Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

Ι.	Agency Name				Date Stamp	California 802	
	Alameda County					1 Office	
	Division, Department, or Regi	ion (if applicable)	1	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Sergio Ardila				Amandment (Must E	Provide Explanation in Cost 2.)	
	Area Code/Phone Number	E-mail			Amendment (wast P	Provide Explanation in Part 3.)	
	(510) 272-6693	sergio.ardila@aco	gov.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Inform	mation				242.52	
	Does the agency have a tick	et policy? Yes	No ☐ F	ace Value of	Each Ticket/Pass \$	212.50	
	E t. Descriptions			oto/o) 11	01 , 23		
	Event Description:	Provide Title/ Exp	lanation				
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🔳 I	f no: _Oaklan	d Arena		
			1	f yes: Tam, Le	Name of Source ena		
	Was ticket distribution made	e at the behest Yes	No 🔳 🛚	r yes:	Official's Name (Last, First)		
	of agency official?						
3.	Recipients						
	 Use Section A to identify the agen 	cy's department or unit.	• Use Section B to i	identify an individ	ual. Use Section C to identi	fy an outside organization.	
			Number	1			
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe tr	be the public purpose made pursuant to the agency's policy		
	R Name of Indi	leubivi	Number		Identify one of the	following	
	B. Name of Indi		of Ticket(s)/ Passes		identity one of the	ionoving.	
					monial Role Other	_	
	Mason, Preston		6		cking "Ceremonial Role" or "Other" de		
	•			To encoura	age County of Alamed	a resident and busines	
	0 				monial Role Other		
				If chec	cking "Ceremonial Role" or "Other" de	escribe below:	
			,				
	C. Name of Outside O	rganization	Number of Ticket(s)/	Describe the	he public purpose made pu	rsuant to the agency's policy	
	(include address and	l description)	Passes				
		•					
				1			
4.	Verification						
	I have read and understand FF	PPC Regulations 189	44.1 and 18942.	I have verified	that the distribution set i	forth above, is in accordance	
	with the requirements.	1				. 1.0 10 /	
		Sergio Ardi		Sup	ervisor's Assistant	01/17/24	
	oignature of Agency Head or Design	nee	Print Name		Title	(month, day, year)	
	Comment:						
	O O MINORIL						

Cere	monial Role Even	ts and Ticket/P	ass Distri	butions		A Public Document	
	ency Name		Date Stamp	California 802			
Alameda County							
Divi	sion, Department, or Regi	on (if applicable)				For Official Use Only	
	ard of Supervisors						
Des	ignated Agency Contact (Name,Title)					
	ather Cartwright				Amendment (Mus.	t Provide Explanation in Part 3.)	
	a Code/Phone Number	E-mail			Data of Original Filing		
(51	0) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing	(months, day, year)	
2. Fu	nction or Event Inform	mation				4	
Doe	es the agency have a tick	et policy? Yes	No ☐ F	ace Value of	Each Ticket/Pass \$.	\$125.00	
E	ent Description: Atif Asla			11 (ate/s)	, 03 , 2022	, ,	
⊏v∈	ent Description.	Provide Title/ Explai	nation				
Ticl	ket(s)/Pass(es) provided	by agency? Yes [no: Oakland	Mama of Course		
1/1/0	a ticket distribution mode	at the beheat well	7 = If	yes: Hauber	t, David		
	s ticket distribution made agency official?	at the nemest Yes	_ No ■ "	, 00.	Official's Name (Last, Firs	t)	
01	agono, omolar						
	ecipients						
• 0	Jse Section A to identify the agen	cy's department or unit. •		dentify an individu	ual. Use Section C to ider	ntify an outside organization.	
Α	Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe th	e public purpose made p	ursuant to the agency's policy	
_			Passes				
_							
_	Name of Indi	uidual	Number		14-4:6,	a fallowing.	
В	(Last, Firs		of Ticket(s)/ Passes		Identify one of th	e rollowing:	
					nonial Role Other		
K	aur, Sukhmine		4	1	checking "Ceremonial Role" or "Other" describe below:		
				To promote	attendance at ever	ts held at a County facili	
				1	nonial Role D Other	_	
				ії слес	king "Ceremonial Role" or "Other"	describe delow:	
_			Number				
C. Name of Outside Organization (include address and description)			Number of Ticket(s)/	Describe th	ibe the public purpose made pursuant to the agency's policy		
_	(1101000 000100 0110		Passes				
4. Ve	rification			1			
		PC Regulations 18944	1.1 and 18942.	I have verified	that the distribution se	t forth above, is in accordance	
	the requirements.					Marila	
	: :::::::::::::::::::::::::::::::::::::	Heather D. C	artwright	Supe	ervisor's Assistant	1/8/1/2	
10	nignature or Agency , read or Design	ee P	rint Name		Title	(month, day, year)	
Co	mment:						
CO	THITICITE						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Alameda Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) **Nate Miley** Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number (510) 272-6694 100.00 Jasmine.Howard2@acgov.org Date of Original Filling: (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: Kirk Franklin Date(s) 11 , 5 , Provide Title/ Explenation Ticket(s)/Pass(es) provided by agency? If no: Oakland Arena Yes 🔲 No 🔳 If yes: Miley, Nate Was ticket distribution made at the behest Yes No list Official's Name (Lest, 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(a) Passes Number B. Name of Individual of Ticket(s) identify one of the following: (Last, First) Passe Ceremonial Role Other 🔲 Candace Skinner Walker Income ... **2T** If checking "Ceremonial Role" or "Other" describe below, To reward a community volunteer for service to the public Ceremonial Role Other 🔲 Income 🔲 If Checking "Ceremonial Role or "Other" descri Number Name of Outside Organization C, of Ticket(a)/ Describe the public purpose made pursuant to the agency's policy (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. Jasmine Howard

