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 E-mail
(510) 272-6692 Gabriela.Christy@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Tyler the Creator
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 $ 50.00
Date(s) 4 / 1 / 22
If no: □
If yes: Oaklad Als
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)
Alameda County Behavioral Health Care Services 3

Describe the public purpose made pursuant to the agency’s policy
To reward a County employee for his or her exemplary service to the public or to encourage staff development

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

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

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 $**
  - $150.00

- **Event Description:**
  - Tyler the Creator

- **Date(s) 04 / 01 / 2023**

- **Ticket(s)/Pass(es) provided by agency?**
  - Yes [ ] No [ ]

- **If no:**
  - Oakland Arena

- **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>Angelo, Daniel</td>
<td>4</td>
<td>To encourage County of Alameda resident and business</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 requirements.

Heather Cartwright

Supervisor's Assistant

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

   **Date Stamp**  
   California Form 802  
   For Official Use Only

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

   **Date of Original Filing:**  
   04/29/22  
   (month, day, year)

2. **Function or Event Information**  
   Does the agency have a ticket policy?  
   Yes [ ] No [ ]

   **Face Value of Each Ticket/Pass:**  
   $150.00

   **Event Description:**  
   Tyler the Creator

   **Date(s):**  
   04 / 01 / 22

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

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

   **Provide Title/Explanation**  
   Coliseum Authority

   **Name of Source**

   **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.*

   **A. Name of Agency, Department or Unit**  
   Board of Supervisors District 5

   **Number of Ticket(s)/Passes**  
   4

   **Describe the public purpose made pursuant to the agency’s policy**  
   To reward a County employee for his or her exemplary service to the public or to encourage staff development;

   **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

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

   **Date:**  
   04-29-22  
   (month, day, year)

   **Comment:**

   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
Board of Supervisors
Designated Agency Contact (Name, Title)
Gabriela Christy
Area Code/Phone Number E-mail
(510) 272-6692 Gabriela.Christy@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 18.25
Event Description Maxwell: The Night Tour Date(s) 4/16/22
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oakland A's
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Valle, Richard- Supervisor District 2

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>Alameda County Behavioral Health Care Services</td>
<td>3</td>
<td>To reward a County employee for his or her exemplary service to the public or to encourage staff development</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>
<th>Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</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)/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.

Gabriela Christy Supervisor's Assistant
Print Name Title 4/20/22

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lawson Bell, Supervisor's Assistant
   Area Code/Phone Number
   (510) 272-6691
   E-mail
   Lawson.Bell@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ 100
   Event Description: Baseball Game
   Date(s) 04 / 18 / 2022
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Oakland A's
   Name of Source
   If yes: Official's Name (Last, First)

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

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

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Passes
      Identify one of the following:
      Ceremonial Role □ Other □ Income □
      To promote attendance at events held at a County facility
      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.

   Lawson Bell
   Supervisor's Assistant
   05/23/2022
   (month, day, year)

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

**1. Agency Name**
- Alameda County
- Board of Supervisors
- Amy Shrago, Chief of Staff

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

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

**Date of Original Filing:** 04/29/22

### 2. Function or Event Information
- **Does the agency have a ticket policy?**
  - Yes [ ] No [ ]
- **Event Description:** Oakland Athletics vs. Baltimore Orioles
- **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:** $100.00

**Date(s):**
- 04 / 18 / 23

**Name of Source:** Coliseum Authority
- **Name of Source:** 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.

<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>BOS District 5</td>
<td>2</td>
<td>To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>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>Ceremonial Role</td>
<td>Other</td>
<td>Income</td>
<td></td>
</tr>
</tbody>
</table>

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

<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>
</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**

**04-29-22** (month, day, year)

**Comment:**

---

**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 $ 100, $20 parking  
Event Description: Baseball game  
Date(s): 04/19/22  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐  
If no: Oakland A's  
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐  
If yes: Brown, Dave  
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>Geisner, Ben</td>
<td>2 +1p</td>
<td>To promote attendance at an event held at a County</td>
</tr>
<tr>
<td></td>
<td></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:</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 requirements.

Heather Cartwright  
Supervisor's Assistant  
Print Name  
Title  
(month, year)

Comment:  
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 $ 100 tix, $20 parking
   Event Description: Baseball game
   Date(s) 04 / 19 / 22
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Oakland A's
   Name of Source
   If yes: Brown, Dave
   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:

   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, O 16 +3p To reward a school or nonprofit organization for its contrib 4
      A non-profit Social Equity Development Corp 3

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
   Clearance (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 ☐ No ☐
   Face Value of Each Ticket/Pass $100 tix, $20 parking
   Event Description: Baseball game
   Date(s) 04 / 20 / 22
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland A's
   Name of Source
   If yes: Brown, Dave
   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 promote attendance at a(n) event held at a County
      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.
   Heather Cartwright
   Supervisor's Assistant
   Print Name
   Title
   6/28/2022
   (month, day, year)

Comment: 

Print Clear

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### 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

---

### Function or Event Information

- **Does the agency have a ticket policy?**
  - Yes [ ]
  - No [ ]

- **Event Description:**
  - Oakland Athletics vs. Baltimore Orioles

- **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:**
  - $100.00

- **Date(s):**
  - 04 / 21 / 22

---

### Recipients

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

- **Name of Individual (Last, First):**
  - Carter, Shomari
  - 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 public

- **Name of Outside Organization (Include address and description):**
  - Number of Ticket(s)/Passes:
  - Describe the public purpose made pursuant to the agency's policy:

---

### Verification

*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

04-29-22

(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)
   Amy Shrargo, Chief of Staff

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ __________ 100.00
   Event Description: Oakland Athletics vs. Cleveland Guardians
   Date(s) 04 / 27 / 22
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   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.

   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:
   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
   Hillcrest Elementary School 30 Marguerite Dr ☐ 18 To reward a school or nonprofit organization for their cont
   ____________________________________________________________________________
   ____________________________________________________________________________

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 Shrargo Chief of Staff 04-29-22
   Print Name Title (month, day, year)
   Comment: ____________________________

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)