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 \$225 Face Value of Each Ticket/Pass \$_ Does the agency have a ticket policy? Yes ■ No □ Event Description: Alicia Keys: Keys to Summer Tour Date(s) ____08 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: B. of Ticket(s)/ (Last, First) Passes Other Income | Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: De La Fuente, Jazmin 4 To promote attendance at events held at a County facility Other 🔲 Income Ceremonial Role 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 C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Heather D. Cartwright

Print Name

Supervisor's Assistant

(month, day, y)

Comment:

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Agency Report of:

Ceremonial Role Events and Ticket/Pass Distribution	ns .
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1.	Agency Name				Date Stamp	California Ono	
	Alameda County					Form OUZ	
	Division, Department, or Reg	ion (if applicable)		· · · · ·	1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			1.		
	Sergio Ardila				Amendment (Must F	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				Torras Explanation III art 6.9	
	510-272-6693	sergio.ardila@ac	gov.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				225.00	
	Does the agency have a tick	ket policy? Ye			Each Ticket/Pass \$ _	220.00	
	Event Description: Alicia Ke	eys		ate(s)08	012023		
		Provide Title/ Ex	planation				
	Ticket(s)/Pass(es) provided	by agency? Ye		no: Oaklan			
	Was ticket distribution made	e at the behest ve	s □ No ■ If	yes: Tam, Le	Name of Source ena Official's Name (Last, First)		
	of agency official?	7 41 1110 2011001 16	2	•	Official's Name (Last, First)		
_							
3.	Recipients						
	Use Section A to identify the ager	cy's department or unit	ual. Use Section C to Identi	ty an outside organization.			
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/	Describe th	he public purpose made pursuant to the agency's policy		
		234 17km14	Passes			自己的 (17-17-15)	
			-			7.	
		and the same of th	Number		identify one of the following:		
	B. Name of Ind (Last, Fir		of Ticket(s)/ Passes				
				Ceren	monial Role Other	Income 🔲	
	Mah, Qing		2		If checking "Ceremonial Role" or "Other" describe below:		
				To encoura	age County of Alamed	a resident and business:	
	(monial Role Other		
				If chec	cking "Ceremonial Role" or "Other" d	escribe below:	
	C. Name of Outside O		Number of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy	
	(include address and	i description)	Passes	100 000 000			
	-						
1	Verification						
4.	I have read and understand FF	PPC Regulations 189	0AA 1 and 18942	I have verified	that the distribution set	forth above is in accordance	
	with the requirements.	TO Negalations To	744.1 and 10042.	Thave vermes		orar above, to mr accordance	
		Sergio Ard	ila	Sup	ervisor's Assistant	12/7/23	
	Signature of Agency Head or Design		Print Name		Title	(month, day, year)	
		¥ 31	6				
	Comment:						

Cer	emonial Role Even	ts and Ticket/Pa	ass Distri	butions	<u> </u>	Public Document	
	gency Name				Date Stamp	California 802	
A	lameda County		HS.				
Di	vision, Department, or Reg	ion (if applicable)				For Official Use Only	
В	oard of Supervisors						
De	esignated Agency Contact	(Name, Title)					
Se	ergio Ardila				Amendment (Must	Provide Explanation in Part 3.)	
Ar	ea Code/Phone Number	E-mail				,,	
51	10-272-6693	sergio.ardila@acgo	v.org		Date of Original Filing	(month, day, year)	
2. F	unction or Event Infor	mation				225.00	
D	oes the agency have a ticl	ket policy? Yes			Each Ticket/Pass \$ _	225.00	
r	vent Description: Alicia Ke	eys	ח	ate(s) 08	<u>, 01 , 2023</u>	1 . 1	
E1	vent Description.	Provide Title/ Explan	ation ·				
Ti	cket(s)/Pass(es) provided	by agency? Yes [🗋 No 📗 🏻 If	no: Oaklan	d Arena		
			. 14	yes: Tam, Le	Name of Source		
	as ticket distribution made	e at the behest Yes	No 🔳 🛚 II	yes	Official's Name (Last, First)	
C	of agency official?						
3.	Recipients					4 1	
J	 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 iden	tify an outside organization.	
-		THE XI	Number	4.00			
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made po	ursuant to the agency's policy	
			1 440.00				
						,	
-							
						7	
. 3	About 1991	talded in a selection	Number	PERMIT	Identify and of the	followings	
- 1	B. Name of Ind (Last, Fit		of Ticket(s)/ Passes		Identify one of the following:		
					nonial Role Other	Income [
	Morgan, Nick		3	If chec	king "Ceremonial Role" or "Other"	describe below:	
	,			To encoura	ige County of Alamed	da resident and business:	
:=				Cerer	nonial Role Other	Income _	
	•			If chec	cking "Ceremonial Role" or "Other"		
•				·			
	Name of Outside C	ranization	Number	Track in	THE THEORY		
1	C. (include address and		of Ticket(s)/ Passes	Describe ti	ne public purpose made p	ursuant to the agency's policy	
				1			
					•		
335							
4 1/	'a rification					,	
	erification	DDC Bogulotions 19944	1 and 180/12	I have verified	that the distribution set	forth above, is in accordance	
11	ith the requirement	PPC Regulations 10944	. r and 10342.	Thave vermed	that the diothibation oo		
ζ.		- Sergio Ardila		Sun	ervisor's Assistant	12/07/23	
-	Signature of Agency Head or Desig		rint Name		Title	(month, day, year)	
	Signature of rigorios close or posts						
C	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) Sergio Ardila Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-272-6693 sergio.ardila@acgov.org (month, day, year) 2. Function or Event Information 225.00 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes 📕 No 🗌 Event Description: Alicia Keys 2023 Date(s) Provide Title/ Explanation If no: _Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 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

