eremonial Role Even	is and nekerro	492 DISI	indutions	A	Fublic 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				Amendment (Must Pi	ovide 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 Infor	mation				\$225.00
	Does the agency have a tic	ket policy? Yes	📕 No 🗋		Each Ticket/Pass \$	φ220.00
	Event Description: Bad Bunny			Date(s)	, 14 , 2027	
	Provide Title/ Explanat					
	Ticket(s)/Pass(es) provided by agency? Yes				entral Coliseum (Oakla	
	Was ticket distribution made at the behest Yes  No			If yes: Brown,	Dave	
	of agency official?	e al the benest Yes L			Official's Name (Last, First)	
	or agency official:					
3.	Recipients					
	<ul> <li>Use Section A to identify the ager</li> </ul>	ncy's department or unit.	Use Section B	to identify an Individ	ual. Use Section C to identif	y an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s Passes	)/ Describe th	he public purpose made pur	suant to the agency's policy
			Number			
	B. Name of Ind (Last, Fi		of Ticket(s Passes		Identify one of the f	ollowing:
					monial Role Conter Cother ching "Ceremonial Role" or "Other" de	
				)r cnec	ching Leternonia role of Office de	
					monial Role D Other	
				(f chei	cking "Ceremonial Role" or "Other" de	SCADE DEKAM.

 

 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

 Homies Empowerment-2635 Seminary Ave O
 2
 To reward a school or nonprofit organization for its contribution

 To provide spaces where youth can heal, thrip
 4

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.

		eather Cartwright	Supervisor's Assistant	- <u>9/B/WZZ</u>
Comment:	$\sim$	Print Name	Title	(mbnth, day, year)
	Print	Clear	FPPC Toll-Free Helpline: 866	FPPC Form 802 (2/2016) /ASK-FPPC (866/275-3772)

**A Public Document** 

-	Ageney Name				Date Stamp	Califo	rnia 0.00
1.	Agency Name				Date Staffip	For	
	Alameda County	and the trackled				and the owner where the owner where	Official Use Only
	Division, Department, or Reg	ion (ir applicable)					-
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)					
	Heather Cartwright				Amendment (Mu	st Provide Explan	ation in Part 3.)
	Area Code/Phone Number	E-mail					
	(510) 272-6693	heather.cartwright@	acgov.org		Date of Original Filir	ig:(month, di	ay, year)
2.	Function or Event Infor			\$225.00			
	Does the agency have a tick	ket policy? Yes	No 🗖 🛛 F	Face Value of	Each Ticket/Pass \$		\$225.00
	Event Description: Bad Bur	iny	ſ	Date(s) 09	<u>, 14 , 202<del>,</del></u>	1	,
	Bruide Tile/Evolution						
	Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 If no:Ring Ce			entral Coliseum (Oa	akland Colise	um)	
				f yes: Brown,	Name of Source Dave		
	Was ticket distribution made	e at the behest Yes	] No 📰 🦷	t yes:	Official's Name (Last, Fi	irst)	
	of agency official?						
3.	Recipients • Use Section A to identify the ager	e de contractor unit el	Ico Soction 8 to i	identify an individu	al the Section C to id	entify an outside	organization
	• Use Section A to identify the agen	icy's department of unit.	Number				
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made	pursuant to the	agency's policy
	B. Name of Ind (Lest, Fil		Number of Ticket(s)/ Passes		Identify one of t	the following:	
					nonial Role 🛄 Othe king "Ceremonial Role" or "Othe	er 🛄 er describe below:	Income
					nonial Role D Othe	er 🚺 er" describe below:	
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe ti	he public purpose made	pursuant to the	agency's policy
	The Unity Council-1900 F	ruitvale Ave #2a, Or	2	To reward	a school or nonpro	fit organizatio	n for its contrib
_	A non-profit Social Equity	Development Corpr					

#### 4. Verification

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	9/13/2021
		Print Name	Title	(month, dey, year)
Comment:	$\sim$			
	Pri	nt Clear	FPPC Toll-Free Helpline: 866	FPPC Form 802 (2/2016) 5/ASK-FPPC (866/275-3772)

						and the second		
Ι.	Agency Name					Date Stamp	California	802
	Alameda County						Form	and the second
	Division, Department, or Reg	i <b>on</b> (if applicable)					For Official U	Use 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					10/03/22	
	510-272-6695	Amy.Shrago@	Dacgov.	org		Date of Original Filing:	(month, day, yea	r)
2.	Function or Event Infor	mation						00.00
	Does the agency have a tick	ket policy?	Yes 📷	No 🗖	Face Value of	Each Ticket/Pass \$		25.00
	Event Description: Bad Bur	iny			Date(s)	<u></u>	//	
	•	Provide Title	e/ Explanatio	on	Celieou	m Authority		
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No 🗌	If no: Coliseu	Name of Source		
	Maa tiakat distribution made	at the hehest			If yes: Carson	, Keith		
	Was ticket distribution made	e al me benest	yes 🔳		n yoo	Official's Name (Last, First)		
	of agency official?							
2	Paciniante							

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#### 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:
Sim	pson, Sam	4	Ceremonial Role Other Income Income (10) To promote attendance at events held at a County
			Ceremonial Role Cother Cother Income Income
С.	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 feauirements.

	Amy Shrago	Chief of Staff	10/03/22	
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)	
Comment:				
Prin	t Clear	FPPC Toll-Free Helpline: 3	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)	

C	eremonial Role Even	ts and Ticket/Pass Dist	tributions	AF	Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	<b>Division, Department, or Reg</b>	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			10/03/22
	510-272-6695	Amy.Shrago@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			200.00
	Does the agency have a tick	ket policy? Yes 🔳 No 🗌	Face Value of	Each Ticket/Pass \$	200.00
	Event Description: WWE So	unday Stunner	Date(s)	<u>, 18 , 22</u>	
		Provide Title/ Explanation			-

Name of Source Carson, Keith If yes: Was ticket distribution made at the behest Yes 🔳 No 🔲 Official's Name (Last, First) of agency official?

Yes No

#### 3. Recipients

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

• 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 no: \_\_\_\_\_Coliseum Authority

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Prot	pation	4	To provide opportunities to those who are receiving services from County agencies, consistent with the
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role D Other M Income Income It checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Dother 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

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.

Ar	ny Shrago	Chief of Staff	10/03/22	
Signature of Agency Head or Designee	Print Name	Tide	(month, day, year)	
Comment:				
Print	Clear	FPPC Toil-Free Helpline: 1	FPPC Form 802 (2/2016) 366/ASK-FPPC (866/275-3772)	

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-	eremonial Role Even					A Fublic Document
1.	Agency Name	1			Date Stamp	California 802
	Alameda County					Form OVZ
	Division, Department, or Regi	on (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Heather Cartwright				Amondmont (M	ust Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				ust Fronde Explanation in Part 5.)
	(510) 272-6693	heather.cartwright@	)acgov.org		Date of Original Fili	ng:(month, day, year)
2.	Function or Event Inform	nation				
	Does the agency have a tick	et policy? Yes 🛙	No 🗖 Fa	ace Value of I	Each Ticket/Pass \$	\$100 tix, \$20 parking
	Event Description: Baseball	game	D	ate(s) 09	, 21 , 22	1 1
		Provide Title/ Explan	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes [		no: Oakland	Mana af Course	
	the statest distuite the mode		🚍 lf	yes: Brown,	Dave	
	Was ticket distribution made	at the benest Yes L	J No 🔳 "	yco	Official's Name (Last, F	irst)
	of agency official?					
	• Use Section A to identify the agen A. Name of Agency, Depa	· ·	Number of Ticket(s)/ Passas			pursuant to the agency's policy
	B. Name of Indi (Last, Fir	Number of Ticket(s)/ Passes		Identify one of	the following:	
				Ceren	nonial Role 🗖 Oth king "Ceremonial Role" or "Oth	er Income Income
	Lloyd, Laura		9tix +2p			ents held at a County facili
				TO promote		E2
					nonial Role 🛄 Oth king "Ceremonial Role" or "Oth	er Income Income Income I
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made	e pursuant to the agency's policy
	SOS Meals on Wheels-22	235 Polvorosa Ave #	9tix +2p	To reward	a school or nonpro	fit organization for its contrib
	Meal deliveries to seniors	nonprofit				
4.	Verification					

 Heather Cartwright
 Supervisor's Assistant
 IV MUN

 Print Name
 Title
 Imonth/day, year)

#### Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** 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) Amy Shrago, Chief of Staff Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 08/16/22 510-272-6695 Date of Original Filing: Amy.Shrago@acgov.org (month, day, year) 2. Function or Event Information 100.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No 🗌 Event Description: Oakland Athletics vs. New York Mets 09 23 22 Date(s) Provide Title/ Explanation If no: \_\_\_\_\_Coliseum Authority Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 Name of Source Carson, Keith Was ticket distribution made at the behest Yes If yes: No 🗖 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 A. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: Β. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income 🗌 If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other 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 To promote health, motivate, and provide expanded oppo Inclusive Community Resources 2855 Telegra 4

#### 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	08/16/22	
	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	002	
	Division, Department, or Region (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 510-272-6695	E-mail Amy.Shrago(	@acgov.	org		Date of Original Filing: _	10/03/22 (month, day, yea	1
2.	Function or Event Infor	mation				h-	4	10.50
	Does the agency have a tick	ket policy?	Yes 🔳	No 🗖	Face Value of	Each Ticket/Pass \$	1	12.50
	Event Description: Kehlani Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No		Date(s) 09 / 30 / 22		//			
			Yes 🗌 🛛		If no: Colise	Manual of Course		
	Was ticket distribution made of agency official?	e at the behest	Yes 🔳	No 🗖	If yes: <u>Carson</u>	, Keltn Official's Name (Last, First)		
3.	Recipients			_				

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#### 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	
Prot	pation	4	To provide opportunities to those who are receiving services from County agencies, consistent with the	
в.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:	
			Ceremonial Role Conter	
			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	
_				

#### 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	10/03/22	
Signature of Agency Had or Designee	Print Name	Title	(month, day, year)	
Comment:				
Prin	Clear	FPPC Toll-Free Helpline: 1	FPPC Form 802 (2/2016) 366/ASK-FPPC (866/275-3772)	