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

Δ	Pi	ıbl	ic	Doc	HI	nent

. Agency Name			Date Stamp	California 802
Alameda County				Form OUZ For Official Use Only
Division, Department, or Region (if applicable)		To Tolliolal God Striy		
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Heather Cartwright			Amendment (Must Pro	ovide Explanation in Part 3.)
Area Code/Phone Number E-mail	wisht?@aagay.org		Date of Original Filing: _	
(510) 272-6691 heather.cartw	right2@acgov.org		Date of Original times	(month, day, year)
2. Function or Event Information				<b>C</b> CO
Does the agency have a ticket policy?	Yes ■ No □ F	ace Value of	Each Ticket/Pass \$	\$50
Event Description: Harlem Globetrotters		Date(s) 01 / 11 / 2024		
Provide Titl	e/ Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No ■ I	f no: Oakland	Name of Source	
Was ticket distribution made at the behest	Vac III Na III I	f yes: Hauber	t, David	
of agency official?	Yes ☐ NO ■ .	, , , , , , , , , , , , , , , , , , , ,	Official's Name (Last, First)	
or agency official:				
8. Recipients				
Use Section A to identify the agency's department or	unit. • Use Section B to i	identify an individu	ual. Use Section C to identify	an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	1,000	-		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
			nonial Role Other Diking "Ceremonial Role" or "Other" desc	
-			nonial Role  Other  Ming "Ceremonial Role" or "Other" desi	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
Off the Street Ministries-2264 High St, C	oaklar 4	To reward	a school or non-profit o	rganization for its contri
Recovery/Sober Living Community for m	nen o\			
1. Verification				
have read and understand FPPC Regulations with the requirements.	18944.1 and 18942.	I have verified	that the distribution set fo	rth above, is in accordance
Heathe	er D. Cartwright	Supe	ervisor's Assistant	118 Mi
Signature of Agency Head or Designee	Print Name		Title	/(month, day, year)
Comment:				

Clear

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions Date Stamp California 1. Agency Name **Form** Alameda County For Official Use Only Division, Department, or Region (if applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Heather Cartwright Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: heather.cartwright2@acgov.org (510) 272-6691 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes Mo 🗆 Event Description: Harlem Globetrotters Date(s) 01 11 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? 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. 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: 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 of Ticket(s)/ C. (include address and description) Passes To reward a school or non-profit organization for its contri Off the Street Ministries-2264 High St, Oakland 4 Recovery/Sober Living Community for men or 4. Verification

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

a 18942. I have ventiled that the distribution set forth above, is in accordance

Heather D. Cartwright

Supervisor's Assistant

Title

month, day, year)/

Comment:

with the requirements

Signature of Agency Head or Designee

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

Α	$P_L$	ıbl	lic	Doc	ument

Agency Name				Date Stamp	California Onc	
Alameda County		·	Form OUZ			
Division, Department, or Re	egion (if applicable)		For Official Use Only			
Board of Supervisors						
Designated Agency Contac	t (Name, Title)					
Heather Cartwright					Little Court Court D. (D.)	
Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Ex <b>pla</b> nation in Part 3.)	
(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing: _	(month, day, year)	
= C	J				(manual) day, your)	
Function or Event Info			\	Each Ticket/Pass \$	\$50	
Does the agency have a t						
Event Description: Harlen	n Globetrotters	, 12 , 2024				
	Provide Title/ Explai		no: Oakland	d Arena		
Ticket(s)/Pass(es) provide	ed by agency? Yes [			Name of Source		
Was ticket distribution ma	de at the behest Yes i	¬ No ■ If	f yes: Haubert, David			
of agency official?	103			Official's Name (Last, First)		
		-,				
. Recipients						
Use Section A to Identify the ag	ency's department or unit. •		lentify an individu	ial. Use Section C to identify	an outside organization.	
A. Name of Agency, De	epartment or Unit	of Ticket(s)/ Describe the		ne public purpose made pursuant to the agency's policy		
	Name of Individual (Last, First)					
D.		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
D.		of Ticket(s)/		Identify one of the fo	Income [	
(Last,		of Ticket(s)/ Passes	If chec	nonial Role  Other  Other  or "Other" description	Income [	
(Last,		of Ticket(s)/ Passes	To promote	nonial Role  Other  Other  or "Other" description	Income [cribe below: held at a County facility Income [	
(Last,	First)	of Ticket(s)/ Passes	To promote Ceren	nonial Role  Other  or "Other" dest	Income Cribe below:  held at a County facility  Income Cribe below:	
Milan, Jessica  Name of Outside	First)	of Ticket(s)/ Passes  4  Number of Ticket(s)/	To promote Ceren	nonial Role  Other  Other design  Ceremonial Role  or "Other" design  attendance at events  nonial Role  Other  or "Other" design  Ceremonial Role" or "Other" design  or "Other" design	Income [ cribe below:  held at a County facility  Income [ cribe below:	
Milan, Jessica  Name of Outside	First)	of Ticket(s)/ Passes  4  Number of Ticket(s)/	To promote Ceren	nonial Role  Other  Other design  Ceremonial Role  or "Other" design  attendance at events  nonial Role  Other  or "Other" design  Ceremonial Role" or "Other" design  or "Other" design	Income [ cribe below:  held at a County facility  Income [ cribe below:	
Milan, Jessica  C. Name of Outside (include address a	First)	of Ticket(s)/ Passes  4  Number of Ticket(s)/	To promote Ceren	nonial Role  Other  Other design  Ceremonial Role  or "Other" design  attendance at events  nonial Role  Other  or "Other" design  Ceremonial Role" or "Other" design  or "Other" design	Income [ cribe below:  held at a County facility  Income [ cribe below:	
Milan, Jessica  C. Name of Outside (include address a line)  Verification  I/have read and understand in the line	Porganization and description)	of Ticket(s)/ Passes  4  Number of Ticket(s)/ Passes	To promote  Ceren If chec  Describe th	nonial Role  Other  or "Other" designated on the control of the co	Income cribe below: held at a County facility Income cribe below:	
Milan, Jessica  C. Name of Outside (include address a	Porganization and description)	of Ticket(s)/ Passes  4  Number of Ticket(s)/ Passes	To promote Ceren If chec  Describe th	nonial Role  Other  or "Other" designated on the control of the co	Income [ cribe below: held at a County facility Income [ cribe below:  uant to the agency's policy	
Milan, Jessica  C. Name of Outside (include address a line)  Verification  I/have read and understand in the line	Porganization and description)  FPPC Regulations 18944  Heather D. C	of Ticket(s)/ Passes  4  Number of Ticket(s)/ Passes	To promote Ceren If chec  Describe th	nonial Role  Other  or "Other" design "Ceremonial Role" or "Other" design attendance at events  nonial Role  Other  or "Other" design "Ceremonial Role" or "Other" design "Ceremonial Role" or "Other" design public purpose made purs	Income cribe below: held at a County facility Income cribe below:	

**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 E-mail Date of Original Filing: (510) 272-6691 heather.cartwright2@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No Event Description: Harlem Globetrotters Date(s) -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  $\square$ Income If checking "Ceremonial Role" or "Other" describe below: 4 Milan, Jessica To promote attendance at events held at a County facility 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)/ C. (include address and description) Passes Verification

4. Verification

/ 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.

