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
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 $  
$225
Event Description:  
Alicia Keys: Keys to Summer Tour
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency?  
Yes □ No ■  
If no:  
Oakland Arena
Name of Source  
Haubert, David
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:
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.

Signature of Agency Head or Designee  
Heather D. Cartwright  
Print Name  
Supervisor’s Assistant  
Print Name  
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  
(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. Texas Rangers  
Provide Title/ Explanation  
Ticket(s)/Pass(es) provided by agency?  
Yes □ No □  
Date(s)  
08 / 07 / 23  
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>

| B. Name of Individual                | Number of Ticket(s)/Passes | Identify one of the following:  
Ceremonial Role □  Other □  Income □  
To promote County resources or facilities available to Coi |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Benito Delgado-Olson</td>
<td>18T 4P</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. 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>
</tr>
</thead>
<tbody>
<tr>
<td>(include address and description)</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  
Print Name  
Supervisor's Assistant  
Title  
Date (month, day, year)  7/19/23

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)
   Heather Cartwright
   Area Code/Phone Number (510) 272-6691
   E-mail heather.cartwright2@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 $125
   Event Description: Greta Van Fleet
   Date(s) 08 / 8 / 2023
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Oakland Arena
   Name of Source: Haubert, David
   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>
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<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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<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>Nielsen, Eric</td>
<td>4</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>
<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 policy.

   Signature of Agency Head of Designee
   Heather D. Cartwright
   Supervisor's Assistant
   Print Name
   Title
   Date (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

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
Event(s) Date(s) 08 / 8 / 2022
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
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>
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<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>
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</tbody>
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<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Imsail, Ramsey</td>
<td>4</td>
<td></td>
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</tbody>
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<tr>
<th>C.</th>
<th>Name of Outside Organization</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.

Heather D. Cartwright
Supervisor's Assistant

Comment:

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

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
   Date of Original Filing: ________________ (month, day, year)
   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. Kansas City Royals
   Provide Title/Explanation
   Date(s) 08 / 21 / 23 __________ / __________
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland Coliseum
   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:
      Ceremonial Role ☐  Other ☐  Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote County resources or facilities available to Cox
      ____________________________________________________________
      ____________________________________________________________
      ____________________________________________________________

   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
   Title
   Supervisor's Assistant
   Date 7/19/13
   (month, day, year)
   Comment: ____________________________

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