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) 272-6691
   E-mail heather.cartwright2@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $118.75
   Event Description: Straight Jokes No Chaser Comedy T
   Date(s) 05 / 06 / 2022
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: Oakland Arena
   If yes: Haubert, David

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)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gardley, Kassandra</td>
<td>4</td>
<td>To promote attendance at events held at a County facility</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</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
   05/06/2022

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $ 400
Event Description: Suga/August D
Event Date(s) 05 / 16 / 2023 05 / 17 / 2023
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Name of Source
If no: Oakland Arena
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.

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<th>A. Name of Agency, Department or Unit</th>
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<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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</thead>
<tbody>
<tr>
<td>Cartwright, Delia</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote County resources, facilities to AC residents...</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Heather D. Cartwright
Print Name
Supervisor's Assistant
Print Name

Signature of Agency Head or Designee
(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
   (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 $ 400
   Event Description: SugarAgust D
   Date(s) 05/17/2022
   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 ☐
      If checking "Ceremonial Role" or "Other" describe below:
      To promote attendance at events held at a County facility

   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
   Print Name
   Supervisor's Assistant
   Title

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)
Sergio Ardila
Area Code/Phone Number (510) 272-6693
E-mail sergioardila.corzo@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes  No
Face Value of Each Ticket/Pass $ 400
Event Description: Suga | Agust D
Provide Title/Explanatıon
Date(s) 05 / 17 / 23
Ticket(s)/Pass(es) provided by agency? Yes  No
If no: Oakland Arena
If yes: Tam, Lena
Name of Source 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<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>Jensen, Karin</td>
<td>3</td>
<td>Ceremonial Role  Other  Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To promote County resources or facilities available to Coi</td>
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</tbody>
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<tr>
<th>C. Name of Outside Organization (include address and description)</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.

Sergio Ardila
Signature of Agency Head or Designee

Supervisor’s Assistant
Print Name
Title
Signature
Print Name

Comment:

07/19/23
(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)
Heather Cartwright
Area Code/Phone Number E-mail
(510) 272-6691 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 $100 tix, $20 park
Event Description: Oakland A's Game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: Oakland Arena
Name of Source
Haubert, David
Official's Name (Last, First)

3. Recipients
• Use Section A to identify the agency's department or unit.
• Use Section B to identify an individual.
• Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First) Number of Ticket(s)/ Passes Identify one of the following:

Stopka, Rylie 4 tix

To promote attendance at events held at a County facility

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.
Heather Cartwright Supervisor's Assistant
Signature of Agency Head or Designee 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)
   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: Oakland A's vs. Houston Astros
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If yes: Vallee, Richard - Supervisor District 2
   If no: Oakland Athletics
   Face Value of Each Ticket/Pass $100
   Date(s) 05/26/23
   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)/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:

   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

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 — Gabriel Christy Supervisor's Assistant
   Pried Name Title

   Comment: ANNUAL EARTH DAY CITYWIDE CLEANUP & COMMUNITY FAIR

   FDA 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
- **Atameda 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 [ ]
- **Face Value of Each Ticket/Pass $125.00**
- **Event Description**
- **Date(s) 5/20/23**
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **If no:** Name of Source
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]
- **If yes:** Valle, Richard - Supervisor District 2
  - Official's Name (Last, First)

### 3. Recipients
- **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 [x]
    - **If checking "Ceremonial Role" or "Other" describe below:**

- **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 understood 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**
- **Print Name**
- **Title**
- **(Month, Day, Year) 10/27/2022**
- **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)
Heather Cartwright
Area Code/Phone Number (510) 272-6691
E-mail heather.cartwright2@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $100 tix, $20 park
Event Description: Oakland A's Game
Date(s) 05/29/2023
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If yes: Haubert, David
Oakland Arena
Name of Source
If no: Ira Schuster
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.

<table>
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<tr>
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| B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:
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<tr>
<td>Rental Housing Association-1264 A Street, HI</td>
<td>18tix,4park</td>
<td>To promote attendance at events held at a County facility</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.

Signature of Agency Head of Designee: Heather Cartwright
Print Name
Supervisor's Assistant
Title
Date of Original Filing: (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)  
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  
Ticket-100 Parking-20  
Date(s) 05 / 30 / 23  
Provide Title/Explanation  
Event Description: Oakland A’s vs. Atlanta Braves  
Ticket(s)/Pass(es) provided by agency?  
Yes [ ] No [ ]  
If no: Oakland Coliseum  
If yes: Tam, Lena  
Name of Source  
Official’s Name (Last, First)

3. Recipients  
• Use Section A to identify the agency’s department or unit.  
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<td></td>
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<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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</thead>
<tbody>
<tr>
<td>Oakland Chinatown Chamber of Commerce</td>
<td>18T 4P</td>
<td>To promote County resources or facilities available to Cou</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  
Supervisor’s Assistant  
Print Name  
Title  
Date 7/19/23 (month, day, year)  
Comment:  

Print  
Clear  

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