Delivat	
Print	

Significant of Agency Head of Designae

Comment:

Print Name

10/25/2023

(month, day, year)

Supervisor's Assistant

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 \$200 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗌 Date(s) 11 / 07 / Event Description: Lauren Hill Provide Title/ Explanation If no: Oakland Arena Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: 2 Gabriel, Miranda To encourage County of Alameda resident and business Other 🔲 Ceremonial Role Income 🔲 If checking "Ceremonial Role" or "Other" describe below: 2 Stopka, Rylie To encourage County of Alameda resident and business Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification

I have read and understand FPPC	Regulations 1894	1.1 and 18942.	I have verified that th	ne distribution set forth	above, is in a	accordance
I have read and understand FPPC with the requirements.) "				~ /	1
Wigh the rodalionation	· •				-61	/_

	Heather D. Cartwright
Signature of Agency Head or Designee	Print Name

Supervisor's Assistant

Title

(month day year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

	Agency Name				Date Stamp	California 802
	Alameda County					TOILL O'L
	Division, Department, or Regi	on (if applicable)			1	For Official Use Only
	Board of Supervisors		å			
	Designated Agency Contact (Name, Title)			1	
	Sergio Ardila				Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	nation				000
	Does the agency have a tick	et policy? Yes l	■ No □ Fa	ace Value of	Each Ticket/Pass \$	200
	Event Description: Lauryn H			oto(s) 11	07 , 23	, ,
	Event Description:	Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🔳 If	no: Oaklan	d Arena	
			If	Tam, L	Name of Source ena Official's Name (Last, First)	
	Was ticket distribution made	at the benest Yes	□ No ■ "	yes	Official's Name (Last, First)	
	of agency official?					
3	Recipients					
•	Use Section A to identify the agent	cy's department or unit.	Use Section B to ic	dentify an individ	ual. Use Section C to identif	íy an outside organization.
	20		Number			suant to the agency's policy
	A. Name of Agency, Depa	ertment or Unit	of Ticket(s)/ Passes	Describe to	ne public purpose made pur	suant to the agency's policy
						·
	Name of Ind	widual	Number		Identify one of the f	following:
	B. Name of Indi		of Ticket(s)/ Passes		identity one of the	
				Cere	monial Role 🔲 Other 🎚	
	Brown, Jimmie		3	I	cking "Ceremonial Role" or "Other" de	
				To encoura	age County of Alamed	a resident and busines
					monial Role 🔲 Other 🛚	-
				If ched	cking "Ceremonial Role" or "Other" de	scribe below:
C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes	Describe t	he public purpose made pu	rsuant to the agency's policy
	-					
4.	Verification					
	I have read and understand FF	PPC Regulations 1894	4.1 and 18942.	l have verified	that the distribution set i	oπn above, is in accordance
	with the requirements.	Canaia Andila	_	Que	pervisor's Assistant	01/12/24
		Sergio Ardila	Rrint Name	Sup	Title	(month, day, year)
	Signature of Agency Head or Design	ice	FILL IVALUE		1100	proving day, youry
	Comment:					

С	eremonial Role Even	its and Ticket/F	Pass Distri	butions	A	Public Document
1.	Agency Name				Date Stamp	California 802
	County of Alameda					101111
	Division, Department, or Reg	jion (if applicable)			1	For Official Use Only
	Board of Supervisors, Four					
	Designated Agency Contact	(Name, Title)			1	
	Nate Miley				Amendment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail]	,
	(510) 272-6694	Jasmine.Howard2	@acgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes	■ No □ Fa	ace Value of	Each Ticket/Pass \$	200.00
	Event Description: Lauren I	Hill & Fugees Provide Title/ Expla	enation		7 / 2023	
	Ticket(s)/Pass(es) provided		□ No ■ If	no: Oakland	d Arena	
				yes: Miley, N	Mama of Course	
	Was ticket distribution made	e at the behest Yes	□ No ■ If	yes:	Official's Name (Last, First)	
	of agency official?					
3.	•					
	Use Section A to identify the ager	ncy's department or unit.	Use Section B to id	entify an individu	ual. Use Section C to identify	/ an outside organization.
	A. Name of Agency, Department	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	B. Name of Ind		Number of Ticket(s)/		Identify one of the fo	ollowing:
	(Last, Fir	sij	Passes		nonial Role Other Other or "Other" des	11.001110
	Edwards, Marus		2		nonial Role Other Other or "Other" des	Income Cribe below:
C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
4.	Verification	DDC Boardotions 4004	1 1 and 10010 '	have verify to		
	I have read and understand FF with the requirements.	PC Regulations 1894	4.1 and 18942.1	nave vennea t	nat the distribution set to	rth above, is in accordance
	, ,	/Jasmine Hov	vard	Supe	rvisor's Assistant	11/7/2023
	Signature of Agency Heald of Design	nee F	rint Name		Title	(month, day, year)
	Comment:					

Clear

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Q02 Date Stamp

Alameda County Division, Department, or Region (if applicable)						For Official Use Only
Board of Supervisors						
	Designated Agency Contact (Name, Title)				
	Heather Cartwright				Amendment (Must Pr	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			LI Amendment (Musi 17	Ovide Explanation in Fait 3.)
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation				¢100
	Does the agency have a tick	tet policy? Yes	No ☐ F	ace Value of	Each Ticket/Pass \$	\$100
	Event Description: Gabriel I	glesias	D	ate(s)1	, 17 , 2023	
		Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [no: Oakland	Mama of Course	
	Was ticket distribution made	at the behest Ves I	T No ■ If	yes: Hauber	t, David	
	of agency official?	at the period: 1651	1 MO		Official's Name (Last, First)	
_						
	Recipients				t the Continue Can identify	
	Use Section A to identify the agen-	cy's department or unit. •		lentify an individu	ual. Use Section C to identify	y an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	Hernandez, Moliy		4		nonial Role Other king "Ceremonial Role" or "Other" des	
	riemandez, wony		i i	To promote	attendance at events	held at a County facility
					nonial Role Other king "Ceremonial Role" or "Other" des	
C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	Verification					
1	have read and understand FP	PC Regulations 18944	.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance
1	with the regulrements.)	- 4 - 2-14	•	andanda Andria	3/./12.1
	10 1 10 1 10 10	Heather D. C		Supe	ervisor's Assistant	
_	Signature of Agency Head or Design	ee P	rint Name		Title	(month, day, year) /

Comment:

Clear

Print

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

H	racino, rich		011			
1	Caramonial	Ro	le Evente	and '	Ticket/Page	Distributions

1	Agency Name				Date Stamp	California OOO
1 .	Alameda County				Bate Stamp	Form 802
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors Designated Agency Contact	(Name Title)				
	_	(Ivame, File)				
	Sergio Ardila				Amendment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Data of Ocioinal Fillians	
	(510) 272-6693	sergio.ardila@acgo	ov.org		Date of Original Filing: _	(month, day, year)
_	Function or Event Infor	mation				
-	Does the agency have a tic		No □ F	ace Value of	Each Ticket/Pass \$	100
	Event Description: Gabriel	iglesias		ate(s)		
		Provide Title/ Expla	nation	no: Oaklan	d Arena	
	Ticket(s)/Pass(es) provided	by agency? Yes			Name of Source	
	Was ticket distribution made	e at the behest Yes I	□ No ■ If	yes: Tam, Lo	ena ————————	
	of agency official?	103			Official's Name (Last, First)	
3.	Recipients					
	 Use Section A to identify the ager 	ncy's department or unit. •	Use Section B to id	dentify an individ	ual. Use Section C to identify	an outside organization.
	△ Name of Agency, Dep.	artment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made purs	suant to the agency's nolicy
	A. Name of Agency, Dep	artinent of onit	of Ticket(s)/ Passes	Describe in	to public purpose made part	
	<u> </u>					
	Name of Ind	turatural	Number		Id-atify one of the fo	Mourings
	B. Name of Ind		of Ticket(s)/ Passes		Identify one of the fo	ollowing:
				Cerer	nonial Role Other	Income
					king "Ceremonial Role" or "Other" des	
	(8)					
				Ceret	monial Role Other	Income
				1	king "Ceremonial Role" or "Other" des	
			Number			
	C. Name of Outside C		of Ticket(s)/ Passes	Describe tl	ne public purpose made pur	suant to the agency's policy
			1 83563			
	City of Alameda		3	To encoura	age County of Alameda	resident and business
	·		1			<u>_</u>
_						
4.	Verification)				
	I have read and understand F	PC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set for	orth above, is in accordance
4	with the requirements.	10				-1/12/01
		Serglo Ardila		Sup	ervisor's Assistant	01/17/24
	Signature of Agency Head or Desig	nee F	Print Name		Title	(month, day, year)
	Commont					
	Comment:					

