Comment: _____

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 002	
	Division, Department, or Region (If Applicable)				For Official Use Only		
	Board of Supervisors			S			
	Designated Agency Contact (Name, Title)					
	Gabriela Christy						
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6692	Gabriela.Ch	risty@acgov.or	rg	Date of Original Filing:	(Month, Day, Year)	
2,	Function or Event Inform	nation				12057 Ch	
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌		f Each Ticket/Pass \$	1337.50	
	Event Description 90'5	Provide Title/Expl	1 Janation		4 2021	///	
		· · · · · · · · · · · · · · · · · · ·		If no: Alamed	da County		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛		Name of Sol		
	Was ticket distribution made a	t the behest	No 🗌 Yes 🛛	If yes: Marqu	iez, Elisa- Supervisor	District 2	
	of agency official?			•	Official's Name (L	ast, First)	
3.	Recipients						
	Use Section A to identify the agency	/'s department or	unit. • Use Sectio	on B to identify an individu	al. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es))/ Describe the public purpose made pursuant to the agency's policy			
			Number of		Identify one of the following:		
	B. Name of Individua (Last, First)		Ticket(s)/ Pass(es)				
	A substance of the second			To reward a	community	Income	
	Cantos, MARCUS		3	volunteer fo	r his or her servic	e	
	*						
				to the public		Income	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	٨						
4	Verification		<u></u>				
TI	I have read an understand FPPC Regu	lations 18944.1 and	d 18942. I have verifi	ied that the distribution set f	orth above, is in accordance wi	th the requirements	
			Gabriela Chr	isty	Supervisor's Assistant	1/18/2024	
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
Chandrage of Agenty Freed of Designed							

1. Agency Name					Date Stamp	California 802	
	Alameda County			Form 002 For Official Use Only			
	Division, Department, or Regi	ion (If Applicable) .			T of Official Osc Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Gabriela Christy				Amendment (Must pro	Vide explanation in Part 3)	
	Area Code/Phone Number	E-mail				neo oxplanalion in r an o.j	
	(510) 272-6692	Gabriela.Ch	risty@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	mation					
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗖		f Each Ticket/Pass \$		
		Provide Title/Expl	98 CMAND	Date(s) _2		//	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗋 No 🛛	If no: Alamed	Name of Sour		
	Was ticket distribution made a	at the behest	No 🗌 Yes 🔀	If yes: Marqu	uez, Elisa- Supervisor D	District 2	
	of agency official?				Official's Name (La	ast, First)	
3.	Recipients						
	Use Section A to identify the agency	y's department or		o identify an individu	al. • Use Section C to identif	iy an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy	
	B. Name of Individua	al	Number of				
	D. (Last, First)		Ticket(s)/ Pass(es)	– To reward	Identify one of the followin a community	ig:	
	Givitterez, Nico		4	volunteer to the pub	for his or her servi lic	ce	
				•	To reward a community volunteer for his or her service to the public		
	Franceto, Rujes		3	to the pul			
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Desense me pur	nic purpose made pursuant t	to the agency's policy		
4.	Verification	detions 19041 4 cm		at the distribution and		the requirements	
	r nave read ana unaerstana FPPC Regu		Gabriela Christy		Supervisor's Assistant	110 zoz4	
	ignature of Agency Head or Designed	3	Print Name		Tille	(Month, Day, Year)	
	Comment:						

С	eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	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)				
	Sergio Ardila				Amendment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			1	
	(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				\$100.00
	Does the agency have a tic	ket policy? Yes	🔳 No 🔲 🖡	ace Value of	Each Ticket/Pass \$	\$100.00
	Event Description: WWE- F	Road Tour to Wrestle	Mania	Date(s)	, 17 , 2024	
		Provide Title/ Expla	nation	Oaklan	d Arena	
	Ticket(s)/Pass(es) provided	by agency? Yes		f no: _Oaklan	Name of Source	
	Was ticket distribution made	e at the behest Yes		f yes: Tam, Lo	Name of Source Ena Official's Name (Last, First)	
	of agency official?	100			Official's Name (Last, First)	
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fo	bllowing:
	Mah, Barry		3	If chec	nonial Role Other Marking "Ceremonial Role" or "Other" des	cribe below:
				To encoura	ige County of Alameda	resident and business
					nonial Role D Other des	cribe below:
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	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

	Sergio Ardila	Supervisor's Assistant	02/23/24
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:	
----------	--



