ere	monial Role Even	ts and Ticket/Pa	iss Dist	ributions	A	Public Document
Ag	ency Name				Date Stamp	California 802
Ala	ameda County		2 C	ronn		
Divi	ision, Department, or Reg	ion (if applicable)			]	For Official Use Only
Bo	ard of Supervisors					•
Des	Ignated Agency Contact	Name, Title)				
He	ather Cartwright				Amendment /Must P	rovide Explanation in Part 3.)
	a Code/Phone Number	E-mail				
(51	0) 272-6691	heather.cartwright2(	@acgov.org	J	Date of Original Filing:	(month, day, year)
Fu	nction or Event Infor	mation				\$137.50
	es the agency have a ticl				Each Ticket/Pass \$	<b><i><i>ψ</i></i></b> (0),000
Eve	Event Description: Wu-Tang and Nas Date			Date(s) 10	<u>, 01 , 202<del>,</del></u>	
	eur negouhagu	Provide Title/ Explan	afion			
Tic	ket(s)/Pass(es) provided	by agency? Yes		If no: Oakian		
\٨/s	s ticket distribution made	at the behest Yes	1 No 📖	If yes: Hauber	rt, David	
	agency official?	169 L		-	Official's Name (Last, First)	
-			Passes			
B	Name of Ind	-	Number of Ticket(s)	-	Identify one of the	following:
	(Lest, Fi	<i>sų</i>	Passes			
	Stanla I fama d		3		montal Role 🛄 Other 🛛 cking "Ceremonial Role" or "Other" d	
	Strah, Jared		3	To promot	te attendance at events held at a County facil	
_		Ň			monial Role 🚺 Other [ cking "Caremonial Role" or "Other" d	
C	Name of Outside C • (include address and		Number of Ticket(s) Passes	Describe 1	he public purpose made pu	rsuant to the agency's policy
_						
	rification ave read and understand El					

,	Heather D. Cartwright	Supervisor's Assistant	127 423
Signatule of Agency Head & Designee	Print Name	Title	(month, day, year)
Comment:			
Print	Clear	FPPC Toil-Free Helpline: 864	FPPC Form 802 (2/2016) B/ASK-FPPC (866/275-3772)

C	eremonial Role Even	ts and Tick	et/Pas	ss Dis	tributions	A	Public Do	cument
1.	Agency Name					Date Stamp	California	802
	Alameda County						Form	
	Division, Department, or Reg	ion (if applicable)				1	For Official	Jse Only
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)				1		
Amy Shrago, Chief of Staff						Amendment (Must Provide Explanation in Part		Part 3.)
	Area Code/Phone Number	E-mail					11/01/22	
	510-272-6695	Amy.Shrago@	acgov.	org		Date of Original Filing:	(month, day, yea	0
2.	Function or Event Infor	mation						
	Does the agency have a ticl	ket policy?	Yes 🔳	No 🗖	Face Value of	Each Ticket/Pass \$ _	1;	37.50
	Event Description: Wu Tan	g Clan & Nas			Date(s) 10	<u>, 01 , 22 </u>	/ _ /	
	Eront Docomption	Provide Title	/Explanati	on				
	Ticket(s)/Pass(es) provided	by agency?	Yes 🔲	No 🔲	If no: _Coliseu			
					If yes: Carson	Name of Source		
	Was ticket distribution made	e at the behest	Yes 📕	No 🗖	ir yes:	Officially blocks (Look Find)		

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

### 3. Recipients

1. A

• 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
Prol	bation	2	To provide opportunities to those who are receiving services from County agencies, consistent with the
Boa	rd of Supervisors, District 5	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 Cother 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	11/01/22
Signature of Agency Hesper Designee	Print Name	Title	(month, day, year)
Comment:			
Print	Clear	FPPC Toil-Free Helpline: a	FPPC Form 802 (2/2016) 366/ASK-FPPC (866/275-3772)

