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 Filling: (month, day, year) 2. Function or Event Information \$100T - \$20 PARK Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ No 🗆 Event Description: Oakland A's 2 Date(s) Provide Title/ Explanation If no: Oakland Coliseum Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source If yes: 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. A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number В. Name of individual of Ticket(s)/ identify one of the following: (Last, First) Passes Ceremonial Role Other 🗌 Income If checking \*Ceremonial Role or "Other" describe below Ceremonial Role Other Income [ If checking \*Caremonial Role 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 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. Jasmine Howard Supervisor's Assistant 10/25/2023 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** 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 Miley Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: \_ (510) 272-6694 Jasmine.Howard2@acgov.org (month, day, year) 2. Function or Event Information 100 Yes ■ No □ Face Value of Each Ticket/Pass \$ \_\_\_ Does the agency have a ticket policy? Event Description: Oakland A's Date(s) 9 2 2023 3.

Provide Title/ Ex	planation		
Ticket(s)/Pass(es) provided by agency? Ye	s □ No ■ If	no: Oakland Coliseum	
		Name of Source	
Was ticket distribution made at the behest Ye of agency official?	s□ No■ <sup>If</sup>	yes: Miley, Nate  Official's Name (Last, First)	
Recipients  • Use Section A to identify the agency's department or unit.	• Use Section B to id	lentify an individual. Use Section C to identify an outs	side 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	
Muhammed, Ansar	18	Ceremonial Role  Other    To encoli checking remonial Role or "Other" describe below the control of the control	
		Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below	Income  w:
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
Verification			
have read and understand FPPC Regulations 189 with the requirements.  Jasmine Ho			
Signature of Agency Head or Designee	Print Name	Supervisor's Assistant	9/5/2023
Comment:	i int Name	nue	(month, day, year)