	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	Α	Public Document
1.	Agency Name Alameda County Division, Department, or Reg Board of Supervisors Designated Agency Contact (Date Stamp	California Form 802 For Official Use Only	
	Heather Cartwright				Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number (510) 272-6691	E-mail heather.cartwright2	@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform Does the agency have a tick Event Description: Disney of Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?	ket policy? Yes on Ice Provide Title/ Explan by agency? Yes [nation	Face Value of Date(s) If no:Oakland If yes: _Hauber	d Arena	\$62.50
3.	 Recipients Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit 		Use Section B to Number of Ticket(s)/ Passes			fy an outside organization. rsuant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the	
	Gardley. Kassendra		4	lf chec	nonial Role D Other L king "Ceremonial Role" or "Other" de e attendance at events	
					nonial Role DOther [king "Ceremonial Role" or "Other" da	
	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					

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.
Supervisor's Assistant

	Heather D. Cartwright	Supervisor's Assistant	1/1/474
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			



Agency Report of:

С	eremonial Role Ever	its and Ticket/P	Pass Distri	butions	*	A Public	Document
-	Agency Name				Date Stamp	Califo	
	Alameda County Board of Supervisors			·	For	^m 802	
	Division, Department, or Reg	jion (if applicable)			1	For C	Official Use Only
	President Nate Miley						
	Designated Agency Contact	(Name,Title)			1		
	Jasmine Howard, Administr	rative Assistant					
	Area Code/Phone Number	E-mail			Amendment (A	Aust Provide Explana	ation in Part 3.)
	510-670-5964	jasmine.howard2@	acgov.org		Date of Original Fil	ling:	
_						(month, da	ay, year)
2.	Function or Event Infor	mation					00.50
	Does the agency have a tic	ket policy? Yes	No 🗖 F	ace Value of	Each Ticket/Pass	\$	62.50
	Event Description: Disney (On Ice	D	2	2224	,	,
		Provide Title/ Expla	nation			/	/
	Ticket(s)/Pass(es) provided	by agency? Yes	📕 No 🔲 🛛 If	no:	Name of Source		
	Was ticket distribution made at the behest Yes D No F If yes:				Official's Name (Last, I	First)	
	of agency official?						
3.	Recipients • Use Section A to identify the agency's department or unit. • L A. Name of Agency, Department or Unit		Use Section B to ic Number of Ticket(s)/ Passes	19.175 1.276	ual. Use Section C to in e public purpose mad	CHEL MARKEN	
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of	the following:	
	Sister Ansar Muhammed		4	To promo	Ceremonial Role Other Inc If checking "Ceremonial Role" or "Other" describe below: promote County resources or facilities availab pounty of Alameda residents.		Income s available to
					nonial Role Oth king "Ceremonial Role" or "Oth	her 🔲 her" describe below:	Income 🔲
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose mad	e pursuant to the a	agency's policy
					2		

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	Administrative Assistant	3/25/2024	
Signature of Agency Head or Designee	Print Name	Tītle	(month, day, year)	
Comment:				
Prir	nt Clear	FPPC Toll-Free Helpline: 866/.	FPPC Form 802 (2/2016) ASK-FPPC (866/275-3772)	

С	eremonial Role Ever	ts and Ticket/P	ass Distri	butions	Α	Public Document
-	Agency Name			Date Stamp	California Form 802	
	Alameda County Board of Supervisors					
	Division, Department, or Rec	ion (if applicable)			1	For Official Use Only
	President Nate Miley					
	Designated Agency Contact	(Name, Title)			1	
	Jasmine Howard, Administi	ative Assistant				ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				ovide Explanation in Part 3.j
	510-670-5964	jasmine.howard2@	acgov.org		Date of Original Filing:	(morith, day, year)
2.	Function or Event Infor	mation				62.50
	Does the agency have a tic				Each Ticket/Pass \$	02.50
	Event Description:	On Ice	D	ate(s)	<u>, 23 , 24</u>	
	Ticket(s)/Pass(es) provided	Provide Title/ Expla		no:	Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes	Official's Name (Last, First)			
3.	Recipients • Use Section A to identify the age	ncy's department or unit.	Use Section B to id	lentify an individ	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe ti	he public purpose made purs	suant to the agency's policy
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:	
	(Last, Fi	51)	Passes			
	Jason Overman		4	To promo	monial Role Other C cking "Ceremonial Role" or "Other" des Die County resources of f Alameda residents.	Income C coribe below: Dr facilities available to
					monial Role D Other cking "Ceremonial Role" or "Other" des	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe ti	he 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 manifestation

