A Public Document

	eremonial Role Even	is and never	ass Dist	ibutions	/	A Fublic Document
1.	Agency Name				Date Stamp	
	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	
	Heather Cartwright				Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Tronde Explanator in Fait 3.7
	(510) 272-6691	heather.cartwright2	@acgov.org	9	Date of Original Filing	:(month, day, year)
2.	Function or Event Infor					\$225
	Does the agency have a tick			Face Value of	Each Ticket/Pass \$ -	
	Event Description: Alicia Ke	eys: Keys to Summer	Tour	Date(s)	01202	
		Provide Title/ Explar	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [If no: _Oaklan	Maine of Course	
	Was ticket distribution made	at the beheet . Vec D	T No 🗐	If yes: <u>Hauber</u>	t, David	
	of agency official?	e at the benest Yes L			Official's Name (Last, Firs	<i>t)</i>
_						
3.	Recipients					
	• Use Section A to identify the ager	ncy's department or unit.	Use Section B to	identify an individ	ual. Use Section C to iden	tify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the	e following:
	De La Fuente, Jazmin		4		nonial Role Other	
				To promote	e attendance at even	ts held at a County facility
					nonial Role Other king "Ceremonial Role" or "Other"	
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe ti	ne public purpose made p	oursuant 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 1000 0

	Heather D. Cartwright	Supervisor's Assistant	911/11/2
Rignature of Agency Head or Deganes	Print Name	Title	(month, day, year)
Comment:	· ,		



A Public Document

2	eremonial Role Lven	ts and fickeur	ass Distr	ibutions	~ ~	T ublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form UUL
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sergio Ardila					rovide 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				225.00
	Does the agency have a tic	ket policy? Yes			Each Ticket/Pass \$	225.00
	Event Description: Alicia Ke	Provide Title/ Explai	nation :	Date(s) 08		//
	Ticket(s)/Pass(es) provided		🗌 No 🔳 🛛	lf no: Oaklan	d Arena	
	Heredan assess broaded	by agonoy. jes L			Manage of Courses	
	Was ticket distribution made	at the behest Yes [🗆 No 🔳 🛛	If yes: Tam, Le	Official's Name (Last, First)	
	of agency official?	-			Oliciais Name (Lasi, Filsi)	
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	Mah, Qing		2	lf chec	nonial Role D Other	scribe below:
					nonial Role 🔲 Other 🗌 king "Ceremonial Role" or "Other" de	
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe ti	ne public purpose made pu	suant 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 pequirements

-	Sergio	Ardila	Supervisor's Assistant	12/7/23
Signature of Agency Head or Designee	3.3	Print Name	Title	(month, day, year)
Comment:	8	5		

Clear

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1.	Agency Name				Date Stamp	California 002
	Alameda County		.,			Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	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@acgo	v.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				225.00
	Does the agency have a tic	ket policy? Yes			Each Ticket/Pass \$ _	223.00
	Event Description: Alicia Ke	eys	D	ate(s) 08	, 01 , 2023	/
	Event Description.	Provide Title/ Explan	notion .			
	Ticket(s)/Pass(es) provided	by agency? Yes [no: <u>Oaklan</u>	Mama of Course	
			= If	yes: Tam, Le	ena	
	Was ticket distribution made	e at the benest Yes [🗌 No 📕 🕛	yes	Official's Name (Last, First,)
	of agency official?					
3.	Recipients	······································				÷
	 Use Section A to identify the ager 	ncy's department or unit.	Use Section B to id	dentify an individ	ual. Use Section C to ident	tify an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy
1	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the	e following:
	Morgan, Nick	,	3	If chec	monial Role Other cking "Ceremonial Role" or "Other"	describe below:
				To encoura	age County of Alamed	da resident and business
	ж ж				monial Role D Other cking "Ceremonial Role" or "Other"	
	C. Name of Outside C (include address an	Drganization d description)	Number of Ticket(s)/ Passes	Describe t	hë public purpose made p	ursuant to the agency's policy
		· · ·				
-			1			

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	12/07/25
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:

A Public Document

	eremonial Role Even	is and lickel/F	ass Distri	outions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	i on (if applicable)			-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sergio Ardila					t Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail	÷.			er fortao Expranation nel arco.y
	510-272-6693	sergio.ardila@acgo	v.org		Date of Original Filing	g:(month, day, year)
2.	Function or Event Infor	mation				225.00
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$	225.00
	Event Description: Alicia Ke	eys	D	ate(s)		//
	Ticket(s)/Pass(es) provided	Provide Title/ Explai	No 🖬 If	no: Oaklan	d Arena	
	Hickel(S)/Fass(es) provided	by agency: rest			Name of Source	
	Was ticket distribution made	e at the behest Yes	🗌 No 🔳 🛛 If	yes: Tam, Le	епа Official's Name (Last, Firs	et)
	of agency official?				Official & Name (EBSI, Find	547
3.	Recipients					
	 Use Section A to identify the ager 	ncy's department or unit.	Use Section B to ic	lentify an Individ	ual. Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	pursuant to the agency's policy
	B. Name of Ind		Number of Ticket(s)/		Identify one of th	ne following:
	(Last, Fii		Passes	Cerer	nonial Role 🔲 Other	r 📕 income [
	Smith, Jacqueline		2	If chec	king "Ceremonial Role" or "Other	r' describe below:
				To encoura		eda resident and business
				1	monial Role Othen Othen Control Control Othen Control Othen	r Income Income
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe ti	he public purpose made	pursuant to the agency's policy
4.	Verification	PEC Populations 1904	1 1 and 18042	L have verified	that the distribution se	et forth above, is in accordanc
	I have read and understand Fr with the read irements	/				12/07/23
		Sergio Ardila	Print Name	Sup	ervisor's Assistant _{Title}	(month, day, year)
	Signature of Agency Head or Desig	1100 7	nin name		10.0	(month, day, year)

Comment:



