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 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 \$ _ 125.00 Event Description: Jhene Aiko Date(s) __12 2 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 No 🔳 of agency official? Official's Name (Last, First) Recipients • Use Section A to Identify the agency's department or unit. • Use Section B to Identify an individual. Use Section C to Identify an outside organization. Number Name of Agency, Department or Unit A, Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number B. Name of Individual of Ticket(s)/ identify one of the following: (Last, First) Pesses Ceremonial Role Other Income 🔲 ChiAurelia Spencer 2 If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for service to the public Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe b 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

with the requirements.

| Jasmine Howard | Supervisor's Assistant | 10/25/2023 |
| Final Name | Title | (month, day, year)

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

Agency Report of:

C	eremonial Role Even	ts and Ticket/P	A Public Document					
1.	Agency Name				Date Stamp	California 802		
	County of Alameda					Form OUZ		
	Division, Department, or Region (if applicable)				1	For Official Use Only		
	Board of Supervisors, Fourth District							
	Designated Agency Contact (Name, Title)				1			
	Nate Miley				Amandment /Must	Provide Evalenation in Bart 2)		
	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)			
2.	Function or Event Information							
	Does the agency have a tic	■ No 🗆	Face Value of	of Each Ticket/Pass \$125				
	Event Description: Jhene Aiko Date(Date(s) 12	<u>/ 2 / 2023</u>			
	Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No ■ If no: Oaklar				d Arena			
	Milay M				Name of Source			
	Was ticket distribution made at the behest Yes ☐ No ■ If yes: Miley, I of agency official?				Official's Name (Last, First)		
3.	Recipients	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				
	B. Name of Ind	Number of Ticket(s)/		Identify one of the	a following:			
	(Last, Fil	Passes						
	Tiffany Moncrease		2	If check	nonial Role			
				Ceren	nonial Role Other	Income		
				To promote	County resources o	r facilities available to Cou		
	Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursuant to the agency's policy			
<u> </u>	Verification							
	I have read and understand FPPC Regulations 18944.1 and 18942. I have verified with/the requirements.			that the distribution set	forth above, is in accordance			
	, , , , , , , , , , , , , , , , , , ,	vard	Supe	ervisor's Assistant	11/30/2023			
	Signature of Agency Head of Desig	nee F	rint Name		Title	(month, day, year)		

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

Ceremonial Role Events and Ticket/Pass Distributions	A Public Document			
1. Agency Name	Date Stamp	California Form	802	
Alameda County				
Division, Department, or Region (if applicable)		For Official U	se Only	
De and of Companies		1		

	Nameda County ivision, Department, or Region (if applicable)					For Official Use Only		
Board of Supervisors								
	Designated Agency Contact (Name, Title)							
	Sergio Ardila				Amendment (Must	Amendment (Must Provide Explanation in Part 3.)		
Area Code/Phone Number E-mail sergio.ardila@acgov								
			cgov.org		Date of Original Filing	Date of Original Filing:(month, day, year)		
	Function or Event Inform	mation				175		
			es 🔳 No 🗌			Each Ticket/Pass \$		
	Event Description: Anita Ba	ker		Date(s)	2 , 23 , 23			
		Provide little/E		ır no. Oak	kland Arena			
	Ticket(s)/Pass(es) provided	by agency? Y	es 🗌 No 🔳		Manage of Course			
	Was ticket distribution made	at the behest y	es 🗌 No 🔳	If yes: Tan	n, Lena Official's Name (Last, First	.ena		
	of agency official?				· · · · · · · · · · · · · · · · · · ·	,		
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(Passes		be the public purpose made p	the public purpose made pursuant to the agency's policy		
	,							
			Number					
	B. Name of Individual (Last, First)		of Ticket(Passes	s)/	Identify one of the following:			
					Ceremonial Role Other If checking "Ceremonial Role" or "Other"			
	Q				Ceremonial Role Other	Income		
					If checking "Ceremonial Role" or "Other"	describe below:		
			Numbe					
	C. Name of Outside Organization (include address and description)		of Ticket(Passes	s)/ Descri	ibe the public purpose made p	oursuant to the agency's policy		
	City of Alameda		3	To enc	ourage County of Alame	da resident and business s		
	0							
_								
ŀ.	Verification I have read and understand FF	PPC Regulations 18	8944.1 and 189	142. I have ver	ified that the distribution se	t forth above, is in accordance		
1	with the requitements. ——Sergio Ardila Su			Supervisor's Assistant	01/17/74			
	Signature of Agency Head or Design	nee	Print Name		Title	(month, day, year)		
	Comment:							

	gency Report of: eremonial Role Even	ts and Ticket/	Pass Distri	butions	А	Public Document	
	Agency Name County of Alameda		Date Stamp	California 802			
	Division, Department, or Region (if applicable) Board of Supervisors, Fourth District Designated Agency Contact (Name, Title)				1	For Official Use Only	
	Nate Miley 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)	
2.	Function or Event Information Does the agency have a ticket Event Description: Anita Barricket(s)/Pass(es) provided Was ticket distribution made	ket policy? Yes ker Provide Title/Expl by agency? Yes	lanation If		Name of Source	/	
3.	of agency official?						
	Use Section A to identify the ager Name of Agency, Depart		Number of Ticket(s)/ Passes	- 4000		fy an outside organization.	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	Ceren	Identify one of the following:		
	Miley, Nate	4	If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income Income Income To evaluate the contribution of a facility or an event to the				
	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	**	ul.				
	I have read and understand FF with the requirements.	3,		have verified	that the distribution set f	orth above, is in accordance	
	Eldnoture of Assessing at the	ward	Supe	ervisor's Assistant	11/7/2023		
	Signature of Agency Head on Design	iee 👓	Print Name		Title	(month, day, year)	