

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
County of Alameda			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Board of Supervisors, Fourth District			
Designated Agency Contact (Name, Title)			
Nate Miley			
Area Code/Phone Number	E-mail		
(510) 272-6694	Jasmine.Howard2@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \$100T - \$20 PARK

Event Description: Oakland A's Date(s) 9 / 2 / 2023  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Miley, Nate  
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
144,000 Elect Foundation	18 T 4 P	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.

Signature of Agency Head or Designee: Jasmine Howard Print Name: Jasmine Howard Supervisor's Assistant Title: Supervisor's Assistant Date: 10/25/2023  
(month, day, year)

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

**Print** **Clear**

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Board of Supervisors, Fourth District			
Designated Agency Contact <i>(Name, Title)</i>			
Nate Miley			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
(510) 272-6694	Jasmine.Howard2@acgov.org	Date of Original Filing: _____ <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

Event Description: Oakland A's Date(s) 9 / 2 / 2023  
*Provide Title/ Explanation*

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

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

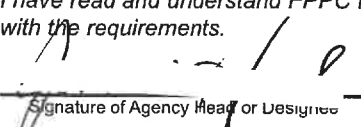
**3. Recipients**

• 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:
Muhammed, Ansar	18	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To encourage or reward significant academic, artistic, public service, or athletic achievements by County of Alameda students, residents, businesses, or employees
		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.*

	Jasmine Howard	Supervisor's Assistant	9/5/2023
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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

A Public Document

<b>1. Agency Name</b> Alameda County		Date Stamp	<b>California Form 802</b> <small>For Official Use Only</small>
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Sergio Ardila		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number (510) 272-6693	E-mail sergio.ardila@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ Ticket-100 Parking-20

Event Description: Oakland A's vs. Los Angeles Angels    Date(s) 09 / 03 / 23  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    Yes  No     If yes: Tam, Lena  
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 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
Alameda Chamber of Commerce	18T 4P	To promote County resources or facilities available to Cou

**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.*

\_\_\_\_\_    Sergio Ardila    \_\_\_\_\_    7/19/23  
Signature of Agency Head or Designee    Print Name    Supervisor's Assistant    Title    (month, day, year)

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

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<b>1. Agency Name</b> Alameda County		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Gabriela Christy		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 272-6692	E-mail Gabriela.Christy@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 Athletics vs. San Diego Padres Date(s) 09 / 15 / 23  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No  Yes  If yes: Valle, Richard- Supervisor District 2  
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<u>GARCIA, Alexandra</u>	<u>3</u>	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Identify one of the following: agency's policy
The Annual Earth Day Citywide Clean-Up & Community Fair is a litter pick-up event hosted at Weekes Park. Volunteers come together to collect litter		To reward a community volunteer for his or her service to the public and abandoned debris in various neighborhoods throughout the City.

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

\_\_\_\_\_ Signature of Agency Head or Designee     
 \_\_\_\_\_ Print Name     
 \_\_\_\_\_ Title     
 \_\_\_\_\_ (Month, Day, Year)

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Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Board of Supervisors, Fourth District			
Designated Agency Contact (Name, Title)			
Nate Miley			
Area Code/Phone Number	E-mail		
(510) 272-6694	Jasmine.Howard2@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 Date(s) 9 / 15 / 2023  
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Miley, Nate  
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:
Moesley, Mae	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:                      To promote health, motivate, and provide expanded opportunities to vulnerable populations in the County such as the disables, underprivileged, seniors and youth in foster care.</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

**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 \_\_\_\_\_ 9/25/2023  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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<b>1. Agency Name</b> Alameda County Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sergio Ardila Area Code/Phone Number      E-mail (510) 272-6693                      sergio.ardila@acgov.org		Date Stamp <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>California Form 802</b>                      For Official Use Only                 </div> <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <span style="font-size: small;">(month, day, year)</span>
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**2. Function or Event Information**

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

Event Description: Kali Uchis      Date(s) 09 / 26 / 23  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    Yes  No       If yes: Tam, Lena  
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"/> If checking "Ceremonial Role" or "Other" describe below:
		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
UNITY COUNCIL	3	To encourage County of Alameda residents and business

**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.*

Sergio Ardila	Supervisor's Assistant	01/17/24
Signature of Agency Head or Designee	Print Name	Title (month, day, year)

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

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Division, Department, or Region (if applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Sergio Ardila			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
(510) 272-6693	sergio.ardila@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 \$ 106.25

Event Description: Los Temerarios Date(s) 09 / 29 / 23  
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Tam, Lena  
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
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		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
UNITY COUNCIL	3	To encourage County of Alameda residents and business

**4. Verification**

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Signature of Agency Head or Designee: \_\_\_\_\_ Sergio Ardila \_\_\_\_\_ Supervisor's Assistant \_\_\_\_\_ 01/17/24  
Print Name Title (month, day, year)

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

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<b>1. Agency Name</b> County of Alameda Division, Department, or Region <i>(if applicable)</i> Board of Supervisors, Fourth District Designated Agency Contact <i>(Name, Title)</i> Nate Miley Area Code/Phone Number      E-mail (510) 272-6694                      Jasmine.Howard2@acgov.org		Date Stamp <div style="border: 1px solid black; padding: 5px; text-align: center;">           California Form <b>802</b>            For Official Use Only         </div> <input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>
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**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 106.25

Event Description: Los Temarios      Date(s) 9 / 29 / 2023  
*Provide Title/Explanation*

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

Was ticket distribution made at the behest of agency official?    Yes  No       If yes: Miley, Nate  
*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:
Victor Reyes	4T	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To reward a community volunteer for service to the public
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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	Jasmine Howard	Supervisor's Assistant
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>
		10/25/2023 <small>(month, day, year)</small>

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