C	eremonial Role Events	s and Ticket/P	ass Distri	ibutions	Α	Public Docur	nent
١.	Agency Name				Date Stamp	California 🧿	02
	County of Alameda					Form O	UΖ
	Division, Department, or Regio	n (if applicable)			6	For Official Use O	Inly
	Board of Supervisors, Fourth	District					
	Designated Agency Contact (N	ame, Title)					
	Nate Miley				Amondmont (16	and Franks attended to be de	
		E-mail			Amendment (Must P	rovide Explanation in Part	3.)
	(510) 272-6694	Jasmine.Howard2@	@acgov.org		Date of Original Filing: .	(month, day, year)	
2.	Function or Event Inform	ation					
	Does the agency have a ticke	t policy? Yes l	No 🗖 🖡	ace Value of I	Each Ticket/Pass \$ 🔤	10	0
	Event Description: Oakland A			Date(s)	5 2023	/	
	Ticket(s)/Pass(es) provided b			no: <u>Oakland</u>	Coliseum		
		,			Name of Source		
	Was ticket distribution made a of agency official?	at the behest Yes [🗆 No 🔳 👖	fyes: <u>Miley, N</u>	Official's Name (Last, First)		_
	A. Name of Agency, Depart	ment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's p	olicy
	B. Name of Indivi- (Last, First)		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:	
	Higgins, Chris		4	To encourage	onial Role DOther Construction of the Construction of the Construction of the Construction of Alameda studen by County of Alameda studen	scribe below.	come 🔲 , or athleti s, or
	Earp, Laurie			If check To encourage of	onial Role DOther Consist Role Other Consist Role of the Constant Role" or "Other" desor reward significant academ by County of Alameda stude	scribe below: nic, artistic, public servic	come
	C. Name of Outside Org (include address and d		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's p	olicy

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 verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is in accordance with the verified that the distribution set forth above, is i

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



Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Continuation Sheet $\frac{8}{5}/23$



Agency Name

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:
Tangren, Linda	2	Ceremonial Role Other Income Income To encourage or reward significant academic, artistic, public service or athletic achievements by County of Alameda students, residents, businesses, or employees
Stewart, Darryl	3	Ceremonial Role Dother Dother Income If checking "Ceremonial Role" or "Other" describe below: To encourage or reward significant academic, artistic, public servic or athletic achievements by County of Alameda students, residents businesses, or employees.
		Ceremonial Role Dother Income Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Dother Income
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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	gency Name	ts and Ticket/P			Date Stamp	A Public D Californ	
	Alameda County					Form	002
	ivision, Department, or Reg	ion (if applicable)				For Offic	cial Use Only
Ē	Board of Supervisors						
	esignated Agency Contact	(Name, Title)					
S	Sergio Ardila				Amendment (Mus	t Provide Explanatio	n in Part 3)
	rea Code/Phone Number	E-mail					in in r an o.y
5	10-272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing	g:(month, day,	year)
2. F	Function or Event Infor	mation .					
C	Does the agency have a ticl	ket policy? Yes	🔳 No 🗖 🛛 Fa	ace Value of	Each Ticket/Pass \$		
	event Description: Lil Baby			$\frac{08}{08}$, 06 , 2022		1
	event Description.	Provide Title/ Expla	nation				
Т	icket(s)/Pass(es) provided	by agency? Yes		no: Oaklan	Manual of Courses		
	ar i for distribution manual	tibe behast v		yes: <u>Tam, L</u> e	ena		
	Vas ticket distribution made	e at the benest Yes	📙 No 🔳 👘	ycs.	Official's Name (Last, Fin	st)	
	of agency official?						
	Use Section A to identify the ager Name of Agency, Dep		Number	entity an individ			
	A. Name of Agency, Dep	artment of Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made	pursuant to the ag	ency's policy
	B. Name of Ind	lividual	of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	ne public purpose made p ldentify one of th		ency's policy
	B. Name of Ind (Last, Fi	lividual	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cerer	Identify one of the monial Role	ne following:	ency's policy
	B. Name of Ind	lividual	of Ticket(s)/ Passes Number of Ticket(s)/	Cerer	Identify one of th	ne following: r	Income []
	B. Name of Ind (Last, Fi	lividual	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cerer If chec To encoura Cerer	Identify one of the monial Role Dother Other Ceremonial Role or "Other	ne following: r " describe below: eda resident ar r	Income []
	B. Name of Ind (Last, Fi	lividual rst)	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cerer If chec To encoura Cerer .If chec	Identify one of the monial Role Dube cking "Ceremonial Role" or "Other age County of Alame monial Role Dube	ne following: r describe below: eda resident ar r r r describe below:	Income

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	12/07/23
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	A2		
Comment:			
Prir	nt Clear	FPPC Toll-Free Helpline: 86	FPPC Form 802 (2/2016) 6/ASK-FPPC (866/275-3772)

A Public Document

-					~	I unit Document
1.	Agency Name				Date Stamp	California 000
	County of Alameda					Form OUZ
	Division, Department, or Region (if applicable)				1	For Official Use Only
	Board of Supervisors, Fourt	h District				
	Designated Agency Contact	(Name, Title)				
	Nate Miley					
	Area Code/Phone Number	E-mail			Amendment (Must P	rovide Explanation in Part 3.)
	(510) 272-6694	Jasmine.Howard2@	Dacgov.org		Date of Original Filing:	(monih, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy? Yes I	No 🗖 F	ace Value of	Each Ticket/Pass \$	200
	Event Description: Lil' Baby Date(s) 8				2023	
	Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland				Arena	
					Mama of Source	
	Was ticket distribution made	at the behest Yes	No 🔳 🛛 If	yes: Miley, N	ate Official's Name (Last, First)	
	of agency official?				Oniciai s Name (Lest, Pirst)	
3.	• Use Section A to identify the ager	ncy's department or unit.	1	dentify an individu	ual. Use Section C to identif	y an outside organization.
	A. Name of Agency, Dapa	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
	B. Name of Indi		Number of Ticket(s)		identify one of the f	ollowing:
	(Last, Fir	31)	Passes	6 N. 196		
					nonial Role 🔲 . Other	
	Sister Ansar Muhammed		4T	1	ung "Ceremonial Role" or "Other" de	
				10 reward a	a community volunteer	for service to the public
					noniai Role Other Contract or "Other" de	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
_						
4.	Verification					
	I have read and understand FP	PC Regulations 18944	.1 and 18942.	I have verified :	that the distribution set fi	orth 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: _ Print Clear

-						AND DESCRIPTION OF A DE
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago, Chief of Staff				Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				09/01/23
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				240.00
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$	200.00
	Event Description: Lil Baby			Date(s)	06 23	
		Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [🗌 No 🔳	If no: <u>Coliseu</u>	Name of Source	
	Was ticket distribution made	at the behast . Van II		If yes: Carson,	, Keith	
	of agency official?	e at the benest Yes	No 🗋	,	Official's Name (Last, First)	
_						
3.	Recipients					
	Use Section A to identify the ager	cy's department or unit.	Use Section B to	identify an individu	al. Use Section C to identify	an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes			
	BOS D5		8	To reward a County employee for his or her exemplary service to the public or to encourage staff development.		
	::					
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
					nonial Role D Other D king "Ceremonial Role" or "Other" desc	Income
					nonial Role D Other desc king "Ceremonial Role" or "Other" desc	nibe below:
	C. Name of Outside O (include address and	rganization I description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy

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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.