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

Agency Name Alameda County Date Stamp B02 For Official Use Only							
Provided Source Provided Use Ceremonial Role Provided Paper Pa	١.	Agency Name				Date Stamp	
Describe the public purpose made pursuant to the agency's policy Passes							
Designated Agency Contact (Name, Title) Sergio Arcilla Area Code/Phone Number E-mail Sergio Arcilla Sergio Arcilla Sergio Arcilla Date of Original Filing: (month, day year)		Division, Department, or Reg	ion (if applicable)				For Official Use Only
Area Gode/Phone Number E-mail		Board of Supervisors					
Area Code/Phone Number		Designated Agency Contact (Name, Title)				
Sergio Ardia Serg		Sergio Ardila				Amendment (Must F	Provide Explanation in Part 3.)
Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 125		Area Code/Phone Number	E-mail				,
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 125 Event Description: Rod Wave Date(s) 11 30 23		(510) 272-6693	sergio.ardila@acg	ov.org		Date of Original Filing:	(mon th , day, year)
Event Description: Rod Wave Frowide Titler Explanation Pack of Titler Explanation Date(s) 11 30 23	2.	Function or Event Infor	mation				
Event Description: Rod Wave Date(s) 11 30 23 Ticket(s)/Pass(es) provided by agency? Yes No life no: Oakland Arena Name of Source Was ticket distribution made at the behest Yes No life no: Oakland Arena Name of Source Was ticket distribution made at the behest Yes No life yes: Tam, Lena Official? Name (Lest, First) Recipients **Use Section 8 to identify an individual.** Use Section 1 to identify an outside organization. A. Name of Agency, Department or Unit of Ticket(s)/Passes B. Name of Individual (Lest, First) B. Name of Individual (Lest, First) B. Name of Individual (Lest, First) Ceremonial Role Other Income		Does the agency have a tick	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	125
Ticket(s)/Pass(es) provided by agency? Yes No Market (s)/Pass(es) Pass(es) Pass(es)/Pass(es) Pass(es) Pass(es)/Pass(es) Pass(es)/Pass(es)		Fuent Description: Rod Wa			ate(s) 11	, 30 , 23	
Was ticket distribution made at the behest Yes No If yes: Tam, Lena Official State (Lest, First) Name of Regency official		Event Description.	Provide Title/ Expl	anation			
Was ticket distribution made at the behest Yes No If yes: Tam, Lena Official State (Lest, First) Name of Regency official		Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ If	no: Oaklan	d Arena	
Officials Name (Last, First) Recipients						Name of Source	
Recipients - Use Section A to identify the agency's department or unit. - Use Section A to identify the agency's department or unit. - Use Section A to identify the agency's department or unit. - Use Section A to identify an outside organization. - Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy - B. Name of Individual (Last, First) Identify one of the following: - Ceremonial Role Other Income Income If checking 'Ceremonial Role' or 'Other' describe below: - Ceremonial Role Other Income Income If checking 'Ceremonial Role' or 'Other' describe below: - C. Name of Outside Organization (Include address and description) Other of Ticket(s) Describe the public purpose made pursuant to the agency's policy Plases - Unity Council 3 To encourage County of Alameda resident and business: - Income			e at the behest Yes	□ No ■ II	yes.	Official's Name (Last, First)	
* Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. A. Name of Agency, Department or Unit Number of Ticket(s) Passes Describe the public purpose made pursuant to the agency's policy		of agency official?					
* Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. A. Name of Agency, Department or Unit Number of Ticket(s) Passes Describe the public purpose made pursuant to the agency's policy	3.	Recipients					
A. Name of Agency, Department or Unit Of Ticket(s) Passes B. Name of Individual (Last, First) Number of Ticket(s) Passes			cy's department or unit.	• Use Section B to id	dentify an individ	ual. Use Section C to identi	fy an outside organization.
B. Name of Individual (Last, First) Number of Ticket(s)/ Passes Identify one of the following: Income If checking **Ceremonial Role Other Income If checking **Ceremonial Role ** or **Cither* describe below: Income If checking **Ceremonial Role ** or **Cither* describe below: Income If checking **Ceremonial Role ** or **Cither* describe below: Income If checking **Ceremonial Role ** or **Cither* describe below: Income Income If checking **Ceremonial Role ** or **Cither* describe below: Income In		A. Name of Agency, Depa	artment or Unit	of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy
B. Name of Individual (Last, First) of Ticket(s)/ Passes Identify one of the following: Income I		No.		rasses			
B. Name of Individual (Last, First) of Ticket(s)/ Passes Identify one of the following: Income I		-					
B. Name of Individual (Last, First) of Ticket(s)/ Passes Identify one of the following: Income I							
C. Name of Outside Organization (include address and description) Unity Council Sergio Ardila Signature of Agency Head or Designee Print Name Ceremonial Role* or *Other* describe below: Other Other Income		D.		of Ticket(s)/		Identify one of the	following:
C. Name of Outside Organization (include address and description) Unity Council 3 To encourage County of Alameda resident and business I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sergio Ardila Signature of Agency Head or Designee Print Name Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Alameda resident and business Sergio Ardila Supervisor's Assistant Oliviant, day, year)							
C. Name of Outside Organization (include address and description) Of Ticket(s)/ Passes Unity Council 3 To encourage County of Alameda resident and business: I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sergio Ardila Signature of Agency Head or Designee Print Name Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy To encourage County of Alameda resident and business: Sergio Ardila Supervisor's Assistant Official (month, day, year)						.,	
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 Signature of Agency Head or Designee Print Name Title (month, day, year)			of Ticket(s)/	Describe ti	he public purpose made pu	rsuant to the agency's policy	
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 Signature of Agency Head or Designee Print Name Title (month, day, year)	Unity Council 3			To encoura	age County of Alamed	a resident and business :	
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 Signature of Agency Head or Designee Print Name Title (month, day, year)							
Signature of Agency Head or Designee Print Name Title (month, day, year)	4.	I have read and understand FF	PPC Regulations 1894	14.1 and 18942.	l have verified	that the distribution set	forth above, is in accordance
Signature of Agency field of Besignee			Sergio Ardil	a	Sup	ervisor's Assistant	61/12/24
Comment:		Signature of Agency Head or Design	nee	Print Name		Title	(month, day, year)
		Comment:					