Print

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-		16.2			111111	11

Agency Name				Date Stamp	California 802
Alameda County				J	
Division, Department, or Re	egion (if applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contac	t (Name, Title)				
Sergio Ardila				Amendment (Mus	st Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				
(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filin	g:(month, day, year)
Function or Event Info	ormation				Tisles 400 D. His 00
Does the agency have a t	icket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	Ticket-100 Parking-20
Event Description: Oaklar	nd A's vs. Los Angeles	Angels D	ate(s) 09	, 03 , 23	1 1
	Provide Title/ Expla	nation			
Ticket(s)/Pass(es) provide	ed by agency? Yes	🔲 No 📕 If	no: Oaklan	Name of Source	s
Was ticket distribution ma	de at the behest. Vac	□ No ■ If	yes: Tam, Le	ena	
of agency official?	de at the beliest yes	□ NO ■ "	,	Official's Name (Last, Fir	st)
Recipients			1 15.2.1		
Use Section A to identify the age	gency's department or unit. •		dentify an individi	ual. Use Section C to Ide	entiry an outside organization.
A. Name of Agency, De	epartment or Unit	Number of Ticket(s)/	Describe th	e public purpose made	pursuant to the agency's policy
		Passes			
			·		
D Name of I	ndividual	Number		Identify one of the	ne fallowing:
B. Name of I		Number of Ticket(s)/ Passes		Identify one of th	ne following:
U.		of Ticket(s)/	Cerer	Identify one of the	
U.		of Ticket(s)/	I .		r Income
U.		of Ticket(s)/	I .	nonial Role Other	r Income
U.		of Ticket(s)/	If chec	nonial Role   Other	r Income
U.		of Ticket(s)/	If chec	nonial Role	r Income
U.		of Ticket(s)/ Passes	If chec	nonial Role   Other	r Income
(Last,	First)	of Ticket(s)/ Passes  Number of Ticket(s)/	If chec	nonial Role  Other king "Ceremonial Role" or "Other nonial Role  Other king "Ceremonial Role" or "Other	r Income
(Last,	First)	of Ticket(s)/ Passes	If chec	nonial Role  Other king "Ceremonial Role" or "Other nonial Role  Other king "Ceremonial Role" or "Other	r Income  r' describe below:  r Income  r' describe below:
(Last,	e Organization and description)	of Ticket(s)/ Passes  Number of Ticket(s)/	Cerer If chec	nonial Role  Other king "Ceremonial Role" or "Other nonial Role  Other king "Ceremonial Role" or "Other ne public purpose made	r Income  r' describe below:  r Income  r' describe below:
C. Name of Outside (include address)	e Organization and description)	of Ticket(s)/ Passes  Number of Ticket(s)/ Passes	Cerer If chec	nonial Role  Other king "Ceremonial Role" or "Other nonial Role  Other king "Ceremonial Role" or "Other ne public purpose made	Income r' describe below:  Income r' describe below:  pursuant to the agency's policy
C. Name of Outside (include address)	e Organization and description)	of Ticket(s)/ Passes  Number of Ticket(s)/ Passes	Cerer If chec	nonial Role  Other king "Ceremonial Role" or "Other nonial Role  Other king "Ceremonial Role" or "Other ne public purpose made	Income r' describe below:  Income r' describe below:  pursuant to the agency's policy
C. Name of Outside (include address and Alameda Chamber of Co	e Organization and description)	of Ticket(s)/ Passes  Number of Ticket(s)/ Passes	Cerer If chec	nonial Role  Other king "Ceremonial Role" or "Other nonial Role  Other king "Ceremonial Role" or "Other ne public purpose made	Income  r' describe below:  Income  r' describe below:  pursuant to the agency's policy
C. Name of Outside (include address and Alameda Chamber of Outside (include address).	e Organization and description)	Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  18T 4P	Cerer If chec	nonial Role  Other king "Ceremonial Role" or "Other nonial Role  Other king "Ceremonial Role" or "Other ne public purpose made c County resources	Income  r' describe below:  Income r' describe below:  pursuant to the agency's policy  or facilities available to C
C. Name of Outside (include address and Alameda Chamber of Co	e Organization and description)	Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  18T 4P	Cerer If chec	nonial Role  Other king "Ceremonial Role" or "Other nonial Role  Other king "Ceremonial Role" or "Other ne public purpose made c County resources	Income  r' describe below:  Income  Income  r' describe below:  pursuant to the agency's policy  or facilities available to C
C. Name of Outside (include address:  Alameda Chamber of Coverification  I have read and understand	e Organization and description)	Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  18T 4P	Cerer If chec  Describe th  To promote	nonial Role  Other king "Ceremonial Role" or "Other nonial Role  Other king "Ceremonial Role" or "Other ne public purpose made c County resources	Income  r' describe below:  Income  Income  r' describe below:  pursuant to the agency's policy  or facilities available to C

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

**A Public Document** 

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 002	
	Division, Department, or Reg	ion (If Applicable	∌)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (	(Name, Title)					
		,					
	Gabriela Christy  Area Code/Phone Number   E-mail				Amendment (Must prov	ride explanation in Part 3.)	
	(510) 272-6692	I	risty@acgov	ora	Date of Original Filing:		
_			nsty@acgov	.org		(Month, Day, Year)	
	Function or Event Infor			- Fran Volus a	6 Feels Tielseh/Dage &	100	
	Does the agency have a ticke	•	Yes 🔀 No		f Each Ticket/Pass \$		
	Event Description Oakland A	thletics vs. Sa Provide Title/Exp	an Diego Pad Ianation	dres Date(s) 09	15 , 23		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No	If no:	Name of Source	X8	
	Was ticket distribution made a	of the hehest	N- 🗆 Vaal		Richard- Supervisor Di		
	of agency official?	it the penest	No 🗌 Yes	If yes:	Official's Name (La	st, First)	
_	Recipients						
>.	Use Section A to identify the agency	y's department or	ial. • Use Section C to identify	an outside organization.			
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy	
		•	Pass(es)				
,			-				
	B. Name of Individual (Last, First)	al	Number of Ticket(s)/ Pass(es)	- 7	identify one of the following	<b>3</b> : 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
	GARCIA, Alexano	dec	3		Other Lat Role" or "Other" describe below:	Income	
				Ceremonial Role  If checking *Ceremon	Other I	Income 🔲	
				_			
				To reward	a community		
1	C. Name of Outside Organ		Number of Ticket(s)/	volunteer	for his or her service	jency's policy	
100	(include address and des	cription)	Pass(es)	to the publ	ic	e majorita	
	The Annual Earth Day Cityw Clean-Up & Community Fair			puor	10		
	pick-up event hosted at Wee Volunteers come together to			and abandoned del City.	oris in various neighbori	noods throughout the	
	Verification		,				
-	I heve read and understand FPPC Regul	lations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.	
1			Gabriela C	hristy	Supervisor's Assistant	5/9/2023	
-	ignature of Agency Head or Designee		Print Nam	е	Title	(Month, Day, Year)	
	Commont:						