	Amy Shrago	Chief of Staff	09/01/23	
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)	
Comment:				
Prir	nt Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)	

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6	eremonial Role Even	is and nekelin		buttonio	7.	Tablie Beeament
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form UUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Amy Shrago, Chief of Staff				Amendment (Must P	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				09/01/23
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor					100.00
	Does the agency have a tick				Each Ticket/Pass \$	
	Event Description: Oakland	A's	C	08	<u>, 06 , 23</u>	//////
		Provide nue/ Explain	ation	no: Oaklan		
	Ticket(s)/Pass(es) provided	by agency? Yes [Manage of Courses	
	Was ticket distribution made	at the behest. Voc		yes: Carson	, Keith	
	of agency official?	at the benear Tes			Official's Name (Last, First)	
_						
3.	Recipients					6
	Use Section A to identify the ager	cy's department or unit.	· · · · · · · · · · · · · · · · · · ·	dentify an individu	ual. Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	BOS D5		18			r his or her exemplary age staff development.
					•	
			Number		Identify one of the f	
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes		Identity one of the I	onowing.
					nonial Role D Other C	
					nonial Role D Other C	
	C. Name of Outside O (include address and	rganization I description)	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	rsuant to the agency's policy
	/	1				

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.

	Amy Shrago	Chief of Staff	09/01/24	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
	4			
Comment:				
Pri	nt Clear	FPPC Toll-Free Helpline: 8	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)	

Ceremonial Role Event	ts and Ticket/Pa	ass Distril	outions		A Public Document
1. Agency Name				Date Stamp	California Form 802
Alameda County					
Division, Department, or Regi	Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (Designated Agency Contact (Name, Title)				
Sergio Ardila	Sergio Ardila			Amendment (Musi	t Provide 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 Inform	mation				Ticket-100 Parking-20
Does the agency have a tick		No 🗖 🛛 🛛 🛛 🗖	ace Value of	Each Ticket/Pass \$_	Ticket-100 Parking-20
Event Description: Oakland	A's vs. Texas Range Provide Title/ Explan	атюл		07 23	/
Ticket(s)/Pass(es) provided			no: Oaklan	d Coliseum	
	, , , , , , , , , , , , , , , , , , , ,			Name of Source	
Was ticket distribution made	at the behest Yes] No 📕 🛛 If	yes: <u>Tam, L</u> e	Official's Name (Last, Firs	<i>t</i>)
of agency official?					
A. Name of Agency, Depa		Passes Number of Ticket(s)/		Identify one of th	e following:
(Last, Fir.	st)	Passes			
Benito Delgado-Olson		18T 4P		nonial Role Dother king "Ceremonial Role" or "Other"	
Benno Deigado-Olson		101 41	To promote	County resources of	or facilities available to Cou
			Cerer	nonial Role D Other king "Ceremonial Role" or "Other"	
C. Name of Outside O (include address and	rganization I description)	Number of Ticket(s)/ Passes	Describe t	ne public purpose made p	oursuant to the agency's policy
4. Verification	C Regulations 18944	1.1 and 18942.	l have verified	that the distribution se	t forth above, is in accordance

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

Comment:

Clear Print

A Public Document

G	eremonial Role Even	is and nickeur	422 DI21	Indutions	A	Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Regi	on (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Heather Cartwright				Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				
	(510) 272-6691	heather.cartwright2	@acgov.or	g	Date of Original Filing:	(mont h , day, year)
2.	Function or Event Inform	nation				\$125
	Does the agency have a tick		📕 No 🗌	Face Value of	Each Ticket/Pass \$ _	φ120
	Event Description: Greta Va	an Fleet		Date(s)	/8/_202+	//
		Provide Title/Explai		If no: _Oakland	d Arena	
	Ticket(s)/Pass(es) provided	by agency? Yes [🗌 No 🔳		Momo of Course	
	Was ticket distribution made	at the behest Yes	No 🔳	If yes: Hauber	t, David Official's Name (Last, First)	
	of agency official?				Umciai s Name (Last, Pirst)	
3.	• Use Section A to identify the agen • Use Section A to identify the agen A. Name of Agency, Depa		Use Section B t Number of Ticket(s) Passes			ify an outside organization. Irsuant to the agency's policy
	B. Name of Indi (Last, First		Number of Ticket(s) Passes	1	Identify one of the	following:
	Nielsen, Eric		4	If chec	nonial Role DOther [king "Ceremonial Role" or "Other" d attendance at event	_
	2				nonial Role Other Other King "Ceremonial Role" or "Other" d	
C. Name of Outside Organization (include address and description)		Number of Ticket(s) Passes	/ Describe th	e public purpose made pu	arsuant to the agency's policy	
	2					
-						

4. Verification

have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance 8/. 1.

	Heather D. Cartwright	Supervisor's Assistant	15/W23
 Signature of Agency Head or Besignee 	Print Name	Title	(month, day, year)
Comment:	· · ·		
Prin	t Clear	EBBC Tell Free Helplines 966	FPPC Form 802 (2/2016)

A Public Document

U	eremonial Role Even	ts and lickeur	ass Distr	iputions		A PUDIIC DC	Joumeni
1.	Agency Name				Date Stamp	California	^a 802
	Alameda County					Form	
	Division, Department, or Reg	ion (if applicable)			1	For Officia	I Use Only
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			1		
	Heather Cartwright				Amendment (Mu	st Provide Explanation	in Part 3)
	Area Code/Phone Number	E-mail					in an oly
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filin	ig:(month, day, ye	ear)
2.	Function or Event Infor	mation					\$125
	Does the agency have a ticl	ket policy? Yes	No 🗖	Face Value of	Each Ticket/Pass \$		φ120
	Event Description: Greta Va	an Fleet		Date(s)	8 202	/	1
		Provide Title/ Explai	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes [f no: Oakland	Mama of Courses		
	AND I AT LOCK MADE AND IN THE REPORT	, at the behavior of the	-	If yes: Hauber	t, David		
	Was ticket distribution made of agency official?	e at the benest Yes [No 🔳	ir yes	Official's Name (Last, Fil	rst)	5
-							
3.							
	Use Section A to identify the ager	ncy's department or unit. •	r	identify an individu	Jal. Use Section C to ide	intity an outside organ	hization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes		he public purpose made pursuant to the agency's policy		
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of t	he following:	
	Imsail, Ramsey		4		nonial Role D Othe king "Ceremonial Role" or "Othe	r 🔲 r" describe below:	Income 🔲
				To promote	e attendance at eve	nts held at a Cou	unty facili
					nonial Role Othe king "Ceremonial Role" or "Othe	r 🔲 r" describe below:	Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made	pursuant to the ager	ncy's policy

