Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
A Public Document

1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Lawson Bell, Supervisor's Assistant
Area Code/Phone Number
(510) 272-6691
E-mail
Lawson.Bell@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? □ Yes ■ No □
Face Value of Each Ticket/Pass $ 143.71
Event Description: Ana Gabriel Concert
Date(s) 2 / 10 / 22
Ticket(s)/Pass(es) provided by agency? □ Yes ■ No □
If no: Oakland Arena
Name of Source
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.

<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>
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</tr>
</tbody>
</table>

<table>
<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>Fernandez, Ignacio</td>
<td>3</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>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</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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<tr>
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</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.

Lawson Bell
Supervisor's Assistant
Print Name
Title
06/27/22
(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)
   Gabriela Christy
   Area Code/Phone Number (510) 272-6692
   E-mail Gabriela.Christy@acgov.org

   Date Stamp
   □ 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 $ 4,143.75
   Event Description: [Provide Title/Explanation]
   Date(s) 02 / 10 / 22
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland Athletics
   Name of Source
   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
      As the anchor organization for over 40 regional partners, we collaborate with
      to provide an integrated system of care, utilizing evidence-based practices, to support our community from cradle to retirement.

4. Verification
   I have read and understand FPPC Regulations 16944.1 and 18642. I have verified that the distribution set forth above is in accordance with the requirements.
   Gabriela Christy
   Supervisor's Assistant
   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 (510) 272-6692
E-mail Gabriela.Christy@acgov.org

#### 2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description Twice 4th World Tour
Face Value of Each Ticket/Pass $181.25
Date(s) 2 / 18 / 22
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
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.

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<th>A. Name of Agency, Department or Unit</th>
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<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
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<tbody>
<tr>
<td>La Familia 24301 Southland Drive, Suite 300 Hayward, Ca</td>
<td>3</td>
<td>To reward a school or nonprofit organization for its contributions to the community</td>
</tr>
<tr>
<td>We provide underserved multicultural communities with the tools and support</td>
<td></td>
<td>necessary to build resilience, wellness, and economic power.</td>
</tr>
</tbody>
</table>

#### 4. Verification
I have read and understand FPPC Regulations 18844.1 and 18842. I have verified that the distribution set forth above, is in accordance with the requirements.

Gabriela Christy
Supervisor's Assistant

Print Name
Title

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (888/275-7772)
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 (510) 272-6692
Email Gabriela.Christy@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Event Description KACY MUSC/ANCE Provide Title/Explanatıon
Face Value of Each Ticket/Pass $ 53.75
Date(s) 2/17/22
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: __________________________
Name of Source ________________
If yes: Valle, Richard - Supervisor District 2
Official's Name (Last, First)
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐

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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<th>A. Name of Agency, Department or Unit</th>
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<td>necessary to build resilience, wellness, and economic power.</td>
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<td>We provide underserved multicultural communities with the tools and support</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.

Gabriela Christy Supervisor’s Assistant ____________________
Print Name Title ____________________

Comment: ____________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact: (Name, Title)
   Lawson Bell, Supervisor's Assistant

2. Function or Event Information
   Does the agency have a ticket policy? [ ] Yes [ ] No
   Face Value of Each Ticket/Pass $ 118.75
   Event Description: Pisto Y Corridos Eslabon Armado
   Date(s): 02/20/22
   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.

   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 [ ]
   To promote tourism or foster economic or business develop
   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.

   Lawson Bell
   Supervisor’s Assistant

   Print Name
   Title

   06/24/22
   (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)
Gabriela Christy
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 ☐
Event Description Pisto y Cortes
Face Value of Each Ticket/Pass $ 18.75
Date(s) 2, 20, 22
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: __________________________
If yes: Vallee, Richard- Supervisor District 2
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>
<td>La Familia 24301 Southland Drive, Suite 300 Hayward, Ca</td>
<td></td>
<td></td>
</tr>
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<td>We provide underserved multicultural communities with the tools and support</td>
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<td></td>
</tr>
<tr>
<td>necessary to build resilience, wellness, and economic power.</td>
<td></td>
<td></td>
</tr>
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4. Verification
I have read and understand FPPC Regulations 18644.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Gabriela Christy
Print Name
Supervisor’s Assistant
Title

Comment: __________________________

FPPC Form 802 (4/12)
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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)
Lawson Bell, Supervisor's Assistant
Area Code/Phone Number (510) 272-6691
E-mail Lawson.Bell@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $ 62.50
Event Description: Disney on Ice
Date(s) 02 / 23 / 22
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: Oakland Arena
Name of Source
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 ☐ Other ☐ Income ☐
To promote tourism or foster economic or business devel
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)/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.

Lawson Bell
Print Name
Supervisor's Assistant
Title
06/24/22 (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)
Gabriela Christy
Area Code/Phone Number E-mail
(510) 272-6692 Gabriela.Christy@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Disney ON Ice
Face Value of Each Ticket/Pass $62.50
Date(s): 01/24/22, 01/25/22
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.

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<td>Ceremonial Role ☐</td>
</tr>
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<th>C. Name of Outside Organization (Include address and description)</th>
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<tbody>
<tr>
<td>La Familia 24301 Southland Drive, Suite 300 Hayward, Ca</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>We provide underserved multicultural communities with the tools and support necessary to build resilience, wellness, and economic power.</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.

Gabriela Christy
Supervisor’s Assistant

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ABK-FPPC (866/225-7772)
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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)
Lawson Bell, Supervisor's Assistant

Area Code/Phone Number E-mail
(510) 272-6691 Lawson.Bell@acgov.org

Date Stamp

California Form 802
(Fill in the blank with the date)

☐ Amendment (Must Provide Explanation in Part 3.)
Date of Original Filing: 06/24/22
(month, day, year)

2. Function or Event Information

Yes ☐ No ☐ Does the agency have a ticket policy?

Face Value of Each Ticket/Pass $ 62.50

Event Description: Disney on Ice

Date(s) 2/26/22

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐

Provide Title/Explanatory

If no: Oakland Arena

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.

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 tourism or foster economic or business devel

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.

Lawson Bell
Print Name

Supervisor's Assistant

Print Name

06/24/22
(month, day, year)

FPPC Form 802 (2/2016)
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   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Lawson Bell, Supervisor's Assistant
   Area Code/Phone Number
   (510) 272-6691
   E-mail
   Lawson.Bell@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?
   Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 62.50
   Event Description: Disney on Ice
   Date(s) 02 / 26 / 22
   Ticket(s)/Pass(es) provided by agency?
   Yes ☐ No ☐
   If no: Oakland Arena
   Name of Source
   Haubert, David
   If yes: Haubert, David
   Official's Name (Last, First)

3. Recipients
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   Lawson Bell
   Supervisor's Assistant
   06/24/22
   (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): Gabriela Christy
- 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 [x] No [ ]
- Event Description: [ ]
- Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
- Was ticket distribution made at the behest of agency official? Yes [x] No [ ]

#### Facet Value of Each Ticket/Pass $62.50

#### Date(s) 2/14/22

#### If no:
- Name of Source
- If yes: Valle, Richard supervisor District 2
- Official’s Name (Last, First)

### 3. Recipients
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- Use Section C to identify an outside organization.

#### A. Name of Agency, Department or Unit
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#### C. Name of Outside Organization
<table>
<thead>
<tr>
<th>(Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>To reward a school or nonprofit organization for its contributions to the community</th>
</tr>
</thead>
<tbody>
<tr>
<td>La Familia 24301 Southland Drive, Suite 300 Hayward, Ca</td>
<td>0</td>
<td>necessary to build resilience, wellness, and economic power.</td>
</tr>
</tbody>
</table>

### 4. Verification
I have read and understand FPPC Regulations 18041 and 18042. I have verified that the distribution set forth above, is in accordance with the requirements.

Gabriela Christy  Supervisor’s Assistant  2/14/22

(Part Name)  (Title)  (Month, Day, Year)

Comment:

---

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
## 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)**
Lawson Bell, Supervisor’s Assistant

**Area Code/Phone Number**
(510) 272-6691

**E-mail**
Lawson.Bell@acgov.org

### 2. Function or Event Information

**Does the agency have a ticket policy?**
Yes [ ] No [ ]

**Face Value of Each Ticket/Pass $**
62.50

**Event Description:** Disney on Ice

**Date(s):** 02/27/22

**Ticket(s)/Pass(es) provided by agency?**
Yes [ ] No [ ]

**Location:**
Oakland Arena

**Was ticket distribution made at the behest of agency official?**
Yes [ ] No [ ]

**Name of Source**
Haubert, David

### 3. Recipients

**A.**

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(e)/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.**

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(e)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ellington, Roland</td>
<td>10</td>
<td>To promote tourism or foster economic or business deveel</td>
</tr>
</tbody>
</table>

**C.**

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(e)/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>

### 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.

Lawson Bell

Supervisor’s Assistant

06/24/22

(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)
   Gabriela Christy

   Area Code/Phone Number   E-mail
   (510) 272-6692           Gabriela.Christy@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Face Value of Each Ticket/Pass $ 62.50
   Date(s) 2/27/2022

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>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</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>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>To reward a school or nonprofit organization for its contributions to the community necessary to build resilience, wellness, and economic power.</th>
</tr>
</thead>
<tbody>
<tr>
<td>La Familia 24301 Southland Drive, Suite 300 Hayward, Ca</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I, Gabriela Christy, 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.
   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: (510) 272-6693
   E-mail: heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $143.75
   Event Description: Ana Gabriel
   Date(s): 02 / 10 / 2023
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland Arena
   Name of Source
   If yes: Brown, Dave
   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 ☐
   Income ☑
   Ceremonial Role ☐ Other ☐ Income ☐
   Other ☑
   Ceremonial Role ☐ Other ☐ Income ☐
   Income ☑

   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
   The Unity Council-1900 Fruitvale Ave #2a, Q ☑ 4
to reward a school or nonprofit organization for its contrib

   A non-profit Social Equity Development Corp

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
   Print Name
   Title
   Date: 04/04/2022

Comment:
## 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) 272-6693
- **E-mail**: heather.cartwright@acgov.org

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [ ] No [ ]
- **Event Description**: Disney on Ice: Dream Big
- **Face Value of Each Ticket/Pass**: $62.50
- **Date(s)**: 02 / 24 / 2023
- **If no:** Oakland Arena
- **Name of Source**
- **If yes:** Brown, Dave
- **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 of Unit

<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Name of Individual (Last, First)

<table>
<thead>
<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>Gardley, Kassendra</td>
<td>4</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ceremonial Role [ ] Other [ ] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>To encourage County of Alameda resident and business [ ]</td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization (Include address and description)

<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification
- I have read and understand FBPC 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**

### 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
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Heather Cartwright
   Area Code/Phone Number E-mail
   (510) 272-6893 heather.cartwright@ecgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Event Description: Disney on Ice: Dream Big
   Face Value of Each Ticket/Pass $ __________ 62.50
   Date(s) ______ / ______ / ______
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: Oakland Arena
   Name of Source
   If yes: Brown, Dave
   Official’s Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit
   B. Name of Individual (Last, First)
   C. Name of Outside Organization
      (include address and description)
   Describe the public purpose made pursuant to the agency's policy
   Identify one of the following:
   Ceremonial Role [ ] Other [ ] Income [ ]
   Ceremonial Role [ ] Other [ ] Income [ ]
   Ceremonial Role [ ] Other [ ] Income [ ]
   Describe the public purpose made pursuant to the agency's policy
   To reward a school or nonprofit organization for its contrib
   Mission to build caring, responsible citizens.

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
   Print Name Title
   (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 E-mail  
(510) 272-6693 heather.cartwright@acgov.org  

2. Function or Event Information  
Does the agency have a ticket policy? Yes ☐ No ☐  
Face Value of Each Ticket/Pass $62.50  
Event Description: Disney on Ice: Dream Big  
Date(s) 02 / 26 / 2023  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐  
If no: Oakland Arena  
Official's Name (Last, First) Brown, Dave  
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 (Last, First) | Number of Ticket(s)/Passes | 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:  
Ceremonial Role ☐  
Other ☐  
Income ☐  
If checking "Ceremonial Role" or "Other" describe below:  
Ceremonial Role ☐  
Other ☐  
Income ☐  
If checking "Ceremonial Role" or "Other" describe below: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 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  
ALL IN Alameda County - 1221 Oak Street  
Anti-poverty initiative in Alameda County  |
|------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------|

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  
Print Name  
Title  
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) 272-6693
   E-mail heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Event Description: Disney on Ice
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $ 62.50
   Date(s) 02 / 26 / 2022
   If no: Oakland Arena
   If yes: Brown, Dave

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
      Trybe - 1341B E25th St. Oakland, CA 94606
      Community building nonprofit in Oakland proj
      8
      To reward a school or nonprofit organization for its contrib

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
   Print Name
   Title
   04 / 04 / 2022
   (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
(510) 272-6693
E-mail
heather.cartwright@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass $ 62.50
Event Description:
Disney on Ice: Dream Big
Date(s) 02/27/2023
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 ☐

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
davis Street Community Center - 3081 Teague
8 To reward a school or nonprofit organization for its contrib

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
Print Name  Title

Comment:

FPPC Form 802 (2/2019)
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) 272-6693
   E-mail: heather.cartwright@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? [ ] Yes [ ] No
   Face Value of Each Ticket/Pass $ 62.50
   Event Description: Disney on Ice: Dream Big
   Date(s): 02 / 27 / 2023
   Ticket(s)/Pass(es) provided by agency? [ ] Yes [ ] No
   If no: Oakland Arena
   Name of Source
   If yes: Brown, Dave
   Official's Name (Last, First)

3. Recipients
   Name of Agency, Department or Unit

   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

Comment: 