١.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Region	on (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/	Vame, Title)				
	Heather Cartwright				Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6691	heather.cartwright2	2@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	nation				\$100 tix/\$20 parking
	Does the agency have a tick	et policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	100 tix/\$20 parking
	Event Description: Oakland	A's Game	D	ate(s) 07	<u>, 14 , 202</u>	
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided I	by agency? Yes	□ No 🔳 If	no: Oaklan	Name of Source	
	Was ticket distribution made	at the behest Voc	□ No≡ If	ves: Hauber	t, David Official's Name (Last, First)	
	of agency official?	at the beliest 168	LI NO	2	Official's Name (Last, First)	
3.	Recipients					
	Use Section A to identify the agence	cy's department or unit.	Use Section B to it	dentify an individ	ual. Use Section C to identif	y an outside organization.
	A. Name of Agency, Depar	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	rsuant to the agency's policy
			Number			
	B. Name of Indiv		of Ticket(s)/ Passes		Identify one of the f	ollowing:
	Agular, Martin		8tix-1p		nonial Role Other Cking "Ceremonial Role" or "Other" de	
	, .g a.a.,a.			To promote	County resources av	railable to County reside
					nonial Role Other Cking "Ceremonial Role" or "Other" de	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pui	rsuant to the agency's policy
4.	Verification					
- •	Phaye read and understand FP	PC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set f	orth above, is in accordance
1	with the requirements					8/ /2
		Heather Car	twright	Sup	ervisor's Assistant	0/1//100
(Signature of Agency Head or Design	ee F	Print Name		Title	(month, day, year)
	Comment:					

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document California 1. Agency Name Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (if applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Heather Cartwright Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** heather.cartwright2@acgov.org (510) 272-6691 (month, day, year) 2. Function or Event Information \$100 tix/\$20 parking Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Oakland A's Game Date(s) ____/ 14 Provide Title/Explanation If no: Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 📗 Name of Source Haubert, David Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) **Passes** Income 🔲 Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Mook, Dan 8tix-1p To promote County resources available to County resider Other \square Income 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Verification

1	I have read and understand FPF	C Regulations	18944.1 and	1 18942. I nave	vennea that the	alstribution set fort	n above, is in	accorda	эпсе
/	with the requirements)					N/	/ /	1
							X/	/	100

	Heather Cartwright	Supervisor's Assistant	9/11/27
Signature or Agency Flead or Designee	Print Name	Title	(month, day, year)
Comment:	 		

			Date Stamp	California 802
				Form OUZ
nt, or Region (if applicable)				For Official Use Only
ors				
Contact (Name, Title)				
t			Amondment (Must Pe	ovide Explanation in Part 2 l
			Amendment (Mast F)	ovide Explanation in Part 3.)
heather.cartwright2	@acgov.org		Date of Original Filing:	(month, day, year)
				(month, day, year)
ent Information			đ	1100 tive/\$200 ===lei==
ave a ticket policy? Yes	■ No □ Fa	ace Value of	Each Ticket/Pass \$ 🗕 ື	100 tix/\$20 parking
Oakland A's Game	D.	oto(a) 07	, 16 , 202	
Provide Title/ Explar	nation			
	7 No ■ If	no: Oaklan	d Arena	
			Name of Source	
tion made at the behest Yes [] No ■ If	yes:	Official's Name (Last First)	
?			- more reality (more in more	
5				
tify the agency's department or unit.	Use Section B to id	dentify an individu	ual. Use Section C to identif	y an outside organization.
,,	Number			
gency, Department or Unit	of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy
	Passes			
	Number			
	of Ticket(s)/		Identify one of the fo	ollowing:
(Last, First)	Passes			
	Attendan			
	4tix-1p	l .		
		10 promote	e attendance at events	neid at a County facility
		1		
		If chec	king "Ceremonial Role" or "Other" de	scribe below:
	•	I		
f Outside Organization	Number of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy
f Outside Organization address and description)	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy
	of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy
	of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy
	of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy
	of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy
address and description)	of Ticket(s)/ Passes			
address and description) erstand FPPC Regulations 18944	of Ticket(s)/ Passes			
erstand FPPC Regulations 18944	of Ticket(s)/ Passes	I have verified	that the distribution set fo	
erstand FPPC Regulations 18944 s.	of Ticket(s)/ Passes .1 and 18942. /	I have verified	that the distribution set for	orth above, is in accordance
erstand FPPC Regulations 18944 s.	of Ticket(s)/ Passes	I have verified	that the distribution set fo	
	heather.cartwright2 ent Information have a ticket policy? Yes I Oakland A's Game Provide Title/ Explain provided by agency? Yes I stion made at the behest Yes I ?	Contact (Name, Title) Int Number	Aumber E-mail heather.cartwright2@acgov.org Pace No Face Provide Title/Explanation Provided by agency? Yes No If no: Oakland Oakland	Contact (Name, Title) Int