Ja	smine Howard	Administrative Assistant	2/13/2024
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)



Clear

A Public Document

L C	eremonial Role Even	is and never	135 DISU	ibutions		T abrie Boodilleri
Ι.	Agency Name				Date Stamp	California 802
	Alameda County					Form OVZ
	Division, Department, or Regi	ion (if applicable)				For Omicial Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1	
	Amy Shrago, Chief of Staff				Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				03/01/24
	510-272-6695	Amy.Shrago@acgov	v.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 🗌	Face Value of	Each Ticket/Pass \$ _	
	Event Description: Disney of	on Ice		Date(s)	23/2 24	02 , 25 , 24
		FIGNUE THE Explane		If no: _Coliseu	m Authority	
	Ticket(s)/Pass(es) provided	by agency? Yes L			Ale use of Occurrent	α
	Was ticket distribution made	e at the behest Yes	No	If yes: <u>Carson</u>	, Keith Official's Name (Last, First	A
	of agency official?	100			Omciars Name (Last, First)
_						
3.	Recipients					
	Use Section A to identify the agen	icy's department or unit. ・し		identify an individe	ual. Use Section C to iden	tiry an outside organization.
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy	
	BOS D5		8	To promote employee r	e, encourage, reward norale,	, or support general
	B. Name of Indi (Last. Fir		Number of Ticket(s)/		Identify one of the	a following:
	[Lasi, Fir	50	Passes		nonial Role D Other	Income
	Thomson Stophopio		4	lf chec	king "Ceremonial Role" or "Other"	
	Thompson, Stephanie		-	To promote	e attendance at even	ts held at a County facili
			4		nonial Role Other king "Ceremonial Role" or "Other"	describe below:
	Petty, Anthony		4	1		ts held at a County facility
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne 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.

	Amy Shrago	Chief of Staff	03/01/24	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				
Prin	nt Clear	EDBO Toll Free Metalines	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 Continuation Sheet



Agency Name

Alameda County

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 of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Number of Ticket(s)/ Passes	Identify one of the following:
	Ceremonial Role Other Income Income Income Income
4	To promote attendance at events held at a County facility
	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
	Ceremonial Role Other I Income Income Income
	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	₩ ₁₃₁ ;
	A Number of Ticket(s)/ Passes 4 A Number of Ticket(s)/ Passes

Print

Clear

nency Report of

	eremonial Role Even	ts and Ticket/Pa	ass Dist	ributions	A	Public D	ocument
1.	Agency Name				Date Stamp	Californi	^a 802
	Alameda County					Form	002
	Division, Department, or Reg	ion (if applicable)				For Offic	al Use Only
	Board of Supervisors						
	Designated Agency Contact (Name Title)					
		realite, they					
	Heather Cartwright			Amendment (Must	Provide Explanation	n in Part 3.)	
	Area Code/Phone Number	~		Date of Original Filing:			
_	(510) 272-6691 heather.cartwright2@ac]	Date of Original Thing.	(month, day, y	rear)
2.	Function or Event Infor						\$62.50
	Does the agency have a tick	pes the agency have a ticket policy? Yes			Each Ticket/Pass \$ _		
	Event Description: Disney of	Provide Title/ Explan	ation	Date(s)		/	
	Ticket(s)/Pass(es) provided	ass(es) provided by agency? Yes 🗌 No 🔳 If no: 🛁			d Arena		
		.,			Name of Source		
	Was ticket distribution made	at the behest Yes] No 📰 If yes: Haubert,		Official's Name (Last, First)		
	of agency official?			Oniciars Name (Last, 1 hst			
	Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency, Department or Unit		Number of Ticket(s)/ Passes	[·] Describe th	e public purpose made pu	irsuant to the age	ency's policy
		B. Name of Individual (Last, First)			Identify one of the	following:	
					nonial Role D Other king "Ceremonial Role" or "Other" o		income
	÷				nonial Role D Other Other king "Ceremonial Role" or "Other" of		Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	irsuant to the age	ncy's policy
	Tri Valley Seek&Save-P.0	D. Box 701 Livermor	18	To reward a	a school or nonprofit	organization f	or its contrib
_	o support at-risk/low-income single mothers to						
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. 2/6

