A Public Document

C	eremonial Role Even	is and nekeupa	ass Dist	ibutions	/~	T ablic Bocallent
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	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	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				10/02/23
	510-272-6695	Amy.Shrago@acgo	v.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				100.00
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$ _	
	Event Description: Oakland	A's		Date(s)	<u>, 01 , 23 </u>	//
		Provide Title/Explain		If no: _Oaklan	d A's	
	Ticket(s)/Pass(es) provided	by agency? Yes			Nome of Course	
	Was ticket distribution made	at the hehest. Voc	No 🗆	If yes: <u>Carson</u>	, Keith	
	of agency official?	at the benear 1es		,	Official's Name (Last, First,)
	of agency enforce.					
3.	Kecipients Use Section A to identify the ager A. Name of Agency, Depa		Use Section B to Number of Ticket(s)/ Passes			tify an outside organization. ursuant to the agency's policy
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes	,	Identify one of the	e following:
	Lee, Lauren		18	lf chec	nonial Role D Other king "Ceremonial Role" or "Other" of a community volunted	
					nonial Role D Other	
	C. Name of Outside O (include address and	rganization I description)	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy

4. Verification

	Amy Shrago	Chief of Staff	10/02/23
Signature of Agency Hear or Designee	Print Name	Title	(month, day, year)
Comment:			
Prin	t Clear	FI FPPC Toll-Free Helpline: 866/ASI	PPC Form 802 (2/2016) (-FPPC (866/275-3772)

A Public Document 1. Agency Name **Date Stamp** California County of Alameda Form Division, Department, or Region (if epplicable) For Official Use Only Board of Supervisors, Fourth District Designated Agency Contact (Name, Tille) 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? \$100T - \$20 PARK Face Value of Each Ticket/Pass \$ Yes 🔳 No 🗋 Event Description: Oakland A's 9 2 2023 Date(s). Provide Title/ Explanation If no: Oakland Coliseum Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source Miley, Nate Was ticket distribution made at the behest Yes If 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 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 "Ceramonial Role" or "Other" describe below Ceremonial Role Other Income 🔲 If checking "Geremonial Role "Other" describe below Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (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

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.

	Jasmine Howard	Supervisor's Assistant	10/25/2023
Signature of Agency field or Designee	Print Name	Title	(month, day, year)
Comment:			
Prin	Clear		FPPC Form 802 (2/2016)

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

Ceremonial Role Even	ts and licket/P	ass Distri	butions		A Public Document
I. Agency Name			Date Stamp	California 802	
County of Alameda					Form OVZ
Division, Department, or Regi	ion (if applicable)				For Official Use Only
Board of Supervisors, Fourt	h District				
Designated Agency Contact (Name, Title)				
Nate Miley					
Area Code/Phone Number	E-mail	•			t Provide Explanation in Part 3.)
(510) 272-6694	Jasmine.Howard2@	⊉acgov.org		Date of Original Filing	:(month, day, year)
2. Function or Event Inform	mation				
Does the agency have a tick	ket policy? Yes	No 🗖 F	ace Value of I	Each Ticket/Pass \$ 🛛	100
Event Description:	A's	C	0ate(s)	2 2023	//
Ticket(s)/Pass(es) provided	Provide Title/ Expla	nation 📕 If	no: Oakland	1 Coliseum	
hereita in assies) provided	by agency: res			Name of Source	
Was ticket distribution made	at the behest Yes		yes: <u>Miley, N</u>	late	
of agency official?				Official's Name (Last, First	0
A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made p	ursuant to the agency's policy
B. Name of Indi (Last, First		Number of Ticket(s)/ Passes		Identify one of the	ə following:
Muhammed, Ansar		18	To encourage	nonial Role Other ting "Ceremonial Role" or "Other" or reward significant acade by County of Alameda stud	Income In
				nonial Role Dother ting "Ceremonial Role" or "Other" of	
C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made p	ursuant to the agency's policy
·					

4. Verification

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

	Jasmine Howard	Supervisor's Assistant	9/5/2023
Signature of Agency Head or Designet	Print Name	Title	(month, day, year)
Comment:			

