

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

A Public Document

| | | | |
|---|---|--|---|
| 1. Agency Name Alameda County | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) Board of Supervisors | | | |
| Designated Agency Contact (Name, Title) Heather Cartwright | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small> | |
| 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 \$ _____ \$225

Event Description: Alicia Keys: Keys to Summer Tour Date(s) 08 / 01 / 2022

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Arena
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Haubert, David
Official's Name (Last, First)

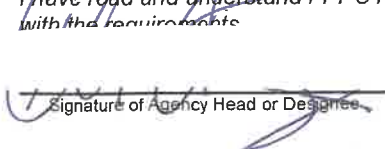
3. Recipients

* 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.

| 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: |
| De La Fuente, Jazmin | 4 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at events held at a County facility <input checked="" type="checkbox"/> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| 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 D. Cartwright Print Name | Supervisor's Assistant Title | 8/1/2022 (month, day, year) |
|---|-------------------------------------|---------------------------------|--------------------------------|

Comment: _____

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| 1. Agency Name Alameda County | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) Board of Supervisors | | | |
| Designated Agency Contact (Name, Title) Sergio Ardila | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) | |
| 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 \$ Ticket-100 Parking-20
 Event Description: Oakland A's vs. Texas Rangers Date(s) 08 / 07 / 23
Provide Title/Explanation
 Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Coliseum
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: |
| Benito Delgado-Olson | 18T 4P | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote County resources or facilities available to Cou |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| 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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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: 7/19/23 Title: _____ (month, day, year)

Comment: _____

Print

Clear

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| Alameda County | | | For Official Use Only |
| Division, Department, or Region (if applicable) | | | |
| Board of Supervisors | | | |
| Designated Agency Contact (Name, Title) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) | |
| Heather Cartwright | | | |
| Area Code/Phone Number | E-mail | Date of Original Filing: _____ <small>(month, day, year)</small> | |
| (510) 272-6691 | heather.cartwright2@acgov.org | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$125

Event Description: Greta Van Fleet Date(s) 08 / 08 / 2022
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Arena
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Haubert, David
Official's Name (Last, First)

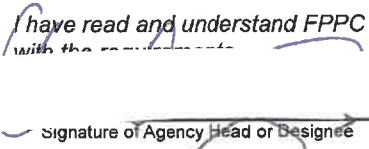
3. Recipients

• 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.

| 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: |
| Nielsen, Eric | 4 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at events held at a County facility <input checked="" type="checkbox"/> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| 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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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 | 8/15/2023 (month, day, year) |
|---|-------------------------------------|---------------------------------|---------------------------------|

Comment: _____

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| Designated Agency Contact (Name, Title) Heather Cartwright | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small> | |
| 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 \$ 125

Event Description: Greta Van Fleet Date(s) 08 / 08 / 2023
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Arena
Name of Source

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

| 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: |
| Imsail, Ramsey | 4 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | To promote attendance at events held at a County facility |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| 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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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

Agency Head or Designee Print Name Heather D. Cartwright Title Supervisor's Assistant 8/15/2023
(month, day, year)

Comment: _____

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| Board of Supervisors | | | |
| Designated Agency Contact (Name, Title) | | | |
| Heather Cartwright | | | |
| Area Code/Phone Number | E-mail | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) | |
| (510) 272-6691 | heather.cartwright2@acgov.org | Date of Original Filing: _____ <small>(month, day, year)</small> | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 118.75

Event Description: Cirque Du Soleil: Corteo Date(s) 08 / 19 / 2023
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Arena
Name of Source

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

| 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: |
| Caravez, Ramiro | 4 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at events held at a County facility |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| 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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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: 8/17/2023
Print Name Title (month, day, year)

Comment: _____

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| Area Code/Phone Number (510) 272-6691 | E-mail heather.cartwright2@acgov.org | Date of Original Filing: _____ <small>(month, day, year)</small> | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 118.75

Event Description: Cirque Du Soleil: Corteo Date(s) 08 / 19 / 2023
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Arena
Name of Source

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

| 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: |
| Caravez, Ramiro | 4 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at events held at a County facility <input checked="" type="checkbox"/> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| 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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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 (month, day, year)

Comment: _____

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| 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 \$ _____ \$118.75

Event Description: Cirque Du Soleil: Corteo Date(s) 08 / 20 / 2022
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Arena
Name of Source

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

| 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: |
| Cerro, Alan | 4 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To encourage County of Alameda resident and business. |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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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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 (month, day, year)

Comment: _____

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| 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 \$ 187.50

Event Description: Zach Brown Date(s) 08 / 21 / 2023
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Arena
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Haubert, David
Official's Name (Last, First)

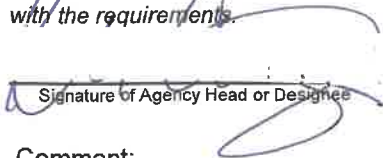
3. Recipients

• 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.

| 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: |
| Luomo, Niko | 2 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To encourage County of Alameda resident and business <input checked="" type="checkbox"/> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| 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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4. Verification

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 Signature of Agency Head or Designee

Heather D. Cartwright Supervisor's Assistant
 Print Name Title

_____ 8/22/2023
 (month, day, year)

Comment: _____

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| Designated Agency Contact (Name, Title) | | | |
| Heather Cartwright | | | |
| Area Code/Phone Number | E-mail | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) | |
| (510) 272-6691 | heather.cartwright2@acgov.org | Date of Original Filing: _____ <small>(month, day, year)</small> | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 187.50

Event Description: Zach Brown Date(s) 08 / 21 / 2023
Provide Title/Explanation

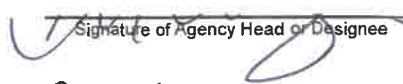
Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Arena
Name of Source

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

| 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: |
| Stopka, Kaylie | 5 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote County resources or facilities available to County |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
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|--|-------------------------------------|---------------------------------|--|
|  Signature of Agency Head or Designee | Heather D. Cartwright Print Name | Supervisor's Assistant Title | <u>8/21/2023</u> (month, day, year) |
|--|-------------------------------------|---------------------------------|--|

Comment: _____

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| 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 \$ _____ \$187.50

Event Description: Zach Brown Date(s) 08 / 21 / 2022
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Arena
Name of Source

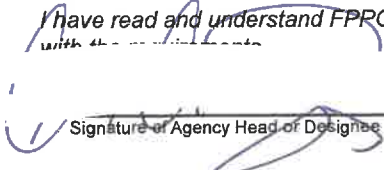
Was ticket distribution made at the behest of agency official? Yes No If yes: Haubert, David
Official's Name (Last, First)

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.

| 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: |
| Wright, Adriana | 2 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at events held at a County facility |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
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|--|-------------------------------------|---------------------------------|---------------------------------|
|  Signature of Agency Head of Designee | Heather D. Cartwright Print Name | Supervisor's Assistant Title | 8/22/2022 (month, day, year) |
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Comment: _____

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| Designated Agency Contact (Name, Title) Sergio Ardila | | | |
| Area Code/Phone Number (510) 272-6693 | E-mail sergio.ardila@acgov.org | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) | |
| | | Date of Original Filing: _____ <small>(month, day, year)</small> | |

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. Kansas City Royals Date(s) 08 / 21 / 23
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Coliseum
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: |
| Osama Thabit | 6T 2P | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote County resources or facilities available to Cou |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
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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 _____ 7/19/23
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____