

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
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.) Date of Original Filing: _____ <small>(month, day, year)</small>	
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 \$ _____ \$50.00

Event Description: Harlem Globetrotters Date(s) 01 / 12 / 2024

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: 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:
Frost, Paula	3	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-run, sponsored, or supported commu <input checked="" type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input checked="" 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.

Sergio Ardila	Supervisor's Assistant	<u>02/13/24</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small> <small>(month, day, year)</small>

Comment: _____

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

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1. Agency Name County of Alameda		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, Fourth District			
Designated Agency Contact (Name, Title) Nate Miley		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (510) 272-6694	E-mail Jasmine.Howard2@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 50

Event Description: Harlem Globetrotters Date(s) 1 / 12 / 2024
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: Miley, Nate
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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		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
Oakland Community Support Center	4	To reward a County employee for his or her exemplary se

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: Jasmine Howard
 Title: Supervisor's Assistant
 Date: 1/11/2024
(month, day, year)

Comment: _____

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Alameda County			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
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 \$ _____ \$50

Event Description: Harlem Globetrotters Date(s) 01 / 11 / 2024
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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		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
Off the Street Ministries-2264 High St, Oakland	4	To reward a school or non-profit organization for its contri
Recovery/Sober Living Community for men	0	

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

Date: 1/18/2024
(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) 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 \$ _____ \$50

Event Description: Harlem Globetrotters Date(s) 01 / 12 / 2024

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:
Milan, Jessica	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
		<u>1/18/2024</u> <small>(month, day, year)</small>

Comment: _____

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1. Agency Name Alameda County		Date Stamp	California Form 802
Division, Department, or Region (If Applicable) Board of Supervisors			For Official Use Only
Designated Agency Contact (Name, Title) Gabriela Christy			<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)
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 \$ 13~~5~~7.50

Event Description 90's Pop Tour Date(s) 2, 4, 2024
Provide Title/Explanation

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? 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>CANDY MARQUEZ</u>	<u>3</u>	Ceremonial Role <input type="checkbox"/> Income <input type="checkbox"/> To reward a community volunteer for his or her service to the public
		Income <input type="checkbox"/>
C. Name of Outside Organization <small>(include address and description)</small>	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

<u>[Signature]</u> <small>Signature of Agency Head or Designee</small>	<u>Gabriela Christy</u> <small>Print Name</small>	<u>Supervisor's Assistant</u> <small>Title</small>	<u>1/18/2024</u> <small>(Month, Day, Year)</small>
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1. Agency Name Alameda County		Date Stamp	California Form 802
Division, Department, or Region (If Applicable) Board of Supervisors			For Official Use Only
Designated Agency Contact (Name, Title) Gabriela Christy			<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)
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 \$ _____

Event Description WNG Road to Wrestling Date(s) 2, 17, 2024
Provide Title/Explanation

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? 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:
<u>Gutierrez, Nico</u>	<u>4</u>	To reward a community volunteer for his or her service to the public Income <input type="checkbox"/>
<u>Fravetto, Puyes</u>	<u>3</u>	To reward a community volunteer for his or her service to the public Income <input type="checkbox"/>
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.

_____ Gabriela Christy Supervisor's Assistant 1/18/2024
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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1. Agency Name Alameda County		Date Stamp	California Form 802 <small>For Official Use Only</small>
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	<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 \$ 02.50

Event Description Disney on Ice Date(s) 2, 24, 24
Provide Title/Explanation

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? 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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Garhart elementary school PTA 700 Rocket Landing Road Alameda, CA 94512 5013 Parents and teachers who give time money, talent to support academics, enrichment and community building.</u>	<u>6</u>	<u>To reward a school or nonprofit organization for its contributions to the community</u>

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 1/18/2024
Print Name Title (Month, Day, Year)