	Heather D. Cartwright	Supervisor's Assistant	9/1/224
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Prir	nt Clear	EPDC Toll Free Helpline: 866	FPPC Form 802 (2/2016)

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form UV For Official Use Only	
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Gabriela Christy						
	Area Code/Phone Number	E-mail			. Amendment (Must pro	ovide e xpl anation in Part 3.)	
	(510) 272-6692	Gabriela.Ch	risty@acgov.	org	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Infor	mation				(150	
	Does the agency have a ticke	t policy?	Yes 🛛 No 🛛	Face Value c	of Each Ticket/Pass \$	(12.50	
		Provide Title/Exp	lanation	Date(s) 2	,24,24	///	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: Alame	da County Name of Soul	rce	
	Was ticket distribution made a	at the behest	No 🗌 Yes 🛛	Marqu	uez, Elisa- Supervisor [District 2	
	of agency official?				Official's Name (La	ast, First)	
3.	Recipients	•					
	Use Section A to identify the agence	y's department or		tion B to identify an individ	ual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy	
	B. Name of Individua (Last, First)	ai	Number of Ticket(s)/		Identify one of the followir	ng:	
			Pass(es)		Other Dial Role" or "Other" describe below:	Income	
-				Ceremonial Role	Other	Income	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant t	to the agency's policy	
	carhapetelementary school	a chars	6	organization to	hool or nonprofit or its contributions to v		
	3 parents and kaders un		int and com	the communit	y		
4.	Verification	lations 18944.1 an	d 18942. I have ve	rified that the distribution set t	forth above, is in accordance with	the requirements.	
	Signatine of Agency Head or Designee		Gabriela Ch		Supervisor's Assistant Title	Montil, Day, Year	
	, ,			_		,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	
	Comment: thebets will be used to Rewer Finds						

С	eremonial Role Even	ts and Ticket/P	butions	A Public Docume			
1.	Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Reg	on (if applicable)			1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	Name, Title)					
	Sergio Ardila					Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				ionae Explanation in run o.,	
	(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				\$137.50	
	Does the agency have a tick	(et policy? Yes			Each Ticket/Pass \$	4107.00	
	Event Description: <u>90's Pop Tour</u> Date(s) <u>02</u>			Date(s)	/ 24 / 2024	//	
	Ticket(s)/Pass(es) provided			f no: _Oaklan	d Arena		
					Name of Source		
	Was ticket distribution made	at the behest Yes	🗆 No 🔳 📗	f yes:	Official's Name (Last, First)		
	of agency official?				Gineral & Manne (2000, 1 inst)		
_	Destutents						
3.		cu's department or unit	Lise Section R to i	dentify an individu	ual #Ise Section C to identit	fy an outside organization.	
	Use Section A to identify the agency's department or unit. Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit		Number of Ticket(s)/		scribe the public purpose made pursuant to the agency's polic		
	A. Name of Agency, Depa		Passes				
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	following:	
					nonial Role Dother C king "Ceremonial Role" or "Other" de		
					nonial Role D Other king "Ceremonial Role" or "Other" de		
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy	
	Unity Council		3	To reward	a school or nonprofit c	organization for its contrib	
	6 <u></u>						

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 -1.

2	∽ Sergio Ardila	Supervisor's Assistant	02/13/24
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Comment:

Print

Clear

California 1. Agency Name Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sergio Ardila Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** E-mail Date of Original Filing: (510) 272-6693 sergio.ardila@acgov.org (month, day, year) 2. Function or Event Information \$62.50 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🔳 No 🗌 Event Description: Disney on Ice 02 24 2024 Date(s) _ Provide Title/ Explanation Oakland Arena If no: Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 Name of Source Tam, Lena If yes: Was ticket distribution made at the behest Yes D No Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Α. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Other 📕 Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: 6 Hughes, Ryan To reward a community volunteer for service to the public Other Income 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4. Verification

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. lo li

<u> </u>	Sergio Ardila	Supervisor's Assistant	02/13/24
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

