

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

**A Public Document**

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

Event Description: Baseball game Date(s) 09 / 08 / 21  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: 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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
Olney, Eric	12	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(n)... event held at a County
		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 <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 the 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  
Agency head or Designee Print Name Title

\_\_\_\_\_ 9/7/2021  
(month, day, year)

Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b> Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number      E-mail (510) 272-6692                  Gabriela.Christy@acgov.org		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <span style="font-size: small;">(Month, Day, Year)</span>	

**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. Texas Rangers      Date(s) 09 / 10 / 21 \_\_\_\_\_  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?      Yes     No       If no: Oakland Athletics \_\_\_\_\_  
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:
		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 <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Sunol Glen School 11601 Main St, Sunol, CA 94586	12	To reward a nonprofit organization for its contributions to the community
We, the entire Sunol Glen staff, parent body and community of Sunol will foster		an environment that will produce goal-oriented students, life, long learners and productive members of society through continuous evaluation and improvement

**4. Verification**  
 I have verified that the distribution set forth above, is in accordance with the requirements.

\_\_\_\_\_ Gabriela Christy \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_  
Print Name Title (Month, Day, Year)

Comment: Fundraiser for Auction

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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 \$ \_\_\_\_\_ 100

Event Description: Baseball game Date(s) 09 / 12 / 21  
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Chan, Wilma  
Official's Name (Last, First)

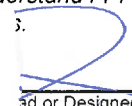
**3. Recipients**

• 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:
Farooq, Alina	12	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To promote county resources or facilities available to Co
		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)/ 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


 \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
(month, day, year)

Comment: \_\_\_\_\_

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

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<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
Alameda County			For Official Use Only
Division, Department, or Region <i>(If Applicable)</i>			
Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <small><i>(Month, Day, Year)</i></small>	
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 \$ \_\_\_\_\_ 200

Event Description Pepe Aguilar Date(s) 09 / 17 / 21  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Oakland Athletics  
*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><i>(Last, First)</i></small>	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><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <small><i>(include address and description)</i></small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
UC FAMILY CENTER 725 Whipple Rd, Union City, CA 94587	3	To reward a nonprofit organization for its contributions to the community
Since 2013, the Union City Family Center (UCFC) has improved the lives		nearly 20,000 individuals. We collaborate with more than 40 agencies that provide services to students and families in the New Haven Unified

## 4. Verification

*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
9/20/21

Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Comment: \_\_\_\_\_

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<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b>
Division, Department, or Region (If Applicable)  Board of Supervisors			For Official Use Only
Designated Agency Contact (Name, Title)  Amy Shrago		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: <u>09/21/21</u> <small>(Month, Day, Year)</small>	
Area Code/Phone Number 5102726695	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

Event Description Oakland A's      Date(s) 09 / 21 / 21  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    No     Yes       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)/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:
		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 <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Youth Alive	12	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.

\_\_\_\_\_ Amy Shrago \_\_\_\_\_ Chief of Staff \_\_\_\_\_ 09/21/21  
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. Designated Agency Contact: Heather Cartwright. Area Code/Phone Number: (510) 272-6693. E-mail: heather.cartwright@acgov.org. Amendment checkbox. Date of Original Filing.

2. Function or Event Information. Does the agency have a ticket policy? Yes No. Face Value of Each Ticket/Pass \$ 100. Event Description: Baseball game. Date(s) 09 / 23 / 21. Ticket(s)/Pass(es) provided by agency? Yes No. If no: Oakland A's. Was ticket distribution made at the behest of agency official? Yes No. If yes: Chan, Wilma.

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 with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Passes, and Describe the public purpose. Includes entries for Deputy Sheriff's Activities League and Youth sports/activities league.

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, 09/14/2021.

Comment: \_\_\_\_\_

Print Clear

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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 \$ \_\_\_\_\_ 100

Event Description: Baseball game Date(s) 09 / 24 / 21  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: 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:
Barnett, Brad	12	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(n)... event held at a County...
		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)/ 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 regulations.

Signature of Ager: \_\_\_\_\_ Heather Cartwright \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_  
Print Name Title

Date: 09/27/2021  
(month, day, year)

Comment: \_\_\_\_\_



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Division, Department, or Region (If Applicable)  Board of Supervisors			For Official Use Only
<b>Designated Agency Contact</b> (Name, Title)  Amy Shrago			<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)
Area Code/Phone Number 5102726695	E-mail amy.shrago@acgov.org	<b>Date of Original Filing:</b> 09/24/21 <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 \$ \_\_\_\_\_ 200

Event Description Oakland A's      Date(s) 09 / 25 / 21 \_\_\_\_\_  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    No     Yes       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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
BOS Dist 5	10	To promote encourage, encourage, reward or support general employee morale
B. <small>Name of Individual (Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Coleman, Robert	2	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.
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. <small>Name of Outside Organization (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.

_____ Amy Shrago <small>Print Name</small>	_____ Chief of Staff <small>Title</small>	_____ 09/24/21 <small>(Month, Day, Year)</small>
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