A Public Document 1. Agency Name Date Stamp California County of Alameda Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nate Miley Area Code/Phone Number Amendment (Must Provide Explanation in Part 3.) E-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? Yes No D Face Value of Each Ticket/Pass \$ 125.00 Event Description: ______ Date(s) _12 2 2023 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Oakland Arena Yes 🔲 No 🔳 Name of Source If yes: Miley, Nate Was ticket distribution made at the behest Yes No 📰 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 Name of Agency, Department or Unit A, of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income 🔲 **ChiAurelia Spencer** 2 If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for service to the public Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe b

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

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.

02	Jasmine Howard	Supervisor's Assistant	10/25/2023	
Spinature of Agency Head or Designee	Print Name	Title	(month, dey, year)	
Prin	t Ciear		FPPC Form 802 (2/2016)	

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

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions				A Public Docume		
1.	Agency Name	•			Date Stamp	California 802
	County of Alameda					
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Board of Supervisors, Fourt	h District	3			
	Designated Agency Contact	(Name,Title)			1	
	Nate Miley				Amendment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				onde Explanation in Fan 3.7
	(510) 272-6694	Jasmine.Howard2@	@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				125
	Does the agency have a tick	ket policy? Yes	No 🗖 🛛 🖡	ace Value of	Each Ticket/Pass \$	125
	Event Description: Jhene A	iko	C	ate(s) <u>12</u>	<u>, 2 , 2023</u>	///////
		Provide Title/ Expla		no: Oakland	d Arena	
	Ticket(s)/Pass(es) provided	by agency? Yes	A1		Namo of Source	
	Was ticket distribution made	at the behest Yes	🗖 No 🔳 🛛 If	yes: <u>Miley, N</u>	late	
	of agency official?				Official's Name (Last, First)	
A. Name of Agency, Department or Unit		artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	Tiffany Moncrease		2	lf chec	nonial Role Other king "Ceremonial Role" or "Other" des County resources or f	-
					nonial Role D Other king "Ceremonial Role" or "Other" des	
				To promote	e County resources or	facilities available to Cou
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's		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. /

	Jasmine Howard	Supervisor's Assistant	11/30/2023
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:			

Print



-	Agency Name		433 DIST		Date Stamp	California 002
	Alameda County					Form 802
	Division, Department, or Regi	on (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Amy Shrago, Chief of Staff					rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				01/8/24
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	nation				125.00
	Does the agency have a tick	et policy? Yes	No 🗌 🛛 F	ace Value of	Each Ticket/Pass \$	
	Event Description:	iko		Date(s) 12		
		Provide Tiller Explai	nation			14
	Ticket(s)/Pass(es) provided	by agency? Yes [f no: <u>Coliseu</u>		
	Was ticket distribution made	at the behest. Ved		yes: Carson	, Keith	
	of agency official?	at the benest Tes			Official's Name (Last, First)	
_	or agonoy emolar.					
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit. •		dentify an individu	ual. Use Section C to identif	ly an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	BOS D5		4	To promote employee r	e, encourage, reward, norale,	or support general
) 			1		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the f	following:
					nonial Role D Other king "Ceremonial Role" or "Other" de	
	×				nonial Role 🗍 Other 🗌	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	rsuant to the agency's policy
	N					

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4. Verification

ł

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	01/08/24
Signature of Agency mad or Designee	Print Name	Title	(month, day, year)
Comment:			
Prir	t Clear	FPPC Toll-Free Helpline: 8	FPPC Form 802 (2/2016) 366/ASK-FPPC (866/275-3772)

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\sim	eremonial Role Lven	ts and nekebra		Jutionio		
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ For Official Use Only
	Division, Department, or Reg	ion (if applicable)				For Omcial 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				175
	Does the agency have a tic	ket policy? Yes			Each Ticket/Pass \$ _	
	Event Description: Anita Ba	aker	D	ate(s) 12	, 23 , 23	1 1
	Event Description.	Provide Title/ Explan	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes		no: Oaklan		
			If	yes: Tam, Le	ena	
	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 pu	ursuant to the agency's policy
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the	
					nonial Role D Other	
				1	moniał Role 🔲 Other oking "Ceremonial Role" or "Other"	
	C. Name of Outside C (include address an		Number of Ticket(s)/ Passes	Describe t	he public purpose made p	ursuant to the agency's policy
	City of Alameda		3	To encoura	age County of Alame	da resident and business s

4. Verification

I bave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. au () /2/

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

Clear

Print

Ceremonial Role Events a	nd Ticket/Pa	ss Dist	ributions	A	Public Document
1. Agency Name				Date Stamp	California Form 802
County of Alameda					
Division, Department, or Region (ii	fapplicable)				For Official Use Only
Board of Supervisors, Fourth Dis					
Designated Agency Contact (Name	1				
Nate Miley	Amondmont (Must 5	Provide Explanation in Part 3.)			
Area Code/Phone Number E-ma	ail				rovide Explanation in Part 3.)
(510) 272-6694 Jas	mine.Howard2@a	acgov.org		Date of Original Filing:	(month, day, year)
2. Function or Event Informati	on				475
Does the agency have a ticket po	olicy? Yes 🔳	No 🗌	Face Value of	Each Ticket/Pass \$	175
Event Description: Anita Baker			Date(s) 12	, 23 , 202	//
Ticket(s)/Pass(es) provided by ag	Provide Title/ Explanat	ion No 🔳	If no: Oakland	d Arena	
		19225		Name of Source	
	s ticket distribution made at the behest Yes 🔲 No 🔳 🛛 If yes: Miley, f			Official's Name (Last, First)	
of agency official?					
A. Name of Agency, Departmen	t or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the f	following:
				nonial Role D Other C	
Miley, Nate		4	If check	nonial Role DOther de	
C. Name of Outside Organiz (include address and descr		Number of Ticket(s)/ Passes		the second se	rsuant to the agency's policy
5					

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.

· Ja	asmine Howard	Supervisor's Assistant	11/7/2023
Signature of Agency Head on Designee	Print Name	Title	(month, day, year)
[90mment:			



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				Λ	
	Designated Agency Contact (Name, Title)				
	Amy Shrago, Chief of Staff				Amondment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				01/08/24
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				175.00
	Does the agency have a ticl	ket policy? Yes			Each Ticket/Pass \$	110.00
	Event Description: Anita Ba	ker		Date(s)	23 23	
		Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes		If no: <u>Coliseu</u>	Manual of Courses	
	Was ticket distribution made	at the behest. Voc.		If yes: Carson	, Keith	
	of agency official?	fat the benear fest			Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the ager A. Name of Agency, Depa B. Name of Indiate Fire	artment or Unit	Use Section B to Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	auant to the agency's policy
	(200, 1)		F 40000	Ceren	nonial Role 🔲 🛛 Other 📕	Income
	Carson, Keith		-4		king "Ceremonial Role" or "Other" des	cribe below;
				To evaluate	e the contribution of a f	acility or an event to the
					nonial Role Other king "Ceremonial Role" or "Other" des	
	C. Name of Outside O (Include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	0					

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	01/08/24
Signature of Agency Alead or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

Print

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