4. Verification

I wave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Supervisor's Assistant

	Heather D. Cartwright	Supervisor's Assistant		0/15/024
Agency Head or Designee	Print Name	Title	¢	(month, day, year)
Comment:				

Clear

Print

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions				A Public Docume		
1. <i>A</i>	Agency Name				Date Stamp	California 80
(County of Alameda					Form OU
Ē	Division, Department, or Reg	on (if applicable)				For Official Use Only
E	Board of Supervisors, Fourt	n District				
	Designated Agency Contact					
	Vate Miley					
	Area Code/Phone Number E-mail			Amendment (Mus	st Provide Explanation in Part 3.)	
	510) 272 - 6694	Jasmine.Howard2@	nto vonce@		Date of Original Filing	0.
			gacgov.org		Batto el eliginari inig	(month, day, year)
	Function or Event Infor					100
E	Does the agency have a tick	et policy? Yes	No 🗖	Face Value of	Each Ticket/Pass \$.	100
F	Event Description: Oakland	A's		Date(s)	, 18 , 2023	
	vent Beschption	Provide Title/ Expla	nation			/
Т	Ticket(s)/Pass(es) provided	by agency? Yes	🗆 No 📕	If no: _Oakland		
				lf yes: <u>Miley, N</u>	Name of Source	
	Vas ticket distribution made	at the behest Yes	Official's Name (Last. Firs	st)		
	of agency official?					
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •		identify an individu	al. Use Section C to ider	ntify an outside organization.
	-		Use Section B to Number of Ticket(s)/ Passes			ntify an outside organization. Dursuant to the agency's policy
	Use Section A to identify the agen	rtment or Unit vidual	Number of Ticket(s)/			oursuant to the agency's policy
	Use Section A to identify the agen A. Name of Agency, Depa B. Name of Indi	rtment or Unit vidual	Number of Ticket(s)/ Passes	Describe th	e public purpose made p Identify one of the nonial Role D Other ing "Ceremonial Role" or "Other" school or nonprofit or	e following:
	Use Section A to identify the agen A. Name of Agency, Depa B. Name of Indi (Last, Fire	rtment or Unit vidual	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cerem If check To reward a the comut	e public purpose made p Identify one of the nonial Role D Other ing "Ceremonial Role" or "Other" school or nonprofit or	e following:

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	8/30//2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
54.5647			



A Public Document

Ce	eremonial Role Even	is and nekevra	ass Distil	Dutions		ATUDIC	Document
1.	Agency Name Alameda County				Date Stamp	Califo	
					c	For	
	Division, Department, or Region (if applicable)				1	For	Official Use Only
	Board of Supervisors						
	Designated Agency Contact	(Name,Title)					
	Heather Cartwright					st Provide Explan	ation in Part 3.)
	Area Code/Phone Number	E-mail			_		
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filin	(month, d	ay, year)
2.	Function or Event Infor	mation					\$118.75
	Does the agency have a ticl				Each Ticket/Pass \$		<i>(</i>)
	Event Description:)u Soleil: Corteo	C)ate(s)	, 19 , 202 2	/	/
		Provide Title/ Explan	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes		no: Oaklan	Mama of Course		
	Was ticket distribution made	at the behest . Voo F		yes: Hauber	t, David		
	of agency official?	, at the beliest Tes L		,	Official's Name (Last, Fi	'st)	
3.	Recipients						
·.	Use Section A to identify the ager	acy's department or unit. • I	Use Section B to i	dentify an individ	ual. Use Section C to ide	entify an outside	organization.
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes	1	ne public purpose made		
			Passes				
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of t	he following:	
	Caravez, Ramiro		4		nonial Role DOthe	er 🔲 er" describe below:	Income
				To promote	e attendance at eve	nts held at a	County facili
					nonial Role Othe king "Ceremonial Role" or "Othe	er 🔲 er" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe ti	ne 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.

	Heather D. Cartwright	Supervisor's Assistant	917/1474
Signature of Agency Head of Designation	> Print Name	Title	(month, day, year)
Comment:			

Clear

Print

A Public Document

	eremonial Role Even	15 and HUREDF	ass Dist	ibutions	A	Fubire Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Heather Cartwright				Amendment (Must Pro	nida Explanation in Dart 21
	Area Code/Phone Number	E-mail				Jvide Explanation in Part 3.)
	(510) 272-6691	heather.cartwright2	@acgov.org]	Date of Original Filing: _	(mon fh , day, year)
2.	Function or Event Inform	mation				.
	Does the agency have a tick	ket policy? Yes	No 🗌	Face Value of	Each Ticket/Pass \$	\$118.75
	Event Description: Cirque D)u Soleil: Corteo		Date(s) 08	<u>, 19 , 202</u>	
		Provide Title/ Explai	nation			/
	Ticket(s)/Pass(es) provided	by agency? Yes [No 🔳	If no: Oaklan		
				If 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?					
	Use Section A to identify the agen A. Name of Agency, Depa		Use Section B to Number of Ticket(s)/ Passes	1	ual. Use Section C to identify	0.020.0027
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Caravez, Ramiro		4	If check	nonial Role Dother des	cribe below:
				To promote	attendance at events	held at a County facility
					nonial Role Dother Dother king "Ceremonial Role" or "Other" des	
	C. Name of Outside Ou (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
		14				

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	912/11/1
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			,
Print	Clear	EBBC Toll From Helpling, 966	FPPC Form 802 (2/2016)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 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) 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 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 / 19 / 2023 Provide Title/ Explanation If no: _____Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source Tam, Lena If yes: Was ticket distribution made at the behest Yes D 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)/ Α. 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: 3 Iver, Paddy 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 of Ticket(s)/ 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 with my requirements.