Δ	Pi	ıhl	ic	Do	CH	me	int

Event Description: Oakland A's Game Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakla Was ticket distribution made at the behest Yes No If yes: Haub of agency official?	Name of Source
Board of Supervisors Designated Agency Contact (Name, Title) Heather Cartwright Area Code/Phone Number (510) 272-6691 Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Agency official? Provide Title/ Explanation If yes: Haub of agency official?	For Official Use Only Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: (month, day, year) Stach Ticket/Pass \$ \$100 tix, \$20 park Ind Arena Name of Source ert, David
Board of Supervisors Designated Agency Contact (Name, Title) Heather Cartwright Area Code/Phone Number (510) 272-6691 Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Agency official? Provide Title/ Explanation If yes: Haub of agency official?	Amendment (Must Provide Explanation in Part 3.) Date of Original Filing:
Heather Cartwright Area Code/Phone Number (510) 272-6691 Function or Event Information Does the agency have a ticket policy? Yes No□ Face Value of agency official? No□ Face Value of Provide Title/ Explanation If yes: Haub	Date of Original Filing:
Heather Cartwright Area Code/Phone Number (510) 272-6691 Function or Event Information Does the agency have a ticket policy? Yes No Face Value of agency official? E-mail heather.cartwright2@acgov.org Face Value of Date(s) 07 Face Value of Date(s) 07 Face Value of Date(s) 16 no: Oakland A's Game Provide Title/ Explanation If yes: Haub of agency official?	Date of Original Filing:
Area Code/Phone Number (510) 272-6691	Date of Original Filing:
Heather.cartwright2@acgov.org Function or Event Information Does the agency have a ticket policy? Yes No□ Face Value of A's Game Event Description: Oakland A's Game Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No□ If no: Oakland A's Game Was ticket distribution made at the behest Yes No□ If yes: Haub of agency official?	of Each Ticket/Pass \$ \$100 tix, \$20 park 16 , 2022
Function or Event Information Does the agency have a ticket policy? Yes No Face Value of agency have a ticket policy? Yes No Date(s) 07 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakla Was ticket distribution made at the behest Yes No If yes: Haub of agency official?	of Each Ticket/Pass \$ \$100 tix, \$20 park 16 , 2022
Does the agency have a ticket policy? Yes No Face Value of Sevent Description: Oakland A's Game Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Oaklate Oakl	nd Arena Name of Source ert, David
Does the agency have a ticket policy? Yes No Face Value of Action Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No Face Value of Action Provide Title/ Explanation If no: Oaklate of Action Provided Date(s) O7 If no: Oaklate Oakl	nd Arena Name of Source ert, David
Event Description: Oakland A's Game Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakla Was ticket distribution made at the behest Yes No If yes: Haub of agency official?	nd Arena Name of Source ert, David
Ticket(s)/Pass(es) provided by agency? Yes No If no: Oaklas Was ticket distribution made at the behest Yes No If yes: Haub of agency official?	nd Arena Name of Source ert, David
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: Oakla Was ticket distribution made at the behest Yes ☐ No ☐ If yes: Haub of agency official?	Name of Source ert, David
Was ticket distribution made at the behest Yes \(\bigcap\) No \(\bigcap\) If yes: \(\bigcap\) Recipients	Name of Source ert, David
of agency official?	Official's Name (Last, First)
. Recipients	
 Use Section A to identify the agency's department or unit. Use Section B to identify an indiv 	idual. Use Section C to identify an outside organization.
Number	
A. Name of Agency, Department or Unit of Ticket(s)/ Describe	the public purpose made pursuant to the agency's policy
B. Name of Individual Number of Ticket(s)/ (Last, First) Passes	Identify one of the following:
	remonial Role Other Income I
Riadse, Sileny Lynn	necking "Ceremonial Role" or "Other" describe below:
To promo	te County resourcesavailable to County reside
	remonial Role Other Income
H C	ecking "Ceremonial Role" or "Other" describe below:
(include address and description)	the public purpose made pursuant to the agency's policy
(include address and description) Passes	
	•
14 16 4	
Verification	d that the distribution set forth above, is in accordance
have read and understand FPPC Regulations 18944.1 and 18942. I have verified with the requirements.	a mat the distribution set forth above, is in accordance
	pervisor's Assistant
Signature of Agency Flead or Designee Print Name	Title (mohth, day, year)
Variable Alleria Control of the Cont	, , , , , , , , , , , , , , , , , , , ,

