Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name

Alameda County

Division, Department, or Region *(if applicable)*

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Heather Cartwright

Area Code/Phone Number

(510) 272-6693

E-mail

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Date Stamp

California Form 802

For Official Use Only

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Date of Original Filing: _____ *(month, day, year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ■ No ☐

Face Value of Each Ticket/Pass $ $62.50

Event Description: Elevation Nights Fall Tour feat. Steven *Provide Title/ Explanation*

Date(s) 11 / 01 / 2022 ____/____/____

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■

If no: Oakland Arena *Name of Source*

Was ticket distribution made at the behest of agency official? Yes ☐ No ■

If yes: Brown, Dave *Official's Name (Last, First)*

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 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:
Gardley, Kassendra	4	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To encourage County of Alameda resident and business
		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

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 Cartwright *Print Name* | Supervisor's Assistant *Title* | 12/12/2022 *(month, day, year)*

Comment: _____

Print Clear