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9	eremumar Role Even	is and never	ass Distill	buttonia		AT UNITO	Document
1.	Agency Name				Date Stamp	Califo	
	Alameda County					For	
	Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title)				For O	fficial Use Only	
	Heather Cartwright					ust Provide Explana	ation in Part 3.)
	Area Code/Phone Number	E-mail					
	(510) 272-6693	heather.cartwright@	Dacgov.org		Date of Original Fill	ing:(month, da	ay, year)
2.	Function or Event Infor	mation					\$62.50
	Does the agency have a ticl				Each Ticket/Pass	\$	
	Event Description:	n Nights Fall Tour fea	at. Steven D	ate(s)	, 01 , 202 <mark>2</mark>	/	
	Tielet(e)/Deee(ee) provided	Provide Title/ Explan	V2:20	no: Oaklan	d Arena		
	Ticket(s)/Pass(es) provided	by agency frest			Mama of Course		
	Was ticket distribution made	e at the behest Yes [No 📕 If	yes: Brown,	Dave Official's Name (Last, F	516)	
	of agency official?				Omiciai s Name (Lasi, r	-1150/	
3.	Recipients Use Section A to Identify the agency's department or unit. A. Name of Agency, Department or Unit		Use Section B to id Number of Ticket(s)/ Passes		ual. Use Section C to ic		
	B. Name of Individual (Last, First) Gardley, Kassendra		Number of Ticket(s)/ Passes		Identify one of	the following:	
			4	if chec	king "Ceremonial Role" or "Otl		Income 🗌
				To encoura	ige County of Alan	neda resident	and busines
					nonial Role Ott king "Ceremonial Role" or "Otl	her 🔲 her" describe below:	Income 🗌
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose mad	e 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

Heather Cartwright Print Name Supervisor's Assistant

(month, day, year)

Comment:



1.	Agency Name				Date Stamp	California	802
	Alameda County					Form	002
	Division, Department, or Regi	on (if applicable)				For Official 1	Jse 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-mait				12/01/22	,
	510-272-6695	Amy.Shrago@acg	ov.org		Date of Original Filing:	(month, day, yea	7
2.	Function or Event Inform	mation					
	Does the agency have a tick	tet policy? Yes	📕 No 🗖	Face Value of	Each Ticket/Pass \$	(52.50
	Event Description: Elevation	n Nights Fall Tour Provide Title/ Expla	anation	Date(s)1		//.	
	Ticket(s)/Pass(es) provided	by agency? Yes		If no:Coliseu	Mama of Course		
	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		
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:		
Music, Richard		4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at events held at a County facili		
			Ceremonial Role D Other D Income I 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 Jequirements.

Amy Shrago		Chief of Staff	12/01/22	
Signature of Agency Haad or Designee	Print Name	Title	(month, day, year)	
Comment:				
Prin	t Clear		FPPC Form 802 (2/2016)	

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1.	Agency Name			Date Stamp	California 802
	Alameda County Division, Department, or Region (if applicable) Board of Supervisors				
				1	For Official Use Only
	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]	12/01/22
	510-272-6695	Amy.Shrago@acgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation			440.75
	Does the agency have a tic	ket policy? Yes No 🗌	Face Value of	Each Ticket/Pass \$	143.75
	Event Description: Zac Bro	wn Band Provide Title/Explanation	Date(s)	, 06 , 22 -	/
	Ticket(s)/Pass(es) provided by agency? Yes No		If no:Coliseu	Name of Source	
	Was ticket distribution made at the behest Yes No		If yes: <u>Carson</u>	, Keith Official's Name (Last, First)	
3.		ncy's department or unit. • Use Section B	to identify an individu	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
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Cother Cother Income
			Ceremonial Role C Other C 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	12/01/22
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Prir	nt 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 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			Amendment (Must Pro	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail		1 .	12/01/22		
	510-272-6695	Amy.Shrago@acgov.org		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor			Feeh Tieket/Doop ¢	75.00		
	Does the agency have a tic			Each Ticket/Pass \$			
	Event Description: Pentato	nix	Date(s)1	<u>, 17 , 22 </u>	//		
		Provide Title/ Explanation	Coline	If no: _Coliseum Authority			
	Ticket(s)/Pass(es) provided	by agency? Yes 🗌 No	If no:				
	Was ticket distribution made of agency official?	e at the behest Yes 🔳 No	If yes: Carsor	Name of Source , Keith Official's Name (Last, First)			
3.		ncy's department or unit. • Use Sect	on B to identify an individ	ual. Use Section C to identify	an outside organization.		
	······································		nber				

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:
Simpson, Michelle		4	Ceremonial Role Other I Income Income Income
			To promote attendance at events held at a County facility
Нор	kins, Liz	4	Ceremonial Role D Other Income Income It checking "Ceremonial Role" or "Other" describe below:
			To promote attendance at events held at a County facility
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

A	Amy Shrago	Chief of Staff 12/	
Signature of Agency Heild or Designee	Print Name	Title	(month, day, year)
Comment:			
Print	Clear		FPPC Form 802 (2/2016)

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С	eremonial Role Even	ass Distri	butions	A	Public Document	
1.	Agency Name Alameda County Division, Department, or Reg	ion (if applicable)			Date Stamp	California Form 802 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 510-272-6695	E-mail Amy.Shrago@acgo	ov.org		Date of Original Filing:	12/01/22 (month, day, year)
2.	Function or Event Infor		No 🖂 🗜	ace Value of	Each Ticket/Pass \$	112.50
	Event Description:		Up! D	ate(s)11	, 27 , 22	//
	Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?			no: <u>Coliseu</u> yes: <u>Carson</u>	Mama of Sauma	
3.	• Use Section A to Identify the ager	cy's department or unit.	Use Section B to ic	dentify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	Board of Supervisors, Dis	trict 5	4		e, encourage, reward, o morale, retention, exem	r support general plary service, or staff 📺
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
					nonial Role Other Other king "Ceremonial Role" or "Other" des	Income

4. Verification

Ċ.

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 theireauirements.

Number

of Ticket(s)/ Passes

Other

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

If checking "Ceremonial Role" or "Other" describe below:

Ceremonial Role

Income

	Amy Shrago	Chief of Staff	12/01/22
Signature of Agency Hood or Designee	Print Name	Title	(month, day, year)
Comment:			
Prir	nt Clear	FPPC Toll-Free Helpline: 8	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)