	Sergio Ardila	Supervisor's Assistant	12/07/23
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Pri	nt Clear	FPPC Toll-Free Helpline: 86	FPPC Form 802 (2/2016) 6/ASK-FPPC (866/275-3772)

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) Amy Shrago, Chief of Staff Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 09/01/23 Date of Original Filing: 510-272-6695 Amy.Shrago@acgov.org (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 de Soleil: Corteo 08 19 23 Date(s). Provide Title/ Explanation If no: _____Coliseum Authority Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🔳 Name of Source Carson, Keith If yes: Was ticket distribution made at the behest Yes Mon Vas 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 Public Document

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's pol		
·				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:		
Leal, Barbara	4	Ceremonial Role Other Income Income To reward a community volunteer for his or her service		
Aweti, Nicole	4	Ceremonial Role Other Income Income Income Income 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		

4. Verification

3.

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.

	Amy Shrago	Chief of Staff	09/01/23
Signature of Agency Heat or Designee	Print Name	Title	(month, day, year)
Comment:			
Prin	t Clear	FPPC Toll-Free Helpline: 8	FPPC Form 802 (2/2016) 366/ASK-FPPC (866/275-3772)

1.	Agency Name Alameda County			Date Stamp	California Form 802	
	Division, Department, or Regi	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact ((Name, Title)				
	Amy Shrago, Chief of Staff				Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				09/01/23
	510-272-6695	Amy.Shrago@acgo	v.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation				100.00
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$	100.00
	Event Description: Oakland	A's		Date(s)	, 19 , 23	
		Provide Title/ Explan	efinn			
	Ticket(s)/Pass(es) provided	by agency? Yes		f no: _Oaklan	Mama of Course	
	Was ticket distribution made	at the helpest var		f yes: Carson	, Keith	
	Was ticket distribution made at the behest Yes No If yes:					
_						
3.	Recipients					
	Use Section A to identify the agen	ncy's department or unit. • I		identify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Department or Unit		of Honodoly		he public purpose made pursuant to the agency's policy	
			Passes			
	(/)			1		
	B. Name of Indi	ividual	Number of Ticket(s)/		Identify one of the following:	
	D. (Last, Fir		Passes			
					nonial Role Other Other king "Ceremonial Role" or "Other" des	
				11 CHEC	wing Ceremonia Noie of Other dea	
					nonial Role Other des	1
	N	renizetlen	Number	_		
	C. Name of Outside O (include address and	description)	of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
	Peter Pan Coop Nursery	School 4618 Allenda	18	To reward a	a school or nonprofit or	ganization for its contrib

A Public Document

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.

	Amy Shrago	Chief of Staff	09/01/23
Signature of Agency Hear Designee	Print Name	Title	(month, day, year)
Comment:			
Prin	t Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)

A Public Document

	elemonial Role Lven	is and never	ass Disti	induona		A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Region (if applicable)]	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1	
	Heather Cartwright			t Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing	j:(month, day, year)
2.	Function or Event Infor	mation				.
	Does the agency have a tick	ket policy? Yes	No 🗆 🖡	Face Value of	Each Ticket/Pass \$ -	\$118.75
	Event Description:	u Soleil: Corteo	r	Date(s) 08	, 20 , 2022	1 1
	Event Description.	Provide Title/ Explai	nation			/
	Ticket(s)/Pass(es) provided	by agency? Yes [🗌 No 🔳 📕	f no: Oakland	d Arena	
				f yes: <u>Hauber</u>	Name of Source t, David	
	Was ticket distribution made	e at the benest Yes [🗌 No 🔳 🤚	i yes	Official's Name (Last, Firs	t)
	of agency official?					
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individu	ual. Use Section C to iden	itify an outside organization.
	A. Name of Agency, Depa	urtment or Unit	Number of Ticket(s)/			
	A		Passes			
	B. Name of Indi		Number of Ticket(s)/		Identify one of the	e following:
	(Last, Fire	st)	Passes			
	Corro Alon		4		nonial Role Other king "Ceremonial Role" or "Other"	
	Cerro, Alan		-		-	da resident and busines
						id.
					nonial Role Other king "Ceremonial Role" or "Other"	
			Number			
	C. Name of Outside O (include address and		of Ticket(s)/	Describe th	e public purpose made p	ursuant to the agency's policy
			Passes			
				l °		
_				1		

4. Verification

.

Vhave 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	9 VIPUZZ
Agnature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Prin	t Clear	FPPC Toll-Free Helpline: 866	FPPC Form 802 (2/2016)



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 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) ____8 20 , 2023 Provide Title/ Explanation If no: <u>Oakland Arena</u> Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 Name of Source Tam, Lena If yes: Was ticket distribution made at the behest Yes D 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)/ Α. 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: 3 Alvarez, Fabiola 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

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	12/07/23
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Prin	nt Clear		FPPC Form 802 (2/2016)

Agency Report of: i Tri a l وروار أناب والأسار 4/0 100 E

A DULLE

5	eremonial Role Even	is and lickeur	ass Dist	riputions	A	Public D	ocument
1.	Agency Name				Date Stamp	Californ	^{ia} 802
	Alameda County Division, Department, or Region (if applicable)					Form	002
						For Offic	ial Use Only
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Heather Cartwright		5				
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Ex pl anatio	n in Part 3.)
	(510) 272-6691	heather.cartwright2	@acgov.or	g	Date of Original Filing:	(mont h , day, j	/ear)
2.	Function or Event Inform	mation				Q	6187.50
	Does the agency have a tick	tet policy? Yes	No 🗌	Face Value of	Each Ticket/Pass \$ _		0107.50
	Event Description: Zach Bro	own		Date(s)	<u>, 21 , 202</u>	/	_/
	Ticket(s)/Pass(es) provided	Provide Title/ Explai	No 📰	If no: Oakland	d Arena		
	Tickel(s)/Fass(es) provided	by agency: Tes [Name of Source		
	Was ticket distribution made	at the behest Yes [No 🔜	If yes: Hauber	C, Davio Official's Name (Last, First)		
	of agency official?				Unicial's Name (Last, First)		
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •		o identify an individu	ual. Use Section C to ident	ify an outsi c le org	anization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	irsuant to the age	ency's policy
	R Name of Indi	vidual	Number		Identify one of the	following-	
	B. Name of Indi		of Ticket(s) Passes		identity one of the	Tonowing.	
	Luomo, Niko		2	lf check	nonial Role D Other	lescribe below;	
				To encoura	ge County of Alamed	la resident an	d busines
					nonial Role Dother Other		Income 🔲
	C. Name of Outside O (include address and		Number of Ticket(s) Passes	Describe th	e public purpose made pu	irsuant to the age	ency's policy