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

Print



A Public Document

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					
Designated Agency Contact	(Name, Title)				
Sergio Ardila			Provide Explanation in Part 3.)		
Area Code/Phone Number	E-mail				Toride Explanation in Fait 5.)
(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing:	(month, day, year)
2. Function or Event Infor	mation				\$62.50
Does the agency have a tic	ket policy? Yes			Each Ticket/Pass \$	φ02.00
Event Description: Disney of	on Ice	[Date(s)	242024	//
Ticket(s)/Pass(es) provided	Provide Tibe/ Explai	No 🔳 If	no: Oakland	d Arena	
nekel(3)/ ass(cs) provided	by agency: Test			Mama of Source	
Was ticket distribution made	e at the behest Yes [🗍 No 🔳 🛛 If	fyes: Tam, Le	Official's Name (Last, First)	
of agency official?				Ometars Nume (Edst, Filoy	
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
B. Name of Ind (Last, Fit		Number of Ticket(s)/ Passes		Identify one of the	following:
Clayton, Frank		6	If check	nonial Role D Other	
			To promote		ed, or supported commu
				nonial Role D Other [king "Ceremonial Role" or "Other" de	
C. Name of Outside C (include address and	Irganization d description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
N					

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
or gnature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear



	eremonial Role Even	is and lickely	ass Dist	Indutions	A	Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County Board of S	Supervisors				Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	President Nate Miley					
	Designated Agency Contact	(Name, Title)			1	
	Jasmine Howard, Administra	ative Assistant				ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				ovide Explanation in Part 3.)
	510-670-5964	jasmine.howard2@	@acgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				62.50
	Does the agency have a ticl	ket policy? Yes	No 🗌	Face Value of	Each Ticket/Pass \$	62.50
	Event Description: Disney C	On Ice		Date(s) 2	, 24 , 24	2 , 25 , 24
		Provide Title/ Expla	anation	(0)		
	Ticket(s)/Pass(es) provided	by agency? Yes	📕 No 🗌	lf no:	Name of Source	
	Was tisket distribution made	of the behast of		If yes:	Name of Source	
	Was ticket distribution made of agency official?	at the benest Yes	LI No 🛄	n yes	Official's Name (Last, First)	
3.	• Use Section A to identify the agen • Use Section A to identify the agen A. Name of Agency, Depa	G. 2	Number of Ticket(s) Passes		ual. Use Section C to identify	and the state of the state
	B. Name of Indi (Last, Fin		Number of Ticket(s) Passes	<i>i</i>	Identify one of the fo	llowing:
	Ignancio De La Fuente		8	To promo	nonial Role Other Other king "Ceremonial Role" or "Other" desc te County resources of Alameda residents.	Income
					nonial Role 🔲 Other 🗋	
	C. Name of Outside O (include address and		Number of Ticket(s) Passes	/ Describe th	e public purpose made purs	uant to the agency's policy

4. Verification

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

1 1	Jasmine Howard	Administrative Assistant	3/25/2024
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			



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Agency Report of: Coromonial Role Events and Ticket/Pass

Ceremonial Role Event	s and Ticket/Pa	ass Distri	butions		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	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
Heather Cartwright	Heather Cartwright				t Provide Explanation in Part 3.)
Area Code/Phone Number	É-mail				
(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing	g:(month, day, year)
2. Function or Event Inform	nation				\$62.50
Does the agency have a tick				Each Ticket/Pass \$	
Event Description:	n Ice	[Date(s)	, 25 , 2024	/
Ticket(s)/Pass(es) provided	Provide Title/ Explan		f no: _Oakland	d Arena	
Tickel(s)/Pass(es) provided	by agency i tes L			Name of Source	
Was ticket distribution made	at the behest Yes		f yes: <u>Hauber</u>	Cfficial's Name (Last, First	n41
of agency official?	_			Unicial's Name (Last, Fils	54/
3. Recipients • Use Section A to identify the agen A. Name of Agency, Depa		Use Section B to i Number of Ticket(s)/ Passes	T		ntify an outside organization. oursuant to the agency's policy
	11	Number			
B. Name of Individual (Last, First) Jami, Baktash		of Ticket(s)/ Passes		Identify one of th	e following:
		4	Ceremonial Role Other I If checking "Ceremonial Role" or "Other" desc To promote attendance at events		" describe below:
			Cerer	nonial Role O Other king "Ceremonial Role" or "Other	
C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made j	pursuant to the agency's policy
A 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	7/1/ 424
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

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



Agency Report of:

v v i					
· · · · · · · · · · · · · · · · · · ·	In the second second	The second second		T: alcos/Deese	Distributions
Caromonial		EVONTS 3	ana	I CKOT/Page	I JISTODUIOUS
Gerenional	NUIC	LVCIILO	anu	10001 433	DIGUINALIONO

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) Heather Cartwright Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: heather.cartwright2@acgov.org (510) 272-6691 (month, day, year) 2. Function or Event Information \$62.50 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗌 Event Description: Disney on Ice: Frozen and Encanto Date(s) ____ 25 2024 Provide Title/ Explanation If no: _Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source If yes: Haubert, David Was ticket distribution made at the behest Yes Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Name of Individual Identify one of the following: Β. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 8 De La Fuente, Ignacio To promote County resources available to County of Alag Ceremonial Role 🔲 Other Income 🔲 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

Verification 4

have read and/understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requiremente 011.

