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 $100 tix, $20 parking
   Event Description: Baseball game
   Date(s) 10 / 03 / 22
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☐  If no: Oakland A's
   If yes: Brown, Dave
   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></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>Oakland Chinatown Chamber of Commerce</td>
<td>18tix +4p</td>
<td>To reward a school or nonprofit organization for its contrib</td>
</tr>
<tr>
<td>Promote business in the Asian community</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
   (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 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**  
   $187.50  
   **Event Description:** My Chemical Romance  
   **Ticket(s)/Pass(es) provided by agency?**  
   Yes [ ] No [ ]  
   **Date(s)**  
   10/05/2023  
   **If no:** Ring Central Coliseum (Oakland Coliseum)  
   **Ticket(s)/Pass(es) provided by agency?**  
   Yes [ ] No [ ]  
   **Name of Source**  
   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 encourage County of Alameda resident and business  
   **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**  
   (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
   Heather Cartwright
   (510) 272-6693
   heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Disney on Ice: Into The Magic
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $62.50
   Date(s) 10/14/2022 10/15/2022
   If no: Oakland Arena
   If yes: Brown, Dave

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>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>Girls Inc. of the Island City, 1724 Santa Clara</td>
<td>8</td>
<td>To reward a school or nonprofit organization for its contrib</td>
</tr>
<tr>
<td>Youth services organization in Alameda</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
   Heather Cartwright
   Print Name
   Supervisor's Assistant
   (month, day, year)
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 $62.50
   Event Description: Disney on Ice: Into The Magic
   Date(s) 10 / 15 / 2023 10 / 16 / 2023
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland Arena
   Name of Source: Brown, Dave
   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 ☐
      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
      Trybe - 1341B E25th St. Oakland, CA 94606
      8 To reward a school or nonprofit organization for its contrib
      Community building nonprofit in Oakland prov

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Heather Cartwright
   Supervisor's Assistant
   Print Name
   Title
   (month, day, year)

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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [ ] No [ ]
- **Event Description:** Disney on Ice: Into the Magic
- **Event Date(s):** 10/15/2023, 10/16/2023
- **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 of Original Filing:** (month, day, year)

### 3. Recipients

<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>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>Trybe - 1341B E25th St. Oakland, CA 94606</td>
<td>12</td>
<td>To reward a school or nonprofit organization for its contrib</td>
</tr>
</tbody>
</table>

| Community building nonprofit in Oakland prov                        |

### 4. Verification

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

- **Heather Cartwright**
- **Supervisor's Assistant**

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)
   Lawson Bell, Supervisor's Assistant
   Area Code/Phone Number (510) 272-6674
   E-mail Lawson.Bell@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [] No []
   Event Description: Scorpions
   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 $ 118.75
   Date(s) 10 / 18 / 22
   If no: Oakland Arena
   If yes: Haubert, David

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>Krause, Paul</td>
<td>3</td>
<td>C. Ceremonial Role [] Other [] Income []</td>
</tr>
</tbody>
</table>

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

(3) To promote tourism or foster economic or business de

<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.

Lawson Supervisor's Assistant
Print Name [Signature] Title 10/10/2022
(month, day, year)
Comment:

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