# Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

## 1. Agency Name
Alameda County

**Division, Department, or Region (if applicable)**
Board of Supervisors

**Designated Agency Contact (Name, Title)**
Heather Cartwright

**Area Code/Phone Number**
(510) 272-6693

**E-mail**
heather.cartwright@acgov.org

### Date Stamp

**California Form 802**
For Official Use Only

### Amendment (Must Provide Explanation in Part 3.)

**Date of Original Filing:**

### 2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes □ No □</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Face Value of Each Ticket/Pass</strong></td>
<td>$200</td>
</tr>
<tr>
<td><strong>Date(s)</strong></td>
<td>10/1/2021</td>
</tr>
<tr>
<td><strong>Event Description</strong></td>
<td>Los Bukis</td>
</tr>
<tr>
<td><strong>Ticket(s)/Pass(es) provided by agency?</strong></td>
<td>Yes □ No □</td>
</tr>
<tr>
<td><strong>If no:</strong></td>
<td>Oakland Arena</td>
</tr>
<tr>
<td><strong>If yes:</strong></td>
<td>Chan, Wilma</td>
</tr>
<tr>
<td><strong>Name of Source</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Official's Name (Last, First)</strong></td>
<td></td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Ceremonial Role □ Other □ Income □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jacques, Maciel</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

- To reward a community volunteer for service to the public.

#### C. Name of Outside Organization (include address and description)

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

### 4. Verification

> PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the regulations.

Heather Cartwright

Supervisor's Assistant

Print Name

Date (month, day, year)
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

**1. Agency Name**
Alameda County

**Division, Department, or Region (if applicable)**
Board of Supervisors

**Designated Agency Contact (Name, Title)**
Heather Cartwright

**Area Code/Phone Number** (510) 272-6693
**E-mail** heather.cartwright@acgov.org

**2. Function or Event Information**

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes □</th>
<th>No □</th>
</tr>
</thead>
</table>

**Event Description:** Los Bukis

**Face Value of Each Ticket/Pass:** $200

**Date(s):** 10/1/2021

**Ticket(s)/Pass(es) provided by agency?** Yes □ No □

If no: **Name of Source**
Oakland Arena

If yes: **Name of Source**
Chan, Wilma

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

**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**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

**B. Name of Individual**

<table>
<thead>
<tr>
<th>Last, First</th>
<th>Number of Ticket(s)/Passes</th>
<th>Ceremonial Role □</th>
<th>Other □</th>
<th>Income □</th>
</tr>
</thead>
</table>

Jacques, Maciel

4

To reward a community volunteer for service to the public

**C. Name of Outside Organization**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</table>

**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

Heather Cartwright

Supervisor's Assistant

11/15/2021
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Heather Cartwright
   Area Code/Phone Number (510) 272-6693
   E-mail heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $ __________ 200
   Event Description: Los Bukis
   Date(s) 10 / 2 / 2023
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: Oakland Arena
   If yes: Chan, Wilma
   Was ticket distribution made at the behest of agency official? Yes [ ] No [ ]

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. Name of Individual (Last, First)
      Number of Ticket(s)/Passes
      Identify one of the following:
      Ceremonial Role [ ] Other [ ] 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
      The Unity Council-1900 Fruitvale Ave #2a, Q4 4
      To reward a school or nonprofit organization for its contrib...
      A non-profit Social Equity Development Corp.

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 report.
   Heather Cartwright
   Supervisor's Assistant
   11/15/2023

FFPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

**1. Agency Name**
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Heather Cartwright
Area Code/Phone Number
(510) 272-6693
E-mail
heather.cartwright@acgov.org

**2. Function or Event Information**
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $ $200
Event Description: Los Bukis
Date(s) 10/2/2023
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: Oakland Arena
If yes: Chan, Wilma
Name of Source
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Unity Council-1900 Fruitvale Ave #2a, Oakland</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contrib</td>
</tr>
<tr>
<td>A non-profit Social Equity Development Corp.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4. Verification**
PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the regulations.
Heather Cartwright
Supervisor's Assistant

Print ☒ Clear ☐

FPPC Form 802 (2/2015)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. **Agency Name**
   Alameda County

