A Public Document

-					Date Stamp	California 000	
	Agency Name Alameda County Division, Department, or Region (if applicable)			Duto oramp	Form 802		
					For Official Use Only		
		on (n'appreable)			±		
	Board of Supervisors Designated Agency Contact (/	Name Title)					
	•	vanie, nuc)					
	Heather Cartwright	Email			Amendment (Must Pro	ovide Ex pl anation in Part 3.)	
	Area Code/Phone Number	E-mail	O		Date of Original Filing:		
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of original rining.	(montin, day, year)	
2.	Function or Event Inform	nation				0.00	
	Does the agency have a tick	et policy? Yes	No 🗖 F	ace Value of I	Each Ticket/Pass \$	\$50	
	Event Description: Harlem C			oto(a) 01	, 11 <u>,</u> 202 4		
	Event Description:	Provide Title/ Explan	ation			//	
	Ticket(s)/Pass(es) provided	by agency? Yes	No 📰 If	no: _Oakland	d Arena		
				yes: Hauber	Marine of Courses		
	Was ticket distribution made	at the behest Yes] No 🔳 🛙 If	yes:	Official's Name (Last, First)		
	of agency official?						
3.	Recipients						
э.	Use Section A to identify the agent	cv/s department or unit • l	lse Section B to ic	lentifv an individu	Jal. Use Section C to identify	an outside organization.	
			Number				
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy		
			1 43503				
				· · ·		· · · · ·	
			Number				
	B. Name of India (Last, First		of Ticket(s)/ Passes		Identify one of the fo	llowing:	
	(and) in		r 43853	Corom	nonial Role 🔲 Other 🛄	Income	
					king "Ceremonial Role" or "Other" desc	_	
					nonial Role Other Other	· · · · · · · · · · · · · · · · · · ·	
					nonial Role 🔲 Other 🛄 king "Ceremonial Role" or "Other" desi	cribe below:	
					-		
			Number				
	C. Name of Outside Or (include address and		of Ticket(s)/	Describe th	e public purpose made purs	uant to the agency's policy	
	(1101010-010-010-010-010-010-010-010-010		Passes			`	
	Off the Street Ministries-2	264 High St, Oaklar	4	To reward a	a school or non-profit o	rganization for its contri	
		<u>+</u>				±	
	Recovery/Sober Living Co	mmunity for men o					
		+					

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. Ilinita

'	Heather D. Cartwright	Supervisor's Assistant	118/114
Signature of Agency Head or Designee	Print Name	Title	/(month, dáy, year)
Comment:			

Clear

C	eremonial Role Even	ts and Ticket/Pa	ass Distr	ibutions		A Public Document
_	Agency Name Alameda County			Date Stamp	California Form 802	
	Division, Department, or Reg Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Heather Cartwright			Amendment (Mus	at Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail	<u> </u>		Date of Original Filin	71 *
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of original r line	(month, day, year)
2.	Function or Event Infor	mation				\$50
					Each Ticket/Pass \$	
	Provide Title/Explanation				<u>, 11 , 2024</u>	//
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🔳 🛛 I	f no: Oaklan	d Arena Name of Source	
		at the behavior		f yes: Hauber	t, David	
	Was ticket distribution made of agency official?	e at the benest Yes L] No 🔳	i yes	Official's Name (Last, Fir	st)
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 ide	ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	<pre>cket(s)/ Describe the public purpose made pursuant to the</pre>		pursuant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of t	ne following:
					nonial Role D Other king "Ceremonial Role" or "Other	
				1	nonial Role Dothe king "Ceremonial Role" or "Othe	
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe t	he public purpose made	pursuant to the agency's policy
	Off the Street Ministries-2	264 High St, Oaklar	4	To reward	a school or non-pro	fit organization for its contri
	Recovery/Sober Living C	ommunity for men o				

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 rebuildments 2/10

with the reduitements	Heather D. Cartwright	Supervisor's Assistant	3/1/124
Signature of Agency Head Designee	> Print Name	Title	(month, day, year)
Comment:			

Clear

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

FPPC Form 802 (2/2016)