A Public Document

~	Stemental Role Even	to and monour a		sationio		TT done boodinoite
1.	Agency Name				Date Stamp	California 802
	Alameda County			Form OUL		
	Division, Department, or Regi	ion (if applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Heather Cartwright				Amondmont (Mus	t Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	heather.cartwright@	)acgov.org		Date of Original Filin	g:(month, day, year)
2.	Function or Event Inform	mation				\$100 tix, \$20 parking
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$	
	Event Description: Basebal	lgame	D	ate(s)	, 03 , 22	1 1
		Provide Title/ Explan	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes	] No 🔳 If	no: Oakland	Name of Source	
				yes: Brown,		
	Was ticket distribution made of agency official?	e at the behest Yes	] No 📰	yes	Official's Name (Last, Fin	st)
3.	• Use Section A to identify the ager         • Use Section A to identify the ager         • A.         Name of Agency, Depart		Jse Section B to id Number of Ticket(s)/ Passes			ntify an outside organization. pursuant to the agency's policy
	B. Name of Ind (Last, Fin		Number of Ticket(ə)/ Passes		Identify one of the nonial Role.	
				Ceren	nonial Role D Other king "Ceremonial Role" or "Other	r 🗌 Income 🗌
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made	pursuant to the agency's policy
	Oakland Chinatown Char	mber of Commerce-3	18tix +4p	To reward a	a school or nonprofi	t organization for its contrib
	Promote business in the	Asian community				
and in case of						

### 4. Verification

-		Heather Cartwright	Supervisor's Assistant	Ph www		
		Print Name	Title	(month, day, year)		
Comment:	~					
	Pri	nt Clear	FPPC Toll-Free Heipline: 866	FPPC Form 802 (2/2016) ASK-FPPC (866/275-3772)		

1.	Agency Name		Date Stamp	California	802			
	Alameda County				Form			
	Division, Department, or Reg	ion (if applicable)			For Official t	Jse Only		
	Board of Supervisors							
	Designated Agency Contact	Name, Title)						
	Heather Cartwright			Amendment (Must Pro	Amendment (Must Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail						
	(510) 272-6693	heather.cartwright@acgov	.org	Date of Original Filing:	(month, day, yea	1)		
2.	Function or Event Infor	mation			¢44	37.50		
	Does the agency have a ticl	ket policy? Yes 🔳 No	Face Value of	Each Ticket/Pass \$	φια	57.50		
	Event Description: <u>My Chemical Romance</u> Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No			Date(s) 10 / 05 / 2022 If no:				
	Was ticket distribution made of agency official?	e at the behest Yes 🔲 No	If yes: Brown,	Dave Official's Name (Last, First)				
-	Desisionte							

### 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:
Harrison, Ashiynn		4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To encourage County of Alameda resident and busines
			Ceremonial Role Other 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

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. n1.11.00

	Heather Cartwright	Supervisor's Assistant	gr wn
	Print Name	Title	(montþ, day, year)
Comment:			
	Print Clear	FPPC Toll-Free Helplin	FPPC Form 802 (2/2016) e: 866/ASK-FPPC (866/275-3772)

**A Public Document** 

1.	Agency Name					Date Stamp	California	802
	Alameda County						Form	002
	Division, Department, or Regi	on (if applicable)				1	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				-	11/01/22	
	510-272-6695	Amy.Shrago(	@acgov.	org		Date of Original Filing: _	(month, day, yea	1)
2.	Function or Event Inform	mation						
	Does the agency have a tick	et policy?	Yes 🔳	No 🗌	Face Value of	Each Ticket/Pass \$	10	87.50
			Date(s) <u>10 , 05 , 22</u>		//			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🔲	No 🗖	If no: Coliseu	Mama of Course		
	Was ticket distribution made of agency official?	at the behest	Yes 🔳	No 🗌	If yes:	, Kelin Official's Name (Last, First)	_	

**A Public Document** 

### 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
<u>.</u>			
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Wade, Raphael		4	Ceremonial Role Other Income Income (10) To promote attendance at events held at a County
			Ceremonial Role Other Income Income 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

	Amy Shrago	Chief of Staff	11/01/22	
Fig ature of Agency Head of Designee	Print Name	Title	(month, day, year)	
Comment:				
Prin	t Clear	FPPC Toll-Free Heipline:	FPPC Form <b>802 (2/2016)</b> 866/ASK-FPPC (866/275-3772)	

C	eremonial Role Events and Tick	A Public Document				
1.	Agency Name     Alameda County     Division, Department, or Region (if applicable)     Board of Supervisors     Designated Agency Contact (Name, Title)     Amy Shrago, Chief of Staff     Area Code/Phone Number     LE-mail			Date Stamp	California 802 Form 802 For Official Use Only	
	510-272-6695 Amy.Shrago@	ecgo	v.org		Date of Original Filing: .	11/01/22 (month, day, year)
2.	Event Description:       Mary J. Blige       Date(s)         Provide Title/ Explanation       Date(s)         Ticket(s)/Pass(es) provided by agency?       Yes       No       If no:			Face Value of Date(s) <u>10</u> If no: <u>Coliseu</u> If yes: <u>Carson</u>	m Authority	150.00
3.	<b>Recipients</b> • Use Section A to identify the agency's department or use Section A to identify the agency's department or use a section of the	unit. •L	Jse Section B to	o identify an individu	ual. Use Section C to Identif	y an outside organization.
	A. Name of Agency, Department or Unit			Describe th	e public purpose made pur	suant to the agency's policy
	Board of Supervisors, District 5		4	To promote employee r	e, encourage, reward, o norale, retention, exen	or support general applary service, or staff
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	,	identify one of the f	

			Ceremonial Role Other I income Income It checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other I 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

	Amy Shrago	Chief of Staff	11/01/22	
Signature of Agency Hold or Designee	Print Name	Title	(month, day, year)	
Comment:				
Prir	nt Clear		FPPC Form 802 (2/2016)	

C	eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	<b>Public Do</b>	
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						
	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) 272-6691	heather.cartwright2	2@acgov.org		Date of Original Finng.	(month, day, yes	ur)
2.	Function or Event Infor	mation				\$	62.50
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$ _		
	Denvide Title/Evolution			13 / 2022	10 14	2027	
	Ticket(s)/Pass(es) provided	by agency? Yes	🗆 No 🔳 II	no: Oakian	d Arena		
	Houbo			Hauber	Name of Source t, David		
	Was ticket distribution made at the behest Yes I No is if yes:			Officiel's Name (Lest, First)			
	of agency official?		•				
	A. Name of Agency, Dep.	artment or Unit	Number of Ticket(s) Passes	Describe ti	ne public purpose made pu	rsuant to the agen	cy's policy
	B. Name of Ind (Last, Fit		Number of Ticket(s)/ Passes		Identify one of the	following:	
	Ellingsen, Roland		6	li chec	nonial Reie D Other hing "Ceremonial Role" or "Other" e County resources o	jescribe below:	income
					monial Role: Other Sing "Caramonial Role" or "Other" of		income [
	C. Name of Outside C (Include address and		Number of Ticket(s)/ Passes	Describe t	he public purpose made pu	ursuant to the agen	cy's policy

4. Verification I have read and understand FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the read informants. 11in 10 02

	Heather D. Cartwright		Supervisor's Assistant	1/1/1002	
Signature of Agèncy Heed of Designee	J.	Print Name	Title	(montă, dey, year)	
Prin	nt	Clear	FPPC Toll-Free Helpline: 86	FPPC Form 802 (2/2016) 3/ASK-FPPC (866/275-3772)	