4. Verification

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

Signature of Agency Head or Designed	Heather D. Cartwright Print Name	Supervisor's Assistant	(month, day/year)
Comment:			
Print	Clear		FPPC Form 802 (2/2016)

A Public Document

	eremonial Role Even	is and never	ass Dist	indutions		Arun	ic Document
١.	Agency Name				Date Stamp		ifornia 802
	Alameda County					the second se	
	Division, Department, or Regi	on (if applicable)			0	F	For Official Use Only
	Board of Supervisors						
	Designated Agency Contact (Name, Title)			1		
	Heather Cartwright				Amendment ///	lust Provide Ex	planation in Part 3.)
	Area Code/Phone Number	E-mail				laot i ronao Exg	Signalion in Color
	(510) 272-6691	heather.cartwright2	@acgov.or	g	Date of Original Fil	ing:(mont	t h, day, year)
2.	Function or Event Inform	mation	τ.				\$187.50
	Does the agency have a tick		No 🗌		Each Ticket/Pass	\$	<i><i><i></i></i></i>
	Event Description: Zach Bro			Date(s)			ľ
	Ticket(s)/Pass(es) provided	Provide Title/ Explai		If no: Oaklan	d Arena		
	Tickel(s)/Fass(es) provided	by agency: Test			Marrie of Courses		
	Was ticket distribution made	at the behest Yes [🗌 No 🔳	If yes: Hauber	T, David Official's Name (Last, I	Firefl	
	of agency official?				Unicial's Name (Last, 1	-1131/	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s). Passes	/ Describe th	e public purpose mad	e pursuant to	the agency's policy
	B. Name of Indi (Last, First		Number of Ticket(s) Passes	,	läentify one of	the following	:
	Stopka, Kaylie		5	If chec	nonial Role D Ott king "Ceremonial Role" or "Otl County resource		
					nonial Role Ott king "Ceremonial Role" or "Oth	her 🔲 her" describe beloi	Income
	C. Name of Outside O (include address and		Number of Ticket(s) Passes	/ Describe th	ne public purpose mad	e pursuant to	the agency's policy

4. Verification

. 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	101/01
Signature of Agency Head or Dasignee	Print Name	Title	(month, day, year)
Comment:Print	Clear	FPPC Toll-Free Helpline: 866	FPPC Form 802 (2/2016) ASK-FPPC (866/275-3772)

Agency Report of: to and Tickot/Doog Distributions

A Public Document

C	eremonial Role Even	ts and licket/P	ass Dis	Inducions	P	A PUDIIC L	ocument
1.	Agency Name				Date Stamp	Californ	
	Alameda County					Form	cial Use Only
	Division, Department, or Reg	on (if applicable)				Forum	cial Use Only
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Heather Cartwright				Amendment (Must	Provide Explanation	on in Part 3.)
	Area Code/Phone Number	E-mail					, i
	(510) 272-6691	heather.cartwright2	@acgov.or	g	Date of Original Filing	(month, day,	year)
2.	Function or Event Infor	mation					\$187.50
	Does the agency have a tick	ket policy? Yes	No 🗌	Face Value of	Each Ticket/Pass \$ _		\$107.00
	Event Description: Zach Bro	own		Date(s)	, 21 <u>,</u> 202 2	/	
		Provide Title/ Explar		If no: Oakland	d Arena		
	Ticket(s)/Pass(es) provided	by agency res L	🗌 No 🔳		Name of Source		
	Was ticket distribution made	at the behest Yes [No 📕	If yes: Hauber	t, David		
	of agency official?	1001			Official's Name (Last, First)	
_							
3.	Recipients			a tala strata a ta altatak	ul Mas Casting Cita idan	tife on outside and	
	 Use Section A to identify the agen 	cy's department or unit.		to identify an individu	Jai. Ose section C to iden	diy an outside or	janization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s Passes)/ Describe th	e public purpose made pu	ursuant to the ag	jency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s Passes	γ	Identify one of the	following:	
	Wright, Adriana		2	If chec	nonial Role Other king "Ceremonial Role" or "Other" of	describe below:	Income
				To promote	e attendance at event	ts held at a C	ounty facili
					nonial Role D Other king "Ceremonial Role" or "Other" of		Income
	C. Name of Outside O (include address and		Number of Ticket(s Passes)/ Describe th	ne public purpose made p	ursuant to the aç	jency's policy

4. Verification

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

1	Heather D. Cartwright	Supervisor's Assistant	opp/www
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:			
Prir	nt Clear	FPPC Toll-Free Helpline: 866	FPPC Form 802 (2/2016) /ASK-FPPC (866/275-3772)

1,	Agency Name			indutions		A Public Documen
	County of Alameda				Date Stamp	California 802
	Division, Department, or Reg	ion (if applicable)			4	
	Board of Supervisors, Fourt					For Official Use Only
	Designated Agency Contact	(Name, Title)			4	
	Nate Miley	· · · · · · · · · · · · · · · · · · ·				
	Area Code/Phone Number	E-mall			Amendment (Mus	Provide Explanation in Part 3.)
-	(510) 272-6694	Jasmine.Howard2	@acgov.org		Date of Ortginal Filing	
2.	Function or Event Inform	mation				(moning day, your)
	Does the agency have a ticl	ket policy? Yes	No 🗖	Face Value of	Each Ticket/Pass \$	187.50
	Event Description: Zach Bry	/an				
	Ticket(s)/Pass(es) provided	Provide Title/ Exple		lf no: Oaklan	d Arena	
					Mamo of Souma	
	Was ticket distribution made	at the behest Yes	No 🔳	f yes: Miley, N	late	
	of agency official?				Official's Name (Last, First)
	• Use Section A to Identify the agend A, Name of Agency, Depar		Use Sectio/#B to Number of Ticket(s)/ Passes			ify an outside organization. Insuant to the agency's policy
	B. Name of Indiv (Lest, First		Number of Ticket(s)/ Passes		identify one of the	following:
	Janet Lemmons		4	lî check	onial Role Conter Conte	Income near the public
				Cerem	onial Role Other D	Innoime [7]
	C. Name of Outside Org (include address and d	enization lescription)	Number of Ticket(s)/ Passes	Describe the	i public purpose made pu	suant to the agency's policy
	/erification					

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.