**Division, Department, or Region (if applicable)**

**Board of Supervisors**

**Designated Agency Contact (Name, Title)**
Amy Shrago

**Area Code/Phone Number**
510-272-6695

**E-mail**
Amy.Shrago@acgov.org

2. **Function or Event Information**
   
   **Does the agency have a ticket policy?**  Yes ☐ No ☐
   
   **Face Value of Each Ticket/Pass:** $137.50
   
   **Event Description:** Myke Towers
   
   **Provide Title/Explanation**
   
   **Date(s) of Event:** 10/08/21
   
   **Ticket(s)/Pass(es) provided by agency?**  Yes ☐ No ☐
   
   **Ticket(s)/Pass(es) provided by agency?**
   
   **Was ticket distribution made at the behest of agency official?**  Yes ☐ No ☐

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. Name of Individual**
   
   **(Last, First)**
   
   **Number of Ticket(s)/Passes**
   
   **Identify one of the following:**
   
   **Ceremonial Role** ☐  **Other** ☐  **Income** ☐
   
   **To reward a community volunteer for services to the public**
   
   **Ceremonial Role** ☐  **Other** ☐  **Income** ☐
   
   **If checking "Ceremonial Role" or "Other" describe below:**

   **Sanchez, Liz**
   
   **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**  
   **Print Name**  
   **Title**  
   **10-20-21**  
   **(month, day, year)**

   **Comment:**

   **Print**  
   **Clear**
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 510-272-6695
   E-mail Amy.Shrago@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Event Description: Disney on Ice
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Face Value of Each Ticket/Pass $ 62.50
   Date(s) 10/14/21 10/15/21
   Was ticket distribution made at the behest of agency official? Yes □ No □
   If yes: Coliseum Authority
   If no: 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.
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Passes
      Describe the public purpose made pursuant to the agency’s policy

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Passes
      Identify one of the following:
      Ceremonial Role □ Other □ Income □
      If checking “Ceremonial Role” or “Other” describe below:
      To reward a community volunteer for service to the pub□

   Horula, Matlena 4

   Walker, Leslie 4

   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
   10/20/21
   Print Name Title (month, day, year)

Comment: 

Print Clear
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

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**  
   510-272-6695  
   **E-mail**  
   Amy.Shrago@acgov.org

2. **Function or Event Information**  
   - **Does the agency have a ticket policy?**  
     Yes [ ] No [ ]  
   - **Event Description:** Disney on Ice  
     **Face Value of Each Ticket/Pass** $ 62.50  
   - **Ticket(s)/Pass(es) provided by agency?**  
     Yes [ ] No [ ]  
   - **Was ticket distribution made at the behest of agency official?**  
     Yes [ ] No [ ]  
   - **Date(s)** 10 / 16 / 21  
     **Name of Source**  
     Coliseum Authority  
     **Official’s Name (Last, First)**  
     Carson, Keith

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**
     
     BOS Dist 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:**
     
     Shepard, Katie  
     4  
     Ceremonial Role [ ] Other [ ] Income [ ]  
     To reward a community volunteer for service to the public

   - **Jones, Kenya**  
     4  
     Ceremonial Role [ ] Other [ ] Income [ ]  
     To reward a community volunteer for service to the public

   - **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  
   Print Name  
   Chief of Staff  
   Title  
   10/20/21  
   (month, day, year)

   **Comment:**

   [Print/Clear Buttons]
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Heather Cartwright

   Area Code/Phone Number  E-mail
   (510) 272-6693  heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☐ No ☐ Face Value of Each Ticket/Pass $ 62.50
   Event Description: Disney on Ice
   Date(s)  10 / 16 / 2021
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☐ If no: Oakland Arena
   If yes: Chan, Wilma
   Was ticket distribution made at the behest of agency official?  Yes ☐ No ☐

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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

   | Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:
   |---------------------------------|---------------------------|-----------------------------------------------------------------|
   | Lau, Joanne                      | 2                         | Ceremonial Role ☐ Other ☐ Income ☐ To promote county resources or facilities available to 
   |                                 |                           | Community ☐ Ceremonial Role ☐ Other ☐ Income ☐ If checking “Ceremonial Role” or “Other” describe below: |

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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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 FPPC regulations.