Print



Ce	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	Α	Public Document
_	Agency Name			Date Stamp	California 802	
	Alameda County					
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact ((Name, Title)			1 .	
	Sergio Ardila		Amendment (Must P	rovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				
	(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation			Ti	cket-100 Parking-20
					Each ficked pass a	oket 100 Faiking 20
	Event Description: Oakland	Angels	Date(s)	0323	//	
	Ticket(s)/Pass(es) provided	nation	f no: <u>Oaklan</u>	d Coliseum		
	Ticket(3)/1 ass(cs) provided			Name of Source		
	Was ticket distribution made	at the behest Yes	🗆 No 🔳 📕	f yes: Tam, L	Official's Name (Last, First)	
	of agency official?				Omoral o Harno (Laat, Filot)	
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 identif	y an outside organization.
	A. Name of Agency, Depa	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, Fit		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
					nonial Role 🔲 Other 📕	Income Income
					monial Role D Other C	
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe t	he public purpose made pu	rsuant to the agency's policy
	Alameda Chamber of Cor	mmerce	18T 4P	To promote	e County resources or	facilities available to Cou
		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. Inalas

	Sergio Ardila	Supervisor's Assistant	+/19/03
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

Print

C	eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	Public Document
_	Agency Name				Date Stamp	California Form 802
	Alameda County					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)			1	
	Amy Shrago, Chief of Staff		Amendment (Must Pro	ovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				10/02/23
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation				100.00
	Does the agency have a tick	<pre>(et policy? Yes]</pre>			Each Ticket/Pass \$	
	Event Description: Oakland	A's		Date(s)	0423	//
	0	Provide Title/ Explai	antion			
	Ticket(s)/Pass(es) provided		no: <u>Oaklan</u>			
	Was ticket distribution made at the behest Yes No D If yes:			yes: Carson	, Keith	
	of agency official?	at the benest Yes		,	Official's Name (Last, First)	
	of agency official:					
3.	Recipients					
	 Use Section A to identify the ager 	cy's department or unit.	Use Section B to i	dentify an individ	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
	BOS D5		18		a County employee for he public or to encoura	
	(<u></u>					Ŧ
	B. Name of Indi	vidual	Number ual of Ticket(s)/		Identify one of the following:	
	Last, Fir		Passes			-
				1	nonial Role 🔲 Other 📗 king "Ceremonial Role" or "Other" des	Income Income
				1	nonial Role D Other C	
	C. Name of Outside O (include address and	rganization I description)	Number of Ticket(s)/ Passes	Describe ti	he public purpose made purs	suant to the agency's policy

4. Verification

	Amy Shrago	Chief of Staff	10/02/23
Signature of Agency Hear or Designee	Print Name	Title	(month, day, year)
Comment:			
Prin	t Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 366/ASK-FPPC (866/275-3772)

A Public Document

-	A Manual					
1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form OOL For Official Use Only		
	Division, Department, or Region	n (If Applicable,		for onicial osc only		
	Board of Supervisors					
	Designated Agency Contact (Na	ame, Title)				
	Cabriela Christy					
	Gabriela Christy Area Code/Phone Number	-mail			Amendment (Must prov	ide explanation in Part 3.)
			isty@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	ation				
	Does the agency have a ticket p	olicy?	Yes 🔀 No 🛛	Face Value o	f Each Ticket/Pass \$	100
	Event Description Oakland Ath				15 , 23	
	Event Description	Provide Title/Expla	anation	Date(s)		
	Ticket(s)/Pass(es) provided by a	naine a		H If no:		
	Tickel(s)/Pass(es) provided by a	agency r	Yes 🔲 No 🛛	× 1110.	Name of Sourc	0
	Was ticket distribution made at t	the behest	No 🗌 Yes	If ves: Valle,	Richard- Supervisor Dis	strict 2
	of agency official?				Official's Name (Las	t, First)
	A. Name of Agency, Department	Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)		Describe the pub	lic purpose made pursuant to	the agency's policy
	R Name of Individual		Number of			
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	
	GARCIA, Alexandi	lo-	3	Ceremonial Role If checking "Ceremon	Cither Cither Alexcribe below:	Income
	-			Ceremonial Role If checking "Ceremon	Other D	Income
				To reward	a community	
	C. Name of Outside Organiza {include address and descr		Number of Ticket(s)/ Pass(es)	volunteer to the publ	for his or her servic	jency's policy
	The Annual Earth Day Citywid Clean-Up & Community Fair is				10	
	pick-up event hosted at Week Volunteers come together to c			and abandoned del City.	bris in various neighborh	oods throughout the
4.					bris in various neighborh	oods throughout th

Gabriela Christy Supervisor's Assistant 5/9/2023

1	Gabriela Chiristy	Supervisor & Assistant	5/9/2023
Vignature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

A Public Document

	Agency Name				Date Stamp	California		
	County of Alameda			Form 802				
	Division, Department, or Regi	on (if applicable)		For Official Use Only				
ļ	Board of Supervisors, Fourtl	h District						
ī	Designated Agency Contact (Name,Title)						
1	Nate Miley				Amondmont (Must	Provide Explanation in Part 3.)		
7	Area Code/Phone Number	E-mail				Provide Explanation in Part 3.)		
((510) 272-6694	Jasmine.Howard2	@acgov.org		Date of Original Filing	(month, day, year)		
2.	Function or Event Inform	function or Event Information						
I	Does the agency have a tick	et policy? Yes	🔳 No 🗖 Fa	ace Value of	Each Ticket/Pass \$ _	100		
ſ	Event Description:		and a second sec	sta(a) 9	, 15 , 2023			
1	Event Description.	Provide Title/ Expla	anation			//		
Ī	Ticket(s)/Pass(es) provided	by agency? Yes	🗆 No 🔳 If	no: Oakland				
				yes: <u>Miley, N</u>	Name of Source			
1	Was ticket distribution made	at the behest Yes	🗆 No 🔳 🛛 If	yes:	Official's Name (Last, First)			
	of agency official?							
3.	• Use Section A to identify the agen • A. Name of Agency, Depared		• Use Section B to id Number of Ticket(s)/ Passes			ify an outside organization. rsuant to the agency's policy		
	B. Name of India (Last, Firs	Name of Individual			Identify one of the	following:		
	(2006, 77)		Passes					
3	Moesley, Mae		4	If check To promote he	nonial Role D Other Charles Other Charles Other Charles Other Charles Other and Provide the County such as the disa	☐ Income ☐ escribe below: expanded opportunities to vulnerable ables, underprivileged, seniors and you		
				Cerer	onial Role DOther			
					ing "Ceremonial Role" or "Other" d			

4. Verification

	Jasmine Howard	Supervisor's Assistant	9/25/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)



A Public Document

	eremonial Role Even	is and mercent	u33 DI311	buttonio		
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ For Official Use Only
	Division, Department, or Regi	on (if applicable)				To Onicial Use Only
	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				10/02/23
	510-272-6695	Amy.Shrago@acgo	v.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	nation				100.00
	Does the agency have a tick	tet policy? Yes			Each Ticket/Pass \$ _	
	Event Description: Oakland	A's)ate(s)	<u>, 15 , 23 </u>	
		Provide Title/ Explan	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes		no: Oakland	Mama of Course	
	Was ticket distribution made	et the hehest were		yes: Carson	, Keith	
	of agency official?	at the benest yes		,	Official's Name (Last, First)	ł
	or agency official:					
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit. • I	Use Section B to i	dentify an individu	ual. Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy
	BOS D5		4			or his or her exemplary rage staff development.
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	following:
			1 40000		nonial Role D Other king "Ceremonial Role" or "Other" of	
					nonial Role Dother king "Ceremonial Role" or "Other" of	
	C. Name of Outside O (include address and	rganization I description)	Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy
_			- Sed			

4. Verification

	Amy Shrago	Chief of Staff	10/02/23
orgnature of Agency Head 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