. —							
1.	Agency Name				Date Stamp	California	802
	Alameda County					ГОПИ	
	Division, Department, or Region (if applicable)			1	For Official Us	ie Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			1		
	Amy Shrago, Chief of Staff				Amendment (Must Pro	vide Explanation in F	Part 3.)
	Area Code/Phone Number	E-mail				11/01/22	
	510-272-6695	Amy.Shrago@acgo	v.org		Date of Original Filing: _	(month, day, year)	
_	-		_			(month), day, yeary	
2.	Function or Event Infor	mation					0.50
	Does the agency have a ticl	ket policy? Yes	No 🗖	Face Value of	Each Ticket/Pass \$		2.50
	Event Description: Disney of	on Ice: Into the Magic Provide Title/ Explan	nation	Date(s)		//	
	Ticket(s)/Pass(es) provided	by agency? Yes [	] No□	If no: Coliseu			
				If yes: Carson	Name of Source Keith		
	Was ticket distribution made	at the behest Yes	No 🗖	If yes:	Official's Name (Last, First)		
	of agency official?						
3.							
	<ul> <li>Use Section A to identify the ager</li> </ul>	ncy's department or unit.	Use Section B	to identify an individu	ual. Use Section C to identify	an outside organiza	tion.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s Passes		e public purpose made purs	uant to the agency	's policy

**A Public Document** 

Α.	Name of Agency, Department of Onic	of licket(s) Passes	Describe the house burbose made buradant to the strands a bouck
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Duni	n, Grace	4	Ceremonial Role Other Income Income Income To promote attendance at events held at a County facili
			Ceremonial Role C Other C 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	11/01/22	
Signature of Agency Hand or Designee	Print Name	Title	(month, day, year)	
Comment:				
Prir	nt Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)	

A Public Document

C	eremonial Role Even	ts and licket/Pa	ass distri	outions	<i>F</i>	A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form <b>UUZ</b>
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)	1			
	Heather Cartwright				Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				, ,
	(510) 272-6693	heather.cartwright@	acgov.org		Date of Orlginal Filing	:(month, day, year)
2.	Function or Event Infor	mation				\$62.50
	Does the agency have a ticl			ace Value of	Each Ticket/Pass \$	
	Event Description: Disney of	on Ice: Into The Magic Provide Title/ Explan			<u>, 14 , 202<del>,</del></u>	10 , 15 , 2022
	Ticket(s)/Pass(es) provided			no: Oaklan	d Arena	
					Mama of Source	
	Was ticket distribution made	at the behest Yes	] No 📰 🦷	yes: Brown,	Official's Name (Last, First	<i>t</i> )
	of agency official?				•	
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of th	e following:
					nonial Role Other cking "Ceremonial Role" or "Other"	
				1	monial Role D Other king "Ceremonial Role" or "Other"	
	C. Name of Outside C (include address an		Number of Ticket(s)/ Passes	Describe t	he public purpose made p	oursuant to the agency's policy
	Girls Inc. of the Island Ci	iy, 1724 Santa Clara	8	To reward	a school or nonprofil	organization for its contrib
	Youth services organizat	ion in Alameda				

### 4. Verification

Thave read and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Supervisor's Assistant

(month, day, year)

Comment:



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 Pr	ovide Explanation in	Part 3.)	
	Area Code/Phone Number E-mail						11/01/22	
	510-272-6695	Amy.Shrago	@acgov.	org		Date of Original Filing: _	(month, day, yea	ır)
2.	Function or Event Info	mation						00.50
	Does the agency have a tic	ket policy?	Yes 🔳	No 🗖	Face Value of	Each Ticket/Pass \$		62.50
	Event Description: Disney	on Ice: Into the	Magic	ion	Date(s)	<u>, 14 , 22 , </u>	//	
				No	If no: Coliseum Authority			
				No 🗌	If yes: Carson			
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 Supervisors, District 5	4	To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff		
 B.	Name of Individual	Number of Ticket(s)/	Identify one of the following:		
	(Last, First)	Passes			
			Ceremonial Role Other Market Income		
			Ceremonial Role Conter		
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	11/01/22	
Signature of Agency Heading Designee	Print Name	Title	(month, day, year)	
Comment:				
Print	Clear		FPPC Form 802 (2/2016)	

**A Public Document** 

1.	Agency Name				Date Stamp	Californ	ia 000
	Alameda County				•	Form	** 802
	Division, Department, or Reg		For Offic	ial Use Only			
	1 262 - 26 <del>1</del> - 21 - 22	ion (n'approants)					
	Board of Supervisors						
	Designated Agency Contact						
	Heather Cartwright	Amendment (Must	Provide Explanatio	n in Part 3.)			
1	Ares Code/Phone Number	E-mail					
	(510) 272-6691	heather.cartwright20	@acgov.org		Date of Original Filing:	(month, day,	year)
2.	Function or Event Infor	mation					\$62,50
	Does the agency have a tick	Each Ticket/Pass \$ _		\$02.50			
	Event Description: Disney of	15 , 2022					
		Provide Title/Explan	12 17 A 17	no: Oakland	Arena		
	Ticket(s)/Pass(es) provided	Manual of Dolumo					
		l, David					
	Was ticket distribution made of agency official?	e at the benest Yes L	] No 📰 👖	yes	Officiel's Name (Last, First,	)	
	Use Section A to identify the agency's department or unit.     A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	T	be the public purpose made pursuant to the agency		
	B. Name of Individual (Lest, First)		Number of Ticket(s)/ Passes		Identify one of the following:		4
			Cere		nonial Rols D Other king "Ceremonial Role" or "Other"		Income [
	Gardley, Kassendra		3		te attendance at events held at a County facility		ounty facili
					nonial Role 🔲 Other king "Ceremonial Role" or "Other"		income [
	C. Name of Outside C (include address and	rganization f description)	Number of Ticket(s)/ Passes	Describe ti	ne public purpose made p	ursuant to the ag	ency's policy

Signature of Agency Head of Resignee	Heather D. Cartwright Print Name	Supervisor's Assistant	(month, day, year)
Comment:	2 4 Januar		
Print	tClear	FPPC Toll-Free Heipline: 86	FPPC Form 802 (2/2016) B/ASK-FPPC (866/275-3772)

Ceremonial Role Even	ts and Ticket/Pa	ass Distril	butions	Α	Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					Form OUL
Division, Department, or Reg	ion (If applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (	(Name, Title)				
	Heather Cartwright				
Area Code/Phone Number	E-mail			Amendment (Must Pi	rovide Explenation in Part 3.)
(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing:	(month, day, year)
2. Function or Event Inform	mation				<b>AAA</b> = 0
Does the agency have a ticl	ket policy? Yes	No 🗖 🗜	ace Value of	Each Ticket/Pass \$	\$62.50
			10	, 15 , 2022	
Event Description:	Provide Title/Explan	D D	ate(s)		
Ticket(s)/Pass(es) provided	•		no: Oaklan	d Arena	
HCKet(s)/Fass(es) provided	by agency: iest			Manual of Dessent	
Was ticket distribution made	e at the behest Yes	No 🔳 lf	yes: Hauber	t, David	
of agency official?				Official's Name (Last, First)	
-					
3. Recipients • Use Section A to identify the ager A. Name of Agency, Depa		Use Section B to ic Number of Ticket(s)/			'y an outside organization, suant to the agency's policy
B. Name of Ind (Last, Fit		Number of Ticket(s)/ Passos		identify one of the t	following:
Sbranti, Tim		3	li chec	nonial Role Other E king "Ceremonial Role" or "Other" de	iscribe below:
				Ceremonial Role Other Incom	
				ting "Ceremonial Role" or "Other" de	
	C. Name of Outside Organization (include address and description)		Describe ti	19 public purpose made pu	rsuant to the agency's policy
4. Verification			1		

	Heather D. Cartwright		Supervisor's Assistant	101/0017	
Comment:	Oeslignee	Print Name	Title	(month, dey, year)	
	Print	Clear	FPPC Toll-Free Helpline: 866	FPPC Form 802 (2/2016) VASK-FPPC (866/276-3772)	

### Agency Report of: . ... .....

Durk Ba

C	eremonial Role Even	ts and licket/Pa	ass Distri	putions	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)				
	Heather Cartwright		Amendment (Must P	rovide 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				\$00 F
	Does the agency have a ticl	ket policy? Yes	Each Ticket/Pass \$	\$62.50		
	Event Description: Disney of	on Ice: Into The Magin Provide Title/ Explan	, 15 , 202 <del>,</del>	10 , 16 , 202		
	Ticket(s)/Pass(es) provided		] No 📰 If	no: Oaklan	d Arena	
		, , , , , , , , , , , , , , , , , , , ,	Name of Source			
	Was ticket distribution made at the behest Yes No If yes: Brown,				Official's Name (Last, First)	
	of agency official?					
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe ti	e public purpose made pu	rsuant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the	
				Cerei	cking "Ceremonial Role" or "Other" d monial Role D Other [ cking "Ceremonial Role" or "Other" d	
	C. Name of Outside C (include address an		Number of Ticket(s)/ Passes	Describe t	he public purpose made pu	rsuant to the agency's policy
	Trybe - 1341B E25th St.	Oakland, CA 94606	8	To reward	a.school or nonprofit (	organization for its contrib
	Community building non	profit in Oakland prov				

### 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 Print Name Supervisor's Assistant Title

(month, day, year)

Comment:



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<b>U</b>	eremonial Role Events and Tickeura	199 DISUI	outions	A	Fublic Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form OUZ
	Division, Department, or Region (if applicable)				For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Heather Cartwright			Amondmont (Musti	Provide Explanation in Part 3.)
	Area Code/Phone Number E-mail	_			-rovide Explanation in Part 3.)
	(510) 272-6693 heather.cartwright@	acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Information				\$62.50
	Does the agency have a ticket policy? Yes	Each Ticket/Pass \$ _			
	Event Description: Disney on Ice: Into The Magic	<u>, 15 , 202<del>,</del></u>	10 , 16 , 202		
3.	Ticket(s)/Pass(es) provided by agency? Yes	d Arena			
		Marina of Courses			
	Was ticket distribution made at the behest Yes of agency official?	Official's Name (Last, First)			
	Recipients         • Use Section A to identify the agency's department or unit.         • Use Section A to identify the agency's department or unit.         • Use Section A to identify the agency's department or unit.         • Use Section A to identify the agency's department or unit.         • Use Section A to identify the agency's department or unit.         • Use Section A to identify the agency, Department or Unit	Jse Section B to id Number of Ticket(s)/ Passes			ify an outside organization.
	B. Name of Individual	Number of Ticket(s)/		Identify one of the	following:
	B. (Last, First)	Passes			
				nonial Role 🔲 Other wing "Ceremonial Role" or "Other" o	
				monial Role Dother Other d	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe t	he public purpose made pu	ursuant to the agency's policy
	Trybe - 1341B E25th St. Oakland, CA 94606	12	To reward	a school or nonprofit	organization for its contrib
	Community building nonprofit in Oakland prov				

### 4. Verification

			Heather Cartwright	Supervisor's Assistant	Unlun
~	//	-	Print Name	Title	(month, day, year)
Comment:					

**A Public Document** 

	eremonial Rule Even	is and HCKEVP	233 DISUI	DULIVIIS		A PUDIIC L	ocument
1.	Agency Name				Date Stamp	Califor	
	Alameda County					Form	
	Division, Department, or Regi	on (if applicable)				For Offi	cial Use Only
	Board of Supervisors	Board of Supervisors					
	Designated Agency Contact (						
	Amy Shrago, Chief of Staff	Amendment (Must	Provide Explanati	on in Part 3.1			
	Area Code/Phone Number	E-mail				11/01/2	
	510-272-6695	Amy.Shrago@acgo	v.org		Date of Original Filing	(month, day,	
2.	Function or Event Inform	mation					62.50
	Does the agency have a tick	tet policy? Yes			Each Ticket/Pass \$_		02.30
	Event Description: Disney on Ice: Into the Magic Date(s) 10					/	_/
	Ticket(s)/Pass(es) provided	m Authority					
	Ticket(s)/Pass(es) provided by agency? Yes $\square$ No $\square$ If no: $\square$ Was ticket distribution made at the behest Yes $\blacksquare$ No $\square$ If yes: $\square$				Name of Source Keith		
					Official's Name (Last, First	t)	
	of agency official?						
3.	Recipients • Use Section A to identify the agen	cy's department or unit. • I	Use Section B to i	dentify an individu	ial. Use Section C to iden	tify an outside on	ganization.
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	1	e public purpose made p			
	Board of Supervisors, Dis	trict 5	4	To promote employee r	e, encourage, reward norale, retention, exe	l, or support g emplary servi	jeneral ce, or staff 🙀
	Probation		2		opportunities to thos m County agencies,		
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	e following:	
	Liu, Jennifer		lf chec	nonial Role Other King "Ceremonial Role" or "Other"	describe below:	Income	
					e attendance at even		ounty facility
					nonial Role D Other king "Ceremonial Role" or "Other"		income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the ag	gency's policy

### 4. Verification

	Amy Shrago	Chief of Staff	11/01/22
Signature of Agency Handlor 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)

Comment:

Print

Cer	emonial Role Even	ts and Ticket/P	ass Distri	butions	A	Public Document
I. A	gency Name				Date Stamp	California Form 802
A	lameda County					
DI	vision, Department, or Reg	ion (if applicable)				For Official Use Only
В	oard of Supervisors					
De	Designated Agency Contact (Name, Title)					
н	eather Cartwright		Amendment (Must	Provide Explanation in Part 3.)		
Ar	ea Code/Phone Number	E-mail				
(5	510) 272-6691	heather.cartwright2	@acgoy.org		Date of Original Filing:	(month, day, year)
2. F	unction or Event Infor	mation				¢60.60
	oes the agency have a tic				Each Ticket/Pass \$ _	\$62.50
E	vent Description: Disney of	on Ice - Into the Magi Provide Title/ Expla	nanon		16 , 202	//
Т	icket(s)/Pass(es) provided	•	d Arena			
•••			Mama of Course			
	las ticket distribution made	e at the behest Yes	🗆 No 📰 🛛 If	yes: <u>Hauber</u>	Official's Name (Last, First)	
¢	of agency official?					
	Recipients	mé department er unit	Lise Section B to it	ientify an individu	mi - tise Section (" to ident	ify an outside organization
12	Use Section A to identify the agency's department or unit.     Use Section B to identify an individu     Number					
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's p		
a a			Number			
۱	B. Name of Ind (Last, Fi		of Ticket(s)/ Passes		Identify one of the	following:
9	Ellingsen, Roland		3		nonial Role Other king "Ceremonial Role" or "Other" (	
				To promote attendance at events held at a County facility		
-					nonial Role Ciner king "Ceremonial Role" or "Ciher" o	
. "	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agen		revent to the agency's policy
æ						
h	erification have read and understand FF ith the reduirements.	PS Regulations 1894	1.1 and 18942.	I I have verified	that the distribution set	forth above, is in accordance
		Heather D. C	artwright	Supr	ervisor's Assistant	12 2. 1117
		r totativor pris	Ser con Street	to up (		5 8 31 VVV

### Agency Report of: Distributions tion a 4/D----Cerem

С	eremonial Role Even	ts and Ticket/P	A Public Documen			
1.	Agency Name			Date Stamp	California Form 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	()				
					Amendment (Must Pro	ovide Explanation in Part 3.)
	510-272-6695	E-mail			Date of Original Filing: _	11/01/22
	510-272-0095	Amy.Shrago@acgo	w.org		Suco of Original Fining.	(month, day, year)
2.	Function or Event Information					
	Does the agency have a ticket policy? Yes No D Face Value of			Face Value of	Each Ticket/Pass \$	62.50
	Event Description: Disney on Ice: Into the Magic			Date(s) <u>10 / 16 / 22</u>		
	Event Description.	Provide Title/ Explan	nation			/
	Ticket(s)/Pass(es) provided		If no: _Coliseu			
	Was ticket distribution made at the behest Yes No Conson, Kei				Name of Source	
	Was ticket distribution made	e at the behest Yes	📕 No 🗖	If yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
	<ul> <li>Use Section A to identify the age</li> </ul>	ncy's department or unit.	Use Section B	to identify an individ	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Dep	Number of Ticket(s)	y Describe ti	te public purpose made pure	suant to the agency's policy	

Α.	Name of Agency, Department or Unit	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
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Moersky, Jenni		4	Ceremonial Role Conter
			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

### 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	11/01/22
Signiture of Agency and or Designee	Print Name	Title	(month, day, year)
Comment:			
Print	Clear	FPPC Toll-Free Heinline	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)

**A Public Document** 

~		to and moncon	435 BIS	ibudono	A	abile 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)					
	Lawson Bell, Supervisor's A	ssistant			Amendment (Must Pro	wide Exclanation in Part 3.
	Area Code/Phone Number	E-mail				10/10/2022
	(510) 272-6674	Lawson.Bell@acgo	v.org		Date of Original Filing: _	(month, day, year)
2,	Function or Event Infor	mation				440.75
	Does the agency have a tick	No 🗖	Face Value of I	Each Ticket/Pass \$	118.75	
	Event Description: Scorpion	IS		Date(s)	, 18 , 22	
	Event Description.	Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [	🗌 No 📗	lf no: Oakland		
				If yes: Hauber	Name of Source t, David	
	Was ticket distribution made	e at the behest Yes	No 🗖	If yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients • Use Section A to identify the agen		Use Coellee Dite	1	und – Alex Constan Can Identifi	
	Use Section A to identify the agen	icy's department or unit.	Number	identity an individu	dal, Ose Section C to identify	an outside organization.
	A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	B. Name of Individual		Number of Ticket(s)/	-	Identify one of the fo	llowing
	Last, First)		Развез		racinity one of the following.	
	Krause, Paul			nonial Role 🔲 Other 📗 king "Ceremonial Role" or "Other" des	cribe below;	
				(3) To prom	note tourism or foster e	conomic or business de
					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	ne public purpose made purs	uant to the agency's policy
	3					
_			L			

### 4. Verification

	L	awson	Supervisor's Assistant	10/10/2022
		Print Name	Title	(month, day, year)
Comment:				
	Print	Clear	FPPC Toll-Free Helpline: 866	FPPC Form 802 (2/2016) /ASK-FPPC (866/275-3772)

-					1			
1.	Agency Name		Date Stamp	California 802				
	Alameda County					Form OUZ For Official Use Only		
	Division, Department, or Reg	ion (if applicable)				For Oracial Use Only		
	Board of Supervisors							
	<b>Designated Agency Contact</b>	(Name, Title)			]			
	Heather Cartwright					Provide Explanation in Part 3.)		
	Area Code/Phone Number         E-mail           (510) 272-6691         heather.cartwright2@acgov.org							
				g Date of Original Fil		ng:(month, day, year)		
2.	Function or Event Infor	mation				\$118.75		
	Does the agency have a tic	ket policy? Yes			Each Ticket/Pass \$ .	Ø110.70		
	Event Description: Scorpia	ns feat. Whitesnake		Date(s) 10	<u>, 18 , 2023</u>			
	Event Description.	Provide Title/ Explan	- Alan			بوجيسيني أوروبي والتكافل فسي		
	Ticket(s)/Pass(es) provided	by agency? Yes [	No 🔳 🛛	f no: Oaklan	d Arena			
				. Hauber	Name of Source t, David			
	Was ticket distribution made	e at the behest Yes [	] No 🔳	f yes:	Officiei's Name (Last, Firs	4)		
	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		he public purpose made pursuant to the agency's policy			
	3							
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	(s)/ Identify one of the following:		e following:		
	-				monial Role 🔲 Other			
	Krause, Paul		3	If checking "Ceremonial Role" or "Other" describe below:				
		9.4		To promote	e attendance at ever	ts held at a County facili		
					monial Role 🔲 Other cking "Ceremonial Role" or "Other			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pases		e the public purpose made pursuant to the agency's policy			
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### 4. Verification

An and a second second second	Heather D. Cartwright	Supervisor's Assistant	(month, day, year)
Signature of Agency Head or Designee			,
Pri	nt Clear	FPPC Toll-Free Helpline: 88(	FPPC Form 802 (2/2016) 8/ASK-FPPC (866/275-3772)