Heather D. Cartwright Supervisor's Assistant

Signature dealercy Head or Designee Print Name Title (month, day, year)

Comment:

Clear

**Print** 

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

		to dilla libitoti				
١.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name Title)			-	
		rvanio, ruio)				
	Sergio Ardila				Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	sergio.ardila@aco	gov.org		Date of Original Filing	(month, day, year)
_						
2.	Function or Event Infor	mation				\$50.00
	Does the agency have a tick	ket policy? Yes	No 🔲 🛭 F	ace Value of	Each Ticket/Pass \$ _	Ψ30.00
	Event Description: Harlem	Globetrotters	Г	oto(s) 01	<u>, 12 , 2024</u>	1
	Event Description.	Provide Title/ Exp	lanation			
	Ticket(s)/Pass(es) provided	•	s □ No 🔳 I	f no: Oakland	d Arena	
		.,			Name of Source	
	Was ticket distribution made	at the behest Yes	I No ■	f yes: Tam, Le	ena 	7
	of agency official?	100	110		Official's Name (Last, First,	)
	a. againe, american					
3.	Recipients					
	Use Section A to identify the ager	cy's department or unit.	• Use Section B to	dentify an individu	ual. Use Section C to ident	tify an outside organization.
			Number	1		
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/	Describe th	ne public purpose made pu	ırsuant to the agency's policy
			Passes			
	-					
			Number	1		
	B. Name of Indi		of Ticket(s)/ Passes		Identify one of the	following:
	,	,	1 43555			
	Freet Davile		3		monial Role  Other Other	
	Frost, Paula		3		-	
				10 promote	e County-run, sponso	red, or supported commu
				Ceren	nonial Role 🔲 Other	Income 🔲
				If chec	king "Ceremonial Role" or "Other" o	describe below:
			Number	<del> </del>		
	C. Name of Outside O		of Ticket(s)/	Describe th	ne public purpose made pu	ursuant to the agency's policy
	(		Passes	<b>+</b>		
	//					
			~			
1	Verification					
٠.	I have read and understand FF	ODC Dogwiotions 100	11 1 and 19012	I have varified	that the distribution set	forth above is in accordance
	with the requirements.	PC Regulations 169	44.1 anu 10942.	rnave vermeu	that the distribution set	TOTAL ADOVE, IS IT ACCORDANCE
	Julia ino roganomonia.	0	la.	0	aminaria Assistant	02/12/11/1
		Sergio Ardi		Supe	ervisor's Assistant	04/15/4
	Signature of Agency Head or Design	nee	Print Name		Title	(month, day, year)
	0					
	Comment:					

County of Alameda  Division, Department, or Reg  Board of Supervisors, Fourt				Date Stamp	California OOG	
<b>Division, Department, or Reg</b> Board of Supervisors, Fourt		Agency Name				
Board of Supervisors, Fourt					Form 802	
	Division, Department, or Region (if applicable)				For Official Use Only	
	Board of Supervisors, Fourth District					
Designated Agency Contact	(Name, Title)					
Nate Miley		Amendment (Must Pi	rovide Explanation in Part 3.)			
Area Code/Phone Number	E-mail					
(510) 272-6694	Jasmine.Howard2@	②acgov.org		Date of Original Filing:	(month, day, year)	
Function or Event Infor	mation					
Does the agency have a tick	ket policy? Yes	■ No □ F	ace Value of I	Each Ticket/Pass \$	50	
Event Description: Harlem 0		3-3	) -t-(-) 1			
Event Description.	Provide Title/ Expla	nation				
Ticket(s)/Pass(es) provided	by agency? Yes [	□ No 🔳 If	no: Oakland	Arena		
			yes: Miley, N	Name of Source		
Was ticket distribution made	eat the behest Yes [	□ No 🔳 Iī	yes:	Official's Name (Last, First)		
of agency official?						
Recipients						
Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	dentify an individu	al. Use Section C to identify	an outside organization.	
A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy	
B. Name of Indi (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing;	
			1	onial Role Other on "Other on "Other" des	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				onial Role Other on "Other" des	Income [	
C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy	
Oakland Community Supp	ort Center	4	To reward a	County employee for	his or her exemplary se	
Verification						
Verification I have read and understand FP with the requirements,	PC Regulations 18944	.1 and 18942. I	I have verified to	hat the distribution set fo	rth above, is in accordanc	
/ / /	Jasmine How	ard	Supe	rvisor's Assistant	1/11/2024	
Signature of Agency Hear or Design	ee Pr	rint Name		Title	(month, day, year)	