С	eremonial Role Even	ts and Ticket/P	ass Distri	butions	4	Public Document
1.	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)				
	Heather Cartwright				Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6691	heather.cartwright2	2@acgov.org		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation				\$150
	Does the agency have a ticl	ket policy? Yes	🔳 No 🗋 🛛 F	ace Value of	Each Ticket/Pass \$ _	\$150
	Event Description: Christian Nodal Date(s) 10			<u>, 1 , 202</u>	1 1	
	Provide Title (Explanation					
	Ticket(s)/Pass(es) provided	by agency? Yes	🔲 No 🔳 🛛	f no: <u>Oaklan</u>	d Arena Name of Source	
			i	f yes: Hauber	t, David	
	Was ticket distribution made of agency official?	e at the behest Yes	🗌 No 🔳 🦷	r yes	Official's Name (Last, First)
	Use Section A to identify the ager A. Name of Agency, Department		• Use Section B to i Number of Ticket(s)/ Passes	T	1183	ify an outside organization. Irsuant to the agency's policy
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the	following:
	Ramirez, Ledy		4	If chec	monial Role DOther Other Ceremonial Role" or "Other" Ceremonial Role at event	
				Cerer	monial Role Other king "Ceremonial Role" or "Other" of	
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe ti	he 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 manuferments.

Heather D. Cartwright	Supervisor's Assistant	11/2024
Print Name	Title	(month, day, year)

Clear

Print

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

Agency Report of: nts and Ticket/Pase Distributions

A Public Document

	eremonial Role Even	is and never	ass Distri	butions		A Fubile Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Sergio Ardila				Amendment (M	lust Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				user tovido Explanation in Part 5.)
	(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Fili	ng:(month, day, year)
2.	Function or Event Infor	mation				100°
	Does the agency have a ticl	ket policy? Yes	No 🗆 F	ace Value of	Each Ticket/Pass	\$_150*
	Event Description: Christian	n Nodal	Г	10	<u>, 01 , 23 </u>	1 1
	Event Description,	Provide Title/ Explar	nation	. ,		/ /
	Ticket(s)/Pass(es) provided	by agency? Yes [🗌 No 🔳 🛛 If	no: Oaklan	d Arena	
				yes: <u>Tam, L</u>	Name of Source	
	Was ticket distribution made	e at the behest Yes [🗌 No 🔳 🛛 It	yes:	Official's Name (Last, F	-irst)
	of agency official?					
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made	e pursuant to the agency's policy
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of	the following:
					monial Role D Oth cking "Ceremonial Role" or "Oth	her" describe below:
					monial Role 🗌 👘 Oth cking "Ceremonial Role" or "Oth	her" describe below;
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe t	he public purpose mad	e pursuant to the agency's policy
	UNITY COUNCIL		3	To encoura	age County of Alan	neda residents and business
_						

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. n lat

	Sergio Ardila	Supervisor's Assistant	01/1+/24
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Prir	nt Clear	EPPC Toll-Free Helpline: 86	FPPC Form 802 (2/2016)

Agency Report of:

C	eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	Public D	ocument
1.	Agency Name				Date Stamp	Californi	^a 802
	Alameda County				Form	the state of the local division of the local	
	Division, Department, or Reg	ion (if applicable)			1	For Offici	al Use Only
	Board of Supervisors						
	Designated Agency Contact	Name, Title)			1		
	Heather Cartwright				Amendment (Must F	Drovido Exentenetier	In Dark D)
	Area Code/Phone Number	E-mail				rovide Explanation	in Part 3.)
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing:	(month, day, y	ear)
2.	Function or Event Infor	mation					#000
	Does the agency have a ticl	ket policy? Yes	No 🗆 F	ace Value of	Each Ticket/Pass \$		\$200
	Event Description: Romeo Santos Date(s) 10				/	_/	
	Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Oakland			d Arena			
					Manual of Courses		5. 5.
	Was ticket distribution made at the behest Yes 🔲 No 🔳 If yes:				Official's Name (Last, First)		
	of agency official?				Shibili Shano (Laoi, Firey		
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the age	ncy's policy
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the	following:	
	Stopka, Rylie		2	If chec	nonial Role Other [king "Ceremonial Role" or "Other" d	escribe below:	Income
				To encoura	age County of Alamed	la resident su	port for att
					nonial Role Other [king "Ceremonial Role" or "Other" d		Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ersuant to the age	ncy'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. 211

	Heather D. Cartwright	Supervisor's Assistant	2/1/2014
Signature of Agency Head or Designee	Print Name	Title	(month, day, ye r)
Comment:			

Clear

Print

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

A Public Document

	eremoniai Role Even	ts and fickeura	ass Distri	putions		A Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County Division, Department, or Regi	on (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Sergio Ardila				Amendment (Mus	st Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Data of Original Film	
	(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filin	(month, day, year)
2.	Function or Event Inform	mation				2007
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$	200
	Event Description: Romeo S	Santos		ate(s)		//
		Provide Title/Explan	ation	no: Oakland		
	Ticket(s)/Pass(es) provided	by agency? Yes L			Name of Source	
	Was ticket distribution made	at the behest Yes] No 🔳 🦷	yes: <u>Tam, Le</u>	ena Official's Name (Last, Fir	ref)
	of agency official?				Oliciars Name (Last, Fi	Ş()
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made	pursuant to the agency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		identify one of t	he following:
	·				nonial Role D Othe king "Ceremonial Role" or "Othe	
					nonial Role D Othe king "Ceremonial Role" or "Othe	
	C. Name of Outside O (include address and	rganization I description)	Number of Ticket(s)/ Passes	Describe th	ne public purpose made	pursuant to the agency's policy
	UNITY COUNCIL		3	To encoura	age County of Alam	eda residents and business

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	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) 56/ASK-FPPC (866/275-3772)

A Public Document

	eremonial Role Events and Tickeur	a33 DI31	ibutions		ATONEL	Document
1.	Agency Name			Date Stamp	Califo	
	Alameda County				For	
	Division, Department, or Region (if applicable)		For C	Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Sergio Ardila			Amendment (Mu	ist Provide Ex plan	ation in Part 3)
	Area Code/Phone Number E-mail					
	510-272-6693 sergio.ardila@acgo	iv.org		Date of Original Fili	ng:(month, da	ay, year)
2.	Function or Event Information			Each Ticket/Pass \$	112.50	
	Does the agency have a ticket policy? Yes	🔳 No 🗌	Face Value of	Each Ticket/Pass \$		
	Event Description: JOJI		Date(s)	, 09 , 202	/	/
	Provide Title/ Expla		If no: Oaklan	d Arena		
	Ticket(s)/Pass(es) provided by agency? Yes	🗌 No 🔳		Alexand of Occurrent		
	Was ticket distribution made at the behest Yes	No	If yes: Tam, Le	official's Name (Last, F	irot	
	of agency official?	0		Unclais Name (Last, F	151)	
_						
3.	• Use Section A to identify the agency's department or unit.		- identifican individ	al Also Section C to id	entify an outside	organization
	Use Section A to identify the agency's department or unit.	Number			entity an outside (organization.
	A. Name of Agency, Department or Unit	of Ticket(s) Passes	Describe th	e public purpose made	pursuant to the	agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s) Passes	1	Identify one of	the following:	
	Lin, Amber	18	Cerei If cheo	nonial Role D Oth king "Ceremonial Role" or "Oth	er 🔟 er" describe below:	Income
			To encoura	age County of Alan	neda resident	and busines
				nonial Role Oth king "Ceremonial Role" or "Oth	er 🔲 er" describe below;	income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s) Passes	/ Describe ti	he public purpose made	e 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 requirement

	Sergio Ardila	Supervisor's Assistant	01/17/24
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear



A Public Document

Ce	remonial Role Even	ts and lickeup	ass Distri	putions	A	Public Document
1. A	Agency Name				Date Stamp	California Form 802
1	Alameda County					
Ē	Division, Department, or Reg	ion (if applicable)				For Official Use Only
E	Board of Supervisors					
Ē	Designated Agency Contact	(Name, Title)				
S	Sergio Ardila				Amendment (Must P	rovide Explanation in Part 3.)
	rea Code/Phone Number	E-mail				ionoc Explanation in Fait 5.)
((510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing: .	(month, day, year)
2. F	Function or Event Infor	mation				440.75
[Does the agency have a ticl	ket policy? Yes	No 🗆 🛛 F	ace Value of	Each Ticket/Pass \$	118.75
-	Event Description: Maneski			10	, 13 , 23	1 1
Ľ	Event Description.	Provide Title/ Explai	nation			//
1	Ticket(s)/Pass(es) provided	by agency? Yes [🗌 No 🔳 II	no: Oaklan	d Arena	
				yes: Tam, Le	Name of Source	
1	Was ticket distribution made	e at the behest Yes [🗋 No 🔳 🔢	yes:	Official's Name (Last, First)	
	of agency official?					
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the f	following:
	Maffia, Antonio		3	Cerer If chec	nonial Role DOther Z king "Ceremonial Role" or "Other" de	
				To encoura	age County of Alameda	a resident and business
					nonial Role D Other C king "Ceremonial Role" or "Other" de	
	C. Name of Outside C (include address and	Organization d description)	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	rsuant to the agency's policy
	14 14					
-						
4. \	Verification			1.6	that the distribution and	forth chave is in another.

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

	Sergio Ardila	Supervisor's Assistant	01/17/24.
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____



A Public Document

_	eremonial Role Even	IS and TICKEUP	a55 Disti	Dutions	Date Stamp	California 000
1.	Agency Name				Date Stamp	Form 802
	Alameda County Division, Department, or Region (if applicable)				For Official Use Only	
		on (ii applicable)				
	Board of Supervisors					
	Designated Agency Contact (Name, litle)				
	Heather Cartwright				Amendment (Must P	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail	_		Data of Oxininal Filings	
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation				¢62.50
	Does the agency have a ticket policy? Yes No G Face Value of E			Each Ticket/Pass \$	\$62.50	
	Event Description:	in Ice		Date(s) <u>10</u>	<u>, 19 , 202,</u>	///
	Provide Title/Explanation					
	Ticket(s)/Pass(es) provided	by agency? Yes [f no: <u>Oaklan</u>		
				f yes: Hauber	t, David	
	Was ticket distribution made	e at the benest Yes [No 📕	ii yes	Official's Name (Last, First)	
	of agency official?					
	Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
			Number of Ticket(s)/ Passes		Identify one of the	following:
	Mourning, Marquetis		4		nonial Role Other Cother king "Ceremonial Role" or "Other" de	-
	Mourning, marquoto			To encoura	age County of Alamed	a resident and busines
					nonial Role D Other (king "Ceremonial Role" or "Other" de	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy

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. WALAND

1	Heather D. Cartwright	Supervisor's Assistant	1 HUV
Signature MAgency Head Or Designee	Print Name	Title	(month, day, year)
Comment:			
Prir	t Clear		FPPC Form 802 (2/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

A Public Document

Ceremonial Role Even	is and lickeupa	ass Distr	iputions	A	Public Document
1. Agency Name				Date Stamp	California Form 802
Alameda County					Form OUZ
Division, Department, or Regi	on (if applicable)			1	For Official Use Only
Board of Supervisors					
Designated Agency Contact (Name, Title)				
Heather Cartwright				Amendment (Must P	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				sonoo Expression mit alt o.y
(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing:	(month, day, year)
2. Function or Event Inform	mation				¢00.50
Does the agency have a tick	tet policy? Yes	No 🗖 🛛	Face Value of	Each Ticket/Pass \$	\$62.50
Event Description: Disney of	n Ice	ſ	Date(s) 10	<u>, 19 , 202,</u>	
Event Description.	Provide Title/ Explan	ation			
Ticket(s)/Pass(es) provided	by agency? Yes	🗌 No 🔳 🛛	f no: Oaklan		
			f yes: <u>Hauber</u>	Name of Source t, David	
Was ticket distribution made	at the benest Yes	🗌 No 🔳 🥤	i yes	Official's Name (Last, First)	
of agency official?					
 Recipients Use Section A to identify the agen 	cy's department or unit. • l	Use Section B to	identify an individ	ual. Use Section C to identi	ify an outside organization.
		Number			
A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
3					
R Name of Indi	vidual	Number		Identify one of the	following
B. Name of Indi (Last, First		of Ticket(s)/ Passes		Identity one of the	Tonounig.
				monial Role 🔲 Other 🕻	
Mourning, Marquetis		4		cking "Ceremonial Role" or "Other" de	
			To encoura	age County of Alamed	la resident and busines
				monial Role 🔲 Other 🛛	
			If chec	cking "Ceremonial Role" or "Other" d	escribe below:
	Name of Outside Organization		Describe th	he public purpose made pu	rsuant to the agency's policy
(include address and	description)	of Ticket(s)/ Passes			
			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.

	Heather D. Cartwright	Supervisor's Assistant	118/WL4
Signature of Agency Head or Designee	Print Name	Title	(month/day, year)

Comment:

A Public Document

Ceremoniai	KOIG EAGU	is and never	ass Distric	Jutiona		AT UNITE DE	Jeament
1. Agency Nan	Agency Name Alameda County				Date Stamp	California	a 802
Alameda Cou						Form	002
Division, Depa	rtment, or Reg	ion (if applicable)				For Officia	I Use Only
Board of Sup	ervisors						
Designated Ag	ency Contact	(Name, Title)					
Sergio Ardila					Amendment (Mus	t Provide Explanation	in Part 3.)
Area Code/Pho	one Number	E-mail				-	
(510) 272-669	93	sergio.ardila@acgo	v.org		Date of Original Filing	g:(month, day, ye	ear)
2. Function or	Event Infor	mation					00.50
Does the age	ncy have a tic	ket policy? Yes	No 🗖 🛛 Fa	ace Value of	Each Ticket/Pass \$		62.50
		On Ice presents Into		10	<u>, 19 , 23 </u>	,	1
Event Descrip	tion:	Provide Title/ Explar				/	
Ticket(s)/Pase	s(es) provided	by agency? Yes [🗌 No 📰 🛛 If	no: Oaklan	d Arena		
	-		15	yes: Tam, L	Name of Source ena		
		e at the behest Yes [🗌 No 🔳 👫	yes:	Official's Name (Last, Fir	st)	
of agency of	ficial?						
3. Recipients • Use Section A	i to identify the age	ncy's department or unit. •	Use Section B to id	entify an individ	ual. Use Section C to ide	ntify an outside orga	nization.
A. Nam	e of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made	pursuant to the age	ncy's policy
В.	Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of t	he following:	
					monial Role Dothe		
					monial Role Dothe		income
	lame of Outside (clude address an		Number of Ticket(s)/ Passes	Describe t	he public purpose made	pursuant to the age	ncy's policy
Friends of	the Alameda A	Animal Shelter	3	To encoura	age County of Alam	eda resident and	d business : +
4. Verification							
Thave read an	d understand Fi	PBC Regulations 1894	4.1 and 18942.	l have verified	that the distribution s	et forth above, is i	in accordance
with the requir	ments						

∽ S el	rgio Ardila	Supervisor's Assistant	01/17/24	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				

Clear



-					Data Champ	California a a
1.	Agency Name				Date Stamp	California Form 802
	Alameda County				For Official Use Only	
	Division, Department, or Reg					
	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				11/01/23
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation				62.50
	Does the agency have a tick	ket policy? Yes	📕 No 🗌		Each Ticket/Pass \$	02.00
	Event Description: Disney of	on Ice		Date(s)	19 23	
	Event Description.	Provide Title/ Expla	nation .			
	Ticket(s)/Pass(es) provided	by agency? Yes	🗆 No 🔳	If no:Coliseu	m Authority	
				If yes: Carson	Name of Source	
	Was ticket distribution made	e 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		Number of Ticket(s) Passes		e public purpose made purs	
	B. Name of Indi (Last, Fir		Number of Ticket(s) Passes	u l	Identify one of the fo	
	Jelks, Kenya		4	If chec	nonial Role 🔲 Other 🔳 king "Ceremonial Role" or "Other" des e attendance at a Coun	ty sponsored event or
					nonial Role D Other king "Ceremonial Role" or "Other" des	
	C. Name of Outside O (include address and		Number of Ticket(s Passes)/ Describe ti	ne public purpose made purs	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 requirements.

11111	Amy Shrago	Chief of Staff	11/01/23
Sign three of Agency Heat for Designee	Print Name	Title	(month, day, year)
Comment:			
Prir	nt Clear	CDDO Toll Free Velaliant	FPPC Form 802 (2/2016)

Print

A Public Document

A Public Document

_	Agency Name				Date Stamp	California 002
	Alameda County Division, Department, or Region (if applicable)					Form OUZ
						For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Heather Cartwright				Amendment (Must P	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform					\$62.50
	Does the agency have a tick				Each Ticket/Pass \$	
	Event Description: Disney of	on Ice		Date(s)	, 20 , 202	/
		Provide Huer Explain	nation	f no:Oakland		
	Ticket(s)/Pass(es) provided	by agency? Yes [Mama of Course	
	Was ticket distribution made	e at the behest Yes F		f yes: Hauber	t, David	
	of agency official?				Official's Name (Last, First)	
_						
3.	Recipients					for an autobal allower standing
	Use Section A to identify the ager	<pre>ncy's department or unit. •</pre>		identify an individu	Jal. Use Section C to Identi	ry an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	rsuant to the agency's policy	
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the	following:
	Gardley, Kassendra		4		nonial Role D Other C	
				To promote	e attendance at events	s held at a County facili
	34				nonial Role Other [king "Ceremonial Role" or "Other" d	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant 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 10/n/nnh