	4				the second	the second se
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)			1	
	Sergio Ardila				Amendment (Must Pro	vide 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			16	
	Does the agency have a tick	ket policy? Yes	No 🗆 🖡	ace Value of	Each Ticket/Pass \$ 10	
	Event Description: Kali Uch	is	D	ate(s)	, 26 , 23	/
		Provide Thie/ Explai	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes	🗋 No 🔳 If	no: Oaklan	Name of Source	
	Was ticket distribution made	ot the behast were	– – If	yes: <u>Tam, L</u>	ena	
	of agency official?	e at the beliest Yes L		, <u></u>	Official's Name (Last, First)	
	or agency official.					
3.						
	 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 identify	an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy
					1	
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
			1 43303	Cerer	monial Role 🔲 Other 🗌	Income
					cking "Ceremonial Role" or "Other" des	
					monial Role D Other	11 - A - A
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe ti	he public purpose made purs	suant to the agency's policy
	UNITY COUNCIL		3	To encoura	age County of Alameda	residents and business
				the second se	the second se	

4. Verification

	Sergio Ardila	Supervisor's Assistant	01/17/24
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Prin	t Clear	FPPC Toll-Free Helpline: 86	FPPC Form 802 (2/2016) 6/ASK-FPPC (866/275-3772)

A Public Document

1	Agency Name				Date Stamp	California 000
	Alameda County					Form 802
	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 Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				10/02/23
	510-272-6695	Amy.Shrago@acgo	v.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				100.00
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$	100.00
	Event Description: Kali Uch	is		Date(s)	_ 26 _ 23	//
		Fronce muer Explan	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes		If no: <u>Coliseu</u>	Mama of Course	
	Was ticket distribution made	at the hehest. Voc		If yes: <u>Carson</u>	, Keith	
	of agency official?	at the believer les			Official's Name (Last, First)	
3.	Recipients					
	• Use Section A to identify the ager	cy's department or unit.		identify an individu	ual. Use Section C to identify	y an outside organization.
	A. Name of Agency, Depa	artment 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 fe	ollowing:
	Jones, Jason		4		nonial Role D Other	Income
				To reward a	a community volunteer	for his or her service 🙀
					nonial Role DOther C	
	C. Name of Outside O (include address and	rganization I description)	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
_						

4. Verification

	Amy Shrago	Chief of Staff	10/02/23
Sign ture of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Prin	Clear	FPPC Toll-Free Helpline: 1	FPPC Form 802 (2/2016) 366/ASK-FPPC (866/275-3772)

A Public Document

5	eremonial Role Even	is and increare	ass Distri	DULIONS		AIU		ICIII
1.	Agency Name				Date Stamp		California Q	02
	Alameda County	,					Form O	
	Division, Department, or Reg	ion (if applicable)			1		For Official Use Or	ily
	Board of Supervisors							
	Designated Agency Contact (Name, Title)			1			
	Sergio Ardila				Amendment (A	Must Provid	e Explanation in Part 3	.,
	Area Code/Phone Number	E-mail						.,
	(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Fil	ling:(mo rith , day, year)	
2.	Function or Event Infor				S.	. 10	6 25	
	Does the agency have a tick		No 🗌 🛛 F	ace Value of	Each Ticket/Pass	\$	~.	-
	Event Description: Los Terr	nerarios		Date(s)	<u>, 29 , 23 </u>		///	_
		Provide Title/ Explar	nation					
	Ticket(s)/Pass(es) provided	by agency? Yes [0.000	f no: Oaklan	Norma of Sourca			-
	Was ticket distribution made	at the behest. Voc.		f yes: <u>Tam, L</u>	ena			
	of agency official?			,	Official's Name (Last,	First)		
3.	Recipients							
	Use Section A to identify the ager	ncy's department or unit. •		identify an individ	ual. Use Section C to I	identify an	outside organization.	
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose mac	le pursua	nt to the agency's po	olicy
	-							
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one o	of the follo	wing:	
					monial Role 🔲 Of cking "Ceremonial Role" or "O	ther ther' describe		ome 🔲
)				monial Role Otocking "Ceremonial Role" or "O	ther 🔲 Other" describe		ome 🗌
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe t	he public purpose ma	de pursua	int to the agency's po	blicy
-	UNITY COUNCIL		3	To encoura	age County of Ala	meda re	esidents and busi	ness +

4. Verification

_	Sergio Ardila	Supervisor's Assistant	01/17/24
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) 56/ASK-FPPC (866/275-3772)

A Public Document

Agency Name				Dais Ciana	a abire Document
County of Alameda				Uale Stamp	California Form 802
	ion (if applicable)			-	For Official Use Only
	•				To Chical Use Only
Designated Agency Contact (Name Title)					
-	E-mail			Amendment (Must)	Provide Explanation in Part 3.)
(510) 272-6694		@acgov.org		Date of Original Filing:	(month, day, year)
Function or Event Inform	mation				
					106.25
			_		
Event Description:		C)ate(s)	<u>, 29 ; 2023</u>	
Ticket(s)/Pass(es) provided			oakland	Arena	
Was ticket distribution made	at the behest Yes	No If	yes: Miley, N	ate	
of agency official?				Official's Name (Last, First)	
Use Section A to Identify the agent	the second s	Number	I DOM NOT	and the second second second	and the second
		Passes			and to the affering a bolicy
		Number of Ticket(s)/ Passes		Identify one of the f	ollowing;
Victor Reyes		4T			
			1		
C. Name of Outside Org (include address and o	ganization description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
	County of Alameda Division, Department, or Reg Board of Supervisors, Fourt Designated Agency Contact, Nate Miley Area Code/Phone Number (510) 272-6694 Function or Event Inform Does the agency have a tick Event Description: Los Tem Ticket(s)/Pass(es) provided Was ticket distribution made of agency official? Recipients · Use Section A to identify the agen A. Name of Agency, Depa B. Name of IndM (Last, Firs Victor Reyes	County of Alameda Division, Department, or Region (<i>if applicable</i>) Board of Supervisors, Fourth District Designated Agency Contact (<i>Name</i> , <i>Title</i>) Nate Miley Area Code/Phone Number (510) 272-6694 E-mail Jasmine.Howard2() Function or Event Information Does the agency have a ticket policy? Yes Event Description: Los Temarios Provide Title/ Expla Ticket(s)/Pass(es) provided by agency? Yes Was ticket distribution made at the behest Yes of agency official? Recipients ·Use Section A to identify the agency's department or unit. B. Name of Agency, Department or Unit Victor Reyes	County of Alameda Division, Department, or Region (if applicable) Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nate Miley Area Code/Phone Number (510) 272-6694 E-mail Jasmine.Howard2@acgov.org Function or Event Information Does the agency have a ticket policy? Yes No Fevent Description: Los Temarios Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If Was ticket distribution made at the behest Yes No vuse Section A to identify the agency's department or unit. -Use Section B to It A. Name of Individual (Last, First) Number of Ticket(s)/ Passes Victor Reyes 4T C. Name of Outside Organization (Include address and description) Number of Ticket(s)/	County of Alameda Division, Department, or Region (if applicable) Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nate Miley Area Code/Phone Number (510) 272-6694 Destination Does the agency have a ticket policy? Yes No Function or Event Information Does the agency have a ticket policy? Yes No Event Description: Los Termarios Provide Title/ Explanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes Name of ficial? No Was ticket distribution made at the behest Yes No 'Use Section A to identify the agency's department or unit. 'Use Section B to identify an individual 'Use Section A to identify the agency's department or unit. 'Use Section B to identify an individual B. Name of Individual Number (Last, First) Pesses Qeromy Victor Reyes 4T Cerem Victor Reyes 4T Cerem C. Name of Outside Organization Number of Ticket(s)// Describe the	County of Alameda Division, Department, or Region (if applicable) Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nate Miley Amendment (Muse I Area Code/Phone Number E-mail Jasmine.Howard2@acgov.org Date of Original Filing: Function or Event Information Does the agency have a ticket policy? Yes No Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$

	Jasmine Howard	Supervisor's Assistant	10/25/2023
Chature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Prin	Clear	FPPC Toll-Free Helpline: 866	FPPC Form 802 (2/2016) /ASK-FPPC (866/275-3772)