			·
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Smith, Jacqueline		2	Ceremonial Role Other Income I
			Ceremonial Role Other Income Income 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
	7		

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 readirement.

	Sergio Ardila
Signature of Agency Head or Designee	P

Supervisor's Assistant

12/07/23

Comment:

Print Name

Title

month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp 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 (510) 272-6694 Jasmine.Howard2@acgov.org Date of Original Filing: (month, day, year) 2. Function or Event Information 100 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ __ Yes No 🗆 Event Description: Oakland A's Date(s) ___8 __/_5 __/ Provide Title/ Explanation If no: Oakland Coliseum Ticket(s)/Pass(es) provided by agency? Yes No Name of Source 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 A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other 🔲 Higgins, Chris 4 To encourage or reward significant academic, artistic, public service, or athletic achievements by County of Alameda students, residents, businesses, or employees Ceremonial Role Other 🔲 Earp, Laurie If checking "Ceremonial Role" or "Other" describe below: To encourage or reward significant academic, artistic, public service, or athletic achievements by County of Alameda students, residents, businesses, or Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes**

4. Verification

I have read and understand FPPC Regulations	18944.1 and 18942. I have	e verified that the distribution $s\epsilon$	et forth above, is in accordance
with the requirements ~ /			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

		Supervisor's Assistant	8/25/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

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FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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



Agency Name

3.

Recipients Use Section A to identify the agency's department or unit	• Use Section R to ic	lentify an individual. Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy
	Passes	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Tangren, Linda	2	Ceremonial Role Other Income To encourage or reward significant academic, artistic, public servic or athletic achievements by County of Alameda students, residents businesses, or employees
Stewart, Darryl	3	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To encourage or reward significant academic, artistic, public servi or athletic achievements by County of Alameda students, resident businesses, or employees.
2		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income 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
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A Public Document

1.	Agency Name			Date Stamp California 802			
	Alameda County					Form OUZ For Official Use Only	
	Division, Department, or Reg	on (if applicable)					
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Sergio Ardila			Amendment (Must	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail					
	510-272-6693	sergio.ardila@acg	ov.org		Date of Original Filing	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	cet policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$ -		
	Event Description: Lil Baby	- It's Only Us Tour	D	ate(s) 08	, 06 , 202 <mark>2</mark>	1 1	
		Provide Title/ Expl	anation				
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ If	no:akian	Name of Source		
				yes: Tam, Le	ena		
	Was ticket distribution made of agency official?	at the beliest Yes	∐ No ■ "	, 00.	Official's Name (Last, Firs	t)	
	or agency official:						
3.							
	• Use Section A to identify the ager	cy's department or unit.	dentify an individ	ual. Use Section C to ider	ntify an outside organization.		
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe th	he public purpose made p	oursuant to the agency's policy	
	B. Name of Ind		Number of Ticket(s)/	7	Identify one of the following:		
	(Last, Fi	st)	Passes				
	0 : 0 :				monial Role Other cking "Ceremonial Role" or "Other"		
	Garcia, Soraya		1 - 1	To encourage County of Alameda resident and business.			
	19-				monial Role Other	M_	
					monial Role Other cking "Ceremonial Role" or "Other"		
			Number	SHILM VOICE	ur Tack a slagera	LESS MATERIAL DE LA COMPANIONA DE LA COM	
	C. Name of Outside C (include address and		of Ticket(s)/ Passes	Describe t	cribe the public purpose made pursuant to the agency's policy		
_	Mariffer Allen		,				
4.	Verification I have read and understand FF	PPC Regulations 1894	I that the distribution se	at forth above, is in accordance			
with the requirements Sergio Ardila			а	Sup	pervisor's Assistant	12/07/23	
	Signature of Agency Head or Desig		Print Name		Title	(month, day, year)	
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Alameda. Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nate Miley ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail (510) 272-6694 Jasmine.Howard2@acgov.org Date of Original Filing: (month, day, year) 2. Function or Event Information 200 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No 🗌 Event Description: Lil' Baby Provide Title/ Explanation If no: _Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes No Name of Source If yes: Miley, Nate Was ticket distribution made at the behest Yes 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 A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Number B. Name of Individual of Ticket(s)/ identify one of the following: (Last, First) Passes Ceremonial Role Other Income . Sister Ansar Muhammed **4T** If checking "Ceremontal Role" or "Other" describe below: To reward a community volunteer for service to the public Ceremonial Role Other If checking "Caremonial Role" or "Other" describe below; Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 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. Jasmine Howard Supervisor's Assistant 10/25/2023 Significant of Agency Head or Designee Print Name (month, day, year)