ŕ H	eather D. Cartwright	Supervisor's Assistant	THWU
Cignatulie di Agéndy Read or Designee "	Print Name	Title	(month, day, year)
Comment:			
Print	Clear	FPPC Toll-Free Helpline: 86	FPPC Form 802 (2/2016) 6/ASK-FPPC (866/275-3772)

Agency Report of: ts and Ticket/Pase Distributions C

A Public Docume ----

. U	eremonial Role Events and Tickeur	ass Dist	Induciona		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)				
	Heather Cartwright			Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number E-mail				ionao Expremeron ni r art o.y
	(510) 272-6691 heather.cartwright2	@acgov.or	g	Date of Original Filing:	(month, day, year)
2.	Function or Event Information				\$62.50
	Does the agency have a ticket policy? Yes	No 🗌	Face Value of	Each Ticket/Pass \$ _	ψ02.00
	Event Description: Disney on Ice		Date(s)	, 20 , 202 2	//
	Provide Title/ Explai		If no: Oakland	d Arena	
	Ticket(s)/Pass(es) provided by agency ? Yes			Alama of Source	
	Was ticket distribution made at the behest Yes [No 🔳	If yes: Hauber	t, David Official's Name (Last, First)	1
	of agency official?			Oniciais Name (Last, 1 13)	'
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	,	Identify one of the	following:
	Gardley, Kassendra	4	If chec	nonial Role Other	describe below:
			To promote	e attendance at event	s held at a County facili
				nonial Role Dother Other king "Ceremonial Role" or "Other" of	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	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.

¥	Heather D. Cartwright	Supervisor's Assistant	118/014
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

Agency Report of: steib 410

Ceremonial Role Even	ts and licket/Pa	ass Distrii	outions	A	Public Document
1. Agency Name				Date Stamp	California Form 802
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					
Area Code/Phone Number	E-mail			Amendment (Must P	rovide Explanation in Part 3.)
(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filing:	(month, day, year)
2. Function or Event Infor	mation				
Does the agency have a ticl	ket policy? Yes	No 🗆 🗧	ace Value of	Each Ticket/Pass \$	62.50
Event Description: Disney (On Ice presents Into T Provide Title/ Explan	The Magin D	ate(s)	, 20 , 23	//
Ticket(s)/Pass(es) provided			no: Oaklan	d Arena	
Herei(s)/Fass(es) provided	by agency: Tes L			Name of Source	
Was ticket distribution made	at the behest Yes	∃ No 🔳 If	yes: Tam, Le	Official's Name (Last, First)	
of agency official?				Official's Name (Last, First)	
3. Recipients					
Use Section A to identify the ager	cy's department or unit.	Use Section B to id	lentify an individ	ual. Use Section C to identi-	fy an outside organization.
A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
					ы.
B. Name of Ind (Last, Fii		Number of Ticket(s)/ Passes		Identify one of the	following:
			Cerer	nonial Role 🔲 Other 🖌	
Frost, Paula		6		king "Ceremonial Role" or "Other" de	
11050, 1 2012			To encoura	age County of Alamed	a resident and busines
				nonial Role Dother C 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	rsuant to the agency's policy
4 Verification					

I have read and understance FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance (with the requirements. 11.01011

a (** *	Sergio Ardila	Supervisor's Assistant	01/1+1241	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				
-				