4.

by ture of Agency Heat or Designee	Jasmine Howard	Supervisor's Assistant	10/25/2023
and of Agency heat of Designee	Print Name	Title	(month, day, year)
Comment:			
Prin	t Clear		FPPC Form 802 (20040)

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

.

gency Name Iameda County ivision, Department, or Regi oard of Supervisors esignated Agency Contact (Form OUZ
ivision, Department, or Regi oard of Supervisors esignated Agency Contact (
oard of Supervisors esignated Agency Contact (For Official Use Only
esignated Agency Contact (
A - 111 - 1	Name, Title)				
Sergio Ardila				Amondmont (Must Br	avida Exploration in Part 2)
	E-mail				ovide Explanation in Part 3.)
510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing: _	(month, day, year)
unction or Event Inform	nation			Tic	ket-100 Parking-20
		No 🗌			
vent Description: Oakland	A's vs. Kansas City	Royals	Date(s)/	, 21 , 23	/
	Provide Title/ Explar	nation			
icket(s)/Pass(es) provided	by agency? Yes [Mamo of Course	
las ticket distribution made	at the behest. Voc D		lf ves: Tam, Le	ena	
	at the benest Yes			Official's Name (Last, First)	
	cy's department or unit. •	Use Section B to	identify an individu	al. Use Section C to identify	y an outside organization.
A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
D .		Number of Ticket(s)/ Passes		Identify one of the fo	bllowing:
Osama Thabit		6T 2P			
			To promote	County resources or f	acilities available to Cou
		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	c				
	anotion or Event Informores the agency have a tick vent Description: Oakland cket(s)/Pass(es) provided as ticket distribution made of agency official? Recipients Use Section A to identify the agen A. Name of Agency, Depa B. Name of Indi (Last, Fire Osama Thabit	ea Code/Phone Number E-mail i10) 272-6693 sergio.ardila@acgo unction or Event Information oes the agency have a ticket policy? Yes oes the agency have a ticket policy? Yes Yes vent Description: Oakland A's vs. Kansas City Provide Title/Explancket(s)/Pass(es) provided by agency? Yes Yes (as ticket distribution made at the behest Yes Yes (as ticket distribution made at the behest Yes Yes (as eccipients) Use Section A to identify the agency's department or unit. (Last, First) Osama Thabit	ea Code/Phone Number (i10) 272-6693 E-mail sergio.ardila@acgov.org unction or Event Information oes the agency have a ticket policy? Yes No No vent Description: Oakland A's vs. Kansas City Royals Provide Title/ Explanation cket(s)/Pass(es) provided by agency? Yes No vas ticket distribution made at the behest Yes No vas ticket distribution made at the behest Yes No of agency official? Number of Ticket(s)/ Passes Recipients Name of Agency, Department or Unit Vus Section A to identify the agency's department or unit. *Use Section B to of Ticket(s)/ Passes B. Name of Individual (Last, First) Number of Ticket(s)/ Passes Osama Thabit 6T 2P C. Name of Outside Organization (instrict difference and dimension intro) Number of Ticket(s)/	ea Code/Phone Number E-mail sergio.ardila@acgov.org unction or Event Information oes the agency have a ticket policy? Yes No Face Value of I oes the agency have a ticket policy? Yes No Face Value of I vent Description: Oakland A's vs. Kansas City Royals Date(s) 08 Provide Title/ Explanation If no: Oakland cket(s)/Pass(es) provided by agency? Yes No If no: Oakland /as ticket distribution made at the behest Yes No If yes: Tam, Le of agency official? Name of Agency, Department or unit. *Use Section B to identify an individu Describe th Passes Osama Thabit GT 2P Cerem If one of outside Organization C. Name of Outside Organization Number of Ticket(s)/ Describe th	ea Code/Phone Number E-mail Sergio.ardila@acgov.org Date of Original Filling:

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 douirements.

, <u>, , , , , , , , , , , , , , , , , , </u>	Sergio Ardila	Supervisor's Assistant	7/14/03	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

Comment: _



Print

A Public Document

6	eremonial Role Even	ts and licket/P	ass Distr	ibutions	AI	Public Document
1.	Agency Name				Date Stamp	California Form 802
	County of Alameda					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, Fourth District					
	Designated Agency Contact (Name, Title)				
	Nate Miley				Amendment (Must Pro	Wide Explanation in Part 21
	Area Code/Phone Number	E-mail				wide Explanation in Part 5.)
	(510) 272-6694	Jasmine.Howard2@	@acgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				400
	Does the agency have a tick	(et policy? Yes	No 🗖 🖡	Face Value of I	Each Ticket/Pass \$	100
	Event Description: Oakland	A's		Date(s)/	, 23 , 2023	//
	Ticket(a)/Reco(ca) provided	Provide Title/ Explai		f no: _Oakland	l Coliseum	
	Ticket(s)/Pass(es) provided	by agency? Yes [Name of Source	
	Was ticket distribution made	at the behest Yes		f yes: <u>Miley, N</u>	ate	
	of agency official?	1001		-	Official's Name (Last, First)	
3.	• Use Section A to identify the agen • Use Section A to identify the agen • A. Name of Agency, Depa		Use Section B to i Number of Ticket(s)/ Passes	1	al. Use Section C to identify e public purpose made pursu	and service generation of
	B. Name of Indi (Last, First		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
Armstrong, Erin		1	To promote morale, ret	e, encourage, reward, or stention, exemplary service	support general employee e, or staff development.	
	Miley, Nate		1	To promote, o morale, reten	encourage, reward, or sup tion, exemplary service, c	 oport general employee or staff development.
	C. Name of Outside Or (include address and	'ganization description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
	ана. 19					

4. Verification

i e

I have read and understand	FPC Regulations	18944.1 and 18942.	I have verified that the	e distribution set forth above	is in accordance
with the requirements.	/			e distribution set forth above,	10 111 00001 001100

strainstead of the paint	Jasmine Howard	Supervisor's Assistant	8/30//2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
•			