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

	Breilionial Role Lyents and Ticker	433 DISt	Insulonio	/1	T done Doodine	
1.	Agency Name			Date Stamp	California 80	2
	Alameda County					
	Division, Department, or Region (if applicable)			<	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.or	g	Date of Original Filing:	(month, day, year)	
2.	Function or Event Information				\$50	
		No 🗌	Face Value of	Each Ticket/Pass \$		
	Event Description: Harlem Globetrotters		Date(s)	<u>, 12 , 2024</u>		
	Provide Thie/ Explan		If no: _Oaklan	d Arena		
	Ticket(s)/Pass(es) provided by agency? Yes	No 🔳		Al		
	Was ticket distribution made at the behest Yes [No 🔳	If yes: Hauber	t, David		
	of agency official?		-	Official's Name (Last, First)		
		_				
3.	Recipients					
	• Use Section A to identify the agency's department or unit.		o identify 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	ne public purpose made pur	rsuant to the agency's policy	У
	B. Name of Individual (Last, First)	Number of Ticket(s) Passes	1	Identify one of the	following:	
	Milan, Jessica	4		monial Role D Other C		e [
			To promote	e attendance at events	s held at a County facil	H
				nonial Role Other C king "Ceremonial Role" or "Other" de		e [
	C. Name of Outside Organization (include address and description)	Number of Ticket(s) Passes	/ Describe t	Describe the public purpose made pursuant 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

	Heather D. Cartwright	Supervisor's Assistant	118/114
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

ncy Report of

C	eremonial Role Events and Ticket	/Pass Distri	butions	Α	Public De	ocument
-	Agency Name Alameda County			Date Stamp	Californi Form	^a 802
	Division, Department, or Region (if applicable)				For Offici	al Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Heather Cartwright Area Code/Phone Number E-mail			Amendment (Must	Provide Explanation	in Part 3.)
	(510) 272-6691 heather.cartwrigh	ht2@acgov.org		Date of Original Filing:	(mon th , day, y	ear)
2.	Function or Event Information					\$50
	Does the agency have a ticket policy? Ye	s 🔳 No 🔲 🗜	ace Value of	Each Ticket/Pass \$ _		φ00
	Event Description: Harlem Globetrotters Provide Title/ Ex	nlanation		/ 12 / 202 <u>4</u>	/	
	Ticket(s)/Pass(es) provided by agency? Ye	es 🗋 No 🔳 If	no: Oaklan	d Arena		
		I.F	yes: <u>Hauber</u>	Name of Source t, David		
	Was ticket distribution made at the behest γ_e	es 🗌 No 🔳 🛛 It	yes:	Official's Name (Last, First,)	
	of agency official?			5 C		
	Use Section A to identify the agency's department or unit	Number of Ticket(s)/ Passes	1	e public purpose made pu	S	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	following:	
	Milan, Jessica	4		nonial Role Other Other king "Ceremonial Role" or "Other" of		Income
			To promote	e attendance at event	s held at a Co	unty facili
				nonial Role D Other king "Ceremonial Role" or "Other" of	describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pi	ursuant to the age	ency's policy
_		•				

4. Verification

I have read and understand FPPC Re	egulations 18944.1 and 189	42. I have verified that the distribu	tion set forth above, is in accordance
with the requirements.			2/12

1	Heather D. Cartwright	Supervisor's Assistant	7/1/124
Signature di Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

Print

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

1.	Agency Name				Date Stamp	California 002	
	Alameda County				Form OUZ		
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
	Board of Supervisors					1	
	Designated Agency Contact (Name, Title)			1		
	Sergio Ardila				Amendment (Must Pr	ovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	(510) 272-6693	sergio.ardila@acgc	ov.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				\$50.00	
	Does the agency have a tick		No 🛛 🛛 F	ace Value of	Each Ticket/Pass \$	φ50.00	
	Event Description: Harlem	Globetrotters		ate(s) 01	<u>, 12 , 2024</u>	1 1	
		Provide Title/ Explai	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes [no: Oakland	Name of Source		
	Was ticket distribution made	at the behest . Voo I		yes: Tam, Le	ena		
	of agency official?	e at the benest Yes [,	Official's Name (Last, First)		
_							
3.							
	Use Section A to identify the ager	cy's department or unit. •		dentify an individu T	ual. Use Section C to identify	y an outside organization.	
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Describe th Passes		he public purpose made pursuant to the agency's policy		
	R Name of Indi	ividual	Number		Identify one of the fe	ollowing	
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes		Identity one of the fi	bhowing.	
					nonial Role 🔲 🛛 Other 🗌		
	Frost, Paula		3		king "Ceremonial Role" or "Other" des		
				To promote	e County-run, sponsore	ed, or supported commu	
	·				nonial Role 🗌 Other 📓		
				If chec	king "Ceremonial Role" or "Other" des	scribe below:	
	C. Name of Outside O (include address and		Number of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy	
		racionpriony	Passes				
			E				
_							

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	02/13/24
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

Print

A Public Document

С	eremonial Role Even	its and Ticket/F	Pass Distr	ibutions	A	A Public D	ocument
1.	Agency Name				Date Stamp	Californ	^{ia} 802
	County of Alameda				Form	002	
	Division, Department, or Reg	i on (if applicable)			1	For Offic	ial Use Only
	Board of Supervisors, Fourt	h District					
	Designated Agency Contact	(Name, Title)			1		
	Nate Miley				Cl Amondmont (14.	Descripto Francisco de la contra	n in Derf (D)
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanatio	n in Part 3.)
	(510) 272-6694	Jasmine.Howard2(@acgov.org		Date of Original Filing	(month, day,	vear
2.	Function or Event Infor	 mation					
	Does the agency have a tic	ket policy? Yes	No 🗖 🖡	ace Value of	Each Ticket/Pass \$ _		50
	Event Description: Harlem	Provide Title/ Expla	anation	Date(s)	<u>, 12 , 2024</u>	/	_/
	Ticket(s)/Pass(es) provided		🔲 No 🔳 🛙	f no: _Oakland	d Arena		
					Name of Source		
	Was ticket distribution made	e at the behest Yes		f yes: Miley, N	Official's Name (Last, First)		
	of agency official?				Oniciai's Name (Last, Pirst,	1	
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	irsuant to the age	ency's policy
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	following:	
					nonial Role D Other (king "Ceremonial Role" or "Other" d		Income
					nonial Role Other Ceremonial Role" or "Other" d	-	Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the age	ency's policy
	Oakland Community Supp	ort Center	4	To reward a	a County employee fo	r his or her e	emplary 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

	Jasmine Howard	Supervisor's Assistant	1/11/2024
Schature of Agency flead or Designee	Print Name	Title	(month, day, year)
Comment:			

Print



California Date Stamp 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (if applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Amy Shrago, Chief of Staff Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number 02/01/24 Date of Original Filing: Amy.Shrago@acgov.org 510-272-6695 (month, day, year) 2. Function or Event Information 50.00 Face Value of Each Ticket/Pass \$__ Does the agency have a ticket policy? Yes 📕 No 🗌 Event Description: Harlem Globetrotters Date(s) _____ 12 / 24 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 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 To promote, encourage, reward, or support general BOS D5 4 employee morale, Number Name of Individual Identify one of the following: of Ticket(s)/ Β. (Last, First) Passes Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy 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 the requirements.

	Amy Shrago	Chief of Staff	02/01/24
Sygnature of Agency Hear or Designee	Print Name	Title	(month, day, year)
Comment:			



A Public Document

A Public Document California Date Stamp 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (if applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Amy Shrago, Chief of Staff Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number 03/01/24 Date of Original Filing: Amy.Shrago@acgov.org 510-272-6695 (month, day, year) 2. Function or Event Information 100.00 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🔳 No 🗖 Date(s) ____ / Event Description: WWE 24 12 Provide Title/ Explanation If no: _____Coliseum Authority Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 Name of Source Carson, Keith If ves: Was ticket distribution made at the behest Yes MINO 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 To promote, encourage, reward, or support general BOS D5 4 employee morale, 12 Number Name of Individual Identify one of the following: Β. of Ticket(s)/ (Last, First) Passes Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes

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	03/01/24
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear