

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802
Division, Department, or Region (if applicable) Board of Supervisors		For Official Use Only	
Designated Agency Contact (Name, Title) Heather Cartwright		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
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 / 1 / 2024
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Arena
Name of Source

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

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:
Jacques, Maciel	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for service to the public
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

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

Heather Cartwright Supervisor's Assistant 10/1/2024
Signature Print Name Title (month, day, year)

**Agency Report of:
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Designated Agency Contact (Name, Title)			
Heather Cartwright			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
(510) 272-6693	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 \$ _____ \$200

Event Description: Los Bukis Date(s) 10 / 1 / 2024
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Arena
Name of Source

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

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:
Jacques, Maciel	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for service to the public
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

Heather Cartwright
Supervisor's Assistant
11/15/2024
Signee Print Name Title (month, day, year)

**Agency Report of:
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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 / 2024
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Arena
Name of Source

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

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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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, Or	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 regulations.

Heather Cartwright
Supervisor's Assistant
11/15/2024
Signature Print Name Title (month, day, year)

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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 / 2024
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Arena
Name of Source

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

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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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, Oakland, CA	4	To reward a school or nonprofit organization for its contribution
A non-profit Social Equity Development Corp.		

4. Verification

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

Heather Cartwright
Supervisor's Assistant
10/1/2024
Signee
Print Name
Title
(month, day, year)

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

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1. Agency Name Alameda County Division, Department, or Region <i>(if applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Amy Shrago Area Code/Phone Number E-mail 510-272-6695 Amy.Shrago@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: <u>10-20-21</u> (month, day, year)	

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 Date(s) 10 / 08 / 21
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Coliseum Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes No 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 <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
Sanchez, Liz	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for services to the publi
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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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Division, Department, or Region <i>(if applicable)</i> Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Amy Shrago, Chief of Staff		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
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 \$ 62.50

Event Description: Disney on Ice Date(s) 10 / 14 / 21 10 / 15 / 21
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Coliseum Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes No 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 <small><i>(Last, First)</i></small>	Number of Ticket(s)/ Passes	Identify one of the following:
Horula, Matlena	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> To reward a community volunteer for service to the public <input checked="" type="checkbox"/>
Walker, Leslie	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> To reward a community volunteer for service to the public <input checked="" type="checkbox"/>
C. Name of Outside Organization <small><i>(include address and description)</i></small>	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: _____

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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 \$ 62.50

Event Description: Disney on Ice Date(s) 10 / 16 / 21
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Coliseum Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes No 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
BOS Dist 5	4	To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff <input checked="" type="checkbox"/>
B. Name of Individual (Last, First)		
		Identify one of the following:
Shepard, Katie	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for service to the public <input checked="" type="checkbox"/>
Jones, Kenya	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for service to the public <input checked="" type="checkbox"/>
C. Name of Outside Organization (include address and description)		
		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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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 / 16 / 2021
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Arena
Name of Source

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

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:
Lau, Joanne	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote county resources or facilities available to Co...
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 the FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the FPPC Regulations.

 Heather Cartwright Supervisor's Assistant 11/15/2021
Designee Print Name Title (month, day, year)

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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
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Arena
Name of Source

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

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:
Brown, Maddie	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at events held at a County facility <input checked="" type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

Heather Cartwright
Supervisor's Assistant
11/15/2021
Signature
Print Name
Title
(month/ day, year)

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

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1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region <i>(if applicable)</i> Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i> Amy Shrago, Chief of Staff			
Area Code/Phone Number 510-272-6695	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: <u>10-20-21</u> <i>(month, day, year)</i>	

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 / 21
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Coliseum Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes No 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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
Ray, Sarah	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To encourage County of Alameda resident and business.
Hong, Aileen	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To encourage County of Alameda resident and business.
C. Name of Outside Organization <i>(include address and description)</i>	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	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: 10-20-21 <small>(month, day, year)</small>	

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 / 21
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Coliseum Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes No 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	Identify one of the following: <input type="checkbox"/> Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <small>If checking "Ceremonial Role" or "Other" describe below:</small>
Bahren, Rahel	4	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 Chief of Staff 10/20/21
Print Name Title (month, day, year)

Comment: _____

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Division, Department, or Region <i>(if applicable)</i>		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: <u>10-20-21</u> <i>(month, day, year)</i>	
Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i>			
Amy Shrago			
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 \$ 200

Event Description: System of a Down Date(s) 10 / 18 / 21
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Coliseum Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes No 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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
Schoneker, Jake	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To promote attendance at events held at a County facility
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	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**

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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 \$ 175.00

Event Description: J. Cole Date(s) 10 / 20 / 21
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Coliseum Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes No 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
BOS Dist 5	4	To promote, encourage, reward, or support general employee morale, retention, exemplary services, or staff
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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: _____

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1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Heather Cartwright		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
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 / 2021
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Arena
Name of Source

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

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:
Richardson, India	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote County resources or facilities available to Co...
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 the 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
esignee Print Name Title (month, day, year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

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 / 21 / 21 10 / 31 / 21
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Cheng, Jason Magallon, Maria	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public
Schultheis, Carla Lee, Steven K. Boykins, Linda	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public
C. Name of Outside Organization <small>(include address and description)</small>	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
Print Name
Supervisor's Assistant
Title
11/15/2021
(Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