I. Agency Name			Date Stamp	California 802			
Alameda County				T OHI			
Division, Department, or Region (if applicable)				For Official Use Only			
Board of Supervisors							
Designated Agency Contact (Name, Title)							
Heather Cartwright			Amendment (Must Pro	vide Explanation in Part 3.)			
Area Code/Phone Number E-mail			Amendment (mast)	vide Explanation in Fait 3.)			
(510) 272-6691 heather.cartwright2	@acgov.org		Date of Original Filing:	(month, day, year)			
2. Function or Event Information				£100 tiv £20 made			
Does the agency have a ticket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	\$100 tix, \$20 park			
Event Description: Oakland A's Game Provide Title/ Explan	nation		, 16 , 2022				
	□ No 🔳 If	no: Oakland	Name of Source				
Was ticket distribution made at the behest Yes [¬ No ■ If	yes: Hauber	t, David				
of agency official? Official's Name (Last, First)							
3. Recipients							
 Use Section A to identify the agency's department or unit. 	Use Section B to ic	dentify an individu	al. Use Section C to identify	an outside organization.			
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	1	e public purpose made purs				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	llowing:			
Burns, Thomas	6 tix-1p	If checi	nonial Role Other Other or "Other" descriptions	Income In			
	. "	Ceren	nonial Role Other of "Other" descriptions of the control of the co	Income			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy			
				1			
l. Verification							
I have read and understand FPPC Regulations 18944 with the requirements.	.1 and 18942.	I have verified	that the distribution set fo	th above, is in accordance			
)		0	on to only AppleApple	X/15/1/2			
Heather Cart		Supe	ervisor's Assistant	_ 0/10/wc			
Signature of Agency Head or Designee Pr	rint Name		Title	(month, day, year)			
Comment:							

	Agency Name				Date Stamp	California 802
	Alameda County					101111
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Heather Cartwright				Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing:	(mont h , day, year)
2.	Function or Event Infor	mation				***
	Does the agency have a tick	cet policy? Yes	■ No □ Fa	ace Value of	Each Ticket/Pass \$	\$100 tickets
	Event Description: Oakland	A's Game	D	ate(s) 07	, 16 , 2022	, ,
	Lveiit Description.	Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [No 📕 If	no: Oakland	Name of Source	
	187 #1-1###1#1	et the beheat ver	= If	yes: Hauber	t, David	
	Was ticket distribution made of agency official?	at the benest Yes [_l No ■ "	yes	Official's Name (Last, First)	
	of agency officials					
j.	Recipients					
	Use Section A to identify the agen	cy's department or unit. •	Use Section B to ic	dentify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
			1 4444			
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
					nonial Role Other	Income
	Stopka, Rylie		2 tix		king "Ceremonial Role" or "Other" desc	
				To promote	attendance at events	held at a County facili
			·		nonial Role Other O	
				If checi	king "Ceremonial Role" or "Other" des	ande delow:
	C. Name of Outside O		Number of Ticket(s)/	Describe th	e public purpose made purs	uant to the agency's policy
	(IIICIDGE address and	description)	Passes			
	Varification					
_	Verification I have read and understand FP	DC Pagulations 19044	1 1 and 190/12	I have verified	that the distribution set fo	rth ahove is in accordance
/	with the requirements.	PC Regulations 16944	. I anu 10342. I	i ilave verilleu	inat the distribution set to	in above, is in accordance
		Heather Cart	wriaht	Supe	ervisor's Assistant	8/15/117
t	Signature of Agency Head อุรมองเรา	_	rint Name		Title	(month, day, year)
_		·				1 19 79 70 70
	Comment:					

. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Heather Cartwright				Amendment (Must Pi	rovide Explanation in Part 3.)
Area Code/Phone Number	E-mail				
(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing:	(month, day, year)
. Function or Event Infor	mation			0	1100 tiv/\$20 parking
Does the agency have a tic	ket policy? Yes	■ No □ Fa	ace Value of I	Each Ticket/Pass \$ _	
Event Description: Oakland	A's Game			, 18 , 202	1 1
Event Description.	Provide Title/ Explai	netion			
Ticket(s)/Pass(es) provided	by agency? Yes [□ No 🔳 If	no: Oakland	d Arena	
		LE .	yes: Hauber	Name of Source t, David	
Was ticket distribution made	e at the behest Yes [] No 🔳 II	yes:	Official's Name (Last, First)	
of agency official?					
. Recipients					
Use Section A to identify the ager	ncy's department or unit. •	Use Section B to ic	dentify an individu	ual. Use Section C to identif	y an outside organization.
·		Number			THE RESIDENCE OF THE PARTY OF T
A. Name of Agency, Dep	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
		1			
	•				
	Number		Identify one of the following:		
B. Name of Ind (Last, Fi		of Ticket(s)/ Passes		Identify one of the f	ollowing:
			Ceren	nonial Role Other	Income 🗆
Fisher, Steven		18tix-4p		king "Ceremonial Role" or "Other" de	scribe below:
			To promote	County resources ava	ailable to County resid
8			Ceren	nonial Role Other	Income [
				king "Ceremonial Role" or "Other" de:	_
		1			
		Number			
C. Name of Outside C		of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
3					
Varification					
A	DDC Boaulations 1904	1 1 and 19012	I have verified	that the distribution set f	orth above is in accordance
)	r. i aliu 10942. i	riiave verilleu	แนะ แบบ นเอนามนแบบ จัยโ โป	Auto above, is in accordance
/	Heather Cart	wright	Suna	ervisor's Assistant	9/14/1/11
Signature of Ananty Head or Posice				Title	(month, day year)
Signature of Agency Head of Mesig	-	IIIA ITALIIG		1100	(months, four)
Comment:					
. Verification I have read and understand Fill with the fequirements: Signature of Agency Head or Designature Comment:	Heather Cart			ervisor's Assistant	orth above, is in accordance of the contract o

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_		46.7			711			

١.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	on (if applicable)		1	For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Sergio Ardila				Amendment (Must Pi	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Attendance (Mass /)	ovido Explandion in r art o.,
	(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	nation				-11-400 D 11 00
	Does the agency have a tick			ace Value of	Each Ticket/Pass \$	cket-100 Parking-20
	Event Description: Oakland	A's vs. Houston Ast	ros D	ate(s)07		
	Ticket(s)/Pass(es) provided	•	nation □ No ■ If	no: Oaklan	d Coliseum	
	Ticket(3)/1 d33(63) provided	by agonoy: 163			Name of Source	
	Was ticket distribution made of agency official?	at the behest. Yes	□ No ■ If	yes: Tam, L	Official's Name (Last, First)	
3.	Recipients					
J.	Use Section A to identify the agen	cy's department or unit.	Use Section B to ic	lentify an individ	ual. Use Section C to identif	y an outside organization.
	-		Number			
	A. Name of Agency, Depa	of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy	
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
					nonial Role Other Cherwicking "Ceremonial Role" or "Other" des	
					monial Role Other Chief Other des	
	Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	Alameda Boys and Girls C	Dlub	18T 4P	To promote	e County resources or	facilities available to Cou
4.	Verification I have read and understand FF with the requirements	PC Regulations 1894	4.1 and 18942.	l have verified	that the distribution set fo	orth above, is in accordance
		Sergio Ardila	a	Sup	ervisor's Assistant	7/19/27
	Signature of Agency Head or Design	nee	Print Name		Title	(month, day, year)
	Comment:					

A Public Document	Δ	Pu	ıbl	lic	Doci	iment
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١,	Agency Name Alameda County				Date Stamp	California 802		
						TOTAL COL		
	Division, Department, or Region (if applicable)]	For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (Name, Title)]	701		
	Sergio Ardila				Amendment (Must Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail			1 -			
	(510) 272-6693	sergio.ardila@acg	ov.org		Date of Original Filing:			
2.	Function or Event Infor	mation			Т	icket-100 Parking-20		
	Does the agency have a tick			Ficket-100 Parking-20				
	Event Description: Oakland	A's vs. Houston As	<u>, 21 , 23 </u>					
		Fronte Title/ Expi						
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■ If no: Oakland				Name of Source			
	Was ticket distribution made at the behest Ves ☐ No ■ If yes: Tam, Le				ena			
	Was ticket distribution made at the behest Yes ☐ No ■ If yes: No ■ of agency official?				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, Depa	rtment or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy				
			Passes					
	Number							
	B. Name of Indi	Number of Ticket(s)/	Identify one of the following:					
	(Last, Fir	st)	Passes					
	Ann Wehrlie	18T 4P		monial Role Other Other				
	Ann wenne	1014	To promote	e County resources o	r facilities available to Cou			
	·							
			1	1	monial Role Other cking "Ceremonial Role" or "Other"			
			1					
			Number					
	C. Name of Outside Organization (include address and description)		of Ticket(s)/ Describe to		the public purpose made pursuant to the agency's policy			
			·					
	•							
	0							
_	Verification				,			
4.	I have read and understand FF	RC Regulations 1894	14.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance		
	with the requirements.	yo maganamome you				- 4.2 7.0		
	Sergio Ardila			Sup	Supervisor's Assistant $\frac{7}{10}$			
	Signature of Agency Head or Designee Print N				Title	(month, day, year)		
	Comment:							

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name **Form** Alameda County, For Official Use Only Division, Department, or Region (if applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Heather Cartwright Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: heather.cartwright2@acgov.org (510) 272-6691 (month, day, year) 2. Function or Event Information \$100 tix Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes No 🗆 Event Description: Oakland A's Game Date(s) _07 Provide Title/ Explanation If no: Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source If yes: Haubert, David Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 4 tix Stopka, Rylie To promote attendance at events held at a County facility Other 🔲 Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** 4. Verification

Signature of Agency Head or Designee

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

Supervisor's Assistant Heather Cartwright

Title Print Name

(month, day, year,

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Alameda For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fourth District **Designated Agency Contact** (Name, Title) Nate Milev ☐ Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** E-mail Jasmine.Howard2@acgov.org (510) 272-6694 Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🗆 Event Description: Oakland A's 22 , Provide Title/ Explanation If no: Oakland Coliseum Ticket(s)/Pass(es) provided by agency? Yes No Miley, Nate Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role 🔲 Other 🔲 If checking "Ceremonial Role" or "Other" describe below: To promote health, motivate, and provide expanded opportunities to vulnerable Jones, Bernice 4 populations in the County such as the disables, underprivileged, seniors and youth Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification

11	naye	read and understand	FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth above	, is in accordance
W	ith th	e requirements.	/				

•	Jasii	ime	LO/	vai	u

Supervisor's Assistant

9/25/2023

Signature of Agency (Head or Designee

Comment: _

Print Name

Title

(month, day, year)

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1. Agency Name	Agency Name				California 802		
Alameda County	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors						
Division, Department					For Official Use Only		
Board of Supervisor							
Designated Agency (Designated Agency Contact (Name, Title)						
Gabriela Christy	Gabriela Christy				Amendment (Must provide explanation in Part 3.)		
Area Code/Phone Number E-mail							
(510) 272-6692	Gabriela.Chr	isty@acgov	.org	Date of Original Filing:	(Month, Day, Year)		
2. Function or Even	t Information				4004400		
	Does the agency have a ticket policy? Yes 🔀 No 🔲 Face Value of				100/100		
Event Description Oa	- - -						
Event Description	Provide Title/Expla						
Ticket(s)/Pass(es) pro	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no:				Name of Source		
,,,,,,,							
	Was ticket distribution made at the behest No ☐ Yes ☑ If yes: Valle,				Richard- Supervisor District 2 Official's Name (Last, First)		
of agency official?			=_=	Omdai's Name (Las	st, First)		
3. Recipients	Recipients						
Use Section A to Identify	• 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	Ticket(s)/					
		Pass(es)					
·		Number of			T WY TORROW		
	Name of Individual (Last, First)			identify one of the following	g:		
		Pass(es)	Ceremonial Role	Other	12222		
				al Role" or "Other" describe below:	Income		
17							
			Ceremonial Role	Other	Income		
			If checking "Ceremoni	al Role" or "Other" describe below:			
		Number of	To reward a sci	hool or nonprofit			
	ide Organization s and description)	Ticket(s)/	organization fo	or its contributions to	e agency's policy		
		Pass(es)	the community	7			
	Legaue of Women Voters The League is a political grassroots network and						
		17					
membership organiz the freedom to vote			P.O. Box 2234 Cast	tro Valley, CA 94546			
. Verification		V					
I have read and understand	PPC Regulations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.		
	-	Gabriela C	hristy	Supervisor's Assistant	Py (al 9/202		
ign ure of Agency Head	or Designee	Print Nam		Title	(Month, Day, Year)		
Comment:							