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Comment:

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FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 886/ASK-FPPC (866/275-3772)

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I. Agency Name			Date Stamp	California 802	
Alameda County				TOILL OUT	
Division, Department, or Region (if applicable		For Official Use Only			
Board of Supervisors					
Designated Agency Contact (Name, Title)					
Sergio Ardila			☐ Amendment (Must P	Provide Explanation in Part 3.)	
Area Code/Phone Number E-mail			Amendment (mast r	Tovide Explanation in 1 art 5.)	
(510) 272-6693 sergio.ardila	@acgov.org		Date of Original Filing:	(month, day, year)	
2. Function or Event Information	-		т:	akat 100 Parking 20	
Does the agency have a ticket policy?			Each Ticket/Pass \$	CKet-100 Falking-20	
Event Description: Oakland A's vs. Texas	Rangers	ate(s)	07 / 23	1 1	
Provide Ti	itle/ Evolanation				
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 📕 If	no: _Oakland	Name of Source	·	
NATE - A STATE A STATE OF THE PROPERTY OF THE	If	yes: Tam, Le	na		
Was ticket distribution made at the behes	¹ Yes ∐ No ■ "	y 00	Official's Name (Last, First)		
of agency official?					
3. Recipients					
 Use Section A to identify the agency's department of 	or unit. • Use Section B to id	entify an individu	al. Use Section C to identi	fy an outside organization.	
Name of Agency, Department or Unit	Number	Describe the	e nublic nurnose made pu	suant to the agency's policy	
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe die	sacribe the public purpose made parentalities and agency o pency		
				×	
B. Name of Individual	Number of Ticket(s)/		Identify one of the following:		
(Last, First)	Passes				
			nonial Role D Other		
Benito Delgado-Olson	18T 4P	If checking "Ceremonial Role" or "Other" describe below: To promote County resources or facilities available to Cou			
		To promote	County resources or	facilities available to Col	
			nonial Role Other		
		If check	king "Ceremonial Role" or "Other" d	escribe below;	
Name of Outside Organization	Number of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy	
(include address and description)	Passes				
V					
4. Verification					
I have read and understand EPPC Regulation	is 18944.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance	
with the requirements				0/10/22	
3e rgio	o Ardila	Supe	ervisor's Assistant	7/14/63	
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)	
Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 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 **Date of Original Filing:** (510) 272-6691 heather.cartwright2@acgov.org (month, day, year) 2. Function or Event Information \$125 Face Value of Each Ticket/Pass \$_ Does the agency have a ticket policy? Yes No 🗆 Event Description: Greta Van Fleet 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** Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: 4 Nielsen, Eric To promote attendance at events held at a County facility Other 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 C. of Ticket(s)/ (include address and description) Passes |

4. Verification

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

Heather D. Cartwright

Supervisor's Assistant

First Name

First Name

FPPC Form 802 (2/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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Agency Name				Date Stamp	California 802
Alameda County					I OIIII
Division, Department, or Region (if	applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (Name,	Title)				
Heather Cartwright				☐ Amendment (Must P	rovide Ex pl anation in Part 3.)
Area Code/Phone Number E-ma	ail				
(510) 272-6691 hear	ther.cartwright2@a	acgov.org		Date of Original Filing:	(month, day, year)
Function or Event Information	on				\$125
Does the agency have a ticket po	olicy? Yes	.10		ach Ticket/Pass \$	Ψ120
Event Description: Greta Van Fle	et	D	ate(s)/.	8 , 202	
	Provide Title/Explanation	n	no: Oakland		
Ticket(s)/Pass(es) provided by ag	gency? Yes □			Name of Source	
Was ticket distribution made at th	e behest Yes □	No 📰 If	yes: Haubert	, David	
of agency official?	.00 🗖			Official's Name (Last, First)	
			- 11		
Recipients • Use Section A to identify the agency's de	martmant ar unit - ellen !	Cartian P to in	dontify an individu	al Alsa Saction C to identif	fy an outside organization
Use Section A to identify the agency's de	partment or unit. • Use :	Number	Tentify an incividu	ai. Ose section C to identif	y an outside organization.
A. Name of Agency, Department	t or Unit c	of Ticket(s)/ Describe		ne public purpose made pursuant to the agency's policy	
		Passes			
					