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

	its and Ticket/F	ass Distill	DULIONS	A	Public Document
Agency Name				Date Stamp	California OOO
County of Alameda					Form 802
Division, Department, or Reg	jion (if applicable)				For Official Use Only
Board of Supervisors, Fourt	th District				
Designated Agency Contact	(Name, Title)				
Nate Miley					
Area Code/Phone Number	E-mail			Amendment (Must F	Provide Explanation in Part 3.)
(510) 272-6694	Jasmine.Howard2	@acgov.org		Date of Original Filing:	(month, day, year)
Function or Event Infor	mation				
Does the agency have a tic	ket policy? Yes	■ No □ Fa	ace Value of I	Each Ticket/Pass \$	100
- ·				15 , 2023	
Event Description: Oakland	Provide Title/ Expla	Da	ate(s)	10 / 2023	
Ticket(s)/Pass(es) provided			no: Oakland	Coliseum	
( ) ( ) 1	,,			Name of Source	
Was ticket distribution made	e at the behest Yes	□ No ■ If	yes: Miley, N	Official's Name (Last, First)	
of agency official?				Oπiciai's Name (Last, First)	
Name of Agency, Department	And the second	Number of Ticket(s)/ Passes			y an outside organization. suant to the agency's policy
B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
Moesley, Mae		4	If check To promote he	onial Role Other on "Other on "Other" de	Income Scribe below:
			populations in	alth, motivate, and provide e the County such as the disal	ples, underprivileged, seniors and y
=======================================			populations in in foster care. Cerem	alth, motivate, and provide e the County such as the disal onial Role Other on any "Ceremonial Role" or "Other" de	oles, underprivileged, seniors and y
C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	populations in in foster care. Cerem If check	the County such as the disal onial Role  Other  Other  Onial Role  Other  Other  Other  Other	oles, underprivileged, seniors and y
(include address and		of Ticket(s)/	populations in in foster care. Cerem If check	the County such as the disal onial Role  Other  Other  Onial Role  Other  Other  Other  Other	oles, underprivileged, seniors and y Income  scribe below:
(include address and	description)	of Ticket(s)/ Passes	populations in in foster care.  Cerem If check  Describe the	the County such as the disal policy of the County such as the disal policy of the County of the Coun	oles, underprivileged, seniors and y  Income   scribe below:  suant to the agency's policy
Verification I have read and understand FP	description)	of Ticket(s)/ Passes	populations in in foster care.  Cerem If check  Describe the	the County such as the disal policy of the County such as the disal policy of the County of the Coun	oles, underprivileged, seniors and y  Income   scribe below:  suant to the agency's policy

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

Ce	eremonial Role Event	ts and Ticket/P	ass Distri	butions		A Publ	ic Document	
	Agency Name				Date Stamp		ifornia 802	
	Alameda County							
	Division, Department, or Regi	on (if applicable)			1		or Official Use Only	
	Board of Supervisors							
	Designated Agency Contact (	Name, Title)						
	Sergio Ardila				Amendment (M	Must Provide Ex	olanation in Part 3.)	
	Area Code/Phone Number	E-mail						
	(510) 272-6693	sergio.ardila@acgc	ov.org		Date of Original Fil	ing:(mont	h, day, year)	
2.	Function or Event Inform	mation				180=		
	Does the agency have a tick	cet policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass	\$ 100 -		
	Event Description: Kali Uch	is	n.	ate(s) 09	<u> 26   23                                   </u>		1 .	
	Event Description.	Provide Title/ Explai	nation				·	
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🔳 If	no: Oaklan				
			16	yes: Tam, L	Name of Source ena			
	Was ticket distribution made	at the behest Yes	No 🔳 "	yes	Official's Name (Last, i	First)	-	
	of agency official?							
3.	Recipients							
	• Use Section A to identify the agen	ıcy's department or unit. •	Use Section B to id	dentify an individ	ual. Use Section C to i	dentify an outs	ide organization.	
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	he public purpose mad	ie pursuant to	the agency's policy	
			rasses					
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of	f the following	:	
	<del>(</del>				monial Role Otl cking "Ceremonial Role" or "Ot	ther  ther" describe below	Income	
						ther 🔲	Income	
				If chec	cking "Ceremonial Role" or "Ol	her" describe belov	Λ:	
		Outside Organization Outside Organization Outside Organization Of Ticket(s)/ Outside Organization Outside O		Describe t	scribe the public purpose made pursuant to the agency's policy			
	UNITY COUNCIL		3	To encoura	age County of Alar	meda reside	ents and business	
_	M							
4.	Verification I have read and understand FF	PC Regulations 1894	4.1 and 18942.	I have verified	I that the distribution	set forth abo	ve, is in accordance	
	with the requirements.	-					الأراجية المحاوية	
		Sergio Ardila	3	Sup	ervisor's Assistant	t	01/17/24	
	Signature of Agency Head or Design	nee F	Print Name		Title		(month, day, year)	
	Comment:							

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County	•				I-OIII Com
	Division, Department, or Regi	on (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Sergio Ardila				Amondment (Must R	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Mast P.	rovide Explanation in Part 3.)
	(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				101 25
	Does the agency have a tick	ket policy? Yes I	■ No□ F	ace Value of	Each Ticket/Pass \$	106.23
	Event Description: Los Tem	erarios ·  Provide Title/ Expla.	D	ate(s)09	, 29 , 23	
	Ticket(s)/Pass(es) provided		nation □ No <b>□</b> If	no: Oaklan	d Arena	
	ricket(s)/Pass(es) provided	by agency: rest				
	Was ticket distribution made	at the behest Yes!	□ No 🗐 If	yes: Tam, L	Name of Source ena Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
3.	Recipients				I II Continue Can internation	from autotal accordants
	Use Section A to identify the agen	cy's department or unit. •		lentify an individi	ual. Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy
			Passes			
			Number			
	B. Name of Indi		of Ticket(s)/		Identify one of the	following:
	(Last, Fir	Si)	Passes	_	monial Role Other	Income _
					monial Role  Other  Other  Other  Other	
	((=====================================		-	0	monial Role Other	Income
					cking "Ceremonial Role" or "Other" de	
		•				
	Name of Outside O		Number			
	C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe ti	he public purpose made pu	rsuant to the agency's policy
				_	County of Alamad	o regidents and business
	UNITY COUNCIL		3	10 encoura	age County of Alamed	a residents and business
4.	Verification					
	I have read and understand FF	PPC Regulations 1894	4.1 and 18942.	l have verified	that the distribution set t	forth above, is in accordance
	with the requirements.					
		<ul> <li>Sergio Ardila</li> </ul>	a	Sup	ervisor's Assistant	01/17/24
	Signature of Agency Head or Design	nee	Print Name		Title	(month, day, year)
	0					
	Comment:					<del></del>

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 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 Does the agency have a ticket policy? 106.25 Yes No Face Value of Each Ticket/Pass \$ \_ Event Description: Los Temarios Date(s) 9 29 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Oakland Arena Yes 🗌 No 📗 Name of Source If yes: Miley, Nate Was ticket distribution made at the behest Yes i 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. Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes. Number В, Name of Individual of Ticket(s)/ identify one of the following: (Last, First) Passes Ceremonial Role Other 🔲 Income Victor Reyes **4T** If checking "Ceremonial Role" or To reward a community volunteer for service to the public Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C, of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification

with the requirements.	18944.1 and 18942.	I have verified that the	distribution set forth above,	is in accordance

7/*	Vasimile Howard	Supervisors Assistant	10/25/2023
Anature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

laemine Howard