Print



С	eremonial Role Even	ts and Ticket/F	Pass Distr	ibutions	Α	Public Docu	iment
1.	Agency Name			Date Stamp	California	302	
	County of Alameda						
	Division, Department, or Reg	ion (if applicable)			1	For Official Use	Only
	Board of Supervisors, Fourt						
	Designated Agency Contact	Designated Agency Contact (Name, Title)					
	Nate Miley				Amendment (Must Pi	nyida Explanation in Ba	ef 2.)
	Area Code/Phone Number	E-mail	•				11 3.)
	(510) 272-6694	Jasmine.Howard2@	@acgov.org		Date of Original Filing: .	(month, day, year)	÷
2.	Function or Event Infor	mation					0.0
	Does the agency have a ticket policy? Yes 📕 No 🔲 Face Value of I				Each Ticket/Pass \$	1	00
	Event Description: Oakland A's Date(s) Date(s)				, 23 , 2023	//	
	Ticket(s)/Pass(es) provided		🗆 No 🔳 I	f no: Oakland	d Coliseum		
			1920		Name of Source		
	Was ticket distribution made at the behest Yes I No I If yes: Miley, Nate						
	of agency official?						
	A. Name of Agency, Depa	irtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's	policy
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the fo	bliowing:	
	Marshall, Clay		1	If check To promote	ionial Role D Other des ing "Ceremonial Role" or "Other" des e, encourage, reward, or ention, exemplary service	_{cribe below;} support general em	
	Howard, Jasmine			Cerem If check To promote,	ionial Role Dother Dother ing "Ceremonial Role" or "Other" des encourage, reward, or su ntion, exemplary service,	I cribe below: Ipport general emp.	Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's	policy
	·						

4. Verification

I have read and understand FPPC Regulations 18944.1 and 1894 with the requirements.	2. I have verified that the distribution set forth	above, is in accordance
asmine Howard	Supervisor's Assistant	8/30//2023
Signature of Agency Head or Designee Print Name Comment:	Title	(month, day, year)





Agency Name

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
	F 45565	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other I Income 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 I Income Income Income
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 Income freeking "Ceremonial Role" or "Other" describe below: 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 I Income
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

Ce	ency Report of: premonial Role Even	ts and Ticket/P	ass Distri	butions	(A Public Document
1.	Agency Name Alameda County Division, Department, or Region (if applicable)			Date Stamp	California Form 802	
					For Official Use Only	
	Board of Supervisors					· ·
	Designated Agency Contact (Name, Title)					÷
	Sergio Ardila	_		Amendment (Must	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail	1		Date of Original Filing	
	510-272-6693	sergio.ardila@acgo	v.org		Date of original filling	(month, day, year)
2.	Function or Event Infor	mation				150.05
	Does the agency have a tic	ket policy? Yes			Each Ticket/Pass \$ _	156.25
	Event Description: Sam Sm	hith	<u>د</u> ا	ate(s) 08	, 27 , 2023	1 1
	Provide Title/ Explanation					
	Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Oaklar				d Arena Name of Source	
			If	ves: Tam, Le	ena	
	Was ticket distribution made	e at the benest Yes [No 🔳 👖	yes	Official's Name (Last, Firs	t)
	of agency official?					
	Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit		Use Section B to id Number of Ticket(s)/ Passes			ursuant to the agency's policy
	D.		Number of Ticket(s)/ Passes	-	Identify one of th	e following:
	B. Name of Individual (Last, First)			Ceremonial Role 🔲 Other 📕		
	Randolph, James		4	If checking "Ceremonial Role" or "Other" describe below:		
				To encoura	To encourage County of Alameda resident and busine	
					monial Role Other cking "Ceremonial Role" or "Other"	
	C. Name of Outside C (include address an		Number of Ticket(s)/ Passes	Describe t	he public purpose made p	oursuant to the agency's policy
	×					

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

	Sergio Ardila	io Ardila Supervisor's Assistant	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Pri	nt Clear	FPPC Toll-Free Helpline: 8	FPPC Form 802 (2/2016) 66/ASK-FPPC (866/275-3772)

Ŧ	Agency Name	Pass Distri	butions	ΑΑ	Public Document
•••	County of Alameda			Date Stamp	California 802
	Division, Department, or Region (if applicable)				and the second se
	Board of Supervisors, Fourth District				For Official Use Only
	Designated Agency Contact (Name, Title)				
	Nate Miley				
	Area Code/Phone Number E-mail			Amendment (Must Pr	ovide Explanation in Rod 21
	(510) 272-6694 Jasmine.Howard	Macony ora			
2	Function or Event Information	-Gasgorioig		Date of Original Filing: _	(month, day, year)
		🖩 No 🗖 🗧 F	ace Value of	Each Ticket/Pass \$	156.25
	Event Description: Sam Smith	D	ate(s) 8	<u>/ 27 / 2023</u>	
	Provide Tible/ Exp	lanation		-	
	Ticket(s)/Pass(es) provided by agency? Yes	🛛 No 📶 If	no: Oakland		
	Was ticket distribution made at the behest Yes No If yes: Miley, Nate				
	of agency official?	No 🛄 II	yes	Official's Name (Last, First)	
	Use Section A to Identify the agency's department or unit. A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes		e public purposa made pursu	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
	Simone Sanford	2		onial Role Other D	Income
				onial Role D Other D	income
	C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant 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 Margaulrements /

Compton of Annual Lond Date	Jasmine Howard	Supervisor's Assistant	10/25/2023
Schature of Agency Head & Designee	Print Name	Title	(month, day, year)
Comment:			
Prir	nt Cléar		

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

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors Designated Agency Contact (Name, Title)					
	Amy Shrago, Chief of Staff			-	Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				09/01/23
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				156.25
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$	100.20
	Event Description: Sam Sm	nith	C	Date(s)	_ 27 _ 23	
	Provide Title/ Explanation					
	Ticket(s)/Pass(es) provided	by agency? Yes		no: <u>Coliseu</u>	Name of Source	
	Was ticket distribution made	at the behest. Voc I		yes: Carson	, Keith	
	of agency official?	at the benedit fest			Official's Name (Last, First)	
_						
3.	Recipients			danatifa an individu	al the Section C to identify	an outside organization
	Use Section A to identify the agen	cy's department or unit. •	Number	Tenury an individu	dai. Ose section c to identify	
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes			uant to the agency's policy
	3		F 45565	·		
	3					
	B. Name of Indi	ividual	Number of Ticket(s)/		Identify one of the fo	ollowing:
	D. (Last, Fir		Passes			
					nonial Role Other Ministry of the contract of	
	Simpson, Michelle		4		-	
						for his or her service
					nonial Role Other Other king "Ceremonial Role" or "Other" des	
					y	
			Number			
	C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
-	the second se					

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.

	Amy Shrago	Chief of Staff	09/01/23
Signature of Agency Head Designee	Print Name	Title	(month, day, year)
Comment:			
Prir	nt Clear	EPBC Toll Free Heiplines	FPPC Form 802 (2/2016)

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