Name of Individual		Number		lateratify one of the d	fall avvisus
B. Name of Individual (Last, First)	٥	of Ticket(s)/ Passes		Identify one of the I	ollowing:
				onial Role Other	
Imsail, Ramsey					
		4	1	ing "Ceremonial Role" or "Other" de	
		4	1	-	s held at a County facili
		4	To promote	attendance at events	held at a County facili
		4	To promote	attendance at events	held at a County facili
			To promote	attendance at events	held at a County facili
C. Name of Outside Organiza		Number of Ticket(s)/	To promote Cerem If check	attendance at events onial Role Other ing "Ceremonial Role" or "Other" de	held at a County facili
C. Name of Outside Organiza (include address and descr		Number	To promote Cerem If check	attendance at events onial Role Other ing "Ceremonial Role" or "Other" de	s held at a County faciling Income [scribe below:
		Number of Ticket(s)/	To promote Cerem If check	attendance at events onial Role Other ing "Ceremonial Role" or "Other" de	s held at a County faciling Income [scribe below:
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		Number of Ticket(s)/	To promote Cerem If check	attendance at events onial Role Other ing "Ceremonial Role" or "Other" de	s held at a County faciling Income [scribe below:
(include address and descr		Number of Ticket(s)/	To promote Cerem If check	attendance at events onial Role Other ing "Ceremonial Role" or "Other" de	s held at a County faciling Income [scribe below:
Verification	ription)	Number of Ticket(s)/ Passes	To promote Cerem If check Describe the	attendance at events onial Role Other on "Other" de ing "Ceremonial Role" or "Other" de	s held at a County facility Income [pscribe below: resuant to the agency's policy
(include address and descr	ription)	Number of Ticket(s)/ Passes	To promote Cerem If check Describe the	attendance at events onial Role Other on "Other" de ing "Ceremonial Role" or "Other" de	s held at a County facility Income [pscribe below: resuant to the agency's policy
Verification I have read and understand FPPC-R	ription)	Number of Ticket(s)/ Passes	To promote Cerem If check Describe the	attendance at events onial Role Other on "Other" de ing "Ceremonial Role" or "Other" de	s held at a County facility Income [pscribe below: resuant to the agency's policy
Verification I have read and understand FPPC-R	Regulations 18944.1 a	Number of Ticket(s)/ Passes and 18942.	To promote Cerem If check Describe the	attendance at events onial Role Other Other ing "Ceremonial Role" or "Other" de e public purpose made pur that the distribution set f	s held at a County facility Income [pscribe below: resuant to the agency's policy

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 Miley Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number (510) 272-6694 Jasmine.Howard2@acgov.org Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes 📕 No 🗌 Face Value of Each Ticket/Pass \$ _ Event Description: Oakland A's Date(s) __8__/_ 18__/ Provide Title/ Explanation If no: Oakland Coliseum Ticket(s)/Pass(es) provided by agency? Yes No No Name of Source 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income . Ansar Muhammed If checking "Ceremonial Role" or "Other" describe below: 18 To reward a school or nonprofit organization for its contributions to the community. Ceremonial Role Other 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 of Ticket(s)/ (include address and description) **Passes**

4.	V/O	MIT.	100	410	100
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with the requirements.	egulations 18944.1 and 18942. I	have verified that the distribution set forth	above, is in accordance
_ /	Jasmine Howard	Supervisor's Assistant	8/30//2023
Signature of Agency Head of Oesign e	Print Name	Title	(month, day, year)

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FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) **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 **Date of Original Filing:** heather.cartwright2@acgov.org (510) 272-6691 (month, day, year) 2. Function or Event Information \$118.75 Face Value of Each Ticket/Pass \$_ Does the agency have a ticket policy? Yes 📕 No 🗍 Event Description: Cirque Du Soleil: Corteo Date(s) 08 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 III 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 of Ticket(s)/ Name of Agency, Department or Unit A. **Passes** Number Name of Individual Identify one of the following: of Ticket(s)/ B. (Last, First) **Passes** Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Caravez, Ramiro 4 To promote attendance at events held at a County facility Income \square Other \square 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 4. Verification I/have read and ynderstand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Print

Signature of Agency Head of Designic

Comment:

Clear

Print Name

Heather D. Cartwright

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Supervisor's Assistant

Title

C	eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					. 01111	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Heather Cartwright				Amendment (Must l	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Amendment (Wast)	Tovide Expianation in Part 5.)	
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation			·		
	Does the agency have a tick	et policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$ _	\$118.75	
	Event Description: Cirque D			oto(s) 08	, 19 , 2022		
	Event Description.	Provide Title/Expla	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes	🗌 No 🔳 If	no: Oakland			
			10	yes: Hauber	Name of Source t. David		
	Was ticket distribution made	at the behest Yes	□ No 🔳 If	yes:	Official's Name (Last, First)	——————————————————————————————————————	
	of agency official?						
3.	Recipients						
٠.	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to id	dentify an individu	ual. Use Section C to identi	ify an outside organization.	
	A Name of Agency Dana	etmont or Unit	Number	Describe th	a nublic nurnece made nu	remant to the account waller	
	A. Name of Agency, Depa	irtiment or Unit	of Ticket(s)/ Describe the		e public purpose made pu	rsuant to the agency's policy	
	R Name of Indi	vidual	Number		14-46	E- 11	
	B. Name of Indi		of Ticket(s)/ Passes		Identify one of the following:		
				Cerem	nonial Role Other	Income	
	Caravez, Ramiro		4	If check	king "Ceremonial Role" or "Other" d		
				To promote	attendance at events	s held at a County facility	
				Cerem	nonial Role Other	Income	
				1	king "Ceremonial Role" or "Other" d		
	Name of Outside O	rganization	Number				
	C. (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy	
		•					
1	Verification						
f.	have read and understand FP	PC Regulations 18044	1 1 and 18042	I have verified	that the distribution set t	forth above is in accordance	
/	with the requirements.) Negalallons 10944	and 10372.	HAVE VEIMEU	anat and areanbadon Set I	Sim above, is in accordance	
		Heather D. C	artwright	Sune	ervisor's Assistant	8/17/12/17.	
1	Signature of Agency Head or Design		rint Name		Title	(month, day, year)	
						, , , , , , , , , , , , , , , , , , ,	
	Comment:						

