Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions 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: (510) 272-6691 heather.cartwright2@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Christian Nodal Date(s) ____/_ Provide Title/ Explanation If no: Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes No Name of Source Haubert, David Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Ramirez, Ledy	4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at events held at a County facility
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
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
/erification		

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

Print

Signature of Agency Head or Designee

with the requirements.

Comment:

Clear

Print Name

Heather D. Cartwright

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

Supervisor's Assistant

Title

Ι.	Agency Name				Date Stamp	California 802
	Alameda County					Form GGT
	Division, Department, or Reg	on (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Sergio Ardila				Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			- Amonamone (mass)	review Explanation in Face 6.9
	(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				1000
	Does the agency have a tick	ket policy? Yes	■ No□ Fa	ace Value of	Each Ticket/Pass \$	150
	Event Description: Christian	n Nodal	D	ate(s) 10	01 , 23	1 1
	Event Description,	Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🔳 If	no: Oaklan	d Arena	
			ıs	yes: Tam, Lo	Name of Source ena	
	Was ticket distribution made	e at the behest Yes	□ No 📰 II	yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
•	 Use Section A to identify the ager 	cy's department or unit.	Use Section B to ic	lentify an individ	ual. Use Section C to identi	fy an outside organization.
			Number	Danasiha M	es muhita murnana mada nu	reught to the agency's policy
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/ Passes	Describe tr	ne public purpose made pui	rsuant to the agency's policy
	m No. of led	t. (d)	Number		laloutific and of the	following.
	B. Name of Ind (Last, Fit		of Ticket(s)/ Passes		Identify one of the	iollowing:
				Cerer	monial Role Other	Income
				If chec	cking "Ceremonial Role" or "Other" do	escribe below:
				Cere	monial Role 🔲 Other	Income _
			ľ	if ched	cking "Ceremonial Role" or "Other" d	
	Name of Outside O	rmanization	Number	Danasiba Al	he muhlio nurrago mado nu	rsuant to the agency's policy
	C. (include address and		of Ticket(s)/ Passes	Describe	ne public purpose made pu	
				T	and County of Alamad	a rasidanta and business
	UNITY COUNCIL		3	To encoura	age County of Alamed	a residents and business
4	Verification					,
τ.	I have read and understand FF	PPC Regulations 1894	4.1 and 18942.	l have verified	that the distribution set	forth above, is in accordance
	with the requirements					T
		Sergio Ardila	3	Sup	ervisor's Assistant	01/17/24
	Signature of Agency Head or Desig	•	Print Name		Title	(month, day, year)
	Comment:					

Agency Report of:

Ceremonial Role	Events and Ticket	/Pass Distri	butions		A Public Document	
1. Agency Name		Date Stamp	California 802			
Alameda County			TOTAL COL			
Division, Department,	or Region (if applicable)		For Official Use Only			
Board of Supervisors	3					
Designated Agency C	ontact (Name, Title)					
Heather Cartwright				Amendment (M.	ust Provide Explanation in Part 3.)	
Area Code/Phone Nun						
(510) 272-6691	heather.cartwrig	ht2@acgov.org		Date of Original Fili	ng:(month, day, year)	
2. Function or Event	Information				Ф000	
Does the agency hav	ve a ticket policy? Ye	es No DF	ace Value of	Each Ticket/Pass \$	\$\$	
Event Description: R	tomeo Santos		ate(s)10	7 , 2022		
	Provide Intie/ E	cplanation				
Ticket(s)/Pass(es) pr	ovided by agency? Ye	_	no: Oakland	A1		
Was ticket distributio	n made at the behest γε	es □ No 🔚 lf	yes: Hauber	t, David		
of agency official?		S I NO		Official's Name (Last, F	irst)	
3. Recipients						
	the agency's department or unit	. • Use Section B to i	dentify an individu	ual. Use Section C to id	lentify an outside organization.	
		Number				
A. Name of Agency, Department or Unit		of Ticket(s)/ Passes			he public purpose made pursuant to the agency's policy	
B. Nan	ne of Individual	Number of Ticket(s)/		Identify one of	the following:	
	(Last, First)	Passes		- mial Bala D	er Income	
Stopka, Rylie		2		nonial Role 🔲 Oth king "Ceremonial Role" or "Oth	_	
			To encoura	ige County of Alan	neda resident support for a	
,			Ceren		er Income	
	C. Name of Outside Organization (include address and description)		Describe th	the public purpose made pursuant to the agency's policy		
K						
4. Verification						
I have read and unders with the requirements.	tand FPPC Regulations 18	944.1 and 18942.	I have verified	that the distribution :	set forth above, is in accordance	
7	→ Heather □	. Cartwright	Sune	ervisor's Assistant	3/1/100	
Signature of Agency Head		Print Name		Title	(month, day, year)	
Comment:						

Print

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	ibutions	AP	Public Document
_	Agency Name Alameda County Division, Department, or Region (if applicable)				Date Stamp	California 802 For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sergio Ardila Area Code/Phone Number	E-mail			Amendment (Must Prov	ride Explanation in Part 3.)
	(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			2	-N=
	Does the agency have a tic		■ No 🗆 F	ace Value of	Each Ticket/Pass \$ _2	
	Event Description: Romeo	Santos		Date(s)	, 07 , 23	
	Ticket(s)/Pass(es) provided	nation No 🔳 I	f no: Oakland	d Arena		
	Was ticket distribution made of agency official?	□ No ■ ¹	f yes: Tam, Le	Name of Source ena Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the age	ncy's department or unit.	Use Section B to i	identify an individu	ual. Use Section C to identify a	an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursu	ant to the agency's policy
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
	:0				monial Role Other Other Making "Ceremonial Role" or "Other" descri	Income In
	1.				monial Role Other Cother Making "Ceremonial Role" or "Other" descri	Income Income
	C. Name of Outside C	Number of Ticket(s)/ Passes Describe to		the public purpose made pursuant to the agency's policy		
	UNITY COUNCIL		3	To encoura	age County of Alameda	residents and business
4.	Verification I have read and understand FI with the requirements.	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set for	th above, is in accordance
		Sergio Ardila	a	Sup	ervisor's Assistant	01/17/24
	Signature of Agency Head or Desig	nee	Print Name		Title	(month, day, year)
	Comment:					

	Agency Name				Date Stamp	California 802	
	Alameda County	•				1 01111	
	Division, Department, or Regi	ion (if applicable)				For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Sergio Ardila				D Amondment (Most D	Travida State of the State of t	
	Area Code/Phone Number	E-mail			Amendment (Must Pi	rovide Explanation in Part 3.)	
	510-272-6693	sergio.ardila@acgo	v.org		Date of Original Filing:	(mo nth , day, year)	
2.	Function or Event Infor	mation				12.50	
	Does the agency have a tick	ret policy? Yes	No F	ace Value of	Each Ticket/Pass \$ 1	12	
	_ JOJI			to(s) 10 .	, 09 , 202 3	=	
	Event Description: JOJI	Provide Title/ Explai	nation				
	Ticket(s)/Pass(es) provided		□ No 🔳 If	no: Oaklan	d Arena		
			= 16	yes: Tam, Le	Name of Source ena		
	Was ticket distribution made	e at the behest Yes [□ No ■ "	yes.	Official's Name (Last, First)		
	of agency official?						
3.	Recipients						
	Use Section A to identify the agen	ncy's department or unit. •	Use Section B to ic	dentify an individ	ual. Use Section C to identif	fy an outside organization.	
٠	- 11 - 11 - 1	4 11*	Number				
	A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe ti	ne public purpose made pursuant to the agency's policy		
	R Name of Indi	ividual	Number of Tinket(s)/		Identify one of the f	followina:	
	B. Name of Indi		of Ticket(s)/ Passes				
					monial Role Other		
	Lin, Amber		18	1	cking "Ceremonial Role" or "Other" de		
				To encoura	age County of Alamed	a resident and business	
					monial Role Other		
				If chec	cking "Ceremonial Role" or "Other" de	escribe below:	
	C. Name of Outside O		Number of Ticket(s)/	Describe to	ribe the public purpose made pursuant to the agency's policy		
	(include address and	d description)	Passes				
			1				
4.	Verification						
	I have read and understand FF	PPC Regulations 1894	4.1 and 18942.	I have verified	I that the distribution set t	forth above, is in accordance	
	with the requirement					01/12/01	
		Sergio Ardila		Sup	ervisor's Assistant	01/11/24	
	Signature of Agency Head or Design	nee	Print Name		Title	(month, day, year)	
	Comment:						
	o c.miiona						

erer	monial Role Even	ts and Ticket/P	ass Distri	butions		A Public Doo	cument
Age	ency Name				Date Stamp	California	202
	meda County					Form	UUL
Divis	sion, Department, or Reg	ion (if applicable)				For Official t	Jse Only
Boa	ard of Supervisors						
Desi	ignated Agency Contact	(Name, Title)					
Ser	gio Ardila				Amendment (Mus	t Provide Explanation in	Part 3.)
Area	Code/Phone Number	E-mail				,	,
(510	0) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing	g:(month, day, year	r)
Fur	nction or Event Infor	mation			-	4.	10 75
Doe	s the agency have a ticl	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$.		18.75
Eve	nt Description: Maneski	in	D	ate(s) 10	13 , 23	, ,	
		Provide Title/ Expla	nation				
Tick	et(s)/Pass(es) provided	by agency? Yes	_	no: Oaklan	Name of Source		
10/	- tialent diatuikutian maade	and the helpest act	□ = If	yes: Tam, L	ena		
	s ticket distribution made agency official?	e at the benest Yes	∐ No ■ "	y co	Official's Name (Last, Firs	st)	
OI a	agency official:						
A.	Se Section A to identify the ager Name of Agency, Dep		Number of Ticket(s)/ Passes		ne public purpose made p		
— В.	Name of Ind		Number of Ticket(s)/		Identify one of th	ne following:	
-	(Last, Fii	SU	Passes	0	nonial Role		Income [
M	laffia, Antonio		3		cking "Ceremonial Role" or "Other		income <u>1</u>
= 141	ania, Antonio			To encoura	age County of Alame	eda resident and I	busines
15				Cerer	monial Role Other cking "Ceremonial Role" or "Other	· 🗆	Income
с. —	Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe ti	he public purpose made լ	pursuant to the agenc	y's policy
	÷			II			
0							

Sergio Ardila
Signature of Agency Head or Designee
Print Name
Supervisor's Assistant
Title

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

61/17/24.

Comment: __

(with the requirements)

4. Verification

. Agency Name			Date Stamp	California 802
Alameda County				Form OUZ For Official Use Only
Division, Department, or Region (if applicable)				1 Of Official Ose Offig
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Heather Cartwright			Amendment (Must Pr	ovide 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				400.00
Does the agency have a ticket policy? Yes	■ No ☐ Fa	ace Value of	Each Ticket/Pass \$	\$62.50
Event Description: Disney on Ice		ate(s) 10	, 19 , 202 1	1 1
Provide Title/ Explan	nation			
Ticket(s)/Pass(es) provided by agency? Yes [□ No 🔳 If	no: Oaklan	d Arena Name of Source	
NAZ - 15 d. of 15 della Common de made de la la la colonida de la colonida del colonida de la colonida de la colonida del colonida de la colonida del colon	If	ves. Hauber	t, David Official's Name (Last, First)	
Was ticket distribution made at the behest Yes [」 No ■ "	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 id	lentify an individu	ual. Use Section C to identify	an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	1 20000			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		identify one of the fo	ollowing:
			nonial Role Other	
Mourning, Marquetis	4	l	king "Ceremonial Role" or "Other" des	
		To encoura	age County of Alameda	resident and busines
			monial Role Other O	
		If chec	king "Ceremonial Role" or "Other" de:	scribe below:
Name of Outside Organization	Number of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy
(include address and description)	Passes			
X				
4. Verification			46 -4 46	auth about to in accountance
have read and understand FPPC Regulations 18944 with the regular ments.	i.1 and 18942. I	nave verified	urat trie distribution set to	orum above, is in accordance
/			-	11/10/10
Hoother D. C.	artwright	Sun	envisor's Assistant	10/14/11/1
Heather D. C		Sup	ervisor's Assistant	(month day year)
	rint Name	Sup-	ervisor's Assistant	(month, day, year)

. Agency Name			Date Stamp	California 802
Alameda County				Form OUZ
Division, Department, or Region (if applied	:able)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Heather Cartwright			Amendment (Must Pro	ovide Explanation in Part 3.)
Area Code/Phone Number E-mail			Date of Original Filing: _	
(510) 272-6691 heather.	cartwright2@acgov.c	org	Date of Original Filling.	(month, day, year)
2. Function or Event Information				#00.50
Does the agency have a ticket policy?	Yes ■ No □	Face Value of	Each Ticket/Pass \$	\$62.50
Event Description: Disney on Ice		Date(s) 10	, 19 , 2022	/ /
Prov	ide Title/ Explanation			
Ticket(s)/Pass(es) provided by agenc	y? Yes 🗌 No 🔳		Name of Source	
Was ticket distribution made at the be	hest Vos 🗆 No 🔳	If yes: Hauber	t, David Official's Name (Last, First)	
of agency official?	Hoor Yes No	,	Official's Name (Last, First)	
B. Recipients				
Use Section A to identify the agency's department			ual. Use Section C to identify	/ an outside organization.
A. Name of Agency, Department or U		(s)/ Describe ti	ne public purpose made purs	suant to the agency's policy
-	Passes	3		
B. Name of Individual (Last, First)	Number of Ticket(Passes	(s)/	Identify one of the fo	ollowing:
			monial Role Other	
Mourning, Marquetis	4		cking "Ceremonial Role" or "Other" des	
		To encoura		resident and busines
			monial Role Other Coking "Ceremonial Role" or "Other" des	_
		ii Criec	Ching Ceremonia Note of Other des	ICING BOIGH.
	Numbe	ir.		
C. Name of Outside Organization (include address and description	of Ticket/	(s)/ Describe ti	he public purpose made pur	suant to the agency's policy
	1 43303	-		
. Verification				
I/have read and/understand FPPC Regula	ations 18944.1 and 189	942. I have verified	that the distribution set fo	orth above, is in accordance
/with/the requirements.				dista.
	eather D. Cartwright	Sup	ervisor's Assistant	1/8/W
Signature of Agency Head of Signature	Print Name		Title	/ (month/ day, year)
Comment				
Comment:				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 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) Sergio Ardila Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: sergio.ardila@acgov.org (510) 272-6693 (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 presents Into The Mag Date(s) ____/ Provide Title/ Explanation If no: Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 Name of Source If yes: Tam, Lena Was ticket distribution made at the behest Yes No III Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual B. of Ticket(s)/ (Last, First) Passes Other 🔲 Income Ceremonial Role 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** To encourage County of Alameda resident and business: 3 Friends of the Alameda Animal Shelter 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.

Comment:

Signature of Agency Head or Designee

Sergio Ardila

Print Name

Print Clear FPPC Form 802 (2/2016)

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

Supervisor's Assistant

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** 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 Date(s). Provide Title/ Explanation If no: Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source Haubert, David Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 4 Gardley, Kassendra To promote attendance at events held at a County facility 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 requiremente

Print

Signature of Agency Head or Designee

Comment:

Clear

Print Name

Heather D. Cartwright

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

Supervisor's Assistant

Title

All Form All Stamp California All Form All Stamp California All Form All	_	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Alameda County Division, Department, or Region (if applicable) Board of Supervisors Besignated Agency Contact (Name, Title)	1.	Agency Name				Date Stamp		
Board of Supervisors Designated Agency Contact (Name, Title) Healther Cartwright Area Code/Phone Number E-mail heather.cartwright2@acgov.org Date of Original Filling: (month, day, year)		Alameda County					i ellii oo—	
Designated Agency Contact (Name, Title) Healther Cartwright Harac Code/Prince Number (510) 272-6691		Division, Department, or Reg	ion (if applicable)			For Official Use Only		
Designated Agency Contact (Name, Title) Healther Cartwright Healther Cartwright Area Codal/Phone Number (510) 272-6691 Date of Original Filling:		Board of Supervisors						
Area Code/Phone Number (510) 272-6691 heather.cartwright2@acgov.org Date of Original Filing:			(Name, Title)					
Area Codal/Phone Number (510) 272-6691 healther.cartwright2@acgov.org Date of Original Filing:		Heather Cartwright				_		
Date of Original Filing:			TE-mail			Amendment (Must Pr	rovide Explanation in Part 3.)	
2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$62.50 Event Description: Disney on loe Event Description: Disney on loe Event Description: Disney on loe Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Arena Was ticket distribution made at the behest Yes No If no: Oakland Arena Was ticket distribution made at the behest Yes No If no: Oakland Arena Was ticket distribution made at the behest Yes No If no: Oakland Arena Was ticket distribution made at the behest Yes No If no: Oakland Arena Was ticket distribution made at the behest Yes No If no: Oakland Arena Was ticket distribution made at the behest Yes No If no: Oakland Arena Was ticket distribution made at the behest Yes No If no: Oakland Arena Was ticket distribution made at the behest Yes No If no: Oakland Arena Was ticket distribution made at the behest Yes No If no: Oakland Arena Was ticket distribution the agency's department or unit. *Use Section 8 to Identify an individual.* Use Section 8 to Identify an outside organization. Number of Ticket(s) Passes Ceremonial Role Other If no Income Income Income Income Income Income Income Income Income Information Income				@acdov.ord		Date of Original Filing: _		
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$\$ \$62.50 Event Description: Disney on Ice Provide Titled Explanation Ticket(s)/Pass(es) provided by agency? Yes No Face Value of Each Ticket(Pass \$\$ Date(s) 10 _ 20 _ 2022		(010) 212 0001	Trodutor tour tiving the	- Gaogo violg			(month, day, year)	
Event Description Disney on Ice Provide Titlev Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Area Name of Source Haubert, David Official's Name (Last, First)	2.	Function or Event Infor	mation				A00.50	
Event Description: Disney on Ice		Does the agency have a tick	ket policy? Yes I	■ No□ F	ace Value of	Each Ticket/Pass \$	\$62.50	
Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Arena Name of Source Was ticket distribution made at the behest Yes No If no: Oakland Arena Name of Source Haubert, David Official's Name (Last, First) 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. A. Name of Agency, Department or Unit Number of Ticket(s)/ Passes		Disney o			10	, 20 , 2023		
Was ticket distribution made at the behest Yes		Event Description:	Provide Title/ Explai	nation				
Was ticket distribution made at the behest Yes		Ticket(s)/Pass(es) provided	by agency? Yes	□ No 📰 If	no: Oakland	d Arena		
of agency official? 3. Recipients - Use Section B to identify an individual. Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Passes						Name of Source		
3. Recipients *Use Section A to Identify the agency's department or unit. *Use Section B to Identify an Individual. A. Name of Agency, Department or Unit B. Name of Individual (Last, First) Ceremonial Role Other Income		Was ticket distribution made	e at the behest Yes	□ No 📗 lf	yes:	Official's Name (Last. First)		
Use Section A to identify the agency's department or unit. **Use Section B to identify an individual. A. Name of Agency, Department or Unit		of agency official?				(220, 7 110)		
Secretion A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.	_	Phys. Letter 4						
A. Name of Agency, Department or Unit Number of Ticket(s)/ Passes	3.				1 + + C	Han Continui C to identif	unn outsiele energiestien	
A. Name of Agency, Department or Unit of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy		Use Section A to identify the agent	ncy's department or unit. •		entiry an individu	ual. Use Section C to Identify	y an outside organization.	
B. Name of Individual (Last, First) Gardley, Kassendra 4 Ceremonial Role Other Income Inco		A. Name of Agency, Department or Unit		of Ticket(s)/	Describe the public purpose made pursuant to the agency		suant to the agency's policy	
B. Name of Individual (Last, First)		-						
B. Name of Individual (Last, First)								
B. Name of Individual (Last, First) Gardley, Kassendra 4 Ceremonial Role Other Income Inco								
B. Name of Individual (Last, First)								
Gardley, Kassendra 4 Ceremonial Role Other Income for the checking "Ceremonial Role" or "Other describe below: To promote attendance at events held at a County facility Ceremonial Role Other Income for the checking "Ceremonial Role" or "Other describe below: 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 passes 1. Verification I have read and understand EPPC 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 Signature of Agency Head or Besignee Print Name Title Income Income Other Other Describe below: Income Inco				Number				
Gardley, Kassendra 4 Ceremonial Role Other Income		D.				Identify one of the f	ollowing:	
Gardley, Kassendra 4					Ceren	nonial Role Other	Income	
To promote attendance at events held at a County facility Ceremonial Role Other Income I		Gardlev, Kassendra		4				
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 Passes Number of Ticket(s): Passes Describe the public purpose made pursuant to the agency's policy Passes Number of Ticket(s): Passes Describe the public purpose made pursuant to the agency's policy Passes Number of Ticket(s): Passes Describe the public purpose made pursuant to the agency's policy Passes Number of Ticket(s): Passes Describe the public purpose made pursuant to the agency's policy Passes Number of Ticket(s): Passes Describe the public purpose made pursuant to the agency's policy Passes Number of Ticket(s): Passes Describe the public purpose made pursuant to the agency's policy Passes Number of Ticket(s): Passes Number of Ticket(s): Passes Describe the public purpose made pursuant to the agency's policy Passes Number of Ticket(s): Passes Num					To promote	attendance at events	held at a County facility	
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 Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy 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 Title (montif, day, year)					-		Ed.	
C. Name of Outside Organization (include address and description) of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy 1. 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 Signature of Agency Head or pesignee Print Name Title (month, day, year)				1	I			
C. Name of Outside Organization (include address and description) of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Name of Outside Organization (include address and description) of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy 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 Fittle Omntit, day, year)								
C. Name of Outside Organization (include address and description) of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Name of Outside Organization (include address and description) of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy 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 Fittle Omntit, day, year)				Number				
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 Signature of Agency Head or pesignee Print Name Title (month, day, year)				of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy	
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 Signature of Agency Head or Pesignee Print Name Title (month, day, year)		(monage address and		Passes				
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 Signature of Agency Head or Pesignee Print Name Title (month, day, year)								
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 Signature of Agency Head or Pesignee Print Name Title (month, day, year)								
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 Signature of Agency Head or Pesignee Print Name Title (month, day, year)								
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 Signature of Agency Head or Pesignee Print Name Title (month, day, year)								
With the requirements Heather D. Cartwright Signature of Agency Head or pesignee Print Name Supervisor's Assistant (month, day, year)	1.	Verification						
Signature of Agency Head or pesignee Heather D. Cartwright Print Name Supervisor's Assistant Title (month, day, year)			PPC Regulations 18944	1.1 and 18942.	l have verified	that the distribution set fo	orth above, is in accordance	
Signature of Agency Head or Designee Print Name Title (month, day, year)		with the requirements)				1/10/11-	
			Heather D. C	Cartwright	Supe	ervisor's Assistant	1/8/00	
Comment:	•	Signature of Agency Head or Design	ee P	rint Name		Title	(month, day, year)	
Comment:			•				x x &	
		Comment:						

Agency Report of:

eremonial Role Even	ts and Ticket/P	ass Distril	butions		A Public Document
Agency Name				Date Stamp	California 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 (Must	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				
(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing	(month, day, year)
Function or Event Inform	mation				
Does the agency have a tick	tet policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$ _	62.50
Event Description: Disney C			10 (c)	2023	1 1
Event Description:	Provide Title/ Explai	nation	, ,		
Ticket(s)/Pass(es) provided	by agency? Yes [□ No 🔳 If	no: Oakland	d Arena	
			yes: Tam, Le	Name of Source	
Was ticket distribution made	at the benest Yes [□ No 🔳 II	yes	Official's Name (Last, Firs	t)
of agency official?					
Recipients					
Use Section A to identify the agen	cy's department or unit. •	Use Section B to ic	dentify an individu	ual. Use Section C to iden	tify an outside organization.
Δ Name of Agency, Depa	ertment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made p	ursuant to the agency's policy
A. Name of Agency, Depa	Tanent of Othe	Passes	Decorrise at	- Paris paris paris mana p	
					•
•					
					5
		Number			
B. Name of Indi		of Ticket(s)/		Identify one of the	e following:
(Last, Fir.	s <i>i)</i>	Passes		nonial Role Other	Income 🗌
Frost, Paula		6	If chec	nonial Role Other king "Ceremonial Role" or "Other"	
1 103t, 1 adia			To encoura	age County of Alame	da resident and busines
				nonial Role Other	
	÷			king "Ceremonial Role" or "Other"	
Name of Outside O	recrisotion	Number			
C. (include address and		of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy

8	=				
Verification					
I have read and understand	PC Regulations 1894	4.1 and 18942.	I have verified	that the distribution se	t forth above, is in accordance
(with the requirements.					
	Sergio Ardila	I	Sup	ervisor's Assistant	01/17/24
		Print Name	Sup-	ervisor's Assistant Title	(month, day, year)

	eremonial Role Events	and lickeup	ass Distri	Dutions		A Public Document
1.	Agency Name				Date Stamp	California OOO
	County of Alameda					Form 802
	Division, Department, or Regio	n (if applicable)				For Official Use Only
	Board of Supervisors, Fourth	District				
	Designated Agency Contact (Na					
		,				
	Nate Miley Area Code/Phone Number E				☐ Amendment (Mus	st Provide Explanation in Part 3.)
		i-mail				
	(510) 272-6694	lasmine.Howard2@	acgov.org		Date of Original Filing	g:(month, day, year)
2.	Function or Event Inform	ation				
	Does the agency have a ticke			iona Valua of	Each Ticket/Pass \$	62.50
	Event Description: Disney On	ICE)ate(s)	, 20 , 2023	10 , 21 , 2023
		Provide Title/ Explan	ation	no: Oakland	A Arana	
	Ticket(s)/Pass(es) provided by	y agency? Yes [-		A1	
	Was ticket distribution made at the behest Yes No If yes: Miley, N				late	
	of agency official?	it the penest Yes	No 🔳 II	yes	Official's Name (Last, Fin	st)
	or agency official?					
3.	Recipients					
-,	Use Section A to Identify the agency	/s department or unit. ◆i	Ise Section 8 to 1	dentifu an Individi	ual lise Saction C to ide	ntifu an outeida organization
			Number	T T T T T T T T T T T T T T T T T T T	our ose section c to lue	many an oddside organization.
	A, Name of Agency, Depart	ment or Unit	of Ticket(s)/	Describe th	e public purpose made ;	pursuant to the agency's policy
			Passes			The second second second
	B. Name of Indivi	dual	Number of Ticket(s)/		identify one of th	na fallowing:
	(Last, First)		Passes		Montally one of the	ie tollowing.
				Ceren	nonial Role Other	Income 🗌
				If chec	king "Ceremonial Rule" or "Other	
				-		
					nonial Role	
			Number			
	C. Name of Outside Organization (include address and d		of Ticket(s)/	Describe ti	e public purpose made i	pursuant to the agency's policy
			Passes		The state of the s	
	144,000 Elect Foundation		8	To reward a	school or nonprofil	t organization for its contrib
						. 0.9220.001(10)
_						
4.	Verification					
	I have read and understand FPP	C Regulations 18944	.1 and 18942.	I have verified	that the distribution se	at forth above is in accordance
	with the requirements.		700 721	77.070 701.1100	mat are distribution se	it form above, is in accordance
		Jasmine How	ard	Sune	ervisor's Assistant	10/25/2023
	Signature of Agency Hand or Designee	Pr	int Name		Title	
	g .	F	+ *******************************		1108	(month, day, year)
	Comment:					

Print

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A Public Document

Celelioniai Voie Evenis	and nekeur	וווופום ככג	Dutions		T abite bocament
1. Agency Name				Date Stamp	California 802
Alameda County					TOIM O O —
Division, Department, or Region	ı (if applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (Na	me,Title)				
Heather Cartwright				Amondment (Must 5	Provide Explanation in Part 3.)
	-mail			Amendment (wastr	Tovide Expranation in Part 5.)
(510) 272-6691	eather.cartwright2(@acgov.org		Date of Original Filing:	(month, day, year)
` ′					(monun, day, year)
2. Function or Event Informa	ation				\$62.50
Does the agency have a ticket		110	ace Value of	Each Ticket/Pass \$ _	Ψ02.30
Event Description: Disney on	Ice: Into the Magic	D	ate(s) 10	, 21 , 2022	1 1
Event Description.	Provide Title/ Explan			•	
Ticket(s)/Pass(es) provided by	agency? Yes [] No ■ If	no: Oakland	d Arena	
			yes: Hauber	Name of Source t. David	
Was ticket distribution made a	t the behest Yes] No 🔳 If	yes:	Official's Name (Last, First)	
of agency official?					
2 Posinients					
RecipientsUse Section A to identify the agency?	s department or unit •1	Ise Section R to in	lentify an individu	ual. Use Section C to identi	fy an outside organization.
- ose section A to identify the agency	s department of unit.	Number	icinity an marvior	an obcommon de la	,
A. Name of Agency, Departm	nent or Unit	of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy
		Passes			
B. Name of Individ	lual	Number of Ticket(s)/		Identify one of the	following:
(Last, First)		Passes			
				nonial Role Other C	
			If check	king "Ceremonial Role" or "Other" de	escribe below;
			Ceren	nonial Role 🔲 Other 🛚	Income
			If check	king "Ceremonial Role" or "Other" de	escribe below:
Name of Outside Orga	nization	Number			
C. (include address and de		of Ticket(s)/ Passes	Describe tr	ie public purpose made pu	rsuant to the agency's policy
Tri-Valley Seek&Save-PO B	Box 701,Livermore	4	To reward	school/non-profit for it	s contributions to the con
To support At-Risk/Low-inco	ome single moms		1		
	· M		<u> </u>		
4. Verification					
I have read and understand FPPC	Regulations 18944.	1 and 18942.	I have verified	that the distribution set i	forth above, is in accordance
With the requirements			_		3/11
	Heather D. Ca		Supe	ervisor's Assistant	
Signature of Agency Head or Designae	Pr	int Name		Title	(month, day, year)
Comment:					

Print

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distril	butions	A	Public Document	
_	Agency Name Alameda County Division, Department, or Region (if applicable)					California 802 For Official Use Only	
	Board of Supervisors Designated Agency Contact (Name, Title)						
	•	(Ivame, ride)	84				
	Sergio Ardila Area Code/Phone Number	E-mail			Amendment (Must Pr	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	Function or Event Information					
	Does the agency have a tic	ket policy? Yes	110 🗀		Each Ticket/Pass \$	62.50	
	Event Description: Disney On Ice presents Into The Mage Date(s)				<u>, 21 , 23 </u>		
	Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Oaklan				d Arena		
	Was ticket distribution made at the behest Yes ☐ No ☐ If yes:			yes: Tam, L	Name of Source ena Official's Name (Last, First)		
	of agency official?				Omolara Namo (Edd., 1 may		
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.						
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy		
	· · · · · · · · · · · · · · · · · · ·						
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	Identify one of the following:			
	12				monial Role Other Sking "Ceremonial Role" or "Other" de		
					monial Role Other Cking "Ceremonial Role" or "Other" de	_	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe t	scribe the public purpose made pursuant to the agency's p		
	Lend a Hand Foundation		10	To encoura	rage County of Alameda resident 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						
	Cignature of Aconou Hond or Design	_ <u>Sergio Ardila</u>	rint Name	Sup	ervisor's Assistant	(month day year)	
	Signature of Agency Head or Desig	ni ce P	init ivallie		.100	(onin, day, 3001)	

Comment: __

	Agency Name				Date Stamp	California 802		
	Alameda County					Form 002 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						
	(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 tick	et policy? Yes I	Each Ticket/Pass \$	Ψ02.30				
	Event Description: Disney on Ice: Into the Magic Date(s) 10 , 22 , 2027							
	Ticket(s)/Pass(es) provided	Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No ■ If no: Oakland Arena						
			Name of Source					
	Was ticket distribution made at the behest Yes No No Mark If yes: Haubert, David Official's Name (Last, First)							
	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.							
	Use Section A to identify the agent	cy's department or unit.	ual. Ose section c to identify	an outside organization.				
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	uant to the agency's policy			
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:		
	Chan, Yolanda		4		nonial Role Other Other Other Other Other description	Income		
				To promote	e County resources ava	ilable to County of Alan		
					nonial Role Other Ching "Ceremonial Role" or "Other" desc	Income Income		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to the agency's policy			
	:1			-				
-	Verification have read and understand FF with the requirements)				th above, is in accordance		
	Heather D. Cartwright Super Print Name			ervisor's Assistant	2/1/11/10/			
					Title	(month, day, year)		

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				, , , , , , , , , , , , , , , , , , , ,		
	(510) 272-6691	heather.cartwright2	2@acgov.org		Date of Original Filing: _	(month, day, year)	
_	Franklan an Franklafan						
۷.	Function or Event Information				Freb Tisket/Deep &	\$212.50	
					Each Ticket/Pass \$		
	Event Description: Travis Scott Date(s) 10				<u> 31 </u>		
		Provide Title/ Expla	nation	Oakland	d Arena		
	Ticket(s)/Pass(es) provided	by agency? Yes		no: Oakland	Name of Source		
	Was ticket distribution made at the behest Yes ☐ No ■ If yes: Haubert				t, David		
	of agency official?				Official's Name (Last, First)		
3.	Recipients						
	 Use Section A to identify the ager 	ncy's department or unit.	ual. Use Section C to identify	y an outside organization.			
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy	
			rasses				
			i				
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	Identify one of the following:			
	Hernandez, Jared		4	1	nonial Role Other Ching "Ceremonial Role" or "Other" des	_	
				To promote	County resources ava	ailable to County of Alag	
				Ceren	nonial Role Other	Income	
					king "Ceremonial Role" or "Other" de	-	
					·		
		Name of Outside Organization (include address and description)		Describe th	the public purpose made pursuant to the agency's policy		
	\		Passes				
4.	Verification						
	I have read and understand FF	PPC Regulations 1894	that the distribution set fo	orth above, is in accordance			
	v/ith/the/requirements					3/6	
	Heather D. Cartwright			Supe	Supervisor's Assistant /// /2/		
	Signature of Agency Head or Designee Print Name			Title	(month/day, year)		
	Commont						
	Comment:						

	Agency Name				Date Stamp	California 802	
	Alameda County					1-01111	
	Division, Department, or Region (if applicable)					For Official Use Only	
	Board of Supervisors	Board of Supervisors					
	Designated Agency Contact (Name, Title)						
	Sergio Ardila	Sergio Ardila				Provide Explanation in Part 3.)	
		E-mail			Americanism (wastriowed Explanation in rail 6.)		
	(510) 272-6693	sergio.ardila@acg	ov.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Inform	nation				242.50	
	Does the agency have a tick	et policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	212.50	
	Event Description: Travis So	cott	D	ate(s) 10	d Arena Name of Source ena Official's Name (Last, First)		
	Event Description.	Provide Title/ Expla	anation				
	Ticket(s)/Pass(es) provided	by agency? Yes		no: <u>Oaklan</u>			
	Annual Control of the		If	ves. Tam, L			
	Was ticket distribution made	at the benest Yes	∐ No ■ "	ycs	Official's Name (Last, First)		
	of agency official?						
3.	Recipients						
	• Use Section A to identify the agen	cy's department or unit.	• Use Section B to ic	dentify an individ	ual, Use Section C to identi	fy an outside organization.	
	△ Name of Agency, Depa	rtmont or Unit	Number of Ticket(s)/	Describe th	he public purpose made pursuant to the agency's policy		
	A. Name of Agency, Depa	runent or ome	Passes				
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:		
	(Last, First	st)	Passes				
			Cerei	monial Role Other cking "Ceremonial Role" or "Other" d			
	Smith, Kee Ana		3	1			
						la resident and busines	
					monial Role Other C cking "Ceremonial Role" or "Other" o		
			ll ⁿ	" Circu	cking octamental tolo or other o	0001100 001014.	
			Number				
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's p			
	(motidae address and	description)	Passes				
	\		+				
_	N. 101 (1)						
	Verification I have <u>read and underst</u> and FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accorda						
	I have read and understand FPPC Regulations 18944.1 and 18942.1 have verified to with the requirements.				tillat tile distribution set	Total above, is in accordance	
Sergio Ardila			sun		ervisor's Assistant	01/17/24	
	Signature of Agency Head or Design				Title	(month, day, year)	
	Comment:						