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 E-mail
   (510) 272-6691 heather.cartwright2@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: Los Angeles Azules
   Date(s) 03/11/2023
   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 ☐ 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>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>

<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>Serges, Rodrigo</td>
<td>3</td>
<td>Ceremonial Role ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identity ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at events held at a County facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</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.

   Signature of Agency Head of Department: Heather D. Cartwright
   Supervisor’s Assistant: Print Name
   Date (month, day, year): 5/11/2023
   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 E-mail
   (510) 272-6691 heather.cartwright2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass $ ☐
   Event Description: SZA
   Date(s) 03/14/2024
   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 ☐
   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 D. Cartwright Supervisor's Assistant
   Signature of Agency Period or Delegee Print Name Title
   Print Name Title
   (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 (510) 272-6892
   E-mail Gabriela.Christy@acgov.org

2. Function or Event Information
   Date of Original Filing:
   □ Amendment [must provide explanation in Part 3]
   □ No Amendment
   □ No Event

   Does the agency have a ticket policy? [ ] Yes [ ] No
   Face Value of Each Ticket/Pass $ 145
   Event Description: CA
   Date(s) 8/19/2026
   Ticket(s)/Pass provided by agency? [ ] Yes [ ] No [ ] Don't Know
   If no: Name of Source
   Ticket(s)/Pass provided by the agency or agency official? [ ] Yes [ ] No [ ] Don’t Know
   If yes: Vals, 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.

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

   B. Name of Individual
   (Last, First)
   Number of Tickets/Passes
   Ceremonial Role [ ] Other [ ] None
   To reward a community volunteer for his or her service to the public

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

4. Verification
   I, [Signature], 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
   E-mail Gabriela.Christy@acgov.org
   Title

Comment: 

PFC Form 802 (6/12)
PFC Tel-Free Hotline: 888/ASK-FPCD (888/275-7772)
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 $145.00
   Event Description: SZA Date(s) 03/14/23
   Ticket(s)/Pass(es) provided by agency? Yes □ No □ If no: Coliseum Authority
   Was ticket distribution made at the behest of an 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
      Board of Supervisors, District 5 2 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:
      Sanchez, Tamerlane 2 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.
   Signature of Agency/Read or Designee: Amy Shrago
   Chief of Staff: Chief of Staff
   Date 04/03/23
   (month, day, year)

   Comment:
**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: (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: MUBA
   - Face Value of Each Ticket/Pass: $200
   - Date(s): 3/12/23
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   - Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   - Name of Source: Vallo, Richard - Supervisor District 2
   - Official's Title: (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 Tickets/Passes
   - Describe the public purpose made pursuant to the agency's policy

   **B.**
   - Name of Individual
   - Number of Tickets/Passes
   - Identify one of the following:
     - Ceremonial Role ☐ Other ☐ Income ☐
   - If selecting "Ceremonial Role" or "Other" describe below:

   **C.**
   - Name of Outside Organization
   - Number of Tickets/Passes
   - To reward a school or nonprofit organization for its contributions to the community
   - Agency's policy

4. **Verification**
   - I declare under penalty of perjury that the information submitted above is true and completed in accordance with the requirements.
   - Gabriela Christy
   - Supervisor's Assistant

**Comment:**

**FPPC Form 802 (4/16)**
FPPC Toll-Free Helpline: 888/ASK-FPPC (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)
Sergio Ardila
Area Code/Phone Number
(510) 272-6693
E-mail
sergiardila.corzo@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [ ]
Event Description: SZA - SOS Tour
Provide Title/Explanation
Ticket(s)/Pass provided by agency? Yes [ ] No [ ]
Was ticket distribution made at the behest of agency official? Yes [ ] No [ ]
Face Value of Each Ticket/Pass $145.00
Date(s) 03 / 14 / 23
If no: Oakland Arena
Name of Source
If yes: Tam, Lena
Officer'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)/</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Passes</th>
<th>Ceremonial Role [ ] Other [ ] Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zhong, Steven</td>
<td>1</td>
<td>To promote County resources or facilities available to County</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 understood 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
Sergio Ardila
Supervisor's Assistant
Print Name
03.23.23
(Title, Month, Day, Year)
FPPC Toll-Free Hotline: 888/ASK-FPPC (888/275-3772)
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) 272-6691
E-mail
heather.cartwright2@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: MANA
Date(s) 03/18/2023
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 ☐
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.

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 events held at a County facility ☐
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 D. Cartwright
Supervisor's Assistant

Comment:

Signature of Agency Head or Designee
Print Name
Title
(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)
Sergio Ardila
Area Code/Phone Number: (510) 272-6693
E-mail: sergio.ardila.corzo@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: MANA - MEXICO LINDO Y QUERIDO
Provide New Explanation:
Date(s): 03/18/23
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: Oakland Arena
If yes: Tam, Lena
Name of Source:
Name of Source (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)
Number of Ticket(s)/Passes
Identify one of the following:
Ceremonial Role ☐ Other ☑ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
To promote County resources or facilities available to C
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
Name of Outside Organization (include address and description)
Number of Totally/Passes
Describe the public purpose made pursuant to the agency's policy

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 regulations.
Sergio Ardila Supervisor's Assistant
Signature of Agency official or Designee Print Name Title
03/23/23 (Month, day, year)
Comment:

FPPC Form 802 (2/2014)
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 $ 200.00
   Event Description: Mana
   Date(s) 03 / 18 / 23
   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.

   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 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 04/03/23
   Signature of Agency Head or Designee
   Print Name Title
   (month, day, year)

   Comment:
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) 272-6682
   E-mail: Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: [ ]
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 850
   Date(s): 1/25/20
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: [ ]
   Name of Source: [ ]
   If no: [ ]
   Name of Source: [ ]

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 selecting "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Ceremonial Role ☐ Other ☐ Income ☐
      To reward a school or nonprofit organization for its contributions to the community
      the agency's policy

4. Verification
   I, Gabriela Christy, have reviewed and understand the requirements. I have verified that the distribution(s) listed above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Gabriela Christy
   Supervisor's Assistant
   [ ]
   Date of Original Filing: [ ]

Comment:
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 $ 100
   Event Description: Oakland A's vs. Los Angeles
   Date(s) 03/25/23
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: ____________________________
   Name of Source ____________________________
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Valia, Richard - Supervisor District 2
   Official's Name (Last, First) ____________________________

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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:

      [ ] Commercial Role
      [ ] Income
      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 reviewed and understand LEAPC 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
   (Signature)
   Print Name
   Title
   (Month, Day, Year)

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

### 1. Agency Name
- Alameda County
- Board of Supervisors

#### Designated Agency Contact
- 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 [x]  
- **Face Value of Each Ticket/Pass $** 100.00
- **Event Description:** Oakland A's
- **Event Date(s):** 03 / 30 / 23
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]  
  - **If no:**
    - **Name of Source:** Carson, Keith
  - **Official's Name (Last, First):**

### 3. Recipients
- **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 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:

#### 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 of Original Filing:** 04/03/23

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**Comment:**   

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FPPC Form 802 (2/2016)  
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)