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 / 21 / 21 10 / 31 / 21
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes 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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Cushman, Warren Guskin, Andrea McKnight, Piper	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 11/15/2021
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Heather Cartwright		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes 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:
Various (reference attached spreadsheet)	206	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
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 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 10/31/2021
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

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
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Molina, Courtney	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 11/15/2021
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
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
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes 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 <small>(Last First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Richardson, India	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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
11/15/2021
(Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors			
Designated Agency Contact (Name, Title) Heather Cartwright			
Area Code/Phone Number (510) 272-6693	E-mail heather.cartwright@acgov.org	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

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
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Lau, Joanne	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance...event held at a County facility...maximize potential County revenue...concession sales
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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 11/15/2021
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

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
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes 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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Brown, Maddie	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To encourage promote County-run, sponsored, or supported community events...
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 Regulation, 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)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes 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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Lam, Marianne	8	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To encourage promote County-run, sponsored, or supported community events...
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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 11/15/2021
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

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
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Oddie, Sarah	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To encourage promote County-run, sponsored, or supported community events...
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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 11/15/2021
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County <hr/> Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors <hr/> Designated Agency Contact <i>(Name, Title)</i> Heather Cartwright <hr/> Area Code/Phone Number E-mail (510) 272-6693 Heather.Cartwright@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> 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 \$ _____ \$32 Butler Pass

Event Description Alameda County Fair Date(s) 10 / 22 / 21 10 / 31 / 21
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes 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 <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Lam, Marianne	1 ea.	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	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 11/15/2021
Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors			
Designated Agency Contact (Name, Title) Heather Cartwright			
Area Code/Phone Number (510) 272-6693	E-mail Heather.Cartwright@acgov.org	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$15 parking pass

Event Description Alameda County Fair Date(s) 10 / 22 / 21 10 / 31 / 21
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Alameda County Fair
Name of Source

Was ticket distribution made at the behest of agency official? No Yes 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Brown, Maddie Lau, Joanne Lam, Marianne	1 ea.	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
Oddie, Sarah Molina, Courtney Hong, Ernest	1 ea.	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
C. Name of Outside Organization <small>(include address and description)</small>	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 18644.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Heather Cartwright <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	11/15/2021 <small>(Month, Day, Year)</small>
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Comment: _____

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

A Public Document

1. Agency Name Alameda County Division, Department, or Region <i>(if applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Amy Shrago, Chief of Staff Area Code/Phone Number E-mail 510-272-6695 Amy.Shrago@acgov.org		Date Stamp <div style="background-color: #cccccc; padding: 5px; text-align: center;"> California Form 802 For Official Use Only </div> <input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: <u>10-20-21</u> <i>(month, day, year)</i>
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2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 125.00

Event Description: In Real Life Comedy Tour Date(s) 10 / 23 / 21
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Coliseum Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes No 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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
Clark, Keith	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To reward a community volunteer for service to the public
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	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: _____

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

A Public Document

1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Gabriela Christy		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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 Face Value of Each Ticket/Pass \$ _____ 18

Event Description Alameda County Fair Date(s) 10 / 23 / 21 10 / 31 / 21
Provide Title/Explanation

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: 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Watkins, Tyler	10	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public
Jackson, Leonard	10	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service to the public
C. Name of Outside Organization <small>(include address and description)</small>	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.

Signature of Agency Head or Designee	Gabriela Christy <small>Print Name</small>	Supervisor's Assistant <small>Title</small>	11/23/21 <small>(Month, Day, Year)</small>
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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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Division, Department, or Region <i>(If Applicable)</i>			
Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i>			
Gabriela Christy			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i>	
(510) 272-6692	Gabriela.Christy@acgov.org	Date of Original Filing: _____ <i>(Month, Day, Year)</i>	

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 / 23 / 21 10 / 31 / 21
Provide Title/Explanation

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: 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Garcia, Suzy	10	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To reward a community volunteer for his or her service to the public
Martinez, Jackie	10	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To reward a community volunteer for his or her service to the public
C. Name of Outside Organization <small>(include address and description)</small>	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 11/23/21
Print Name Title (Month, Day, Year)

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

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Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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

Event Description Alameda County Fair Date(s) 10 / 23 / 21 10 / 31 / 21
Provide Title/Explanation

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: 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Eden Church 21455 Birch St, Hayward, CA 94541	15	To reward a school or nonprofit organization for its contributions to the community
Our vision is to grow in spirit, fellowship, and number by offering many		opportunities for spiritual growth; by becoming a more culturally diverse congregation

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	11/23/21
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

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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 Face Value of Each Ticket/Pass \$ _____ 18

Event Description Alameda County Fair Date(s) 10 / 23 / 21 10 / 31 / 21
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3. Recipients
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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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Ohlone Humane Society 37175 Hickory St, Newark, CA 94560	15	To reward a school or nonprofit organization for its contributions to the community
501(c)(3) animal welfare nonprofit serving Fremont, Newark and Union		City. We advocate for all creatures, from urban wildlife to companion animals.

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

Gabriela Christy Supervisor's Assistant 11/23/21
Print Name Title (Month, Day, Year)

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

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Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(Month, Day, Year)</i>	
Gabriela Christy			
Area Code/Phone Number	E-mail		
(510) 272-6692	Gabriela.Christy@acgov.org		

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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <small>(include address and description)</small>	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	30	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

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_____ Gabriela Christy _____ Supervisor's Assistant _____ 11/23/21
Print Name Title (Month, Day, Year)