   Designee: Heather Cartwright
   Supervisor’s Assistant: ____________________________
   Date of Original Filing: ____________________________
   California Form 802 (2/2016)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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Board of Supervisors
Designated Agency Contact (Name, Title)
Heather Cartwright
Area Code/Phone Number (510) 272-6693
E-mail heather.cartwright@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [ ]
Face Value of Each Ticket/Pass $62.50
Event Description: Disney on Ice
Date(s): 10/17/2021
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
If no: Oakland Arena
Name of Source: Chan, Wilma
If yes: Chan, Wilma
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.

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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Passes</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last, First)</td>
<td></td>
</tr>
<tr>
<td>Brown, Maddie</td>
<td>4</td>
</tr>
</tbody>
</table>

Identify one of the following:
- Ceremonial Role [ ]
- Other [ ]
- Income [ ]

To promote attendance at events held at a County facility

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</th>
<th>Number of Ticket(s)/Passes</th>
</tr>
</thead>
<tbody>
<tr>
<td>(include address and description)</td>
<td></td>
</tr>
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</table>

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 regulations.

Heather Cartwright
Supervisor's Assistant

11/15/2021 (month/day/year)
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   Amy Shrago, Chief of Staff
   Area Code/Phone Number 510-272-6695
   E-mail Amy.Shrago@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Disney on Ice
   Face Value of Each Ticket/Pass $ 62.50
   Date(s) 10 / 17 / 21
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Coliseum Authority
   Name of Source Carson, Keith
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐

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. Name of Individual (Last, First) Ray, Sarah
      Number of Ticket(s)/Passes 4
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      To encourage County of Alameda resident and business ☐
      If checking "Ceremonial Role" or "Other" describe below:

      Hong, Aileen
      Number of Ticket(s)/Passes 4
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      To encourage County of Alameda resident and business ☐
      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
   10/20/21
   Print Name
   Title
   (month, day, year)

   Comment: [ ]
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   Designated Agency Contact (Name, Title)
   Amy Shrago, Chief of Staff
   Area Code/Phone Number 510-272-6695
   E-mail Amy.Shrago@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Event Description: Disney on Ice
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Was ticket distribution made at the behest of agency official? Yes □ No □
   Face Value of Each Ticket/Pass $ 62.50
   Date(s) 10/17/21
   If no: Coliseum Authority
   Name of Source 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.

   A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy
   Number of Ticket(s)/Passes

   B. Name of Individual (Last, First) Number of Ticket(s)/Passes Identify one of the following:
   Ceremonial Role □ Other □ Income □
   To reward a community volunteer for service to the public
   Ceremonial Role □ Other □ 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
   Print Name
   Chief of Staff
   Title
   10/20/21
   (month, day, year)

Comment:

[Signature]

Print Clear
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1. Agency Name  
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Board of Supervisors  
Designated Agency Contact (Name, Title)  
Amy Shrago  
Area Code/Phone Number  
510-272-6695  
E-mail  
Amy.Shrago@acgov.org  

2. Function or Event Information  
Does the agency have a ticket policy?  
Yes [ ]  No [ ]  
Face Value of Each Ticket/Pass $200  
Event Description: System of a Down  
Date(s): 10 / 18 / 21  
Ticket(s)/Pass(es) provided by agency?  
Yes [ ]  No [ ]  
If no: Coliseum Authority  
Name of Source:  
Carson, Keith  
Official's Name (Last, First)  
Was ticket distribution made at the behest of agency official?  
Yes [ ]  No [ ]  

3. Recipients  
*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.*  

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tr>
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</table>

| B. Name of Individual               | Number of Ticket(s)/Passes | Identify one of the following:  
  (Last, First)                      |                          | Ceremonial Role [ ]  Other [ ]  Income [ ]  
                                      |                          | If checking “Ceremonial Role” or “Other” describe below:  
  Schoneker, Jake                     | 4                         | To promote attendance at events held at a County facility  
                                      |                           | Ceremonial Role [ ]  Other [ ]  Income [ ]  
                                      |                           | If checking “Ceremonial Role” or “Other” describe below:  
                                      |                           |                                                               |

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>(include address and description)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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  
10-20-21  
(month, day, year)

Comment:
Agency Name: Alameda County
Division, Department, or Region: Board of Supervisors
Designated Agency Contact: Amy Shrago
Area Code/Phone Number: 510-272-6695
E-mail: Amy.Shrago@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description: J. Cole
Face Value of Each Ticket/Pass: $175.00
Date(s): 10 / 20 / 21
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOS Dist 5</td>
<td>4</td>
<td>To promote, encourage, reward, or support general employee morale, retention, exemplary services, or staff</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

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 ☐
Print Name ☐ Title ☐
Print Name ☐ Title ☐

Comment:

Print ☐ Clear ☐

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Heather Cartwright
Area Code/Phone Number (510) 272-6693
E-mail heather.cartwright@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ■
Face Value of Each Ticket/Pass $175
Event Description: J. Cole
Date(s) 10 / 20 / 2023
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■
If no: Oakland Arena
If yes: Chan, Wilma
Was ticket distribution made at the behest of agency official? Yes ☐ No ■

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richardson, India</td>
<td>4</td>
<td>To promote County resources or facilities available to Co.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 law.

Heather Cartwright
Designee
Supervisor’s Assistant
11/15/2023 (month, day, year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (if Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Heather Cartwright
Area Code/Phone Number E-mail
(510) 272-6693 heather.cartwright@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $18
Event Description Alameda County Fair
Provide Title/Explanation
Date(s) 10 / 21 / 21 10 / 31 / 21
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Alameda County Fair
Name of Source
If yes: Alameda County Supervisor Wilma Chan
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)/Pass(es)

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

B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es)

Identify one of the following:

- Ceremonial Role ☐ Other ☐ Income ☐

If checking “Ceremonial Role” or “Other” describe below:

To reward a community volunteer for his or her service to the public

- Ceremonial Role ☐ Other ☐ Income ☐

If checking “Ceremonial Role” or “Other” describe below:

To reward a community volunteer for his or her service to the public

C. Name of Outside Organization (include address and description) Number of Ticket(s)/Pass(es)

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

4. Verification
I have read and understand FPPC Section 18944 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Heather Cartwright
Supervisor’s Assistant
Print Name Title

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agency Report of:**  
**Ceremonial Role Events and Ticket/Pass Distributions**

1. **Agency Name**  
Alameda County  
Division, Department, or Region *(If Applicable)*  
Board of Supervisors  
**Designated Agency Contact** *(Name, Title)*  
Heather Cartwright  
**Area Code/Phone Number** *(510) 272-6693*  
**E-mail** heather.cartwright@acgov.org

2. **Function or Event Information**  
- **Does the agency have a ticket policy?**  
  Yes ☒ No ☐  
- **Event Description**  
  Alameda County Fair  
- **Ticket(s)/Pass(es) provided by agency?**  
  Yes ☐ No ☒  
- **Was ticket distribution made at the behest of agency official?**  
  No ☐ Yes ☒  
- **Face Value of Each Ticket/Pass $** ☑  
- **Date(s)**  
  10 / 21 / 21  
  10 / 31 / 21

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cushman, Warren</td>
<td>2</td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Guskin, Andrea</td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>McKnight, Piper</td>
<td></td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>(include address and description)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ________________________________
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - Alameda County

**Division, Department, or Region (If Applicable):**

**Board of Supervisors**

**Designated Agency Contact (Name, Title):**
   - Heather Cartwright

**Area Code/Phone Number**
   - (510) 272-6693

**E-mail**
   - heather.cartwright@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No [ ]
   - **Face Value of Each Ticket/Pass $** $18
   - **Event Description** Alameda County Fair
   - **Provide Title/Explanation** Provide Title/Explanation
   - **Date(s)** 10 / 22 / 21
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   - **If no: Alameda County Fair**
     - **Name of Source**
   - **If yes: Alameda County Supervisor Wilma Chan**
     - **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)/Pass(es)**
   **Describe the public purpose made pursuant to the agency’s policy**

   **B.** **Name of Individual (Last, First)**
   **Number of Ticket(s)/Pass(es)**
   **Ceremonial Role [ ] Other [ ] Income [ ]**
   **If checking “Ceremonial Role” or “Other” describe below:**
   - **To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales**

