

**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) Lawson Bell, Supervisor's Assistant		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>07/20/2022</u> <small>(month, day, year)</small>	
Area Code/Phone Number (510) 272-6691	E-mail Lawson.Bell@acgov.org		

2. Function or Event Information

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

Event Description: Oakland A's Game Date(s) 07 / 04 / 2022
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: 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, Alanna	3	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.

Lawson Bell Supervisor's Assistant 07/20/2022
Print Name Title (month, day, year)

Comment: _____

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1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
Alameda County			
Division, Department, or Region <i>(if applicable)</i>			
Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i>			
Heather Cartwright			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
(510) 272-6693	heather.cartwright@acgov.org	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 \$ \$100 tix, \$20 parking

Event Description: Baseball game Date(s) 07 / 04 / 22
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: Brown, Dave
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
Lindawson, Brian	3 +1p	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 of Alameda resident...support for att...
		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.

Heather Cartwright Supervisor's Assistant 6/28/2022
Print Name Title (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) 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: <u>08/16/22</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 \$ 100.00

Event Description: Oakland Athletics vs. Toronto Blue Jays Date(s) 07 / 04 / 22
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:
			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
	Khadafy Foundation 1156 8th St, Oakland, CA	4	To reward a school or nonprofit organization for its contribu

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 08/16/22
Print Name Title (month, day, year)

Comment: _____

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Designated Agency Contact <i>(Name, Title)</i> Amy Shrago, Chief of Staff		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: <u>06/07/22</u> <small><i>(month, day, year)</i></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 \$ 100.00

Event Description: Oakland Athletics vs. Toronto Blue Jays Date(s) 07 / 06 / 22
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:
Agana, Celeste	2	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 promote attendance at events held at a County facility
		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>
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
06-07-22
(month, day, year)

Comment: _____

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Designated Agency Contact <i>(Name, Title)</i> Amy Shrigo, 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.Shrigo@acgov.org	Date of Original Filing: <u>08/01/22</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 \$ 100.00

Event Description: Oakland Athletics vs. Toronto Blue Jays Date(s) 07 / 06 / 22
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 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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input checked="" 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 Shrigo

Print Name

Chief of Staff

Title

08-01-22

(month, day, year)

Comment: _____

Print

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Area Code/Phone Number 510-272-6695	E-mail Amy.Shrago@acgov.org	Date of Original Filing: 06/07/22 <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 \$ 100.00

Event Description: Oakland Athletics vs. Houston Astros Date(s) 07 / 09 / 22
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
Alameda County Health Care for the Homeless	12	To provide opportunities for those who are receiving services from County agencies, consistent with the <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"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input checked="" 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.

Amy Shrago Chief of Staff 06-07-22

 Print Name Title *(month, day, year)*

Comment: _____

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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: 08/16/22 <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 \$ 100.00

Event Description: Oakland Athletics vs. Houston Astros Date(s) 07 / 09 / 22
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:
			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
	West Oakland Cultural Action Network	6	To reward a school or nonprofit organization for its contrib ⁺

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 08-16-22
Print Name Title (month, day, year)

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Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
Amy Shrago, Chief of Staff			
Area Code/Phone Number	E-mail	Date of Original Filing: <u>08/12/22</u> <i>(month, day, year)</i>	
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 \$ 175.00

Event Description: Stray Kids Date(s) 07 / 12 / 22
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:
Sanchez, Armando	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 <hr style="width: 80%; margin: 0 auto;"/> Print Name	Chief of Staff <hr style="width: 80%; margin: 0 auto;"/> Title	08/12/22 <hr style="width: 80%; margin: 0 auto;"/> (month, day, year)
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Comment: _____

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Designated Agency Contact (Name, Title) Lawson Bell, Supervisor's Assistant		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number (510) 272-6691	E-mail Lawson.Bell@acgov.org	Date of Original Filing: <u>07/26/22</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 \$ 100

Event Description: Oakland A's Baseball Game Date(s) 07 / 25 / 22
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: 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:
Missionaries Mook and Monique	12	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> (3) To promote tourism or foster economic or business de
Pastor Martin Aguilar	9	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> (3) To promote tourism or foster economic or business de
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.

Lawson Bell Supervisor's Assistant 07/26/22
Print Name Title (month, day, year)

Comment: _____

Print **Clear**

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Designated Agency Contact <i>(Name, Title)</i> Lawson Bell, Supervisor's Assistant		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: <u>07/27/22</u> <i>(month, day, year)</i>	
Area Code/Phone Number (510) 272-6691	E-mail Lawson.Bell@acgov.org		

2. Function or Event Information

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

Event Description: Oakland A's Game Date(s) 07 / 27 / 22
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: 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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
Archuleta, Ben	4 tix 1 park	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> (3) To promote tourism or foster economic or business de
Thompson, Barret	4 tix 1 park	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> (3) To promote tourism or foster economic or business de
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.

Lawson Bell
Print Name

Supervisor's Assistant
Title

07/27/22
(month, day, year)

Comment: _____

Print **Clear**

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California Form **802**
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Alameda County			
Division, Department, or Region (if applicable)			
Board of Supervisors		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	Date of Original Filing: <u>07/27/22</u> (month, day, year)
Designated Agency Contact (Name, Title)			
Lawson Bell, Supervisor's Assistant			
Area Code/Phone Number	E-mail		
(510) 272-6691	Lawson.Bell@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 118.75

Event Description: Diljit Dosanjh Date(s) 07 / 29 / 22
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:
Fernandez, Ignacio	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: (3) To promote tourism or foster economic or business de
		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 with the requirements.

Lawson Bell Supervisor's Assistant 07/27/22
Print Name Title (month, day, year)

Comment: _____