Ī.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Gabriela Christy				F-1	
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Chr	risty@acgov.oi	rg	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				12 157 (7)
	Does the agency have a ticke	t policy?	Yes⊠ No□	Face Value o	of Each Ticket/Pass \$	1357.50
	Event Description 905	Provide Title/Expl	anation	Date(s)	4 7024	
	Ticket(s)/Pass(es) provided by	u agangu?	V 11.15	If no: Alame	da County	
	ricket(s)/Pass(es) provided by	y agency:	Yes ☐ No 🏻		Name of Sou	
	Was ticket distribution made a	it the behest	No ☐ Yes 🏻	If yes: Marqu	uez, Elisa- Supervisor	District 2
	of agency official?				Official's Name (L	ast, First)
3.	Recipients		4 P			
	Use Section A to identify the agency	y's department or	unit. • Use Sectio	n B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	No of lasticidade		Number of			
	B. Name of Individua (Last, First)	AI .	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Outstole new solin.			To reward a	community	Income 🔲
	Gantos, MARCUS		3	volunteer fo	r his or her servic	e
				— to the public	V	Income
	Name of Outside Organ	ization	Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
	Λ					
	Verification					
	I have read and understand FPPC Regu	lations 18944.1 and	l 18942. I have verifi	ed that the distribution set t	forth above, is in accordance wit	h the requirements
			Gabriela Chr	isty	Supervisor's Assistant	1/18/2029
	Signature of Agency Head or Designee		Print Name		Title	(Mo th, Day, Year)

						TTT GRANG POGGINGING
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicable)	,			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(510) 272-6692		isty@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform					(Morital, Day, Tear)
	Does the agency have a ticket		Yeş⊠ No 🔲	Face Value o	f Each Ticket/Pass \$	
	Event Description WN9-4	Road to UR	28 Emano	Date(s) 2	, 17, 2024	
	Ticket(s)/Pass(es) provided by	,	Yes ☐ No ☒	If no: Alamed	da County Name of Sour	70
	NAC - Color de distribution para de la	4 4b - b - b - e4		Marqu	uez, Elisa- Supervisor D	
	Was ticket distribution made a of agency official?	t the benest	No ☐ Yes ☒	If yes:	Official's Name (La	st, First)
_						
3.	Recipients • Use Section A to identify the agency	/'s department or ι	ınit. • Use Section	n B to identify an individu	ıal. ● Use Section C to identif	y an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant to	
			Fass(es)			
						
	B. Name of Individua	ıl	Number of Ticket(s)/		Identify one of the followin	g:
	(Last, First)		Pass(es)	— To reward	a community	
	1		ا د ا		for his or her servi	ce Income
	Givitlesse, NICO		4	to the publ	lic	
				•		
				•	d a community	Income .
<	Frangto Lyes		2	' volunteer	for his or her serv	vice
	- Mondin Lakes		3	to the pul	olic	
			Number of			2
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	nic purpose made pursuant t	o tne agency's policy
			1 400(60)			
1	Verification _					
4.	Verincation I ave read and understand FPPC Regul	lations 18944.1 and	l 18942. I have verifie	ed that the distribution set f	forth above, is in accordance with	the requirements.
			Gabriela Chri		Supervisor's Assistant	1 phose
`	ig lature of Agency Head or Designee	-	Print Name		Title	(Month, Day, Year)
	Comment:					

	cket/Pass Distri	ibutions A Public Documen
Agency Name		Date Stamp California 802
Alameda County Division, Department, or Region (if applicab)	/ol	Form OUZ For Official Use Only
Board of Supervisors	16)	
Designated Agency Contact (Name, Title)		
Sergio Ardila		Amendment (Must Provide Explanation in Part 3.)
Area Code/Phone Number E-mail		Date of Original Filing:
(510) 272-6693 sergio.ardil	la@acgov.org	(month, day, year)
Function or Event Information		\$100.00
Does the agency have a ticket policy?	100 mm 140 L.	-ace value of Each Ticket/Pass \$
Event Description: WWE-Road Tour to	WrestleMania Title/ Explanation	Date(s) 02 / 17 / 2024/
Ticket(s)/Pass(es) provided by agency?		f no: Oakland Arena
		f yes: Tam, Lena
Was ticket distribution made at the behe of agency official?	st Yes∐ No 📕 "	Official's Name (Last, First)
Recipients • Use Section A to identify the agency's department	t or unit. • Use Section B to ic	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
R Name of Individual	Number of Ticket(s)/	Identify one of the following:
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
(Last, First)	of Ticket(s)/ Passes	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
D.	of Ticket(s)/	Ceremonial Role Other III Income
(Last, First)	of Ticket(s)/ Passes	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To encourage County of Alameda resident and business
(Last, First)	of Ticket(s)/ Passes	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To encourage County of Alameda resident and business Ceremonial Role Other Income
Mah, Barry Name of Outside Organization	of Ticket(s)/ Passes 3 Number of Ticket(s)/	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To encourage County of Alameda resident and business Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
Mah, Barry C. Name of Outside Organization (include address and description) Verification	of Ticket(s)/ Passes 3 Number of Ticket(s)/ Passes	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To encourage County of Alameda resident and business Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy
Mah, Barry C. Name of Outside Organization (include address and description) Verification I have read and understand FPPC Regulation	of Ticket(s)/ Passes 3 Number of Ticket(s)/ Passes	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To encourage County of Alameda resident and business Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description) Verification I have read and understand FPPC Regulation with the requirements.	of Ticket(s)/ Passes 3 Number of Ticket(s)/ Passes	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To encourage County of Alameda resident and business Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (if applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Heather Cartwright Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: heather.cartwright2@acgov.org (510) 272-6691 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes No 🗀 Event Description: Disney on Ice Date(s) _____/_ 22 / Provide Title/ Explanation If no: Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes 🗀 No 🔳 Name of Source Haubert, David Was ticket distribution made at the behest Yes No Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. **Passes** Number Name of Individual Identify one of the following: of Ticket(s)/ B. (Last, First) **Passes** Ceremonial Role . Other . Income ... If checking "Ceremonial Role" or "Other" describe below; Gardley. Kassendra 4 To promote attendance at events held at a County facility Income Ceremonial Role Other | If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) 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

١

Signature of Agency Head or Designee

Comment:

Print Name

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Form Alameda County Board of Supervisors For Official Use Only Division, Department, or Region (if applicable) President Nate Miley Designated Agency Contact (Name, Title) Jasmine Howard, Administrative Assistant ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-670-5964 jasmine.howard2@acgov.org Date of Original Filing: _ (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ __ Yes No 🗆 Event Description: Disney On Ice Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 🗀 Name of Source Was ticket distribution made at the behest Yes No If yes: __ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income ... If checking "Ceremonial Role" or "Other" describe below: To promote County resources or facilities available to Sister Ansar Muhammed 4 County of Alameda residents. Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below; Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes**

on

I have read and underst	and FPPC Regulations	18944.1 and 18942.	I have verified that the	e distribution set forth abov	e, is in accordance
	1				

	Jasmine Howard	Administrative Assistant	3/25/2024
Signature of Agency Head or De Ignee	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:

, 1901.07 . 10P	011 011		
Ceremonial	Role Events	and Ticket/Pass	Distributions

Λ	D,	اطا	lic		A.,	-	
A	P L		HC	uo	CU	m	?nt

_	JI CHILDING! I TOTO II TOTO					TT WISTING BOOMINGING
	Agency Name				Date Stamp	California 202
	Alameda County Board of S	Supervisors				Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	President Nate Miley					
	Designated Agency Contact	(Name, Title)			1	
	Jasmine Howard, Administra	ative Assistant				
	Area Code/Phone Number	E-mail			Amendment (Mus	t Provide Explanation in Part 3.)
	510-670-5964	jasmine.howard2@a	acgov org		Date of Original Filing	0:
	310-070-330-	Jasinine.nowardz@i	acgov.org			(month, day, year)
<u>. </u>	Function or Event Infor	mation				
	Does the agency have a tick	ket policy?	No ☐ F	ace Value of I	Each Ticket/Pass \$.	62.50
	Dianov		110			
	Event Description: Disney C	Provide Title/ Explan	D	ate(s)	2324	
	Ticket(s)/Pass(es) provided			no:		
	ricket(s)/r ass(es) provided	by agency: 1es	140 🔲 11	110.	Name of Source	
	Was ticket distribution made	at the behest Yes F	¬ No ■ If	yes:	Official's Name (Last, Firs	
	of agency official?	103	J 140 =		Official's Name (Last, Firs	it)
3.	Recipients					
	Use Section A to identify the ager	ıcy's department or unit. • l	Use Section B to id	entify an individu	ual. Use Section C to ider	ntify an outside organization.
			Number	D	Est.	
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made p	oursuant to the agency's policy
			Number			
	B. Name of Indi		of Ticket(s)/		Identify one of the	e following:
	(Last, Fir	sıj	Passes			
					nonial Role Other	
	Jason Overman		4			describe below: es or facilities available to
	9			County of	Alameda residents	š.
				Cerem	nonial Role 🔲 Other	Income
				If check	king "Ceremonial Role" or "Other"	'describe below:
	Name of Outside O	rganization	Number	Decembe th	a nublic numero mado n	oursuant to the agency's policy
	C. (include address and		of Ticket(s)/ Passes	Describe un	e public purpose made p	orsulant to the agency's policy
	37 17 41					
h.	Verification					46.41.4
	I have read and understand Fig	PC Regulations 18944.	.1 and 18942. I	have verified t	that the distribution se	t forth above, is in accordance
	William					
		Jasmine How		- Admi	inistrative Assistant	2/13/2024
	Signature of Agency Head or Design	iee Pr	int Name		Title	(month, day, year)
	Comment					
	Comment:					

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document California Date Stamp 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (if applicable) **Board of Supervisors Designated Agency Contact** (Name, Title) Heather Cartwright Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6691 heather.cartwright2@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Disney on Ice 24 Provide Title/ Explanation If no: Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes No III Name of Source If yes: Haubert, David Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. **Passes** Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other 🔲 Income ___ If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes To reward a school or nonprofit organization for its contrib Tri Valley Seek&Save-P.O. Box 701 Livermor 18 o support at-risk/low-income single mothers to 4. Verification Lhave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Signature of Agency Head or Designee

with the requirements.

Comment:

Heather D. Cartwright

Supervisor's Assistant

Title

(month day year)

Print Name

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California 802
	Alameda County				·	Form 002
	Division, Department, or Regi	on (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name,Title)				
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(510) 272-6692		risty@acgov.	ora	Date of Original Filing: _	(14-44-12-14-14-14-14-14-14-14-14-14-14-14-14-14-
2.	Function or Event Inform		101) @ 009071	0.9	J	(Month, Day, Year)
	Does the agency have a ticket		Yes⊠ No [☐ Face Value o	of Each Ticket/Pass \$	<u>u</u> 2.50
	Does the agency have a locker	Lava Loca	Yes 🔼 INOL	_		
	Event Description	Provide Title/Expl	anation	Date(s) <u>2</u>	27 27	
				If no: Alamed	da Countv	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes No 2	₫ 11 no:	Name of Sour	се
	Was ticket distribution made a	t the behest	No ☐ Yes 🛭	If yes: Marqu	uez, Elisa- Supervisor [District 2
	of agency official?			, , , , , , , , , , , , , , , , , , ,	Official's Name (La	st, First)
3.	Recipients					
	Use Section A to identify the agency	's department or	unit. • Use Sect	ion B to identify an individu	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
,			Pass(es)			
			1 1			
			Number of			
	Name of Individua (Last, First)	ıl .	Ticket(s)/ Pass(es)		Identify one of the following	g:
3			1 433(C3)	Ceremonial Role	Other 🗆	Income \(\square\)
					ial Role" or "Other" describe below:	
				Ceremonial Role	Other	Income
				if checking "Ceremon.	ial Role" or "Other" describe below:	
	Alama of Outside Orman	ization	Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)		lic purpose made pursuant t	o the agency's policy
i	arhart Glementary School	DIA	1,	To reward a sc	hool or nonprofit	
Ti	schot landing and Admin	to A decir	10	organization for	or its contributions to	
40	CH WILLIAM TWILL	M COLOLINA	4	the community	y	
CZ	s parents and kaclers wh			re _		
Y.	talent to support academic	Genriche	ntandcom	muny taming		
1.	Verification				ionth above is in accompany	the requirement
	I have read and understand FPPC Regul	auons 18944.1 and				ule requirements,
	M		Gabriela Ch		Supervisor's Assistant	1/18/2024
	Signature of Agency Head or Designee		Print Name	•	Title	(Month, Day, Year)
	Comment: hekets will be	LUSAD TO 8	Pous Fino	હ		

I. Agency Name			Date Stamp	California 802
Alameda County				roilli OOL
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Sergio Ardila			Amendment (Must)	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail				
(510) 272-6693 sergio.ardila@a	acgov.org		Date of Original Filing:	(month, day, year)
2. Function or Event Information				¢127.50
Does the agency have a ticket policy?	′es 🔳 No 🗌 🛛 F	ace Value of I	Each Ticket/Pass \$ _	\$137.50
Event Description: 90's Pop Tour Provide Title/8	D	ate(s)	24 , 2024	
	es □ No ■ If	no: Oakland	d Arena	
		yes: Tam, Le	Name of Source ena	
Was ticket distribution made at the behest Y	′es 🗌 No 🜃 📙	yes	Official's Name (Last, First)	
of agency official?				
3. Recipients				
 Use Section A to identify the agency's department or un 	it. • Use Section B to id	dentify an individu	ual. Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	following:
		1	nonial Role Other C king "Ceremonial Role" or "Other" d	
			nonial Role Other Other Cking "Ceremonial Role" or "Other" d	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ersuant to the agency's policy
Unity Council	3	To reward a	a school or nonprofit	organization for its contrib
4. Verification	1			
I have read and understand FPPC Regulations 1	8944.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
with the requirements Sergio A	rdila	Sune	ervisor's Assistant	02/13/2/1
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment:				

Agency Name				Date Stamp	California On
Agency Name				Date Starrip	
Alameda County					Form OU2
Division, Department, or Region	on (if applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (A	lame, Title)				
Sergio Ardila				Amendment (Must P	Provide Explanation in Part 3.)
	E-mail				
(510) 272-6693	sergio.ardila@ac	gov.org		Date of Original Filing:	(month, day, year)
Function or Event Inform	nation				
Does the agency have a ticke	et policy?	s ≣ No□ F	ace Value of	Each Ticket/Pass \$	\$62.50
• •				, 24 , 2024	
Event Description: Disney or	Provide Title/ Exp	planation			
Ticket(s)/Pass(es) provided b	y agency? Ye	s 🗌 No 🗐 If	no: Oakland		
		1.5	yes: Tam, Le	Name of Source ena	
Was ticket distribution made	at the behest Ye	s 🗌 No 🔳 🏻 IT	yes:	Official's Name (Last, First)	
of agency official?					
Recipients					
Use Section A to identify the agenc	y's department or unit.	• Use Section B to id	dentify an individu	ual. Use Section C to identi	fy an outside organization.
	tmont or Unit	Number	Deceribe th	a nublic nurnosa made nu	rsuant to the agency's policy
	tment or Unit	of Ticket(s)/	Describe in	e public purpose made pur	suant to the agency's policy
A. Name of Agency, Depar		Passes			
A. Name of Agency, Depar		Passes			
B. Name of Indiv	idual	Number of Ticket(s)/		Identify one of the	following:
B. Name of Indiv	idual	Number of Ticket(s)/ Passes		nonial Role Other	Income
B. Name of Indiv	idual	Number of Ticket(s)/	If check	nonial Role Other king "Ceremonial Role" or "Other" de	Income escribe below:
B. Name of Indiv	idual	Number of Ticket(s)/ Passes	To reward a	nonial Role Other Miking "Ceremonial Role" or "Other" de a community voluntee	Income escribe below:
B. Name of Indiv	idual	Number of Ticket(s)/ Passes	To reward a	nonial Role Other Making "Ceremonial Role" or "Other" de a community voluntee	Income escribe below:
B. Name of Indiv	idual	Number of Ticket(s)/ Passes	To reward a	nonial Role Other Miking "Ceremonial Role" or "Other" de a community voluntee	Income escribe below:
B. Name of Indiv	idual () ganization	Number of Ticket(s)/ Passes	To reward a	nonial Role Other Ming "Ceremonial Role" or "Other" de a community voluntee Other Charge (Ceremonial Role Other Charge (Ceremonial Role" or "Other" de	Income escribe below:
B. Name of Indiv (Last, First) Hughes, Ryan	idual () ganization	Number of Ticket(s)/ Passes 6 Number of Ticket(s)/	To reward a	nonial Role Other Ming "Ceremonial Role" or "Other" de a community voluntee Other Charge (Ceremonial Role Other Charge (Ceremonial Role" or "Other" de	Income escribe below: Income provide to the public income escribe below:
B. Name of Indiv (Last, First) Hughes, Ryan	idual () ganization	Number of Ticket(s)/ Passes 6 Number of Ticket(s)/	To reward a	nonial Role Other Ming "Ceremonial Role" or "Other" de a community voluntee Other Charge (Ceremonial Role Other Charge (Ceremonial Role" or "Other" de	Income escribe below: Income provide to the public income escribe below:
B. Name of Indiv (Last, First) Hughes, Ryan C. Name of Outside Organization (include address and include	idual () ganization	Number of Ticket(s)/ Passes 6 Number of Ticket(s)/	To reward a	nonial Role Other Ming "Ceremonial Role" or "Other" de a community voluntee Other Charge (Ceremonial Role Other Charge (Ceremonial Role" or "Other" de	Income escribe below: Income provide to the public income escribe below:
B. Name of Indiv (Last, First) Hughes, Ryan C. Name of Outside Organization	idual () ganization description)	Number of Ticket(s)/ Passes 6 Number of Ticket(s)/ Passes	To reward a	nonial Role Other Making "Ceremonial Role" or "Other" de community voluntee nonial Role Other Cking "Ceremonial Role" or "Other" de ching "Ceremonial Role" or "Other" or "Other" de ching "Ceremonial Role" or "Other" de ching "Ceremonial Role" or "Other" or "Other" de ching "Ceremonial Role" or "Other" o	Income escribe below: In for service to the public public process and the public process a
B. Name of Indiv (Last, First) Hughes, Ryan C. Name of Outside Organization (include address and include	idual () ganization description)	Number of Ticket(s)/ Passes 6 Number of Ticket(s)/ Passes	To reward a	nonial Role Other Making "Ceremonial Role" or "Other" de community voluntee nonial Role Other Cking "Ceremonial Role" or "Other" de ching "Ceremonial Role" or "Other" or "Other" de ching "Ceremonial Role" or "Other" de ching "Ceremonial Role" or "Other" or "Other" de ching "Ceremonial Role" or "Other" o	Income escribe below: In for service to the public public process and the public process a
B. Name of Indiv (Last, First) Hughes, Ryan C. Name of Outside Or (include address and displayed address and displayed and understand FPF)	idual () ganization description)	Number of Ticket(s)/ Passes 6 Number of Ticket(s)/ Passes	To reward a Ceren If check Describe the	nonial Role Other Making "Ceremonial Role" or "Other" de community voluntee nonial Role Other Cking "Ceremonial Role" or "Other" de ching "Ceremonial Role" or "Other" or "Other" de ching "Ceremonial Role" or "Other"	Income escribe below: In for service to the public public process and the public process a

eremonial Role Agency Name	e Events and	TICKEUP	ass Distri	bations	Date Stamp	Public Document
Alameda County						Form OUZ
Division, Departmen	nt, or Region (if appli	cable)				For Official Use Only
Board of Supervisor						
Designated Agency	Contact (Name, Fille)					
Sergio Ardila Area Code/Phone N	umber E-mail				Amendment (Must I	Provide Explanation in Part 3.)
(510) 272-6693	sergio.a	rdila@acgo	v.org		Date of Original Filing:	(month, day, year)
Function or Eve	nt Information					\$62.F0
Does the agency h	ave a ticket policy	? Yes 🎚	■ No 🗆 F	ace Value of	Each Ticket/Pass \$ _	\$62.50
Event Description:	Disney on Ice		D	ate(s)	, 24 , 2024	
	Pro	vide Title/Explan	nation	no: Oaklan	d Arena	
Ticket(s)/Pass(es)	provided by agend	yr YesL			Nama of Course	
Was ticket distribut	ion made at the be	ehest Yes [□ No 🔳 If	yes: Tam, L	ena Official's Name (Last, First)	
of agency official?					<i></i>	
	ify the agency's departn gency, Department or U		Use Section B to it Number of Ticket(s)/		ual. Use Section C to identi e public purpose made pu	rsuant to the agency's policy
			Passes			
B. N	ame of Individual		Number of Ticket(s)/		Identify one of the	
B. N	ame of Individual (Last, First)		Number	Cerer	Identify one of the	following:
B. N			Number of Ticket(s)/	If chec	nonial Role Other Miking "Ceremonial Role" or "Other" d	following: Income [escribe below:
			Number of Ticket(s)/ Passes	To promote	nonial Role Other Miking "Ceremonial Role" or "Other" d	following: Income [escribe below: red, or supported communications of the communication of
Clayton, Frank			Number of Ticket(s)/ Passes	To promote Cerer	nonial Role Other Aking "Ceremonial Role" or "Other" of County-run, sponsor	following: Income [escribe below: red, or supported communications of the communication of
Clayton, Frank	(Last, First) f Outside Organization		Number of Ticket(s)/ Passes 6	To promote Cerer	nonial Role Other Aking "Ceremonial Role" or "Other" of County-run, sponsor	following: Income escribe below: Income lescribe below:
C. Name of (include a	(Last, First) f Outside Organization address and description are stand FPPC Regul	n)	Number of Ticket(s)/ Passes 6 Number of Ticket(s)/ Passes	To promote Cerer If chec	nonial Role Other Active County-run, sponsor Other Active County-run, sponsor Other Active County-run, sponsor Other Active County-run Other Active County-run Active County-run County-run Other Active County-run County-run	following: Income [escribe below: red, or supported communication of the communication of
C. Name of (include a	f Outside Organization Induress and description	n)	Number of Ticket(s)/ Passes 6 Number of Ticket(s)/ Passes	To promote Cerer If check Describe the	nonial Role Other Active County-run, sponsor Other Active County-run, sponsor Other Active County-run, sponsor Other Active County-run Other Active County-run Active County-run County-run Other Active County-run County-run	following: Income [escribe below: red, or supported communication of the communication of

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Alameda County Board of Supervisors For Official Use Only Division, Department, or Region (if applicable) **President Nate Miley** Designated Agency Contact (Name, Title) Jasmine Howard, Administrative Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-670-5964 jasmine.howard2@acgov.org Date of Original Filing: (month, day, year) 2. Function or Event Information 62.50 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🗆 Event Description: Disney On Ice Date(s) 2 / 24 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 🗍 Name of Source Was ticket distribution made at the behest Yes ☐ No ■ If yes: __ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: To promote County resources or facilities available to Ignancio De La Fuente 8 County of Alameda residents. Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below; Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes**

4. \		ca		

with the requirements.

	Jasmine Howard	Administrative Assistant	3/25/2024
Signature of Agency Head or Des unee	Print Name	Title	(month, day, year)
Cornment:			

Print

Clear

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

Δ	Pu	ıbl	ic	Doc	um	ent

. /	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ For Official Use Only
Ī	Division, Department, or Reg	on (if applicable)				For Official Use Only
	Board of Supervisors					
Ī	Designated Agency Contact (Name, Title)				
	Heather Cartwright				Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			0.4 10.5 5.4 5.2	
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				**************************************
	Does the agency have a ticl	et policy? Yes I	■ No □ Fa	ace Value of	Each Ticket/Pass \$	\$62.50
					, 25 , 2024	
	Event Description: Disney of	Provide Title/ Explai	nation			
-	Ticket(s)/Pass(es) provided	by agency? Yes [□ No 🔳 If	no: Oakland	d Arena	
				yes: Hauber	Name of Source t, David	
1	Was ticket distribution made	at the behest Yes [□ No 🔳 If	yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
	Use Section A to identify the ager	cy's department or unit. •	Use Section B to ic	lentify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Depart	ertment or Unit	Number of Ticket(s)/	Describe th	e public purpose made purs	uant to the agency's policy
			Passes			
		·				
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Jami, Baktash		4		nonial Role Other Ming "Ceremonial Role" or "Other" des	
	•			To promote	e attendance at events	held at a County facili
					nonial Role Other king "Ceremonial Role" or "Other" des	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy
	V- ulfication					
	Verification I have read and understand FF	DDC Pagulations 1904	i 1 and 19042	l have verified	that the distribution set fo	uth ahove is in accordance
	I have read and understand FF with the requirements:	C Regulations 16944	r. i aliu 10942.	nave vermeu	mat the distribution set to	I I accordance
-		Heather D. C	Cartwright	Sun	ervisor's Assistant	3/1/11/20
	Signature of Agency Head or Design	2	rint Name		Title	(month, day, year)
	Signatura in State of the State					,,,,,,,
	Comment:					

Clear

Δ	Pi	th	lic	Doc	um	enf

Agency Name				Date Stamp	California 802
Alameda County					Form OUZ
Division, Department, or Reg	jion (if applicable)				T of Official Use Offiy
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Heather Cartwright				Amendment (Must P	rovide Explanation in Part 3.)
Area Code/Phone Number	E-mail				
(510) 272-6691	heather.cartwrigh	nt2@acgov.org		Date of Original Filing:	(mon th , day, year)
Function or Event Infor	rmation				\$62.50
Does the agency have a tic			ace Value of	Each Ticket/Pass \$	Ψ02.00
Event Description: Disney	on Ice: Frozen and	Encanto D	ate(s) 02	25 , 2024	
Event Becompain.	Provide Title/ Ex	nlanation	. ,		
Ticket(s)/Pass(es) provided	I by agency? Ye	s 🗌 No 🏢 lf	no: Oakland	Name of Source	
Man tiplest distribution made	o at the behoet .v.	. — — If	ves. Hauber	t, David Official's Name (Last, First)	
Was ticket distribution made of agency official?	e at the benest Ye	SLI NO III "	, 00.	Official's Name (Last, First)	
or agency official:					
Recipients					
 Use Section A to identify the agen 	ncy's department or unit.	• Use Section B to id	lentify an individu	ual. Use Section C to identif	y an outside organization.
A. Name of Agency, Dep	partment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pui	suant to the agency's policy
B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the	following:
De La Fuente, Ignacio		8		nonial Role Other Cking "Ceremonial Role" or "Other" de	
		10	To promote	County resources av	ailable to County of Alag
			ı	nonial Role Other	Income
			If chec	king "Ceremonial Role" or "Other" de	scribe below;
C. Name of Outside C	Organization d description)	Number of Ticket(s)/ Passes			rsuant to the agency's policy
C. Name of Outside (include address an	Organization d description)	of Ticket(s)/			
C. Name of Outside C (include address and Verification I have read and Understand Fill with the requirements	d description) PPC Regulations 189	of Ticket(s)/ Passes	Describe the	ne public purpose made pu	rsuant to the agency's policy
Verification I have read and understand Fi	PPC Regulations 189	of Ticket(s)/ Passes	Describe the	that the distribution set t	rsuant to the agency's policy
Verification I have read and understand Fi	PPC Regulations 189	of Ticket(s)/ Passes	Describe the	ne public purpose made pu	rsuant to the agency's policy

Agency Report of

ı	waency izeb	JOIL OI.		
	Ceremonial	Role Events	and Ticket/Pass	Distributions

Α	P	ub	lic	De	oci	um	en	t

					AT ablic bocallent
1. Agency Name				Date Stamp	California 802
Alameda County					Form For Official Use Only
Division, Department, or Region	n (If Applicable)			For Official Ose Only
Board of Supervisors					
Designated Agency Contact (A	lame, Title)				
Gabriela Christy					
	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6692		risty@acgov.o	org	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Inforn					
Does the agency have a ticket		Yes⊠ No [7 Face Value o	of Each Ticket/Pass \$	62.50
Danie	doc	TOO EST THO E	Date(s)	25 ,2024	
Event Description	Provide Title/Expl	anation	Date(s)		
Ticket(s)/Pass(es) provided by	agency?	V D. N. S	d If no: Alamed	da County	
Ticket(s)/Fass(es) provided by	agency:	Yes ☐ No 🛭		Name of Sou	
Was ticket distribution made at	the behest	No ☐ Yes 🛭	∐ lf yes: Marqા	uez, Elisa- Supervisor I	District 2
of agency official?				Official's Name (L	ast, First)
3. Recipients					
Use Section A to identify the agency	s department or	T T	ion B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		Pass(es)			
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
			00.0	Other Initial Role" or "Other" describe below:	Income 🔲
			Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income .
Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	was from t	plic purpose made pursuant	to the agency's policy
Numarkablary		v	To reward a school organization for the community	its contributions to	
nonprofit audicated to helping nost needy attacans	he townis		= the commandy		
4. Verification					· · · · · · · · · · · · · · · · · · ·
I have mad and understand FPPC Regula	ations 18944.1 and	d 18942. I have ver	ified that the distribution set f	forth above, is in accordance wit	h the requirements.
		Gabriela Ch	risty	Supervisor's Assistant	1/18/2024
Si nature of Agency Head or Designee		Print Name		Title	(Manth, Day, Year)
7					95 (9 5)
Comment:					

	Agency Name					Date Stamp	California 802
	Alameda County						For Official Use Only
	Division, Department, or Regi	on (if applicable)					
	Board of Supervisors						
	Designated Agency Contact (Name, Title)				,	
	Sergio Ardila					Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Data of Octobral Ellions	
((510) 272-6693	sergio.ardila@	gacgov.	org		Date of Original Filing:	(month, day, year)
2. [Function or Event Infor	nation					#C0 F0
[Does the agency have a tick	et policy?	Yes 🔳	No □ F	ace Value of	Each Ticket/Pass \$	\$62.50
E	Event Description: Disney o	n Ice Provide Title	e/ Explanat	ion		, 25 , 2024	
7	Ticket(s)/Pass(es) provided		Yes 🗌	No 📓 🏻 It	no: Oakland	Name of Source	
١	Was ticket distribution made of agency official?	at the behest	Yes 🗌	No 🔳	fyes: <u>Tam, Le</u>	Official's Name (Last, First)	:
3.	Recipients • Use Section A to identify the agen	cy's department or u	unit. • Us	e Section B to i	dentify an individu	ual. Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa	ortment or Unit		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pui	suant to the agency's policy
	B. Name of Indi		3-1	Number of Ticket(s)/ Passes		Identify one of the	
		•				nonial Role	
					1	monial Role Other C	
	C. Name of Outside O			Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
	Lakeshore LGBTQ Cultur	al District		6	To obtain o	oversight of facilities or	events that have receive
	Verification I have read and understand FF with the requirements			and 18942.			Forth above, is in accordance
	4	Sergio			Supe	ervisor's Assistant	06/13/24
	Gignature of Agency Head or Design		D. C.	t Name		Title	(month day woor)