   **C.** **Name of Outside Organization**
   **(include address and description)**
   **Number of Ticket(s)/Pass(es)**
   **Describe the public purpose made pursuant to the agency’s policy**
   - **Various (reference attached spreadsheet)**
   - **206**
   - **To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales**
   - **Various (reference attached spreadsheet)**
   - **21**
   - **To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales**
   - **Various (reference attached spreadsheet)**
   - **180**
   - **To reward a school or nonprofit organization for its contributions to the community**

4. **Verification**
   - I have read and understand parts 1, 2, 3, and 4 of the California Fair Political Practice Act. I have verified that the distribution set forth above, is in accordance with the requirements.
   - **Heather Cartwright**
     - **Poth Name**
   - **Supervisor’s Assistant**
     - **Title**
   - **10/31/2021**
     - **(Month, Day, Year)**

Comment: ____________________________
1. Agency Name
   Alameda County

Division, Department, or Region (If Applicable)
   Board of Supervisors

Designated Agency Contact (Name, Title)
   Heather Cartwright

Area Code/Phone Number  E-mail
   (510) 272-6693  heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes X  No □

   Event Description  Alameda County Fair

   Ticket(s)/Pass(es) provided by agency?  Yes □  No X

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

   Face Value of Each Ticket/Pass $  $18

   Date(s)  10 / 22 / 21  10 / 31 / 21

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Molina, Courtney</td>
<td>4</td>
<td>Ceremonial Role □  Other □  Income □</td>
</tr>
</tbody>
</table>

   If checking “Ceremonial Role” or “Other” describe below:

   To promote attendance...event held at a County facility...maximize potential County revenue...concession sales

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification

I have read and understood 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  11/15/2021

Print Name  Title  (Month, Day, Year)

Comment: ____________________________
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name  
Alameda County

Division, Department, or Region (If Applicable)  
Board of Supervisors

Designated Agency Contact (Name, Title)  
Heather Cartwright

Area Code/Phone Number  
(510) 272-6693

E-mail  
heather.cartwright@acgov.org

Date Stamp  
California Form 802

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: ___/___/___

2. Function or Event Information

Does the agency have a ticket policy?  
Yes ☑ No ☐

Face Value of Each Ticket/Pass $  
18

Event Description  
Alameda County Fair

Provide Title/Explanation

Date(s)  
10/22/21 10/31/21

Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☑

If no:  
Name of Source  
Alameda County Fair

If yes:  
Name of Source  
Alameda County Supervisor Wilma Chan

Official's Name (Last, First)

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

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)/Pass(es)  
Describe the public purpose made pursuant to the agency's policy

B. Name of Individual  
(last, first)  
Number of Ticket(s)/Pass(es)  
Identify one of the following:

Ceremonial Role ☐ Other ☐ Income ☐

To promote attendance...event held at a County facility...maximize potential County revenue...concession sales

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

C. Name of Outside Organization  
(include address and description)  
Number of Ticket(s)/Pass(es)  
Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC regulations 8944.1 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

(2021/01/15)

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Heather Cartwright
   Area Code/Phone Number (510) 272-6693
   E-mail heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $18
   Event Description Alameda County Fair
   Date(s) 10/22/21 10/31/21
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Alameda County Fair
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If yes: Alameda County Supervisor Wilma Chan
   Name of Source
   If no: Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   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)/Pass(es) Describe the public purpose made pursuant to the agency’s policy

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es) Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      To promote attendance...event held at a County facility...maximize potential County revenue...concession sales

   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Heather Cartwright
   Supervisor’s Assistant
   Date of Original Filing: (Month, Day, Year)
   Comment: ______________________

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Name: Alameda County
Division, Department, or Region (If Applicable): Board of Supervisors
Designated Agency Contact (Name, Title): Heather Cartwright
Area Code/Phone Number: (510) 272-6693
E-mail: heather.cartwright@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☑
Face Value of Each Ticket/Pass: $18
Event Description: Alameda County Fair
Provide Title/Explanation:
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Date(s): 10 / 22 / 21
10 / 31 / 21
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Name of Source: Alameda County Fair
Official’s Name (Last, First): Wilma Chan

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)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy

B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
To encourage promote County-run, sponsored, or supported community events...

C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy

4. Verification
I have read and understand FPPC Regulations 18944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Heather Cartwright
Print Name
Supervisor’s Assistant
Title
11/15/2021
(Month, Day, Year)

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - Alameda County

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☒ No ☐
   - Event Description: Alameda County Fair
   - Date(s): 10/22/21, 10/31/21
   - Face Value of Each Ticket/Pass $18
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   - If no: Alameda County Fair
   - Name of Source
   - If yes: Alameda County Supervisor Wilma Chan
   - 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)/Pass(es)
   - Describe the public purpose made pursuant to the agency’s policy

   ![Table](#)

   **B.** Name of Individual
   - Number of Ticket(s)/Pass(es)
   - Ceremonial Role ☐ Other ☐ Income ☐
   - Identify one of the following:
   - To encourage promote County-run, sponsored, or supported community events...

   ![](#)

   **C.** Name of Outside Organization
   - (include address and description)
   - Number of Ticket(s)/Pass(es)
   - Describe the public purpose made pursuant to the agency’s policy

   ![Table](#)

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
   - Supervisor’s Assistant
   - 11/15/2021

Comment: ___________________________
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County

   Division, Department, or Region (If Applicable)
   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Heather Cartwright

   Area Code/Phone Number (510) 272-6693
   E-mail heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 18
   Event Description Alameda County Fair
   Date(s) 10 / 22 / 21 10 / 31 / 21
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Alameda County Fair
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   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)/Pass(es)
      Describe the purpose made pursuant to the agency's policy

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To encourage promote County-run, sponsored, or supported community events...
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization
      (include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the 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.
   Heather Cartwright
   Supervisor's Assistant
   (Print Name)
   (Title)
   Date of Filing: 11/15/2021

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County

   Division, Department, or Region (If Applicable)
   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Heather Cartwright

   Area Code/Phone Number E-mail
   (510) 272-6693 Heather.Cartwright@agov.org

   Date Stamp
   California Form 802
   For Official Use Only

   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $ [ ]
   Alameda County Fair
   Provide Title/Explanation
   Date(s) 10 / 22 / 21 10 / 31 / 21
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: Alameda County Fair
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   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)/Pass(es) Describe the public purpose made pursuant to the agency’s policy

   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking “Ceremonial Role” or “Other” describe below:
      To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking “Ceremonial Role” or “Other” describe below:

   C. Name of Outside Organization (include address and description) Number of Ticket(s)/Pass(es) 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.
   Heather Cartwright Supervisor’s Assistant
   (Last Name) Title
   11/15/2021 (Month, Day, Year)

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Heather Cartwright
Area Code/Phone Number
(510) 272-6693
E-mail
Heather.Cartwright@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description
Alameda County Fair
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass $15 parking pass
Date(s) 10 / 22 / 21 10 / 31 / 21
If no: Alameda County Fair
Name of Source
If yes: Alameda County Supervisor Wilma Chan
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, Maddie</td>
<td>1 ea.</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Lau, Joanne</td>
<td></td>
<td>if checking “Ceremonial Role” or “Other” describe below.</td>
</tr>
<tr>
<td>Lam, Marianne</td>
<td></td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td>Oddie, Sarah</td>
<td>1 ea.</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>Molina, Courtney</td>
<td></td>
<td>if checking “Ceremonial Role” or “Other” describe below.</td>
</tr>
<tr>
<td>Hong, Ernest</td>
<td></td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
Supervisor’s Assistant
11/15/2021
(Month, Day, Year)

Comment: [signature]
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Amy Shrago, Chief of Staff
   Area Code/Phone Number: 510-272-6695
   E-mail: Amy.Shrago@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: In Real Life Comedy Tour
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 125.00
   Date(s) 10/23/21
   If no: Coliseum Authority
   If yes: Carson, Keith

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.
   Name of Agency, Department or Unit | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency’s policy

<table>
<thead>
<tr>
<th>A.</th>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clark, Keith</td>
<td>4</td>
<td>To reward a community volunteer for service to the public</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C.</th>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
Print Name: Print Name
Title: Title
Date: 10/20/21
(month, day, year)

Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number: (510) 272-6692
   E-mail: Gabriela.Christy@acgov.org
   Date of Original Filing:

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Event Description: Alameda County Fair
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 18
   Date(s): 6/23/21 10/31/21
   If no: ______________________________
   Name of Source: Valle, Richard- Supervisor District 2
   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)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   
   B. Name of Individual | Last, First | Number of Ticket(s)/Pass(es) | Ceremonial Role ☐ Other ☐ Income ☐
   Watkins, Tyler | 10 | If checking "Ceremonial Role" or "Other" describe below:
   Jackson, Leonard | 10 | To reward a community volunteer for his or her service to the public
   
   C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   
4. Verification
   I have read and understand FPPC Regulations 19944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Gabriela Christy
   Supervisor's Assistant: ________
   Print Name: ________
   Title: ________
   Date: ________ (Month, Day, Year)

Comment: ____________________________
# Agency Report of:
## Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
- Alameda County
- Division, Department, or Region (If Applicable): Board of Supervisors
- Designated Agency Contact (Name, Title): Gabriela Christy
- Area Code/Phone Number: (510) 272-6692
- E-mail: Gabriela.Christy@acgov.org

### 2. Function or Event Information
- Does the agency have a ticket policy? Yes ☒ No ☐
- Event Description: Alameda County Fair
- Face Value of Each Ticket/Pass: $18
- Date(s): 10/23/21, 10/31/21
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
- If no: _____________________________
- If yes: Name of Source: Valle, Richard- Supervisor District 2
- Official’s Name (Last, First): _____________________________
- Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
- If yes: _____________________________

### 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
<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Name of Individual
<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garcia, Suzy</td>
<td>10</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below: To reward a community volunteer for his or her service to the public</td>
</tr>
<tr>
<td>Martinez, Jackie</td>
<td>10</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below: To reward a community volunteer for his or her service to the public</td>
</tr>
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#### C. Name of Outside Organization
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<tr>
<th>Name of Outside Organization (include address and description)</th>
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### 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.

Gabriela Christy
Supervisor's Assistant

Comment: ________________________________________________
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number (510) 272-6692
   E-mail Gabriela.Christy@acgov.org
   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: __________ (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description
   Alameda County Fair
   Date(s) 10 / 23 / 21 10 / 31 / 21
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source
   If no: __________________________________________
   If yes: Valle, Richard- Supervisor District 2
   Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
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<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eden Church 21455 Birch St, Hayward, CA 94541</td>
<td>15</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>Our vision is to grow in spirit, fellowship, and number by offering many</td>
<td></td>
<td>opportunities for spiritual growth; by becoming a more culturally diverse congregation</td>
</tr>
</tbody>
</table>

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.

   Signature of Agency Head or Designee
   Gabriela Christy
   Print Name
   Supervisor’s Assistant
   Title
   (Month, Day, Year)

Comment: ____________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Board of Supervisors
Gabriela Christy
Area Code/Phone Number: (510) 272-6692
E-mail: Gabriela.Christy@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description: Alameda County Fair
Date(s): 10/23/21, 10/31/21
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 18

3. Recipients
A. Name of Agency, Department or Unit
Number of Ticket(s)/Pass(es)
Describe the public purpose made pursuant to the agency's policy

B. Name of Individual
(Last, First)
Number of Ticket(s)/Pass(es)
Identify one of the following:

C. Name of Outside Organization
(Include address and description)
Number of Ticket(s)/Pass(es)
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.

Gabriela Christy
Supervisor's Assistant

Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number (510) 272-6692
   E-mail Gabriela.Christy@acgov.org
   □ Amendment (Must provide explanation in Part 3.)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Alameda County Fair
   Face Value of Each Ticket/Pass $ 18
   Date(s) 10/23/21 10/31/21
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Name of Source
   If yes: Valle, Richard- Supervisor District 2
   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)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      
      
   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      
   C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Raising Leaders is a workshop and internship model created by the Hayward
      300 To reward a school or nonprofit organization for its contributions to the community
      Adult School to give at-risk youth an opportunity to hear from leaders within
      our community and gain hands-on paid work experience.

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.
   Gabriela Christy
   Supervisor’s Assistant
   Print Name
   Title
   (Month, Day, Year)

Comment: