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

   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 tix/$20 parking
   Event Description: Oakland A's Game
   Date(s) 07/14/2023
   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 County resources available to County residents
      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
   Signature of Agency Head or Designee
   Print Name
   Title
   (month, day, year)
   Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
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 [x]
   Face Value of Each Ticket/Pass $  $100 (ticket)/$20 parking
   Event Description: Oakland A's Game
   Date(s) 07/16/2023
   Ticket(s)/Pass(es) provided by agency?  Yes [x]  No [ ]
   If no: Oakland Arena
   Was ticket distribution made at the behest of agency official?  Yes [ ]  No [x]
   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:
       Archuleta, Ben | 4tix-1p | Ceremonial Role [ ] Other [ ] Income [ ]
       If checking “Ceremonial Role” or “Other” describe below:
       To promote attendance at events held at a County facility
   C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency’s policy

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 Cartwright
   Supervisor’s Assistant
   Print Name
   Title
   (month, day, year)
   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, $20 park

- **Event Description:**
  - Oakland A's Game

- **Date(s)**
  - 07/16/2023

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

- **If no:**
  - Oakland Arena
  - Name of Source
  - Haubert, David

- **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 Tickets/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 Tickets/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Krause, Sherry Lynn</td>
<td>2 tix-1p</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote County resources..available to County reside □</td>
</tr>
</tbody>
</table>

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

Heather Cartwright

Signature of Agency Head or Designee

Heather Cartwright

Supervisor’s Assistant

Print Name

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 park
   Event Description: Oakland A's Game
   Date(s) 07 / 16 / 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.

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<tr>
<th>Name of Agency, Department or Unit</th>
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<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>Burns, Thomas</td>
<td>6 tix-1p</td>
<td>To promote County resources..available to County reside</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>
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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

   Heather Cartwright
   Supervisor’s Assistant
   Print Name
   Title
   Date Stamp 8/15/2023
   (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): Heather Cartwright
- Area Code/Phone Number: (510) 272-6691
- E-mail: heather.cartwright2@acgov.org

#### 2. Function or Event Information
- **Yes □ No □** Does the agency have a ticket policy? 
  - Face Value of Each Ticket/Pass $: $100 tickets
- Event Description: Oakland A's Game
- **Yes □ No □** Ticket(s)/Pass(es) provided by agency?
- **Yes □ No □** Was ticket distribution made at the behest of agency official?
- Date(s): 07 / 16 / 2023
- If no: Oakland Arena
- If yes: Haubert, David

#### 3. Recipients

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<th>Describe the public purpose made pursuant to the agency's policy</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>Stopka, Rylie</td>
<td>2 tix</td>
<td>To promote attendance at events held at a County facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<tr>
<td></td>
<td></td>
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<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>
</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 regulations.

Signature of Agency Head on Designation ____________________________
Print Name
Supervisor’s Assistant ____________________________
Title
Date of Original Filing: __________ / __________ / __________

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
   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 ☐
   Face Value of Each Ticket/Pass $ ________________
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Date(s) 07 / 20 / 23 __________ / __________
   Event Description: Oakland A's vs. Houston Astros
   Ticket-100 Parking-20
   Provide Title/Explanation
   If no: Oakland Coliseum
   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:
      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 Boys and Girls Club 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)

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 $ __________
   Ticket-100 Parking-20
   Event Description: Oakland A's vs. Houston Astros
   Date(s) 07 / 21 / 23
   Ticket(s)/Pass(es) provided by agency?  Yes [ ]  No [ ]
   If no: ____________________________
   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.
   · 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>B. Name of Individual (Last, First)</th>
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<tbody>
<tr>
<td>Ann Wehrlie</td>
<td>18T 4P</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote County resources or facilities available to Coi</td>
</tr>
<tr>
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<td></td>
</tr>
</tbody>
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   | 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: ____________________________
   Supervisor's Assistant: ____________________________
   Date: 7/19/23
   (month, day, year)
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) 07/22/2023
   Ticket(s)/Pass(es) provided by agency? Yes □ No ■
   If no: Oakland Arena
   If yes: Haubert, David
   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.

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<tr>
<td>Stopka, Rylie</td>
<td>4 tix</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote attendance at events held at a County facility.</td>
</tr>
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<td></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.
   Heather Cartwright
   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)
Gabriela Christy
Area Code/Phone Number E-mail
(510) 272-6692 Gabriela.Christy@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 $ 100/100
Event Description Oakland A’s vs. Houston Astros
Date(s) 07 / 23 / 23
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: ____________________________ Name of Source
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
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.

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)

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

Legue of Women Voters The League is a political grassroots network and

membership organization that believes the freedom to vote is a nonpartisan issue

P.O. Box 2234 Castro Valley, CA 94546

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: Gabriela Christy Supervisor’s Assistant: (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)