A Publi	ic Document
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1.	Agency Name				Date Stamp	California 802	
	Alameda County					I OIIII	
	Division, Department, or Region	on (if applicable)				For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (/	Vame, Title)			1		
	Sergio Ardila				Amendment (Must)	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			_		
	510-272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Inform	nation .					
	Does the agency have a tick	et policy? Yes I	■ No □ F	ace Value of	Each Ticket/Pass \$ _	118.75	
	Event Description: Cirque De	u Soleil: Corteo	D	ate(s)	, 19 , 202 2		
	Ticket(s)/Pass(es) provided I	Provide Title/Expla		no: Oaklan	d Arena		
	110110110111111111111111111111111111111	.,	-		Name of Source		
	Was ticket distribution made	at the behest Yes	🗆 No 🔳 🏻 If	yes: Tam, Le	Official's Name (Last, First)		
	of agency official?				Omciars warne (Last, r iist)		
_							
3.						**	
	Use Section A to identify the agence	cy's department or unit. •		dentify an individo	ual. Use Section C to ident	ity an outside organization.	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy	
	-						
	B. Name of Indiv		Number of Ticket(s)/ Passes		Identify one of the	following:	
		*	F 45565	Ceremonial Role Other			
	lyer, Paddy		3	If chec	If checking "Ceremonial Role" or "Other" describe below:		
				To encoura	age County of Alamed	da resident and busines	
				Cerer	monial Role Other	Income 🗌	
				If chec	cking "Ceremonial Role" or "Other" o	describe below:	
	Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	he public purpose made pu	ursuant to the agency's policy	
	·						
_	Verification						
	I have read and understand FP	PC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance	
	with the requirements.	Sergio Ardila	1	Sun	ervisor's Assistant	12/07/23	
	Signature of Agency Head or Design	_	Print Name		Title	(month, day, year)	
	Comment:						
	Comment:						

_						
	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	on (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			1 -	,,
	(510) 272-6691	heather.cartwright2	2@acgov.org		Date of Original Filing: .	(month, day, year)
2	Function or Event Infor	mation				
٤.				ana Valua of	Each Ticket/Pass \$	\$118.75
	Does the agency have a tick					7/
	Event Description: Cirque D	ou Soleii: Corteo		ate(s)	, 20 , 2022	
		Provide Title/ Expla	nation	no: Oakland	d Arena	
	Ticket(s)/Pass(es) provided	by agency? Yes			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 agen	cy's department or unit. •		dentify an individu	ual. Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy
			Passes			
			Number			
	B. Name of Indi		of Ticket(s)/		Identify one of the f	ollowing:
	· (Euck, 7 m		Passes	0	nonial Role Other	Income
	Cerro, Alan		4		nonial Role Other Other King "Ceremonial Role" or "Other" de	
	00170, 711011			To encoura	ige County of Alameda	a resident and busines
	·				nonial Role Other C	
					king "Ceremonial Role" or "Other" de	-
	Non-Action O		Number			
	C. Name of Outside O		of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
			1			
_	Verification					
١.	have read and/understand FP	DC Pogulations 1904/	1 1 and 19042	have verified	that the distribution set for	orth above is in cocordonae
/	with the requirements.	C Regulations 16944	r. 1 anu 10942. I	nave vermeu	unat tine distribution set it	orur above, is ill accordance
1	1 I Acc	Heather D. C	artwright	" Supe	ervisor's Assistant	8/17/MITZ
١	/ Signature of Agency Head or Design	_	rint Name		Title	(month, day, year)
	Comment:					