Clear

С	eremonial Role Even	ts and Ticket/P	ass Distri	butions	Δ.	Public Documer	it
1.	Agency Name			Date Stamp	California On	5	
	County of Alameda					Form 802	
	Division, Department, or Reg	on (if applicable)			1	For Official Use Only	
	Board of Supervisors, Fourt						
	Designated Agency Contact	Name, Title)					
	Nate Miley				Amendment (Must	Provide Explanation in Part 3.)	-
	Area Code/Phone Number E-mail						
	(510) 272-6694	Jasmine.Howard2@	Dacgov.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor					00.50	
	Does the agency have a tick				Each Ticket/Pass \$ _	62.50	
	Event Description: Disney C	Dn Ice Provide Tille/ Expla		Date(s) <u>10</u>	, 20 , 2023	10 , 21 , 2023	
	Ticket(s)/Pass(es) provided			f no: _Oakland	d Arena		
					Mama of Sourca		
	Was ticket distribution made	at the behest Yes	No 🔳	f yes: Miley, N	Official's Name (Last, First)		
	of agency official?						
3,	• Use Section A to identify the agen A. Name of Agency, Depa	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Use Section B to I Number of Ticket(s)/ Passes	1.		ify an outside organization. Irsuant to the agency's policy	
	B. Name of Indi (Last, Fit		Number of Ticket(s)/ Passes		Identify one of the		
					nonial Role 🔲 Other king "Ceremoniel Role" or "Other" o		
					nonial Role 🔲 Olhar King "Geremoniel Role" or "Other" o	111001310	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe ti	e public purpose made pr	ursuant to the agency's policy	
	144,000 Elect Foundation		8	To reward a	a school or nonprofit	organization for its contri	b

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.

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

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

	eremonial Role Events and Ticket/Pa	135 DIST	butions	~ ~	Public Document	
1.	Agency Name			Date Stamp	California 802	
	Alameda County					
	Division, Department, or Region (if applicable)				For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Heather Cartwright				rovide Explanation in Part 3.)	
	Area Code/Phone Number E-mail					
	(510) 272-6691 heather.cartwright2@	@acgov.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Information				\$62.50	
	Does the agency have a ticket policy? Yes			Each Ticket/Pass \$	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
	Event Description: Disney on Ice: Into the Magic Date(s)			<u>, 21 , 202</u>	//	
	Provide Title/ Explana	ation	f no: _Oaklan	d Arena		
	Ticket(s)/Pass(es) provided by agency? Yes			Name of Source		
	Was ticket distribution made at the behest Yes		f yes: <u>Hauber</u>	t, David		
	of agency official?			Official's Name (Last, First)		
_						
3.	Recipients					
	• Use Section A to identify the agency's department or unit. • U	se Section B to i	dentify an individ	ual. Use Section C to identif	y an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	ribe the public purpose made pursuant to the agency's po		
		2				
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the f	ollowing:	
				nonial Role DOther king "Ceremonial Role" or "Other" de		
				nonial Role D Other . king "Ceremonial Role" or "Other" de		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	suant to the agency's policy	
	Tri-Valley Seek&Save-PO Box 701,Livermore	4	To reward	school/non-profit for its	s contributions to the con	
	To support At-Risk/Low-income single moms					

4. Verification

Print

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	1/1/174
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

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

Agency Report of:

C	eremonial Role Even	ts and licket/P	ass Distri	outions		A PUDIIC L	
1.	Agency Name				Date Stamp	Califor	^{nia} 802
	Alameda County						
	Division, Department, or Reg	ion (if applicable)			1	For Off	icial Use Only
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Sergio Ardila				Amendment (M	ust Provide Ex planati	on in Part 3)
	Area Code/Phone Number	E-mail				user rouse Explanat	on in Fait 3.j
	(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Fili	ng:(month, day	, year)
2.	Function or Event Infor						62.50
	Does the agency have a tic				Each Ticket/Pass \$	\$	
	Event Description: Disney (On Ice presents Into	The Magin D	ate(s)	<u>, 21 , 23</u>		
		Provide Title/ Explan	nation				
	Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 If no: Oaklan			no:	Name of Source		
	Was ticket distribution made at the behest Yes 🔲 No 🔳 If yes:				ena		
	of agency official?	e al the benest Yes [NO 💻	,	Official's Name (Last, F	First)	
	of agency officials						
3.	Recipients						
	Use Section A to identify the age	ncy's department or unit. •	Use Section B to ic	lentify an individ	ual. Use Section C to ic	lentify an outside or	ganization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made	e pursuant to the a	gency's policy
	-1						
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of	the following:	
	1				nonial Role 🔲 Oth king "Ceremonial Role" or "Oth	ner 🗹 ner" describe below:	Income 🔲
	1 <u></u>				nonial Role 🔲 Oth king "Ceremonial Role" or "Oth	ner her' describe below:	Income
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe ti	ne public purpose mad	e pursuant to the a	gency's policy
	Lend a Hand Foundation		10	To encoura	age County of Alan	neda resident a	nd business

4. Verification

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

Se	rgio Ardila	Supervisor's Assistant	01/17/24
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

A Public Document

-		to and monor		in all office	Date Stamp	California
1.	Agency Name					Form 802
	Alameda County Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors Designated Agency Contact	(Name Title)				
	•	144 <i>mo, 1moy</i>				L
	Amy Shrago, Chief of Staff Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)
		Amy.Shrago@acgc	W OF		Date of Original Filing:	1 1/01/23
	510-272-6695	Amy.Shi ayo@acyc	w.org			(month, day, year)
2.	Function or Event Infor	mation				00.50
	Does the agency have a ticl	ket policy? Yes	No 🗆	Face Value of	Each Ticket/Pass \$	62.50
	• •			Date(s) <u>10</u>	, 21 , 23	1 1
	Event Description:	Provide Title/ Explar	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes [🗌 No 🔳	If no: _Coliseu	m Authority	
		, , , , , , , , , , , , , , , , , , , ,		If yes: <u>Carson</u>	Alexander of Consideration	
	Was ticket distribution made	e at the behest Yes	No 🗌	If yes:	Official's Name (Last, First)	
	of agency official?					
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Vallejo, Dominic		4		nonial Role DOther Mains "Other Mains" Other	Income
				To promote	e attendance at a Coun	ty sponsored event or
					noniał Role D Other D king "Ceremonial Role" or "Other" des	Income
	C. Name of Outside C (include address and	organization d description)	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant 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	11/01/23
Synature of Agency Head Designee	Print Name	Title	(month, day, year)
Comment:			
Prin	tClear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)

Agency Report of: Distributions

C	eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	Public Document
1. Agency Name				Date Stamp	California 802	
	Alameda County				Form OUL For Official Use Only	
	Division, Department, or Reg	ion (if applicable)				F of Onicial Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Heather Cartwright				Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				\$62.50
	Does the agency have a tick	ket policy? Yes	No 🗆 🛛 F	ace Value of	Each Ticket/Pass \$	φ02.50
	Event Description: Disney of	on Ice: Into the Magic	D	ate(s)	<u>, 22 , 202,</u>	·//
	Ticket(s)/Pass(es) provided	 Provide Title/ Explanation 	nation	no: Oaklan		
	nokel(s)rass(es) provided	by agency i rest			Name of Source	
	Was ticket distribution made	e at the behest Yes [🗌 No 🔳 🛛 İf	yes: Hauber	Official's Name (Last, First)	
	of agency official?	-			Unicial's Name (Last, First)	
	Use Section A to identify the agen A. Name of Agency, Depa	1	Number of Ticket(s)/ Passes	_	CONTRACT OF A DESCRIPTION OF A DESCRIPTI	rsuant to the agency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	following:
	Chan, Yolanda		4	Ceremonial Role Dother D If checking "Ceremonial Role" or "Other" describe below: To promote County resources available to County		escribe below:
					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 pu	rsuant to the agency's policy
				· ·		

4. Verification

Print

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 111.

A +8 (53)	 Heather D. Cartwright 	Supervisor's Assistant	7/1/114
Signature of Agency Head or Designee	Print Name	Title	(month,/day, year)
Comment:			

Clear

-	Agonov Name				Date Stamp	California 000
Т.	Agency Name					Form 802
	Alameda County Division, Department, or Region (if applicable)					For Official Use Only
		ion (ir applicable)				
	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				11/01/23
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				62.50
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$	01.00
	Event Description: Disney of	on Ice	D	ate(s) 10	, 22 , 23	/
	LVent Description.	Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [🗌 No 🔳 If	no: <u>Coliseu</u>	Name of Source	
			16	yes: Carson	, Keith	
	Was ticket distribution made	e at the behest Yes	No 🗌 🛛	yes	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
э.	Use Section A to identify the ager	cy's department or unit.	Use Section B to id	dentify an individu	ual. Use Section C to identify	y an outside organization.
			Number	1		
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pure	suant to the agency's policy
BOS D5				a County employee for his or her exemplary		
				service to t	he public or encourage	e staff development.
	R Name of Ind	ividual	Number		Identify one of the fe	pllowing:
	B. Name of Ind (Last, Fir		of Ticket(s)/ Passes			
					nonial Role 🔲 Other 🗌	
				If chec	king "Ceremonial Role" or "Other" des	scribe below:
				Corer	nonial Role 🔲 Other 🗌	Income
				king "Ceremonial Role" or "Other" des		
			Number			
	C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe th	ne public purpose made pur	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 requirements.

A	Amy Shrago	Chief of Staff	11/01/23
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

Print

A Public Document

С	eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	Public Document
1.	Agency Name			Date Stamp	California 802	
	Alameda County					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)]	
	Heather Cartwright	Heather Cartwright			Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number E-mail (510) 272-6691 heather.cartwright2		2@acgov.org			,,
					Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				\$212.50
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$	φ212.00
	Event Description:	cott	D	ate(s) <u>10</u>	, 31 , 202 <mark>2</mark>	//
	Ticket(s)/Pass(es) provided	Provide Title/ Explai		no: Oaklan	d Arena	
		-, -, -, -, -, -, -, -, -, -, -, -, -, -			Name of Source	×
	Was ticket distribution made at the behest Yes I No If yes: Haube			yes:	Official's Name (Last, First)	
	of agency official?					
	A. Name of Agency, Depa		of Ticket(s)/ Passes			rsuant to the agency's policy
	B. Name of Individual (Last, First) Hernandez, Jared		Number of Ticket(s)/ Passes		Identify one of the following:	
			4	lf cheo	nonial Role DOther Control Control Role Other Control Role" or "Other" de County resources a	
				Cerer	nonial Role Dother [king "Ceremonial Role" or "Other" d	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy

4. Verification

~

Print

I have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the distribution s	set forth abov	e, is in accordance
with the requirements				2/1

	Heather D. Cartwright	Supervisor's Assistant	1/1/2124
Signature of Agency Head or Designee	Print Name	Title	(month/day, year)
Comment:			

Clear

A Public Document

1. Agency Name				Date Stamp	California 000
-	Alameda County Division, Department, or Region (<i>if applicable</i>)				Form OUZ
					For Official Use Only
Board of Supervisors					
	Designated Agency Contact (Name, Title)				
Sergio Ardila				Amondmont (Must P	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				Tovide Explanation In Part 5.)
(510) 272-6693	sergio.ardila@acgo	v.org		Date of Original Filing:	(mo nth , day, year)
2. Function or Event Infor					212.50
Does the agency have a tic	100			Each Ticket/Pass \$	
Event Description:	Scott	D	ate(s)	, 31 , 23	/
	Frovide Titler Explain	ation	no: Oakland		
Ticket(s)/Pass(es) provided	by agency? Yes			Mama of Source	
Was ticket distribution made	e at the behest Ves I	J No III	yes: Tam, Le	ena	
of agency official?				Official's Name (Last, First)	
3. Recipients					e
 Use Section A to identify the age 	ncy's department or unit.		lentify an individu	ual, Use Section C to identi	fy an outside organization.
A. Name of Agency, Dep	partment or Unit	Number of Ticket(s)/ Passes	Describe th	le public purpose made pu	rsuant to the agency's policy
B. Name of Inc	dividual	Number of Ticket(s)/		Identify one of the	following:
(Last, First)		Passes			Å – – – – – – – – – – – – – – – – – – –
Smith, Kee Ana	Smith Kao Ana		Cerer If chec	nonial Role 🔲 Other 🐇	
Sinici, itee / ind		3	To encoura	age County of Alamed	a resident and busines
				nonial Role D Other [king "Ceremonial Role" or "Other" d	
C. Name of Outside ((include address an		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant 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. ~

s	Sergio Ardila	Supervisor's Assistant	01/17/24
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

Print

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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 11/01/23 Date of Original Filing: Amy.Shrago@acgov.org 510-272-6695 (month, day, year) 2. Function or Event Information 212.50 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 📕 No 🗋 Date(s) <u>10</u> / 31 Event Description: _____Travis Scott 23 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 M No Official's Name (Last, First) of agency official? **Recipients** 3. • 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 Identify one of the following: Name of Individual Β. of Ticket(s)/ (Last, First) Passes Income Ceremonial Role 🔲 Other If checking "Ceremonial Role" or "Other" describe below: 4 Music, Richard To promote attendance at a County sponsored event or 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

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	11/01/23
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			*
Prir	nt Clear	FPPC Toll-Free Helpline: 8	FPPC Form 802 (2/2016) 866/ASK-FPPC (866/275-3772)