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



V

1. Agency Name			Date Stamp	California 802	
Alameda County				Form UUZ	
Division, Department, or Region (If Applical		For Official Use Only			
Board of Supervisors					
Designated Agency Contact (Name, Title)					
Gabriela Christy	Gabriela Christy				
Area Code/Phone Number E-mail			ovide explanation in Part 3.)		
(510) 272-6692 Gabriela.C	hristy@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 🗌		of Each Ticket/Pass \$	yarsu	
Event Description	kplanation	Date(s)	25,2024		
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛		If no: Alameda County Name of Source		
Was ticket distribution made at the behest of agency official?	No 🔲 Yes 🛛	If yes: Marqu	uez, Elisa- Supervisor Official's Name (L	District 2 ast, First)	
3. Recipients		_			
Use Section A to identify the agency's department	or unit. • Use Section	n B to identify an individ	ual. • Use Section C to ident	ify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	blic 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 followi	ng:	
		Ceremonial Role If checking "Ceremon	Other D	Income	
		Ceremonial Role If checking "Ceremor	Other D	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		plic purpose made pursuant	to the agency's policy	
Newarkapolary	V	organization for	nool or nonprofit r its contributions to		
nonprofit dudicated to helping the town most needy attacens	LS	the community			
4. Verification I ave ad and understand FPPC Regulations 18944.1 a	and 18942. I have verifi	ed that the distribution set	forth above, is in accordance wi	th the requirements.	
	Gabriela Chri	isty	Supervisor's Assistant	1/12/2024	
Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)	
Comment:					

A Public Document

	eremonial Role Lven	to and mercer e	133 0130	Induiona		ATUDITO	Document
١.	Agency Name				Date Stamp	Califo	
	Alameda County		Foi				
	Division, Department, or Region (if applicable)					For	Official Use Only
	Board of Supervisors						
	Designated Agency Contact						
	Sergio Ardila				Amendment (M	ust Provide Explai	nation in Part 3.)
	Area Code/Phone Number	E-mail					
	(510) 272-6693	sergio.ardila@acgov	v.org		Date of Original Fili	ng:(month, o	lay, year)
2.	Function or Event Infor	mation					\$62.50
	Does the agency have a ticket policy? Yes 🔳 No 🔲 Face Value of				Each Ticket/Pass \$	\$	
	Event Description: Disney of	on Ice		Date(s)	<u>, 25 , 202</u>		/
		Provide Title/ Explana		If no: _Oakland	d Arena		
	Ticket(s)/Pass(es) provided	by agency? Yes L] No 🔳		Name of Source		
	Was ticket distribution made	at the behest Yes	1 No	If yes:	ena		
	of agency official?				Official's Name (Last, F	-irst)	
_							
3.	• Use Section A to identify the ager		les Castion P te	a idaatify an individu	al the Section C to in	lentify an outside	organization
	• Use Section A to identify the ager	icy's department or unit.	Number				organization.
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/	Describe th	e public purpose made	e pursuant to the	agency's policy
			Passes				
	B Name of Ind	ividual	Number		Identify one of	the following:	
	B. Name of Ind (Last, Fit		of Ticket(s) Passes		Identity one of	the following.	
						ier 🔲	Income
				If check	king "Ceremonial Role" or "Oth	ner" describe below:	
		11			nonial Role 🔲 Oth		Income
					king "Ceremonial Role" or "Oth		
			Number				
	C. Name of Outside C (include address and		of Ticket(s). Passes	/ Describe th	ne public purpose made	e pursuant to the	agency's policy
	Lakeshore LGBTQ Cultur	al District	6	To obtain o	oversight of facilitie	s or events th	hat have receive

4. Verification

I have read and understand FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance (with the requirement) 2 . 1.4

Sergio Ardila		Supervisor's Assistant	02/13/24	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				
	_			

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