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 $ 162.50
   Event Description: Pain is Love
   Date(s) 08 / 05 / 2022
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: Oakland Arena
   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:
   
   Gardley, Kassandra 4 Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   To encourage County of Alameda resident and business
   
   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
   9/9/22

   Comment:

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

1. Agency Name  
Alameda County  
Division, Department, or Region (if applicable)  
Board of Supervisors  
Designated Agency Contact (Name, Title)  
Amy Shrago, Chief of Staff  
Area Code/Phone Number  
510-272-6695  
E-mail  
Amy.Shrago@acgov.org  
Date Stamp  
California Form 802  
For Official Use Only  
Date of Original Filing: 09/01/22  
(month, day, year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐  
   Face Value of Each Ticket/Pass $ 162.50
   Event Description: Nelly, Ja Rule, Ashanti, Lil Jon, Maëa.
   Date(s) 08 / 05 / 22
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐  
   Name of Source  
   If yes: Coliseum Authority
   If no: Carson, Keith
   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
      Board of Supervisors, District 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:
      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

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  
   Amy Shrago  
   Print Name  
   Chief of Staff  
   Title  
   Date 09/01/22  
   (month, day, year)

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)
   Amy Shrago, Chief of Staff
   Area Code/Phone Number  E-mail
   510-272-6695   Amy.Shrago@acgov.org

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. SF Giants.
   Date(s) 08 / 06 / 22
   Ticket(s)/Pass(es) provided by agency?  Yes [ ] No [ ]
   If no:  Coliseum Authority
   Name of Source  Carson, Keith
   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.

<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>
<tbody>
<tr>
<td>BOS District 5</td>
<td>10</td>
<td>To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<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>Owens, Tunisia</td>
<td>2</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>
<tr>
<td>Ragas, Brian</td>
<td>4</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>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  08/16/22
   Print Name  Title  (month, day, year)

Comment:
### Agency Name

#### 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>
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</tr>
</tbody>
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<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></td>
<td>Lee, Zitsu</td>
<td>2</td>
<td>To promote attendance at events held at a County facility</td>
</tr>
</tbody>
</table>

- Ceremonial Role [ ]
- Other [ ]
- Income [ ]

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>
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<td></td>
<td></td>
</tr>
</tbody>
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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
   Date Stamp
   California Form 802
   09/01/22
   Date of Original Filing:

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 156.25
   Event Description: Seventeen
   Provided Ticket/Explanation
   Date(s) 08/14/22
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Coliseum Authority
   Name of Source
   If yes: Carson, Keith
   Name of Agency Official

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

<table>
<thead>
<tr>
<th>A.</th>
<th>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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<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></td>
<td>Sanchez, Aurora</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To promote attendance at events held at a County facility.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<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.

   Signature of Agency Head/Designee
   Amy Shrago
   Print Name
   Chief of Staff
   Title
   09/01/22
   (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)
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) 08 / 19 / 22
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: Oakland A's
Name of Source
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>
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</table>

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<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>Hattaway, Jared</td>
<td>3 +1p</td>
<td>To promote County of Alameda resident, support a</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>
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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.
Heather Cartwright
Print Name

Supervisor's Assistant
Print Name

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)
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
Face Value of Each Ticket/Pass $ 100.00
Event Description: Oakland Athletics vs. Seattle Mariners
Date(s) 08 / 19 / 22
Ticket(s)/Pass(es) provided by agency? [ ] Yes [ ] No
If no: Coliseum Authority
If yes: Carson, Keith
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>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</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>Khadafy Foundation 1156 8th St, Oakland, Ca</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contrib</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 [ ] Print Name
Chief of Staff [ ] Title
08/16/22 [ ] (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)
   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) 08/20/22
   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
      Describe the public purpose made pursuant to the agency's policy
      Identify one of the following:
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:
      To promote County of Alameda resident...support for a
      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
   Date (month, day, year)

Comment:

Print Clear
**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 [X]
- **Face Value of Each Ticket/Pass:** $100 tx, $20 parking
- **Event Description:** Baseball game
- **Date(s):** 08 / 20 / 22
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
- **Was ticket distribution made at the behest of agency official?** Yes [ ] No [X]
  - **Ticket/Passes provided:** 18 tix +4p
- **Name of Source:** Brown, Dave
- **Official's Name (Last, First):**
  - **Provide Title/Explanation:** To promote attendance at events held at County facility
  - **Identify one of the following:**
    - **Ceremonial Role [ ]**
    - **Other [X]**
    - **Income [ ]**

### 3. Recipients
- **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 [X]**
    - **Income [ ]**

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

### 4. Verification
- **I have read and understand FPPC Regulations 19441 and 1942. 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):** 10/9/2016

**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
   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
   Face Value of Each Ticket/Pass $ 125.00
   Event Description: Kid Cudi
   Date(s) 08/21/22
   Ticket(s)/Pass(es) provided by agency? Yes No
   If no: 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
      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
      Ceremonial Role Other Income
      If 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.
   Amy Shrago
   Chief of Staff
   09/01/22

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 ☐ Face Value of Each Ticket/Pass $ 100.00
   Event Description: Oakland Athletics vs. New York Yankees
   Date(s) 08/27/22
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☐ If no: Coliseum Authority
   Was ticket distribution made at the behest of agency official?  Yes ☐ No ☐ 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
   Public Defender's Office 18 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:
   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

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  06-07-22
   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)  
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 $ 168.75  
Event Description: Kendrick Lamar  
Date(s) 08 / 31 / 2022  
Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☐  
Was ticket distribution made at the behest of agency official?  
Yes ☐ No ☐  
Name of Source  
Haubert, David  
Official's Name (Last, First)  

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<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>Strah, Jared</td>
<td>2</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>
<tr>
<td></td>
<td></td>
<td>(3) To promote tourism or foster economic or business de</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>
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<tr>
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</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.  

Lawson Bell  
Supervisor's Assistant  
09/07/2022  
Print Name  
Tie  
(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) 272-6683
   E-mail heather.cartwright@acgov.org
   Date Stamp
   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 $168.75
   Event Description: Kendrick Lamar
   Date(s) 08/31/2021
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland Arena
   If yes: Brown, Dave
   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.

   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
      Homies Empowerment-2635 Seminary Ave
      4
      To reward a school or nonprofit organization for its contrib

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

   Heather Cartwright
   Print Name
   Supervisor's Assistant
   Title
   Date Stamp 9/17/2021 (month, day, year)

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)
Amy Shraro, 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 [ ]  
Face Value of Each Ticket/Pass $ 168.75
Event Description: Kendrick Lamar  
Date(s) 08 / 31 / 22
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]  
If no: 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.

<table>
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<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>
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| 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 events held at a County facility  
Ceremonial Role [ ] Other [ ] Income [ ]  
If checking "Ceremonial Role" or "Other" describe below:

Hourula, Johannes
4

<table>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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<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 the requirements:

Signature of Agency Head/Designee: Amy Shraro  
Print Name:  
Chief of Staff  
Title:  
Date: 09/01/22 (month, day, year)

Comment: