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

1. Agency Name
   Alameda County
   Division, Department, or Region (if Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number (510) 272-8692
   E-mail Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $100
   Event Description ♦ Oakland A's vs. Tampa Bay Rays
   Provide Title/Explaination
   Date(s) 06/12/23
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   If yes: Valle, Richard- Supervisor District 2
   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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rites of Passage 1720 Broadway, 2nd Floor Oakland, CA 94612</td>
<td>18/4</td>
<td>Programs that offer positive lifestyle alternatives by providing guidance and positive direction while creating a space for sharing and the opportunity for both healing and growth</td>
</tr>
</tbody>
</table>

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.
   Signature of Agency Head or Designee: Gabriela Christy
   Supervisor's Assistant: Print Name
   Title: Supervisor
   Date (Month, Day, Year): 4/18/2023
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Comment: https://positivepractices.net/about/
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sergio Ardila
   Area Code/Phone Number (510) 272-6693
   E-mail sergioardila.corzo@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass $ 237.50
   Event Description: Twice 5th World Tour 'Ready to Be' Date(s) 06 / 12 / 23
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: Oakland Arena
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: Tam, Lena

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.

<table>
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<tr>
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<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tan, Qiu Yu</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote County resources or facilities available to Co</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
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</table>

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.

   Signature of Agency Head or Designee: Sergio Ardila
   Print Name: Sergio Ardila
   Supervisor's Assistant: 07/19/23 (month, day, year)
   Comment:
**Agency Report of:**  
**Ceremonial Role Events and Ticket/Pass Distributions**

1. **Agency Name**  
   Alameda County  
   Division, Department, or Region *(if applicable)*  
   Board of Supervisors  
   Designated Agency Contact *(Name, Title)*  
   Sergio Ardila  
   Area Code/Phone Number  
   (510) 272-6693  
   E-mail: sergioardila.corzo@acgov.org

2. **Function or Event Information**  
   Does the agency have a ticket policy? Yes ☐ No □  
   Face Value of Each Ticket/Pass $ 237.50  
   Event Description: Twice 5th World Tour 'Ready to Be'  
   Date(s) 06 / 13 / 23  
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No □  
   If no: Oakland Arena  
   Name of Source  
   If yes: Tam, Lena  
   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.*

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<td>Suizi Lin</td>
<td>3</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<tr>
<td></td>
<td></td>
<td>To promote County resources or facilities available to Coi</td>
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</tbody>
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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  
Signature of Agency Head or Designee  
Print Name  
Supervisor's Assistant  
Title  
Date: 07/19/12  
(month, day, year)

Comment:  

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

1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Amy Shrago, Chief of Staff
Area Code/Phone Number E-mail
510-272-6695 Amy.Shrago@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass $100.00
Event Description: Oakland A’s
Date(s) 06 13 23
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: Oakland A’s
Name of Source
If yes: Carson, Keith
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.

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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<td></td>
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<td></td>
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</tr>
</thead>
<tbody>
<tr>
<td>Berkeley Humane Society 2700 Ninth St, Berk</td>
<td>4</td>
<td>To reward a school or nonprofit organization for its contrib</td>
</tr>
</tbody>
</table>

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 ☐ Date 05/02/23
Print Name [Signature of Agency Employee or Designee]
Print Name [Title]
Date (month, day, year)

Comment:

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

1. Agency Name
Alameda County

Division, Department, or Region (if applicable)
Board of Supervisors

Designated Agency Contact (Name, Title)
Sergio Ardila

Area Code/Phone Number  E-mail
(510) 272-6693  sergio.ardila@acgov.org

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

2. Function or Event Information

Does the agency have a ticket policy?  Yes  No

Event Description: Oakland A's vs. Tampa Bay Rays

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

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

Face Value of Each Ticket/Pass $ Ticket-100 Parking-20

Date(s) 06/15/23

Name of Source

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:

Ceremonial Role  Other  Income

If checking "Ceremonial Role" or "Other" describe below:

Ceremonial Role  Other  Income

If checking "Ceremonial Role" or "Other" describe below:

Name of Outside Organization (Include address and description)  Number of Ticket(s)/Passes  Describe the public purpose made pursuant to the agency's policy

Lavender Seniors  18T 4P  To promote County resources or facilities available to Cou

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

Signature of Agency Head or Designee  Print Name  Title

Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Sergio Ardila
Area Code/Phone Number (510) 272-6693
E-mail sergioardila.corzo@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass $ 143.75
Event Description: Erykah Badu: Unfollow Me Tour
Provide Title/Explanation : Date(s) 06 / 21 / 23
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: Oakland Arena
If yes: Tam, Lena
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐

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:
Ceremonial Role ☐ Other ☐ Income ☐
If checking “Ceremonial Role” or “Other” describe below:
To promote County resources or facilities available to CoI

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.

Sergio Ardila Supervisor’s Assistant 07/19/23
Signature of Agency Head or Designee Print Name Title

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

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) 272-6691
E-mail heather.cartwright2@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $100 tix/$20 parking
Event Description: Oakland A's Game
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Date(s) 06/27/2023
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
If no: Oakland Arena
If yes: Haubert, David

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.

<table>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Archuleta, Ben</td>
<td>4tix-1p</td>
<td>To promote attendance at events held at a County facility:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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4. Verification
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Signature of Agency Head or Designee
Heather Cartwright
Supervisor's Assistant
Print Name
Title
(month, day, year)

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

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) 272-6691
   E-mail heather.cartwright2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $100 tix/$20 parking
   Event Description: Oakland A's Game
   Date(s) 06/27/2023
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Oakland Arena
   Was ticket distribution made at the behest of agency official? Yes □ No □
   If yes: Haubert, David

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:
      Ceremonial Role □ Other □ 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

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
   Supervisor's Assistant
   Print Name
   Title
   Signature of Agency Head or Designee
   (month, day, year)
   Comment:

   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

1. Agency Name
Alameda County
Board of Supervisors
Designated Agency Contact (Name, Title)
Heather Cartwright

Area Code/Phone Number (510) 272-6691 E-mail heather.cartwright2@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes □ No □
Face Value of Each Ticket/Pass $100 tix/$20 parking
Event Description: Oakland A's Game
Date(s) 06 / 27 / 2023
Ticket(s)/Pass(es) provided by agency? Yes □ No □
If no: Oakland Arena
Ticket(s)/Pass(es) provided by agency? Yes □ No □
If yes: Haubert, David
Was ticket distribution made at the behest of agency official? Yes □ No □

3. Recipients
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</thead>
<tbody>
<tr>
<td>Sevilla, Tanya</td>
<td>4tix-1p</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote County resources available to County residents</td>
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Signature of Agency Head or Designee
Heather Cartwright
Print Name
Supervisor’s Assistant
Title
Date of Original Filing: (month, day, year)

 Comment:

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

1. **Agency Name**
   Alameda County
   Decision, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sergio Ardila
   Area Code/Phone Number
   (510) 272-6693
   E-mail
   sergio.ardila@acgov.org

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $ 100
   Event Description: Oakland A's vs. New York Yankees
   Date(s) 06 / 29 / 23
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no:
   Name of Source
   Oakland Coliseum
   If yes:
   Official’s Name (Last, First)
   Tam, Lena

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:**
   **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**
   Spectrum Community Services - 2621 Barron
   18
   To promote County resources or facilities available to Co,

   Strives to improve the health and safety of se
   4 Parking

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

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

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 E-mail
(510) 272-6691 heather.cartwright2@acgov.org

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 $100

Event Description: Oakland A's Game
Date(s) 06 / 30 / 2023

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

If no: Oakland Arena
Name of Source
Haubert, David
Official's Name (Last, First)

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

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:

Ceremonial Role □ Other □ 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

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
Signature of Agency Head or Designee

Supervisor's Assistant
Print Name
Title

Comment:

Print Clear

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

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) 272-6691
   E-mail
   heather.cartwright2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes □ No □  Face Value of Each Ticket/Pass $  $100 tix
   Event Description: Oakland A's Game
   Date(s) 06 / 30 / 2023
   Ticket(s)/Pass(es) provided by agency?  Yes □ No □  If no: Oakland Arena
   Was ticket distribution made at the behest of agency official?  Yes □ No □  If yes: Haubert, David

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:
   Ceremonial Role □ Other □ Income □
   To promote attendance at events held at a County facility.
   If checking "Ceremonial Role" or "Other" describe below:
   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  Supervisor's Assistant
Print Name  Title  (month, day, year)

Comment:

FFPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name  
Alameda County  
Division, Department, or Region (if applicable)  
Board of Supervisors  
Designated Agency Contact (Name, Title)  
Sergio Ardila  
Area Code/Phone Number (510) 272-6693  
E-mail sergio.ardila@acgov.org

2. Function or Event Information  
Does the agency have a ticket policy? Yes ☐ No ☐  
Face Value of Each Ticket/Pass $ $100  
Event Description: Oakland A's vs. Chicago White Sox  
Date(s) 06 / 30 / 23  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐  
If no: Oakland Coliseum  
If yes: Tam, Lena  
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jacqueline Smith</td>
<td>3T</td>
<td>To promote County resources or facilities available to Coi</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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  
Signature of Agency Head or Designee  
Supervisor's Assistant  
Print Name  
Title  
Date of Filing: 07/19/23  
(month, day, year)

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

1. **Agency Name**
   County of Alameda

   **Division, Department, or Region (if applicable)**
   County Administrator’s Office/Risk Management Unit

   **Designated Agency Contact (Name, Title)**
   Brian S. Santos, Administrative Associate

   **Area Code/Phone Number**
   510-272-6332

   **E-mail**
   brian.santos@acgov.org

2. **Function or Event Information**
   
   **Does the agency have a ticket policy?**
   Yes [ ] No [ ]

   **Face Value of Each Ticket/Pass**
   $18.00

   **Event Description**
   Alameda County Fair

   **Date(s)**
   06/16/23
   07/09/23

   **Ticket(s)/Pass(es) provided by agency?**
   Yes [ ] No [ ]

   **If no:**
   
   **Name of Source**
   
   **If yes:**
   
   **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:**
   
   Ceremonial Role [ ] Other [ ] Income [ ]

   If checking “Ceremonial Role” or “Other” describe below:

   **Two tickets for the 2023 Alameda County Fair**

   **C. Name of Outside Organization**
   **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.

   **Signature of Agency Head or Designee**
   Lucretia Akil

   **Print Name**
   Director of Risk Management

   **Date**
   07/10/2023

   **(month, day, year)**

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

1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Sergio Ardila
Area Code/Phone Number E-mail
(510) 272-6693 sergio.ardila@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [ ]
Face Value of Each Ticket/Pass $18
Event Description: Alameda County Fair
Date(s) 06/16/23 07/09/23
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
If no: Alameda County Fair
Was ticket distribution made at the behest of agency official? Yes [ ] No [ ]
If yes: Tam, Lena

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.

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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<th>Identify one of the following:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Bay Asian Youth Council</td>
<td>25</td>
<td>To promote County resources or facilities available to Co.</td>
</tr>
<tr>
<td>EBAYC builds strategic partnerships with schy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
Signature of Agency Head or Designee

Supervisor's Assistant
Signature
Print Name
Title 7/19/23
(month, day, year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sergio Ardila
   Area Code/Phone Number (510) 272-6693
   E-mail sergio.ardila@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $18 Parking $15
   Event Description: Alameda County Fair
   Date(s) 06/16/23 07/09/23
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: Alameda County Fair
   If yes: Tam, Lena
   Name of Source
   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:
      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
      The Unity Council 25T 1P
      To promote County resources or facilities available to Cole

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.
   Signature of Agency Head or Designee
   Print Name
   Supervisor's Assistant
   (month, day, year)

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

1. **Agency Name**
   Alameda County
   Division, Department, or Region *(if applicable)*
   Board of Supervisors
   **Designated Agency Contact (Name, Title)*
   Sergio Ardila
   Area Code/Phone Number  E-mail
   (510) 272-6693  sergio.ardila@acgov.org

2. **Function or Event Information**
   Does the agency have a ticket policy?  Yes ☐  No ☑
   Face Value of Each Ticket/Pass $  ticket $18 Parking $15
   Event Description:  Alameda County Fair
   Date(s)  06 / 16 / 23  07 / 09 / 23
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☑
   If no:  Alameda County Fair
   Name of Source
   If yes:  Tam, Lena
   **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

   **B.**  Name of Individual *(Last, First)*

   **C.**  Name of Outside Organization *(include address and description)*
   Lotus Bloom Family Resource Center  13T 2P
   To promote County resources or facilities available to CoC.
   Lotus Bloom’s mission is to provide a safe, we...

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.
   **Signature of Agency Head or Designee**
   **Print Name**
   **Supervisor’s Assistant**
   **Title**
   **Date (month, day, year)**

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sergio Ardila
   Area Code/Phone Number (510) 272-6693
   E-mail sergio.ardila@acgov.org

   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: $18 Parking: $15
   Event Description: Alameda County Fair
   Date(s) 06 / 16 / 23 07 / 9 / 23
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Alameda County Fair
   Name of Source
   If yes: Tam, Lena
   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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barros, Keith</td>
<td>2T 1P</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote County resources or facilities available to Cor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
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<th>C. Name of Outside Organization (include address and description)</th>
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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
   Signature of Agency Head or Designee
   Supervisor's Assistant
   Print Name Title
   (month, day, year)

Comment:
1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sergio Ardila
   Area Code/Phone Number (510) 272-6693
   E-mail sergio.ardila@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Alameda County Fair
   Date(s) 06 / 16 / 23 07 / 9 / 23
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $18
   If no: Alameda County Fair
   If yes: Tam, Lena

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.

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<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harada, Carol</td>
<td>3</td>
<td>To promote County resources or facilities available to CoI</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote County resources or facilities available to CoI</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
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<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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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.

   Signature of Agency Head or Designee: Sergio Ardila
   Supervisor’s Assistant: [Print Name] [Title] [7/19/13]

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

1. Agency Name
Alameda County
Board of Supervisors
Designated Agency Contact (Name, Title)
Sergio Ardila
Area Code/Phone Number (510) 272-6693
E-mail sergio.ardila@acgov.org

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 $ __________
Event Description: Alameda County Fair
Date(s) 06 / 16 / 23 07 / 9 / 23
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: Alameda County Fair
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: Tam, Lena

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.

<table>
<thead>
<tr>
<th>A.</th>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.</td>
<td>Name of Individual (Last, First)</td>
<td>Number of Ticket(s)/Passes</td>
<td>Identify one of the following:</td>
</tr>
<tr>
<td></td>
<td>Waage, Randy</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To promote County resources or facilities available to Co.</td>
</tr>
<tr>
<td>C.</td>
<td>Name of Outside Organization (include address and description)</td>
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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 __________________ (month, day, year)
Signature of Agency Head or Designee Print Name
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

1. Agency Name
Alameda County

Division, Department, or Region (if applicable)
Board of Supervisors

Designated Agency Contact (Name, Title)
Sergio Ardila

Area Code/Phone Number
(510) 272-6693

E-mail
sergio.ardila@acgov.org

2. Function or Event Information

Does the agency have a ticket policy? Yes □ No □
Face Value of Each Ticket/Pass $ Ticket $18 Parking $15

Event Description: Alameda County Fair

Ticket(s)/Pass(es) provided by agency? Yes □ No □
Date(s) 06 / 16 / 23 07 / 9 / 23

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

Name of Source
Alameda County Fair

Name of Official (Last, First)
Tam, Lena

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.

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</thead>
<tbody>
<tr>
<td>Zhong, Stacy</td>
<td>10T 3P</td>
<td>To promote County resources or facilities available to Co</td>
</tr>
</tbody>
</table>

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<tr>
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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
Signature of Agency Head or Designee

Supervisor's Assistant
Print Name
Title
7/19/13
(month, day, year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sergio Ardila
   Area Code/Phone Number E-mail
   (510) 272-6693 sergio.ardila@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $18
   Event Description: Alameda County Fair
   Date(s) 06/16/23 07/9/23
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Alameda County Fair
   Name of Source
   If yes: Tam, Lena
   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:
   Thomas, Nathan 2
   To promote County resources or facilities available to Co
   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.
   Sergio Ardila Supervisor's Assistant
   Signature of Agency Head or Designee Print Name Title
   (month, day, year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sergio Ardila
   Area Code/Phone Number
   (510) 272-6693
   E-mail
   sergio.ardila@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $__________ $18
   Event Description: Alameda County Fair
   Date(s) 06 / 16 / 23
   07 / 9 / 23
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: Alameda County Fair
   Name of Source
   If yes: Tam, Lena
   Official’s Name (Last, First)

3. Recipients
   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:
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking “Ceremonial Role” or “Other” describe below:
      To promote County resources or facilities available to Coi
      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.
   Sergio Ardila
   Supervisor’s Assistant
   7/19/23
   (month, day, year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sergio Ardila
   Area Code/Phone Number (510) 272-6693
   E-mail sergio.ardila@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $18 Parking $15
   Event Description: Alameda County Fair
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   Date(s) 06 / 16 / 23 07 / 9 / 23
   Was ticket distribution made at the behest of agency official? Yes [ ] No [ ]

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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simmons, Maritess</td>
<td>10T 2P</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote County resources or facilities available to Co</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

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.

   Signature of Agency Head or Designee: 
   Sergio Ardila
   Print Name: 
   Supervisor's Assistant: 
   Date: 7/19/23 (month, day, year)

   Comment: 

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

1. Agency Name
   Alameda County Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sergio Ardila
   Area Code/Phone Number (510) 272-6693
   E-mail sergio.ardila@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Alameda County Fair
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $18 Parking $15
   Date(s) 06/16/23 07/9/23

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:
   Lin, Suizi | 10T 2P | Ceremonial Role ☐ Other ☐ Income ☐
   To promote County resources or facilities available to Co=
   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.
   Signature of Agency Head or Designee: Sergio Ardila
   Supervisor's Assistant: Print Name: Title: 07/19/23
   Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Sergio Ardila
   (510) 272-6693

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 18
   Date(s) 06/16/23 07/09/23
   Event Description: Alameda County Fair
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Alameda County Fair
   Name of Source
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐

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:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote County resources or facilities available to Con
      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.
   Sergio Ardila
   Supervisor's Assistant
   (month, day, year)
   Comment:
**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions**

### 1. Agency Name
- Alameda County

**Division, Department, or Region (if applicable):**
- Board of Supervisors

**Designated Agency Contact (Name, Title):**
- Sergio Ardila

**Area Code/Phone Number**
- (510) 272-6693

**E-mail**
- sergio.ardila@acgov.org

**Date Stamp**
- California Form 802

**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: $18 Parking $15
- Event Description: Alameda County Fair
- Date(s): 06 / 16 / 23 07 / 9 / 23
- Ticket(s)/Pass(es) provided by agency? **Yes □ No □**
- If no: Alameda County Fair
- If yes: Tam, Lena

**Name of Source**
- 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foxall, Jade</td>
<td>8T 2P</td>
<td>To promote County resources or facilities available to Co</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
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<td></td>
</tr>
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### 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**

**Signature of Agency Head or Designee**
- Print Name
- Title

**Comment:**
- 7/19/23 (month, day, year)

**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

1. Agency Name
Alameda County
Board of Supervisors
Designated Agency Contact (Name, Title)
Sergio Ardila
Area Code/Phone Number (510) 272-6693
E-mail sergio.ardila@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☑
Face Value of Each Ticket/Pass $18
Event Description: Alameda County Fair
Date(s) 06/16/23 07/09/23
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Alameda County Fair
Was ticket distribution made at the behest of agency official? Yes ☐ No ☑
If yes: Tam, Lena

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fong, Karen</td>
<td>10</td>
<td>To promote County resources or facilities available to Co</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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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
Print Name
Supervisor’s Assistant
Title
Date 7/19/23
(month, day, year)

Comment: 

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. **Agency Name**
   - Alameda County

   **Division, Department, or Region (if applicable)**
   - Board of Supervisors

   **Designated Agency Contact (Name, Title)**
   - Sergio Ardila

   **Area Code/Phone Number**
   - (510) 272-6693

   **E-mail**
   - sergio.ardila@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☐ No ☐
   - **Face Value of Each Ticket/Pass $** $18
   - **Event Description:** Alameda County Fair
   - **Date(s):** 06/16/23 07/09/23
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☐
   - **If no:** Alameda County Fair
   - **If yes:** Tam, Lena

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:**
     - Ceremonial Role ☐ Other ☐ Income ☐
     - If checking “Ceremonial Role” or “Other” describe below:
     - To promote County resources or facilities available to Co:

   **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.
   - Sergio Ardila
   - Supervisor’s Assistant

   **Signature of Agency Head or Designee**
   - Print Name
   - Signature
   - Title
   - Date: 7/19/23

   **Comment:**

   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

1. Agency Name
   Alameda County

   Division, Department, or Region (if applicable)
   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Sergio Ardila

   Area Code/Phone Number E-mail
   (510) 272-6693 sergio.ardila@acgov.org


2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ $18
   Event Description: Alameda County Fair
   Date(s) 06 / 16 / 23 07 / 9 / 23
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If yes: Tam, Lena
   If no: Alameda County Fair
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   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:
      ____________________________________________
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      To promote County resources or facilities available to Coi
      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
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   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

Comment:

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

1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Sergio Ardila
Area Code/Phone Number (510) 272-6693
E-mail sergio.ardila@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $18
Event Description: Alameda County Fair
Date(s) 06/16/23 07/9/23
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: Alameda County Fair
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
If yes: Tam, Lena

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thompson, Michelle</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

To promote County resources or facilities available to Com

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
<td></td>
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</table>

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.

Signature of Agency Head or Designee: Sergio Ardila
Supervisor's Assistant: [Signature] Title: [Title]
Date: 7/19/23 (month, day, year)

Comment: 

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sergio Ardila

   Area Code/Phone Number  E-mail
   (510) 272-6693  sergio.ardila@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes □ No ☐
   Face Value of Each Ticket/Pass $ __________  $18
   Event Description: Alameda County Fair
   Date(s) 06/16/23 07/9/23
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No □
   If no: Alameda County Fair
   Name of Source
   Was ticket distribution made at the behest of agency official?  Yes ☐ No □
   If yes: Tam, Lena
   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:
   Ceremonial Role ☐ Other ☐ Income ☐
   if checking "Ceremonial Role" or "Other" describe below:
   To promote County resources or facilities available to Coρ

   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.
   Signature of Agency Head or Designee
   Supervisors Assistant
   Date: 7/19/23
   Print Name
   Title

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sergio Ardila
   Area Code/Phone Number
   (510) 272-6693
   E-mail
   sergio.ardila@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $18
   Event Description: Alameda County Fair
   Date(s) 06 / 16 / 23 07 / 9 / 23
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: Alameda County Fair
   Name of Source
   If yes: Tam, Lena
   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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sung, Eric</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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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.

   Signature of Agency Head or Designee: Sergio Ardila
   Print Name: Supervisor's Assistant
   Title: 7/19/23
   (month, day, year)

   Comment:
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)
   Sergio Ardila
   Area Code/Phone Number (510) 272-6693
   Email sergio.ardila@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $ 18
   Event Description: Alameda County Fair
   Date(s) 06 / 16 / 23 07 / 9 / 23
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: Alameda County Fair
   Name of Source
   If yes: Tam, Lena
   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
      Number of Ticket(s)/Passes
      Identify one of the following:
      Ceremonial Role [ ] Other [ ] Income [ ]
      if checking "Ceremonial Role" or "Other" describe below:
      To promote County resources or facilities available to Co:

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   Sergio Ardila
   Supervisor's Assistant
   (month, day, year)

Comment:

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sergio Ardila
   Area Code/Phone Number (510) 272-6693
   E-mail sergio.ardila@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?
   Yes ☐ No ☐ Face Value of Each Ticket/Pass $ $18
   Event Description: Alameda County Fair
   Date(s) 06/16/23 07/09/23
   Ticket(s)/Pass(es) provided by agency?
   Yes ☐ No ☐ If no:
   No Name of Source
   If yes:
   Name of Source
   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.
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<tr>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snow, Doug</td>
<td>2</td>
<td>Ceremony Role ☐ Other ☐ Income ☐ To promote County resources or facilities available to Coi</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
   Signature of Agency Head or Designee
   Print Name

   Supervisor’s Assistant
   Title
   Date: 7/19/23 (month, day, year)
   Comment:

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sergio Ardila
   Area Code/Phone Number
   (510) 272-6693
   E-mail
   sergio.ardila@acgov.org

   California Form 802
   Date Stamp
   For Official Use Only
   Amendment (Must Provide Explanation in Part 3.)
   Date of Original Filing: ________________

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ __________ $18
   Event Description: Alameda County Fair
   Date(s) 06 / 16 / 23 07 / 9 / 23
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Alameda County Fair
   Name of Source
   If yes: Tam, Lena
   Official’s Name (Last, First)

3. Recipients
   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
   Number of Ticket(s)/Passes
   Identify one of the following:
   Ceremonial Role □ Other □ Income □
   Ceremonial Role □ Other □ Income □
   If checking “Ceremonial Role” or “Other” describe below:
   To promote County resources or facilities available to Coi
   Ceremonial Role □ Other □ Income □
   If checking “Ceremonial Role” or “Other” describe below:
   C. Name of Outside Organization
   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 __________.
   Signature of Agency Head or Designee
   Sergio Ardila
   Supervisor’s Assistant
   Print Name
   Title
   7/19/23
   (month, day, year)
   Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Sergio Ardila
Area Code/Phone Number E-mail
(510) 272-6693 sergio.ardila@acgov.org

Date Stamp California Form 802
For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)
Date of Original Filing: ________/______/______

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $______

Event Description: Alameda County Fair
Date(s) 06/16/23 07/9/23
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: Alameda County Fair

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
If yes: Tam, Lena

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:

Ceremonial Role ☐ Other ☐ Income ☐

If checking “Ceremonial Role” or “Other” describe below:

To promote County resources or facilities available to Coi

Ceremonial Role ☐ Other ☐ Income ☐

If checking “Ceremonial Role” or “Other” describe below:


4. Verification
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Sergio Ardila Supervisor’s Assistant
Signature of Agency Head or Designee Print Name

Comment:

7/19/23 (month, day, year)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
# Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
Alameda County

**Division, Department, or Region (if applicable)**
Board of Supervisors

**Designated Agency Contact (Name, Title)**
Sergio Ardila

**Area Code/Phone Number** (510) 272-6693

**E-mail** sergio.ardila@acgov.org

---

### 2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ■ No □</th>
<th>Face Value of Each Ticket/Pass $</th>
<th>$18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description: Alameda County Fair</td>
<td>Date(s) 06 / 16 / 23</td>
<td>07 / 9 / 23</td>
<td></td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes □ No ■</td>
<td>If no: Alameda County Fair</td>
<td></td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>Yes □ No ■</td>
<td>If yes: Tam, Lena</td>
<td></td>
</tr>
</tbody>
</table>

---

### 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.**

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

**B.**

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ramos Vega, Araceli</td>
<td>2</td>
<td>Ceremonial Role □ Other ■ Income ○</td>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote County resources or facilities available to Co</td>
</tr>
</tbody>
</table>

**C.**

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

---

### 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

Signature of Agency Head or Designee

Print Name

Supervisor's Assistant

Title

Date (month, day, year)

Comment: ____________________________

---

[Print] [Clear]
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - Alameda County
   - Board of Supervisors

**Designated Agency Contact (Name, Title)**
- Sergio Ardila

**Area Code/Phone Number**
- (510) 272-6693

**E-mail**
- sergio.ardila@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes □ No □
   - **Face Value of Each Ticket/Pass** $18
   - **Event Description**: Alameda County Fair
   - **Date(s)**: 06 / 16 / 23 07 / 9 / 23
   - **Ticket(s)/Pass(es) provided by agency?** Yes □ No □
   - **If no:** Alameda County Fair
   - **Was ticket distribution made at the behest of agency official?** Yes □ No □

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.**
   - **Number 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:**
     - Ceremonial Role □ Other □ Income □
     - **If checking “Ceremonial Role” or “Other” describe below:**
     - To promote County resources or facilities available to Co.

   **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."

   **Signature of Agency Head or Designee**
   - Sergio Ardila

   **Print Name**
   - Supervisor’s Assistant

   **Title**
   - 7/19/23

   **Comment:**
1. Agency Name
   Alameda County
   Board of Supervisors
   Sergio Ardila
   Area Code/Phone Number (510) 272-6693
   E-mail sergio.ardila@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [x]
   Face Value of Each Ticket/Pass $18
   Event Description: Alameda County Fair
   Date(s): 06/16/23 07/9/23
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Alameda County Fair
   Name of Source
   Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes [ ] No [x]

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:
      Ceremonial Role [ ] Other [ ] Income [ ]
      To promote County resources or facilities available to Cols...
      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.
   Sergio Ardila
   Supervisor's Assistant
   Signature of Agency Head or Designee
   Print Name
   Title
   (month, day, year)

   Comment:

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sergio Ardila
   Area Code/Phone Number: (510) 272-6693
   E-mail: sergio.ardila@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ ____________ $18
   Event Description: Alameda County Fair
   Date(s) 06 / 16 / 23 07 / 9 / 23
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Alameda County Fair
   Name of Source
   If yes: Tam, Lena
   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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malawan, Mariwr</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote County resources or facilities available to Coi</td>
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<tr>
<th>Name of Outside Organization (include address and description)</th>
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<th>Describe the public purpose made pursuant to the agency's policy</th>
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   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 regulations.

   Signature of Agency Head or Designee: Sergio Ardila
   Print Name: Sergio Ardila
   Supervisor's Assistant: (month, day, year) 07/19/23

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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sergio Ardila
   Area Code/Phone Number
   (510) 272-6693
   E-mail
   sergio.ardila@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [x] Face Value of Each Ticket/Pass $ 18
   Event Description: Alameda County Fair
   Date(s) 06 / 16 / 23 07 / 9 / 23
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Alameda County Fair
   Name of Source
   If yes: Tam, Lena
   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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Li, Cece</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [x] Income [ ] To promote County resources or facilities available to Cor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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   Signature of Agency Head or Designee
   Sergio Ardila
   Supervisor's Assistant
   Print Name
   Title
   7/19/13
   Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sergio Ardila
   Area Code/Phone Number
   (510) 272-6693
   E-mail
   sergio.ardila@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass $ ☐
   Event Description: Alameda County Fair
   Date(s) 06 / 16 / 23 07 / 9 / 23
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: Alameda County Fair
   If yes: Name of Source
   Official's Name (Last, First)
   Name of Source
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐

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
      Describe the public purpose made pursuant to the agency’s policy
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote County resources or facilities available to CoI
      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.
   Signature of Agency Head or Designee
   Sergio Ardila
   Supervisor's Assistant
   Print Name
   Print Name
   Title
   (month, day, year)

Comment:

Print  Clear
### 1. Agency Name
- Alameda County
- Board of Supervisors
- Designated Agency Contact (Name, Title)
  - Sergio Ardila
- Area Code/Phone Number
  - (510) 272-6693
- E-mail
  - sergio.ardila@acgov.org

### 2. Function or Event Information
- Does the agency have a ticket policy? Yes [ ] No [ ]
- Face Value of Each Ticket/Pass
  - $18
- Event Description
  - Alameda County Fair
- Date(s)
  - 06/16/23
  - 07/09/23
- Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
  - If no: Alameda County Fair
  - Name of Source
  - If yes: Tam, Lena
  - 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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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</thead>
<tbody>
<tr>
<td>Hughes, Aaron</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote County resources or facilities available to CoI.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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### 4. Verification
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  - Signature of Agency Head or Designee
  - Print Name
  - Supervisor's Assistant
  - Title
  - Date (month, day, year)

Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Title:** Ceremonial Role Events and Ticket/Pass Distributions

**Agency Name:** Alameda County

**Division, Department, or Region:** Board of Supervisors

**Designated Agency Contact:** Sergio Ardila

**Area Code/Phone Number:** (510) 272-6693

**E-mail:** sergio.ardila@acgov.org

**Face Value of Each Ticket/Pass:** $18

**Date(s):**
- 06 / 16 / 23
- 07 / 09 / 23

**Event Description:** Alameda County Fair

**Ticket(s)/Pass(es) provided by agency:**
- Yes □ No ■

**Was ticket distribution made at the behest of agency official?**
- Yes □ No ■

**Verification:**

I have read and understood 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**

**Print Name**

**Title**

**Date of Original Filing:**

(month, day, year)

---

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garcia, Marisol</td>
<td>2</td>
<td>To promote County resources or facilities available to Co</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
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**Comment:**

**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

1. **Agency Name**
   Alameda County

   **Division, Department, or Region (if applicable)**
   Board of Supervisors

   **Designated Agency Contact (Name, Title)**
   Sergio Ardila

   **Area Code/Phone Number**
   (510) 272-6693

   **E-mail**
   sergio.ardila@acgov.org

   **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 $**
   $18

   **Event Description:**
   Alameda County Fair

   **Date(s)**
   06 / 16 / 23
   07 / 9 / 23

   **Ticket(s)/Pass(es) provided by agency?**
   Yes [ ] No [ ]

   **If no:**
   Alameda County Fair

   **Name of Source**
   Tam, Lena

   **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**

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>

   **B. Name of Individual**

   **Number of Ticket(s)/Passes**

   **Identify one of the following:**

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Passes</th>
<th>Ceremonial Role [ ] Other [ ] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garcia, Ana</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

   **To promote County resources or facilities available to Com**

   **C. Name of Outside Organization**

   **Number of Ticket(s)/Passes**

   **Describe the public purpose made pursuant to the agency’s policy**

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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 regulations.

   **Signature of Agency Head or Designee**
   Sergio Ardila

   **Print Name**
   Supervisors Assistant

   **Title**
   (month, day, year)

   **Comment:**

---

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

1. Agency Name
   Alameda County

   Division, Department, or Region (if applicable)
   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Sergio Ardila

   Area Code/Phone Number E-mail
   (510) 272-6693 sergio.ardila@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $18
   Event Description: Alameda County Fair
   Date(s) 06 / 16 / 23 07 / 9 / 23
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: Alameda County Fair
   Name of Source
   If yes: Tam, Lena
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes [ ] No [ ]

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:
   
   Ferreira, Stacy 2 To promote County resources or facilities available to Cio

   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 law.

   Signature of Agency Head or Designee
   Sergio Ardila
   Supervisor's Assistant
   Print Name
   Title
   Date (month, day, year) 7/19/23

Comment:
Agencies Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   - Alameda County
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
     - Sergio Ardila

   Contact Information
   - Area Code/Phone Number: (510) 272-6693
   - E-mail: sergio.ardila@acgov.org

   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: $18
   - Event Description: Alameda County Fair
   - Date(s): 06/16/23
   - Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   - If no: Alameda County Fair
   - If yes: Tam, Lena

3. Recipients
   - 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:
     - Ceremonial Role ☐
     - Other ☐
     - Income ☐
     - To promote County resources or facilities available to CoC

   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.

   Signature: Sergio Ardila
   - (Signature of Agency Head or Designee)
   - Print Name
   - Supervisor’s Assistant
     - (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:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sergio Ardila
   Area Code/Phone Number (510) 272-6693
   E-mail sergio.ardila@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $18
   Event Description: Alameda County Fair
   Date(s) 06/16/23 07/09/23
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: Alameda County Fair
   If yes: Tam, Lena
   Was ticket distribution made at the behest of agency official? Yes [ ] No [ ]

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bybee, Crystal</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote County resources or facilities available to Co</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

Signature of Agency Head or Designee

Sergio Ardila

Supervisor's Assistant

Print Name

Title

Date 7/19/23

(month, day, year)

Comment:
Agency Name
Alameda County

Division, Department, or Region (If applicable)
Board of Supervisors

Designated Agency Contact (Name, Title)
Sergio Ardila

Area Code/Phone Number E-mail
(510) 272-6693 sergio.ardila@acgov.org

Date of Original Filing: ____________ (month, day, year)

2. Function or Event Information

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

Event Description: Alameda County Fair

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

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

Face Value of Each Ticket/Pass $__________

Date(s) 06/16/23 07/9/23

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:

Ceremonial Role ☐ Other ☐ Income ☐

If checking "Ceremonial Role" or "Other" describe below:

To promote County resources or facilities available to Co

If checking "Ceremonial Role" or "Other" describe below:

Income ☐

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.

Sergio Ardila

Signature of Agency Head or Designee

Print Name

Supervisor's Assistant

Title

(_____/_____/____)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sergio Ardila
   Area Code/Phone Number (510) 272-6693
   E-mail sergio.ardila@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Event Description: Alameda County Fair
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Face Value of Each Ticket/Pass $ 18
   Date(s) 06/16/23 07/09/23
   Was ticket distribution made at the behest of agency official? Yes □ No □

3. Recipients
   Name of Agency, Department or Unit
   Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy
   Name of Individual (Last, First)
   Number of Ticket(s)/Passes Identify one of the following:
   Ceremonial Role □ Other □ Income □
   To promote County resources or facilities available to Co:
   Ceremonial Role □ Other □ Income □
   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.
   Signature of Agency Head or Designee: Sergio Ardila
   Supervisor's Assistant: Print Name
   Title: (month, day, year) 2/10/23

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

1. Agency Name
Alameda County

Division, Department, or Region (if applicable)
Board of Supervisors

Designated Agency Contact (Name, Title)
Sergio Ardila

Area Code/Phone Number  E-mail
(510) 272-6693  sergio.ardila@acgov.org

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 $ 18

Event Description: Alameda County Fair

Date(s) 06/16/23 07/9/23

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

If no: Alameda County Fair

Name of Source

If yes: Tam, Lena

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arreola, Juan Carlos</td>
<td>2</td>
<td>To promote County resources or facilities available to Co</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
Signature of Agency Head or Designee  Print Name  Title

Date of Filing: 7/19/23

Comment: 

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

## 1. Agency Name

**Alameda County**

**Board of Supervisors**

**Designated Agency Contact (Name, Title)**

**Sergio Ardila**

**Area Code/Phone Number**

(510) 272-6693

**E-mail**

sergio.ardila@acgov.org

## 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [ ] No [ ]

  **Face Value of Each Ticket/Pass $** $18

- **Event Description:** Alameda County Fair

  **Date(s)** 06 / 16 / 23 07 / 9 / 23

- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [ ]

  **Name of Source**

  Alameda County Fair

- **Was ticket distribution made at the behest of agency official?** Yes [ ] No [ ]

  **Official's Name (Last, First)**

  Tam, Lena

## 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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### B. Name of Individual (Last, First)

- **Name of Individual** Thabit, Osama

  **Number of Ticket(s)/Passes** 4T

  **Identify one of the following:**

  - Ceremonial Role [ ] Other [ ] Income [ ]
  
  **To promote County resources or facilities available to Co**

  **If checking "Ceremonial Role" or "Other" describe below:**

### C. Name of Outside Organization (include address and description)

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 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.

**Signature of Agency Head or Designee**

Sergio Ardila

**Supervisor's Assistant**

Print Name

Title

(month, day, year) 07/24/23

Comment:

---

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sergio Ardila
   Area Code/Phone Number (510) 272-6693
   E-mail sergio.ardila@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Alameda County Fair
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $18
   Date(s) 06/16/23 07/09/23
   If no: Alameda County Fair
   If yes: Tam, Lena

3. Recipients
   A. Name of Agency, Department or Unit
   B. Name of Individual (Last, First)
   C. Name of Outside Organization
      (include address and description)
      Lincoln Square Park and Recreation Center
      250 10th St Oakland

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.

   Signature of Agency Head or Designee: Sergio Ardila
   Supervisor’s Assistant: 07/27/23

   Comment:

   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

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sergio Ardila
   Area Code/Phone Number (510) 272-6693
   E-mail sergio.ardila@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $18
   Event Description: Alameda County Fair
   Date(s) 06 / 16 / 23 07 / 9 / 23
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Alameda County Fair
   Name of Source: Tam, Lena
   If yes: Official's Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Passes
      Describe the public purpose made pursuant to the agency's policy

        | Name of Agency, Department or Unit | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy |
        |-----------------------------------|-----------------------------|---------------------------------------------------------------|

        | Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following: |
        |----------------------------------|-----------------------------|---------------------------------|
        | Garcia, Marisol                  | 2                           | Ceremonial Role □ Other □ Income □ |
        |                                  |                             | If checking "Ceremonial Role" or "Other" describe below:       |
        |                                  |                             | To promote County resources or facilities available to CoC |
        |                                  |                             | Ceremonial Role □ Other □ Income □ |
        |                                  |                             | If checking "Ceremonial Role" or "Other" describe below:       |

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.

   Signature of Agency Head or Designee: Sergio Ardila
   Supervisor's Assistant: _______________________
   Date (month, day, year): 09/23/13

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

1. **Agency Name**
   - Alameda County

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [ ] No [ ]
   - **Face Value of Each Ticket/Pass** $18
   - **Event Description:** Alameda County Fair
   - **Date(s):** 06 / 16 / 23
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [ ]
   - **Was ticket distribution made at the behest of agency official?** Yes [ ] No [ ]

3. **Recipients**
   - **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**
     - **Colon, Melainie**
     - **Number of Ticket(s)/Passes:** 2
     - **Identify one of the following:**
       - **Ceremonial Role** [ ]
       - **Other** [ ]
       - **Income** [ ]
       - **To promote County resources or facilities available to COI**
   - **C. Name of Outside Organization**
     - **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.*
   - **Signature of Agency Head or Designee:**
   - **Print Name of Supervisor's Assistant:**
   - **Signature of Agency Head or Designee:**
   - **Print Name of Supervisor's Assistant:**
   - **Date:** 07 / 07 / 23

---

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

1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Sergio Ardila

Area Code/Phone Number E-mail
(510) 272-6693 sergio.ardila@acgov.org

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 $ 18
Event Description: Alameda County Fair
Provide Title/Explanation
Date(s) 06 / 16 / 23 07 / 9 / 23
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
If no: Alameda County Fair
Name of Source
Tam, Lena
If yes: 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.

<table>
<thead>
<tr>
<th>A.</th>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rose, Gina</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
<td></td>
</tr>
</tbody>
</table>

To promote County resources or facilities available to Coi

<table>
<thead>
<tr>
<th>C.</th>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

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 documents.

Signature of Agency Head or Designee
Sergio Ardila
Print Name
Supervisor’s Assistant
TITLE
7/27/23 (month, day, year)

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

1. **Agency Name**
   - Alameda County
   - Board of Supervisors
   - Designated Agency Contact (Name, Title)
     - Heather Cartwright
   - Area Code/Phone Number
     - (510) 272-6691
   - E-mail
     - heather.cartwright2@acgov.org

2. **Function or Event Information**
   - **Does the agency have a ticket policy?**
     - Yes ☐ No ☐
   - **Face Value of Each Ticket/Pass**
     - $18 ti/ $15 parking
   - **Event Description:** Alameda County Fair
   - **Date(s):**
     - June __, __22
     - July __, __22
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes ☐ No ☐
   - **Was ticket distribution made at the behest of agency official?**
     - Yes ☐ No ☐

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:**

   - Ceremonial Role ☐ Other ☐ Income ☐
     - If checking "Ceremonial Role" or "Other" describe below:

   - 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**

   - Alameda County Building Trades-7750 Pard__
     - 12ti/4park
     - To promote County-run, sponsored or supported commun

   - Coalition of 28 affiliated unions representing

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.

   **Signature of Agency Head or Designee**
   **Print Name**
   **Title**
   **Date of Original Filing:**

   **Comment:**

   [Print Clear]
**Agency Report of:**
**Ceremonial Role Events and Ticket/Pass Distributions**

**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) 272-6691
E-mail heather.cartwright2@acgov.org

**2. Function or Event Information**
Does the agency have a ticket policy?  Yes ☐ No ☐
Face Value of Each Ticket/Pass $ 18/tix/ $15 parking
Event Description: Alameda County Fair
Date(s) June 16/2023, July 9/2023
Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☐
If no: Alameda County Fair
If yes: Haubert, David

**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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livermore Wine Growers Association-3585 G</td>
<td>8tix/1park</td>
<td>To promote County-run, sponsored or supported commun</td>
</tr>
</tbody>
</table>

**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.

Signature of Agency Head or Designee: Heather D. Cartwright
Print Name: Supervisor’s Assistant
Title: (month, day, year)
Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Heather Cartwright
   Area Code/Phone Number (510) 272-6691
   E-mail heather.cartwright2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Event Description: Alameda County Fair
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Was ticket distribution made at the behest of agency official? Yes □ No □
   Face Value of Each Ticket/Pass $168.00
   Date(s) June 16, 2023 July 9, 2023
   If no: Alameda County Fair
   Name of Source Haubert, David
   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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennings, Estella</td>
<td>1</td>
<td>____________________________</td>
</tr>
<tr>
<td>Zhou, Tammy</td>
<td>1</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

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.
   Signature of Agency Head or Designee: Heather D. Cartwright
   Supervisor’s Assistant: Print Name
   Title: Print Name
   Date (Month, Day, Year): 8/1/2023
   Comment: 

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Heather Cartwright
   (510) 272-6691
   heather.cartwright2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ■ No □
   Event Description: Alameda County Fair
   Date(s): June 16, 2023 □ July 9, 2023 □
   Ticket(s)/Pass(es) provided by agency? Yes □ No ■
   Face Value of Each Ticket/Pass $ □ $18 (tx)/$15 parking □
   If no: Alameda County Fair
   If yes: □
   Haubert, David
   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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Tickets/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Various (See attached list)</td>
<td>250tx/10p</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at events held a County facility □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
   Signature of Agency Head or Designee
   Print Name
   Title
   Date: 8/1/2022
   FPPC Form 802 (2/2016)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Phone #</th>
<th>Friend of Fair</th>
<th># Parking Pass</th>
<th>Butler Honorary Amusement Pass (Reuseable)</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ernest Heng</td>
<td>ITD</td>
<td>$24</td>
<td>6</td>
<td>6</td>
<td></td>
<td><a href="mailto:ernest.heng@august.org">ernest.heng@august.org</a></td>
</tr>
<tr>
<td>Jeff Vostich</td>
<td>ITD</td>
<td>$25</td>
<td>2</td>
<td></td>
<td></td>
<td><a href="mailto:jeff.vostich@august.org">jeff.vostich@august.org</a></td>
</tr>
<tr>
<td>Fremont Office</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pleasanton Office</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION B - INDIVIDUALS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Phone #</th>
<th>Friend of Fair</th>
<th># Parking Pass</th>
<th>Butler Honorary Amusement Pass (Reuseable)</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glorie Olson</td>
<td>Fremont Constituent</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linda Randel</td>
<td>Hayward Constituent</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tim Sienati</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thelma Cabrea</td>
<td>Pleasanton Constituent</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tammy Zhou</td>
<td></td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Derek Ko</td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yolanda Chen</td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tszilia Ching</td>
<td></td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maria Chavez</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dominik Trampetti</td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FRIEND OF FAIR**

- 510-791-5839

**PARKING PASS RECIPIENTS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Phone #</th>
<th>Friend of Fair</th>
<th># Parking Pass</th>
<th>Butler Honorary Amusement Pass (Reuseable)</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tim Sienati</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dominik Trampetti</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pleasanton Office</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BUTLER HONORARY AMUSEMENT PASS**

- 1

**SECTION C - OUTSIDE ORGANIZATIONS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Phone #</th>
<th>Friend of Fair</th>
<th># Parking Pass</th>
<th>Butler Honorary Amusement Pass (Reuseable)</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County Building Trades</td>
<td></td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Livermore Wine Growers Association</td>
<td></td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Gabriela Christy
   (510) 272-6692
   Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: 2023 Alameda County Fair
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 18/15
   Date(s) 06 / 16 / 23
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Marquez, Elisa- Supervisor District 2
   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)/Pass(es)
   Describe the public purpose made pursuant to the agency’s policy

   B. Name of Individual
   (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   To reward a community volunteer for his or her service to the public
   Income ☐
   To reward a community volunteer for his or her service to the public
   Income ☐
   Gonzalez, Alejandro
   Rodriguez, Itzel

   C. Name of Outside Organization
   (Include address and description)
   Number of Ticket(s)/Pass(es)
   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.
   Signature of Agency Head or Designee: __________________________
   Print Name: Gabriela Christy
   Supervisor’s Assistant: __________________________
   Title: __________________________
   Date: 05/07/23

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number E-mail
   (510) 272-6692 Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: 2023 Alameda County Fair
   Face Value of Each Ticket/Pass $__________
   Date(s) 06 / 16 / 23
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If no: Alameda County
   If yes: Marquez, Elisa- Supervisor District 2
   Name of Source

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)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

   B. Name of Individual | Number of Ticket(s)/Pass(es) | Identify one of the following:
   (Last, First) | | Income ☐
   Guien, Sylvia | 5 | To reward a community volunteer for his or her service to the public
   Higares, Fredrick | 5 | To reward a community volunteer for his or her service to the public

   C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | 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.
   Signature of Agency Head of Designee: Gabriela Christy
   Print Name: Supervisor's Assistant: (Month, Day, Year)
   Comment: ____________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions  

1. Agency Name  
Alameda County  
Board of Supervisors  
Designated Agency Contact (Name, Title)  
Gabriela Christy  
Area Code/Phone Number (510) 272-6692  
E-mail Gabriela.Christy@acgov.org  

2. Function or Event Information  
Does the agency have a ticket policy? Yes ☑ No ☐  
Event Description 2023 Alameda County Fair  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑  
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑  
Face Value of Each Ticket/Pass $ 18/15  
Date(s) 06 / 16 / 23  
If no: Alameda County  
If yes: Mapaches, Elisa  
Name of Source Supervisor, District 2  
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  
<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Name of Individual  
(Use First Name only)  
<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

C. Name of Outside Organization  
(Include address and description)  
La Familia 24301 Southland Dr #300, Hayward, CA 94545  
<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>To reward a school or nonprofit organization for its contributions to the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>30/2</td>
<td>agency’s policy necessary to build resilience, wellness, and economic power.</td>
</tr>
</tbody>
</table>

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.  

Signature of Agency Head or designee  
Gabriela Christy  
Supervisor’s Assistant  
(Title)  

Date 27/05 (Month, Day, Year)  
Comment:  

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Gabriela Christy
Area Code/Phone Number (510) 272-6692
E-mail Gabriela.Christy@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description 2023 Alameda County Fair
Face Value of Each Ticket/Pass $ 18/15
Date(s) 06/16/23
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Alameda County
Name of Source
If yes: Marquez, Elisa- Supervisor District 2
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)/Pass(es) ____________
Describe the public purpose made pursuant to the agency’s policy ____________________________________________________________

B. Name of Individual ____________________________________________
Number of Ticket(s)/Pass(es) ____________
Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
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)/Pass(es) ____________
Describe the public purpose made pursuant to the agency’s policy __________________________________________________________
To reward a school or nonprofit organization for its contributions to the community
Non-Profit social service organizations working to build a vibrant Tri-City community with strong, healthy individuals, families and children

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.

Signature of Agency Head or Designee ____________________________
Print Name Gabriela Christy
Title Supervisor's Assistant
Date of Filing: 07/27/23

Comment: ____________________________________________________
1. Agency Name
   Alameda County
   Board of Supervisors
   Gabriela Christy
   Area Code/Phone Number (510) 272-6692
   E-mail Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description 2023 Alameda County Fair
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Face Value of Each Ticket/Pass $ 18/15
   Date(s) 06 / 16 / 23

3. Recipients
   Name of Agency, Department or Unit Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

   Name of Individual (Last, First) Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

   Name of Outside Organization (include address and description) Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy
   Viola Blythe Community Service Center of Newark 37365 Ash Street Newark, Ca 30/2
   a nonprofit, nonsectarian corporation organized to promote, support and advocate social and human services to any person who is in immediate need.

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.
   Signature of Agency Head or Designee Gabriela Christy Supervisor's Assistant (Last, First) (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number   E-mail
   (510) 272-6692   Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description 2023 Alameda County Fair
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $18/15
   Date(s) 06/16/23
   Name of Source
   If no: Alameda County
   If yes: Marquez, Elisa- Supervisor District 2
   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)/Pass(es) Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual  Number of Ticket(s)/Pass(es) Identify one of the following:
   (Last, First)
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization  Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
   (Include address and description)
   Union City Family Center 725 Whipple Road Union City, CA 94587
   30/2
   The Union City Family Center provides an innovative community school model.
   To reward a school or nonprofit organization for its contributions to the community

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.
   Signature of Agency Head or Designee
   Gabriela Christy
   Supervisor's Assistant
   Print Name
   Title
   (Month, Day, Year)
   Comment:
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name  
Alameda County  
Division, Department, or Region (If Applicable)  
Board of Supervisors  
Designated Agency Contact (Name, Title)  
Gabriela Christy  
Area Code/Phone Number  (510) 272-6692  
E-mail  Gabriela.Christy@acgov.org  

2. Function or Event Information  
Does the agency have a ticket policy?  Yes ☒ No ☐  
Face Value of Each Ticket/Pass $ 18/15  
Event Description  2023 Alameda County Fair  
Date(s)  06 / 16 / 23  
Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒  
If no:  Alameda County  
If yes:  Marquez, Elisa- Supervisor District 2  
Name of Source  
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.  

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
Ceremonial Role ☐ Other ☐ Income ☐  
If checking “Ceremonial Role” or “Other” describe below:  
Ceremonial Role ☐ Other ☐ Income ☐  
If checking “Ceremonial Role” or “Other” describe below: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tiburcio Vasquez Health Center 22331 Mission Blvd, Hayward, CA 94541</td>
<td>30/2</td>
<td>To reward a school or nonprofit organization for its contributions to the community services to residents of southern Alameda County, for over 40 years.</td>
</tr>
</tbody>
</table>

4. Verification  
I have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee  Gabriela Christy  Supervisor’s Assistant  
(月/日/年)  Print Name  Title  

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

1. Agency Name
   Alameda County
   Board of Supervisors

Designated Agency Contact (Name, Title)
   Gabriela Christy

Area Code/Phone Number E-mail
   (510) 272-6692 Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: 2023 Alameda County Fair
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Face Value of Each Ticket/Pass $ 18/15
   Date(s) 06/16/23
   If no: Alameda County
   Name of Source
   If yes: Marquez, Elisa- Supervisor District 2
   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)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      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)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      LOV of Newark 8440 Central Ave, Suite A/B Newark, CA 94560
      30/2
      To reward a school or nonprofit organization for its contributions to
      the community
      For over 40 years, LOV has touched the lives of Tri-City children, seniors and
      people in need.

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Gabriela Christy
   Print Name
   Supervisor’s Assistant: Peter Lu
   Title
   (Month, Day, Year)

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

1. Agency Name
   Alameda County
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Gabriela Christy
   Area Code/Phone Number (510) 272-6692
   E-mail Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description 2023 Alameda County Fair
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 18/15
   Date(s) 06 / 16 / 23
   If no: Alameda County
   Name of Source
   If yes: Marquez, Elisa- Supervisor District 2
   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)/Pass(es) Describe the public purpose made pursuant to the agency's policy
   
   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   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)/Pass(es) Describe the public purpose made pursuant to the agency's policy
   Eden Youth & Family Center 680 W Tennyson Rd, Hayward, CA 94544 30/2 To reward a school or nonprofit organization for its contributions to the community
   To promote equitable access to coordinated services, strategic
   Partnerships and policy advocacy that partnerships, and policy advocacy that

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.

Signature of Agency Head or Designee: Gabriela Christy
Print Name: Supervisor's Assistant: Title:
(Year, Month, Day) 27/25
### Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

**1. Agency Name**
- County of Alameda
- Division, Department, or Region (if applicable)
- County Administrator's Office
- Designated Agency Contact (Name, Title)
  - Brian Santos, Administrative Associate
- Area Code/Phone Number
  - (510) 272-6332
- E-mail
  - Brian.Santos@acgov.org

**2. Function or Event Information**
- Does the agency have a ticket policy? Yes ☐ No ☐
- Face Value of Each Ticket/Pass $ 18.00
- Event Description: Alameda County Fair
- Date(s) 6/16/23
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
- If no: Alameda Fair
- Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
- If yes: Susan S. Muranishi

**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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cruz, Joseph</td>
<td>15</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Employee Appreciation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
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<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
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</tbody>
</table>

**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.

Signature of Agency Head or Designee: [Signature]
Print Name: [Signature]
Admin. Assoc.: [Signature]

Date: 6/23/23 (month, day, year)

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

1. Agency Name
   Alameda County Health Care Services
   Division, Department, or Region (if applicable)
   Department of Environmental Health
   Designated Agency Contact (Name, Title)
   Bennie Brazelton Griego
   Area Code/Phone Number 510-567-6777
   E-mail ben.brazelton-griego@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [x] Face Value of Each Ticket/Pass $ [ ] 18.00
   Event Description: Alameda County Fair
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Was ticket distribution made at the behest of agency official? Yes [ ] No [x]
   Date(s) 06 / 17 / 23 07 / 10 / 23
   Name of Source
   Susan Muranishi County Administrator
   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
   Department of Environmental Health 20 to promote, encourage, reward or support employee morale and retention

   B. Name of Individual (Last, First) Number of Ticket(s)/Passes Identify one of the following:
   Ceremonial Role [ ] Other [ ] Income [ ]
   If checking "Ceremonial Role" or "Other" describe below:
   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.
   BEN BRAZELTON GRIEGO ADM.SPEC.II 6/23/23
   Signature of Agency Head or Designee Print Name Title
   (month, day, year)

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

1. Agency Name
   County Administrator's Office
   Division, Department, or Region (if applicable)
   County Administrator's Office - Budget and Finance Unit
   Designated Agency Contact (Name, Title)
   Susan S. Muranishi, County Administrator
   Area Code/Phone Number (510) 272-6984
   E-mail countyadministrator@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $__________
   Event Description: Alameda County Fair
   Date(s) 06/16/23 07/09/23
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Alameda County Fair Association
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   If yes: ____________
   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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leocario, Brenda</td>
<td>15</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Employee Appreciation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

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.

Signature of Agency Head or Designee BRENDA V. LEOCARIO Print Name ADMIN. ASSOCIATE, CAO Title 06/30/23 (month, day, year)

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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   County Administrator's Office, Risk Management Unit
   Designated Agency Contact (Name, Title)

   Area Code/Phone Number    E-mail
   510-272-6451               theresa.quan@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☐ No ☐
   Event Description: Alameda County fair tickets
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☐
   Was ticket distribution made at the behest of agency official?  Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 18.00
   Date(s) 6/16/2023 7/9/2023

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:
   Quan, Theresa | 6 | Ceremonial Role ☐ Other ☐ Income ☐
   Will attend the fair
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   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.

   Signature of Agency Head or Designee    Print Name    Title
   Theresa Quan    Specialist Clerk II    06/30/2023 (month, day, year)

   Comment: 

   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

1. Agency Name
   County of Alameda
   Division, Department, or Region (if applicable)
   County Administrator's Office
   Designated Agency Contact (Name, Title)
   Susan Muranishi
   Area Code/Phone Number
   E-mail
   susan.muranishi@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☐  No ☐
   Face Value of Each Ticket/Pass $ 18.00
   Event Description: Alameda County Fair
   Date(s) 06 / 16 / 23  07 / 09 / 23
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☐
   If no: Alameda County Fairgrounds
   Name of Source
   If yes: Muranishi, Susan
   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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

   | Name of Individual
   (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:                            |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Santos, Brian</td>
<td>10</td>
<td>Ceremonial Role ☐  Other ☐  Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Employee Appreciation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐  Other ☐  Income ☐</td>
</tr>
</tbody>
</table>

   | Name of Outside Organization
   (include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency’s policy |
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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.

   Signature of Agency Head or Designee
   Brian Santos
   Administrative Associate
   Print Name
   Title
   06/30/2023
   (month, day, year)

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

1. Agency Name
   County Administrator’s Office
   Division, Department, or Region (if applicable)
   Risk Management Unit
   Designated Agency Contact (Name, Title)
   Brian S Santos, Administrative Associate
   Area Code/Phone Number
   510-272-6332
   E-mail
   brian.santos@acgov.org

   Date Stamp
   California Form 802
   Date of Original Filing: (month, day, year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Alameda County Fair
   Face Value of Each Ticket/Pass $ 18.00
   Date(s) 06/16/23 07/09/23
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Name of Source
   If yes: 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:
   - Ceremonial Role ☐ Other ☐ Income ☐
   - CAO Staff Member
     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.

   Signature of Agency Head or Designee
   Maria Songco-Daluz
   Worker’s Comp. Administrator
   Print Name
   Title
   7/3/2023
   (month, day, year)

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

1. Agency Name
   County of Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Ashley Strasburg
   Area Code/Phone Number E-mail
   510-670-5717 Ashley.Strasburg@acgov.org

   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 $ 18/15
   Event Description: 2023 Alameda County Fair
   Date(s) 10/16/23 7/9/23
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Alameda County
   Name of Source
   Name of Agency Official
   Name of Source
   Name of Agency Official
   Name of Source
   Name 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.

   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:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To promote County resources or facilities available to County of Alameda residents.

   Adrienne Bareilles 2

   Geoffrey Peete 13

   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.

   Signature of Agency Head or Designee Ashley Strasburg Supervisor's Assistant 8/2/2023 (month, day, year)
   Supervisor's Title
   Print Name
   Print
   Clear
   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

### 1. Agency Name
- County of Alameda County
- Board of Supervisors
- Ashley Strasburg
- 510-670-5717 Ashley.Strasburg@acgov.org

### 2. Function or Event Information
- Does the agency have a ticket policy? Yes [x] No [ ]
- Face Value of Each Ticket/Pass: $18/15
- Event Description: 2023 Alameda County Fair
- Date(s): 6/16/23 7/9/23
- Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
- If no: Alameda County
- If yes: Mike Miley, Nate Supervisor, District 4

### 3. Recipients
- 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:
  - Ceremonial Role [ ]
  - Other [ ]
  - Income [ ]
  - If checking "Ceremonial Role" or "Other" describe below:
    - To promote County resources or facilities available to County of Alameda residents
- 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
  - First Presbyterian Church of Hayward 2490 Grove Way
  - 10 To reward school or nonprofit organization for its contributions to the community

### 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.

Signature of Agency Head or Designee: Ashley Strasburg
Print Name: Supervisors Assistant
Title: 3/2/2023
(month, day, year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Alameda County
   Board of Supervisors
   Ashley Strasburg
   E-mail: Ashley.Strasburg@aca.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $ 18/15
   Event Description: 2023 Alameda County Fair
   Date(s): 6/16/23 7/9/23
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: Alameda County
   If yes: Mike, Nate - Supervisor, District 4

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 | Ceremonial Role [x] Other [ ] Income [ ]
      Erin Armstrong | 3 | if checking "Ceremonial Role" or "Other" describe below:
      Ken Carbone | 4 | To promote County resources or facilities available to County of Alameda residents.
   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.
   Signature of Agency Head or Designee: Ashley Strasburg
   Supervisor's Assistant: Mike, Nate
   Date: 8/2/2023 (month, day, year)

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

1. Agency Name
   County of Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Ashley Strasburg
   Area Code/Phone Number E-mail
   510-670-5717 Ashley.Strasburg@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description: 2023 Alameda County Fair
   Provide Title/Explaination
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If yes: Alameda County
   Face Value of Each Ticket/Pass $ 18/15
   Date(s) 6/16/23 7/1/23
   If no: Name of Source
   Name of Source
   If yes: Mikey, Nate - Supervisor, District 4
   Name of Source (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
   [Blank]

   B. Name of Individual (Last, First) Number of Ticket(s)/ Passes Identify one of the following:
   Ashley Strasburg 4 Ceremonial Role [ ] Other [ ] Income [ ]
   To promote County resources or facilities available to County of Alameda residents.
   Jasmine Howard 4 Ceremonial Role [ ] Other [ ] Income [ ]
   To promote County resources or facilities available to County of Alameda residents.

   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
   Island Community Association 10 To reward school or nonprofit organization for their contributions to the community

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.

   Signature of Agency Head or Designee Ashley Strasburg Supervisor's Assistant 8/1/2023
   Print Name Title (month, day, year)

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

1. **Agency Name**
   County of Alameda County
   
   **Division, Department, or Region (if applicable):**
   Board of Supervisors
   
   **Designated Agency Contact (Name, Title):**
   Ashley Strasburg
   
   **Area Code/Phone Number**
   510-670-5717
   
   **E-mail**
   Ashley.strasburg@acgov.org

2. **Function or Event Information**
   
   **Does the agency have a ticket policy?**
   Yes [X] No [ ]
   
   **Event Description:**
   2023 Alameda County Fair
   
   **Face Value of Each Ticket/Pass**
   $18.15
   
   **Date(s):**
   10/16/23
   7/9/23
   
   **Ticket(s)/Pass(es) provided by agency?**
   Yes [X] No [ ]
   
   **If no:**
   Alameda County
   
   **Name of Source**
   Mikey, Nate - Supervisor, District 4
   
   **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
   Number of Ticket(s)/Passes
   Identify one of the following:
   
   - Ceremonial Role
   - Other
   - Income
   
   If checking "Ceremonial Role" or "Other" describe below:
   
   Chris Higgins
   2
   
   To promote county resources or facilities available to county of Alameda residents
   
   Caryl Mahar
   3
   
   To promote county resources or facilities available to county of Alameda residents

   **C.**
   Name of Outside Organization
   Number of Ticket(s)/Passes
   Describe the public purpose made pursuant to the agency's policy
   
   United Seniors of Oakland & Alameda County

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.

   **Signature of Agency Head or Designee**
   Ashley Strasburg
   
   **Print Name**
   Supervisor's Assistant
   
   **Title**
   8/3/2023
   (month, day, year)

   **Comment:**

   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

1. Agency Name
   County of Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Ashley Strasburg
   Area Code/Phone Number  Email
   510-670-5717 Ashley.Strasburg@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 18/15
   Event Description: 2023 Alameda County Fair
   Provide Title/Explanation
   Date(s) 10/16/23 7/9/23
   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? Yes ☑ No ☐
   If yes: Miley, Nate - Supervisor, District 4
   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:
   Thelma Cabrea 2 To promote County resources or facilities available to County of Alameda residents
   Chinota Chew 8 To promote County resources or facilities available to County of Alameda residents

   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
   Cherryland Community Association 10 To reward school or nonprofit organization for its contributions to the community

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.

   Signature of Agency Head or Designee Ashley Strasburg Print Name Supervisor's Assistant 8/2/2023
   Title (month, day, year)
   Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Alameda
   Board of Supervisors
   Ashley Strasburg
   510-670-5717 Ashley.strasburg@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Alameda County Fair
   Date(s) 10, 16, 23
   Face Value of Each Ticket/Pass $ 18/15
   If no: Alameda County
   Name of Source: Mike N. Nate - Supervisor, District 4
   Official's Name (Last, First)
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

3. Recipients
   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:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote County resources or facilities available to County of Alameda residents.

   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
      To reward school or nonprofit organization for its contributions to the community

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.

   Signature of Agency Head or Designee Ashley Strasburg
   Print Name
   Supervisors Assistant
   Title
   8/27/2023
   (month, day, year)

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

1. Agency Name
   County of Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Ashley Strasburg
   Area Code/Phone Number E-mail
   510-670-5717 Ashley.Strasburg@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass $18/15
   Event Description: 2023 Alameda County Fair
   Date(s) 6/16/23 7/9/23
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ if no: Alameda County
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐ if yes: Mike, Nate - Supervisor, District 4

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.**
<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

   **B.**
<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☑ Other ☐ Income ☐ If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

   **C.**
<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Seniors of Oakland + Alameda County</td>
<td>45</td>
<td>To reward school or nonprofit organization for its contributions to the community</td>
</tr>
</tbody>
</table>

   **Convention participants**

   **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.

   Signature of Agency Head or Designee: Ashley Strasburg
   Supervisor's Assistant: Mike, Nate
   Date: 8/2/2023 (month, day, year)
   Print Name
   Title
### 1. Agency Name
- County of Alameda County
- Board of Supervisors

### 2. Function or Event Information
- Does the agency have a ticket policy? Yes ☒ No ☐
- Event Description: 2023 Alameda County Fair
- Face Value of Each Ticket/Pass: $18/15
- Date(s): 6/16/23, 7/9/23
- Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
- Name of Source: Alameda County
- If no: Mikey, Nate - Supervisor, District 4
- If yes: Mikey, Nate - Supervisor, District 4

### 3. Recipients
- **A.** Name of Agency, Department or Unit
  - Name: Alameda County Behavioral Health
  - Title: Melanie Jones, Peer Heath
  - Number of Ticket(s)/Passes: 10

- **B.** Name of Individual (Last, First)
  - Name: Pastor Laurence Vantcock
  - Number of Ticket(s)/Passes: 10
  - Ceremonial Role ☐ Other ☐ Income ☐
  - To promote County resources and facilities available to County of Alameda residents.

- **C.** Name of Outside Organization (Include address and description)
  - Name: Golden Age, Sandra Johnson
  - Number of Ticket(s)/Passes: 10
  - To reward school or nonprofit organization for its contributions to the community.

### 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.

Signature of Agency Head or Designee: Ashley Strasburg
Print Name: Ashley Strasburg
Title: Supervisor's Assistant
Date: 8/2/2023

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

**1. Agency Name**
County of Alameda County

**Division, Department, or Region (if applicable)**
Board of Supervisors

**Designated Agency Contact (Name, Title)**
Ashley Strasburg

**Area Code/Phone Number**
510-670-5717

**E-mail**
Ashley.strasburg@acgov.org

**A Public Document**
California Form 802
For Official Use Only

**Date Stamp**

**Amendment (must provide a date 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** $18/15
- **Event Description**
  - 2023 Alameda County Fair
  - Date(s) 6/16/23
  - Ticket(s)/Pass(es) Provider by agency?: Yes ☐ No ☐
  - If no: Alameda County

**Was ticket distribution made at the behest of agency officials?**
Yes ☐ No ☐

**Name of Source**
Miley, Nate - Supervisor District 4

### 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**

**Number of Ticket(s)/Passes**

**Identify one of the following:**
- Ceremonial Role ☐
- Other ☐
- Income ☐

**If checking "Ceremonial Role" or "Other" describe below:**
To promote County resources or facilities available to County of Alameda residents.

**C. Name of Outside Organization**

**Number of Ticket(s)/Passes**

**Describe the public purpose made pursuant to the agency's policy**
To reward school or nonprofit organizations for its contributions to the community.

### 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.

Signature of Agency Head or Designee

Print Name: Ashley Strasburg
Title: Supervisor's Assistant
Date: 6/2/2023
(month, day, year)

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

1. Agency Name
   County Administrator's Office
   Division, Department, or Region (if applicable)
   County Administrator's Office
   Designated Agency Contact (Name, Title)
   Susan S. Muranishi, County Administrator
   Area Code/Phone Number: (510) 272-3862
   E-mail: CountyAdministrator@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes [ ]  No [x]
   Face Value of Each Ticket/Pass $ 18.00
   Event Description: Alameda County Fair
   Date(s) 06/16/23 07/09/23
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: Alameda County Fair Association
   Was ticket distribution made at the behest of agency official? Yes [x] No [ ]

3. Recipients
   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:
      Ceremonial Role [ ] Other [ ]
      If checking "Ceremonial Role" or "Other" describe below:
      Employee Appreciation
      
   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.
   Signature of Agency Head or Designee
   [ ] Krystal Thorne
   Accounting Specialist I
   Print Name
   [ ] Print Name
   06/30/2023
   (month, day, year)
   Comment: 

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

1. Agency Name
County of Alameda
Division, Department, or Region (if applicable)
County Administrator’s Office
Designated Agency Contact (Name, Title)
Susan Muranishi
Area Code/Phone Number
E-mail
susan.muranishi@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? [ ] Yes [X] No
Face Value of Each Ticket/Pass $ 18.00
Event Description: Alameda County Fair
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? [ ] Yes [X] No
Date(s) 06 / 16 / 23 07 / 09 / 23
If no: Alameda County Fairgrounds
Name of Source
If yes: Muranishi, Susan
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:

Ceremonial Role [ ] Other [ ]
Income [ ]
If checking "Ceremonial Role" or "Other" describe below:
Employee Appreciation
Ceremonial Role [ ] Other [ ]
Income [ ]
If checking "Ceremonial Role" or "Other" describe below:

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.

Signature of Agency Head or Designee
Marites Ward
Print Name
Executive Assistant
Print Name
Title
06/30/2023
(month, day, year)

Comment:
Agency Name
County of Alameda
Division, Department, or Region (if applicable)
County Administrator's Office
Designated Agency Contact (Name, Title)
Susan Muranishi
Area Code/Phone Number E-mail
susan.muranishi@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [ ]
Event Description: Alameda County Fair
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
Was ticket distribution made at the behest of agency official? Yes [ ] No [ ]
Face Value of Each Ticket/Pass $ 18.00
Date(s) 06 / 16 / 23 07 / 09 / 23
Provide Title/Explanations
If no: Alameda County Fairgrounds
Name of Source
If yes: Muranishi, Susan
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:
Ceremonial Role [ ] Other [ ] Income [ ]
if checking "Ceremonial Role" or "Other" describe below:
Employee Appreciation
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.

Signature of Agency Head or Designee
Print Name
Print Name
Title
Print Name
Print Name

Comment:

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