Clear

A Public Document

	Agency Name				Date Stamp	California 802
	Alameda County					I OIIII
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sergio Ardila				Amendment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510-272-6693	sergio.ardila@acgo	v.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				119.75
	Does the agency have a tick		■ No 🗆 F	ace Value of	Each Ticket/Pass \$	118.75
	Event Description: Cirque E	ou Soleil: Corteo		ate(s)08	, 20 , 202 3	
		Provide l'itle/Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes		no: Oaklan	Alaman of Courses	
	Was ticket distribution made	at the hehest Vaci	¬ Na≡ If	yes: Tam, L	ena	
	of agency official?	at the benest Yes I	_ No ■	,	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the ager	ncy's department or unit. •	Use Section B to i	dentify an individ	ual. Use Section C to identify	y an outside organization.
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe ti	ne public purpose made purs	suant to the agency's policy
	B. Name of Ind		Number of Ticket(s)/		Identify one of the fo	ollowing:
	(Last, Fil	rst)	Passes			
	Alvarez, Fabiola		3		monial Role Other Monial Role Other Monial Role Other Monial Role or "Other" des	
	, abioid			To encoura	age County of Alameda	resident and busines
					monial Role Other Cking "Ceremonial Role" or "Other" des	- · ·
				2 2 2		E Milaway - 1 to a
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe t	ne public purpose made pur	suant to the agency's policy
			of Ticket(s)/	Describe t	ne public purpose made pur	suant to the agency's policy
_			of Ticket(s)/	Describe t	ne public purpose made pur	suant to the agency's policy

(month, day, year)

Title

Signature of Agency Head or Designee

Comment: _

Print Name

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 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: (510) 272-6691 heather.cartwright2@acgov.org (month, day, year) 2. Function or Event Information \$187.50 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🔳 No 🗌 Event Description: Zach Brown Date(s) _08 Provide Title/ Explanation If no: Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source Haubert, David If yes: 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 of Ticket(s)/ A. Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2 Luomo, Niko To encourage County of Alameda resident and business Other 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 C. of Ticket(s)/ (include address and description) Passes

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4.	M	0	rifi	~	211	\sim	n
₹.	w	Œ		100	au	v	

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified t	that the distribution set forth above, is in accor	dance
with the requirements.	~/	1

Heather D. Cartwright Signature of Agency Head or Designed Print Name

Supervisor's Assistant

Title

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: (510) 272-6691 heather.cartwright2@acgov.org (month, day, year) 2. Function or Event Information \$187.50 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes No 🗆 Event Description: Zach Brown Date(s) _08 2023 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** Ceremonial Role Other | Income If checking "Ceremonial Role" or "Other" describe below: Stopka, Kaylie 5 To promote County resources or facilities available to County Income Ceremonial Role Other 🔲 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 4. Verification المالية whave read and understand FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Heather D. Cartwright

Supervisor's Assistant

Print Name

Title

Comment:

(month, day, year)

with the requirements

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **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:, (510) 272-6691 heather.cartwright2@acgov.org (month, day, year) 2. Function or Event Information \$187.50 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 📕 No 🗌 Event Description: Zach Brown Date(s) _08 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: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2 Wright, Adriana 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 of Ticket(s)/ C. (include address and description) **Passes** Verification

I'nave read and understand FPRC Regulation	s 18944.1 and 18942. I nave ventied that the distribution set forth above, is	s iri accorda	ınce
with the		_ / /	4
			-

Heather D. Cartwright

/ Signature of Agency Head of Designee

Print Name

Supervisor's Assistant

Title

(month, dey, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp County of Alameda Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nate Miley Area Code/Phone Number Amendment (Must Provide Explanation in Part 3.) E-mall (510) 272-6694 Jasmine.Howard2@acgov.org Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 187,50 Event Description: Zach Bryan Date(s) __8 , 21 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Oakland Arena Yes 🔲 No 🔳 If yes: Miley, Nate Was ticket distribution made at the behest Yes No 🏬 of agency official? Official's Name (Last, First) Recipients • Use Section A to Identify the agency's department or unit. • Use Section 8 to Identify an individual. Use Section C to Identify an outside organization. Number of Ticket(s)/ Name of Agency, Department or Unit A, Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ identify one of the following: (Last, First) Passes Ceremonial Role Other 🔲 Income Janet Lemmons

			To reward a community volunteer for	
			Caremonial Role Other In the checking "Geremonial Role" or "Other" describe	below:
C.	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuan	t to the agency's policy
/erific	otion			
ith the	requirements. //	1944.1 and 18942. I	have verified that the distribution set forth a	bove, is in accordance
1	Jasmine I	doward	Supervisor's Assistant	10/26/2022

ture of Agency Heat or Designee

Comment::

Print Name

Title

10/25/2023

(month, day, year)

Agency Report of:

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٠	eren	IOIII	al KO	ie Evenis	anu	HCKeurass	DISTIBUTE	7119

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\sim		462				11 11 11 11 11 11	

. Agency Name			Date Stamp	California 802		
Alameda County				101111		
Division, Department, or Region (if applicable)				For Official Use Only		
Board of Supervisors						
Designated Agency Contact (Name, Title)						
Sergio Ardila	Amendment (Must Pr	ovide Explanation in Part 3.)				
Area Code/Phone Number E-mail			Amendment (wast)	ovide Explanation III I dit 6.7		
(510) 272-6693 sergio.ardila@acgo	ov.org		Date of Original Filing: _	(month, day, year)		
2. Function or Event Information			Т::-	oleat 100 Davidina 20		
Does the agency have a ticket policy? Yes	■ No□ F	ace Value of I	Each Ticket/Pass \$	cket-100 Parking-20		
Event Description: Oakland A's vs. Kansas City	nation		21 23			
•	□ No ■ If	no: Oakland	d Coliseum			
Honos(o), r doo(oo) provided by agency			Name of Source			
Was ticket distribution made at the behest Yes	🗆 No 🔳 🏻 If	yes: Tam, Le	Official's Name (Last, First)			
of agency official?			Onicial's Ivanie (East, 1 iist)			
D. Distribute						
8. Recipients	Use Section R to in	łontify an individu	ual Mise Section C to identify	an outside organization		
- Use Section A to identify the agency's department of drift.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individu					
A. Name of Agency, Department or Unit	of Ticket(s)/ Describe		the public purpose made pursuant to the agency's policy			
	Passes					
3						
	1					
	Number					
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the fe	ollowing:		
(Edde, 1 nde)	Fasses	Coron	nonial Role Other	Income 🗆		
Osama Thabit	6T 2P		remonial Role			
Godina Triasic		To promote County resources or facilities available to Co				
:	1	Caren	monial Role Other	Income		
			king "Ceremonial Role" or "Other" des			
	Number					
C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's policy			
·						
4. Verification		1				
I have read and understand FPPC Regulations 1894	4.1 and 18942	I have verified	that the distribution set for	orth above, is in accordance		
with the requirements.	4.1 and 100+2.	77/470 70/11/04	and the distribution set re	4 4-		
Sergio Ardila	3	Supe	ervisor's Assistant	7/19/73		
	Print Name		Title	(month, day, year)		
Comment:						

	nonial Role Event	o direction	COI C	133 DISTI	Dutions	A	Public Documer	
_	ncy Name		Date Stamp	California 80				
	nty of Alameda			. 0.111				
	ion, Department, or Regi	,					For Official Use Only	
	d of Supervisors, Fourth]		
	nated Agency Contact (Name, Title)						
	Miley Code/Phone Number	E-mail	Amendment (Must P	rovide Explanation in Part 3.)				
(510)	272-6694	Jasmine.Howa	ard2@	acgov.org		Date of Original Filing:	(month, day, year)	
2. Fund	ction or Event Inforr	nation						
Does	the agency have a tick	et policy?	Yes 📕	I No □ F	ace Value of	Each Ticket/Pass \$	100	
Even	t Description: Oakland	A's		Г	ate(s) 8	<u>/ 23 / 2023</u>	1 /	
_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TO OCCUPATION .	Provide Title	e/ Explana	ntion				
Ticke	t(s)/Pass(es) provided l	by agency?	Yes 🗆	No 🔣 If	no: Oaklan			
\//ac 1	ticket distribution made	at the behest	v –	:== If	yes: Miley, N	Name of Source late		
	gency official?	at the benest	Yes [_	No ■ ''	y cs	Official's Name (Last, First)		
	cipients							
• Use	• 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.	A. Name of Agency, Department or Unit				Describe the public purpose made pursuant to the agency's polic			
				Number				
B. ——	B. Name of Individual (Last, First)			of Ticket(s)/ Passes	Thillies.	Identify one of the fo	nllowing:	
Arm	Armstrong, Erin			1	To promo morale, re	To promote, encourage, reward, or support general employ morale, retention, exemplary service, or staff development.		
Mile	Miley, Nate			1	To promote, morale, reter	, encourage, reward, or support general employe ention, exemplary service, or staff development.		
C.	C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy	
-								
\/. \/.	la a 41 a u							
l. Verifi I have with th	read and understand FIPF requirements.	PC Regulations 1	18944.1	and 18942. I	have verified t	that the distribution set fo	rth above, is in accordanc	
with th	requirements.	Jasmine	Ножа	rd	Cuna	milaaria Aasistant	0/00//0000	
	ature of Agency Head or Designe		Howa	iu .	Supe	rvisor's Assistant	8/30//2023	

Agency Report of:

C	eremonial Role Even	ts and Ticket/F	ibutions	A Public Documen		
1.	Agency Name				Date Stamp	California 802
	County of Alameda					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, Fourt	h District				
	Designated Agency Contact	(Name, Title)	1			
	Nate Miley		Amondment (time	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
	(510) 272-6694	Jasmine.Howard2@	@acgov.org		Date of Original Filing	:(month, day, year)
<u>-</u>	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy?	■ No □ F	ace Value of	Each Ticket/Pass \$ _	100
			_			
	Event Description: Oakland	Provide Title/ Expla	nation [Date(s)	23 , 2023	
	Ticket(s)/Pass(es) provided		□ No ■ I	f no: Oakland	d Coliseum	
	Transition and the provided	2) 490110). 103			Name of Source	
	Was ticket distribution made	at the behest Yes	□ No ■ If	f yes: Miley, N	IATE Official's Name (Last, First,	
	of agency official?				Uπiciai's Name (Last, First,	
_	Desinients					
3.	Recipients • Use Section A to identify the agen	cv's department or unit	Hea Castian D to i	ما المانية الم	on the Coeffee Chaiden	
	- Ose Section A to identify the agen	cy's department or unit.	ial. Use Section C to Ident	tiry an outside organization.		
	A. Name of Agency, Depart	rtment or Unit	Number of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy
			Passes			
				lu .		
	B. Name of Indi		Number of Ticket(s)/		identify one of the	following:
	(Last, Fire	st)	Passes			
	M				onial Role Other	
	Marshall, Clay		1		ing "Ceremonial Role" or "Other" a	lescribe below: or support general employee
				morale, ret	ention, exemplary servi	ce, or staff development.
					onial Role Other	
	Howard, Jasmine				ing "Ceremonial Role" or "Other" o	
				morale, reter	encourage, reward, or ntion, exemplary service	support general employee e, or staff development.
	C Name of Outside O	Number of Ticket(s)/			rsuant to the agency's policy	
	(include address and	description)	Passes	December and	o pasiio parpose made pa	addit to the agency's policy
	Verification					
	I have read and understand FP	PC Regulations 18944	.1 and 18942.	I have verified t	hat the distribution set	forth above is in accordance
	with the requirements.	•				10141 40010, 10 111 40001441100
	/ Supe				rvisor's Assistant	8/30//2023
	Signature of Agency Head or Design	Signature of Agency Head or Designee Print Name				(month, day, year)
	/					(
	Comment:					

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

3.



Recipients	it alleg Costion D to is	dentify an individual. Use Section C to identify an outside organization.
- Ose section A to identify the agency's department or un	Number	dentity an individual. Use section C to identify an outside organization.
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	Number	
B. Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below;
Strasburg, Ashley	1	To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff development.
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
Stewart, Darryl	1	To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff development.
Washington, Tanya	1	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff development.
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
Arkin, Valerie		To promote, encourage, reward, or support general employee morale, retention, exemplary service, or staff development.
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

Print

Clear

Agency Report of:

Ceremonial Role Events	and Ticket/Pa	ass Distri	butions	Α	Public Document		
1. Agency Name		Date Stamp	California 802				
Alameda County			· Oilli				
Division, Department, or Region	(if applicable)		For Official Use Only				
Board of Supervisors							
Designated Agency Contact (Nan	ne, Title)		+				
Sergio Ardila		Amendment (Must Pr	ovide Explanation in Part 3.)				
	nail	ì					
510-272-6693	rgio.ardila@acgo	v.org		Date of Original Filing: _	(month, day, year)		
2. Function or Event Informa	tion				156.25		
Does the agency have a ticket	oolicy? Yes	■ No 🔲 F	ace Value of	Each Ticket/Pass \$	130.23		
Event Description: Sam Smith		D	ate(s)08	27 2023			
	Provide Title/ Explar	ation	no: Oaklan	•			
Ticket(s)/Pass(es) provided by	agency? Yes [Al					
Was ticket distribution made at	the behest Yes F	¬ No ■ If	yes: Tam, Le	ena			
of agency official?	Official's Name (Li						
3. Recipients							
• Use Section A to identify the agency's	department or unit.		dentify an individu	ual. Use Section C to identif	y an outside organization.		
A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Describe the Passes		the public purpose made pursuant to the agency's policy			
	10	E-					
B. Name of Individu	al	Number of Ticket(s)/ Passes	-	Identify one of the f	ollowing:		
				nonial Role Other	11.00.110		
Randolph, James		4	I .	If checking "Ceremonial Role" or "Other" describe below:			
				To encourage County of Alameda resident and business			
				nonial Role Other king "Ceremonial Role" or "Other" de			
Name of Outside Organ	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy			
,					1		
4. Verification	Demiletion 1001	1 d and d0040	I hove verified	that the distribution set f	orth shove is in energlenes		
I have read and understand PPPC with the requirements.	Regulations 18944	ı nave veniled	urat the distribution set to	эгат авоув, is iн ассогдалсе			
	Sergio Ardila		Sup	ervisor's Assistant	12/07/23		
Signature of Agency Head or Designee	. P	rint Name		Title	(month, day, year)		
Comment:							

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name Date Stamp California County of Alameda Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nate Miley Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mall (510) 272-6694 Jasmine.Howard2@acgov.org Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? 156.25 Face Value of Each Ticket/Pass \$. Yes 🔳 No 🗌 Event Description: Sam Smith 27 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Oakland Arena Yes 🔲 No 📶 If yes: Miley, Nate Was ticket distribution made at the behest Yes --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 A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number ₿. Name of individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other 🔲 Ілсоте 🔲 Simone Sanford 2 If checking "Ceremonial Role" or Ceremonial Role Other [Income if checking "Ceremoniai Role Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy (include address and description) of Ticket(s)/ Passes 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 Jasmine Howard Supervisor's Assistant 10/25/2023 frature of Agency Head or Designee Print Name (month, day, year)

Print

Comment:

Clear

FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-3772)