

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

**A Public Document**

<b>1. Agency Name</b> Alameda County		<b>Date Stamp</b>	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
Designated Agency Contact (Name, Title) Heather Cartwright			
Area Code/Phone Number (510) 272-6691	E-mail heather.cartwright2@acgov.org	<b>Date of Original Filing:</b> _____ <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 \$ \_\_\_\_\_ **\$137.50**

Event Description: Los Angeles Azules    Date(s) 03 / 11 / 2023

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: Haubert, David

Official's Name (Last, First)

**3. Recipients**

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

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:
Serges, Rodrigo	3	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 with the requirements.*

	<u>Heather D. Cartwright</u>	<u>Supervisor's Assistant</u>	<u>5/11/2023</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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

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<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b> 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) 272-6691	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 \$ \_\_\_\_\_ \$145

Event Description: SZA Provide Title/Explanation Date(s) 03 / 14 / 2023

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: Haubert, David  
Official's Name (Last, First)

**3. Recipients**

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

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:
	Wilson, Jady	3	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 County of Alameda resident and business
			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.*

\_\_\_\_\_ Heather D. Cartwright \_\_\_\_\_ Supervisor's Assistant  
Signature of Agency Head or Designee Print Name Title

5/11/2023  
(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	California Form <b>802</b> For Official Use Only
Alameda County			
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation to Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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

Event Description: 2A  
*Provide Title/Explanation*

Face Value of Each Ticket/Pass \$ 145

Date(s) 3/14/2023

Ticket(s)/Pass(es) provided by agency? Yes  No

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

If no: \_\_\_\_\_  
*Name of Source*

If yes: Valls, Richard- Supervisor District 2  
*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.

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:
<u>Jones, Arturo</u>	<u>1</u>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> To reward a community volunteer for his or her service to the public Income <input type="checkbox"/>
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 understand 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	<u>Gabriela Christy</u> Print Name	Supervisor's Assistant	<u>3/16/23</u> Title (Month, Day, Year)
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Comment: \_\_\_\_\_

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

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<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Amy Shrago, Chief of Staff		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number 510-272-6695	E-mail Amy.Shrago@acgov.org	Date of Original Filing: <u>04/03/23</u> <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 \$ 145.00

Event Description: SZA Provide Title/Explanation Date(s) 03 / 14 / 23

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
Board of Supervisors, District 5	2	To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff <input checked="" type="checkbox"/>
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Sanchez, Tamerlane	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 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 with the requirements.

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

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

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<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
Alameda County			
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Gabriela Christy			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3)	
(510) 272-8692	Gabriela.Christy@acgov.org	Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description Maria  
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 200

Date(s) 3, 12, 03

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)	To reward a school or nonprofit organization for its contributions to the community
Tiburcio Vasquez Health Center Promotives 22531 MISSION BVP Hayward, CA	4	the agency's policy
"We are dedicated to promoting the health and well being of our community by providing accessible high quality care"		

**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 3/26/03  
Print Name Title (Month, Day, Year)

Gabriela Christy  
Signature of Agency Head or Designee

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

**A Public Document**

**1. Agency Name**

Alameda County  
Division, Department, or Region (if applicable)  
Board of Supervisors  
Designated Agency Contact (Name, Title)

Sergio Ardila  
Area Code/Phone Number E-mail  
(510) 272-6693 sergioardila.corzo@acgov.org

Date Stamp

802  
Form  
For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: (month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 145.00

Event Description: SZA - SOS Tour Date(s) 03 / 14 / 23

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

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

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 checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
Zhong, Steven	1	To promote County resources or facilities available to C
Li, Cui	1	To promote County resources or facilities available to C
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

Sergio Ardila  
Print Name

Supervisor's Assistant  
Title

03, 23, 23  
(month, day, year)

Comment:

Print Clear

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

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<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b>
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) 272-6691	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  
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: Haubert, David  
Official's Name (Last, First)


**3. Recipients**

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

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:
Ramirez, Javier	3	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
		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.*

 Signature of Agency Head or Designee	Heather D. Cartwright Print Name	Supervisor's Assistant Title	5/11/2023 (month, day, year)
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Comment: \_\_\_\_\_

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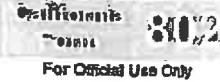
**A Public Document**

**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: sergioardila.corzo@acgov.org

Date Stamp



Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: (month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 200  
Event Description: MANA - MEXICO LINDO Y QUERIDO Date(s) 03 / 18 / 23  
*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: 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.

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:
	Alvarez, Fabiola	3	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 County resources or facilities available to C
			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 (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: Sergio Ardila  
Print Name: Sergio Ardila  
Supervisor's Assistant: Supervisor's Assistant  
Title: Supervisor's Assistant  
Date: 03.23.23  
(month, day, year)

Comment:





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Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Amy Shrago, Chief of Staff		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>04/03/23</u> <small>(month, day, year)</small>	
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  
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:
Simpson, Sam	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 promote attendance at events held at a County facility
		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.

Signature of Agency Head or Designee: Amy Shrago Print Name: Amy Shrago Title: Chief of Staff Date: 04/03/23  
(month, day, year)

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Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

**1. Agency Name**

Alameda County  
Division, Department, or Region (If Applicable)

Board of Supervisors  
Designated Agency Contact (Name, Title)

Gabriela Christy  
Area Code/Phone Number (510) 272-8682 E-mail Gabriela.Christy@acgov.org

Date Stamp



Amendment (Must provide explanation in Part 2.)

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 \$ 6550

Event Description PBR  
Provide Title/Explanation

Date(s) 8 / 25 / 28

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  
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.

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"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		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 (include address and description)	Number of Ticket(s)/Pass(es)	To reward a school or nonprofit organization for its contributions to the community	To agency's policy
<u>Oakland Chinatown Chamber of Comm. 2, 388 9th Street Suite 200 Oakland, CA Advocate for Asian Americans</u>	<u>4</u>		

**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: \_\_\_\_\_ Print Name: Gabriela Christy Supervisor's Assistant: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 8/20/23 (Month, Day, Year)

Comment:

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

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<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 (510) 272-6692 E-mail Gabriela.Christy@acgov.org		Date Stamp California Form <b>802</b> For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 100

Event Description Oakland A's vs. Los Angeles Date(s) 03 / 20 / 23  
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:
<u>Farmer, Omar</u>	<u>3</u>	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> To reward a community volunteer for his or her service to the public Income <input type="checkbox"/>
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.

\_\_\_\_\_ Gabriela Christy \_\_\_\_\_ Supervisor's Assistant  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Amy Shrago, Chief of Staff		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number 510-272-6695	E-mail Amy.Shrago@acgov.org	Date of Original Filing: <u>04/03/23</u> (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 100.00

Event Description: Oakland A's Date(s) 03 / 30 / 23  
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: 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
Board of Supervisors, District 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)	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input checked="" 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.

Signature of Agency Head or Designee: Amy Shrago Print Name: Amy Shrago Chief of Staff Title: Chief of Staff Date: 04/03/23  
(month, day, year)

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