

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

**A Public Document**

|   |                               |   |   |
|---|-------------------------------|---|---|
| <b>1. Agency Name</b>                           |                               | Date Stamp  | <b>California Form 802</b><br>For Official Use Only |
| Alameda County                                  |                               |   |   |
| Division, Department, or Region (if applicable) |                               | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><br>Date of Original Filing: _____<br>(month, day, year) |   |
| Board of Supervisors                            |                               |   |   |
| Designated Agency Contact (Name, Title)         |                               |   |   |
| Heather Cartwright                              |                               |   |   |
| Area Code/Phone Number                          | E-mail                        |   |   |
| (510) 272-6691                                  | heather.cartwright2@acgov.org |   |   |

**2. Function or Event Information**

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

Event Description: Harlem Globetrotters Date(s) 01 / 11 / 2024  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Oakland Arena  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Haubert, David  
Official's Name (Last, First)

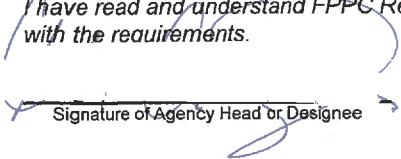
**3. Recipients**

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

| A. | Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|----|--|-----------------------------|--|
|    |  |                             |  |
|    |  |                             |  |
| B. | Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|    | Off the Street Ministries-2264 High St, Oakland                | 4                           | To reward a school or non-profit organization for its contri   |
|    | Recovery/Sober Living Community for men                        |                             |  |

**4. Verification**

*I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*


 \_\_\_\_\_  
 Signature of Agency Head or Designee

Heather D. Cartwright  
 Print Name

Supervisor's Assistant  
 Title

1/18/2024  
 (month, day, year)

Comment: \_\_\_\_\_

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

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|---|-------------------------------|--|--|
| <b>1. Agency Name</b>   |                               | Date Stamp   | <b>California Form 802</b><br><small>For Official Use Only</small> |
| Alameda County  |                               |  |  |
| <b>Division, Department, or Region</b> <i>(if applicable)</i> |                               |  |  |
| Board of Supervisors  |                               |  |  |
| <b>Designated Agency Contact</b> <i>(Name, Title)</i>         |                               | <input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i><br><br><b>Date of Original Filing:</b> _____<br><small>(month, day, year)</small> |  |
| Heather Cartwright  |                               |  |  |
| <b>Area Code/Phone Number</b>                                 | <b>E-mail</b>                 |  |  |
| (510) 272-6691  | heather.cartwright2@acgov.org |  |  |

**2. Function or Event Information**

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

Event Description: Harlem Globetrotters Date(s) 01 / 11 / 2024  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Oakland Arena  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Haubert, David  
Official's Name (Last, First)

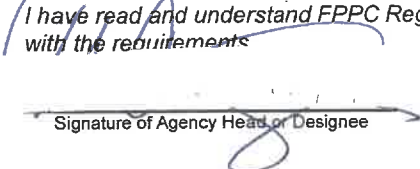
**3. Recipients**

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

| A. | Name of Agency, Department or Unit  | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|----|---|-----------------------------|--|
|    |   |                             |  |
|    |   |                             |  |
| B. | Name of Individual <small>(Last, First)</small>                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|    |   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|    |   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. | Name of Outside Organization <small>(include address and description)</small> | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|    | Off the Street Ministries-2264 High St, Oakland                               | 4                           | To reward a school or non-profit organization for its contri   |
|    | Recovery/Sober Living Community for men                                       |                             |  |

**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*

|   |                                     |                                 |                                |
|---|-------------------------------------|---------------------------------|--------------------------------|
| <br>Signature of Agency Head or Designee | Heather D. Cartwright<br>Print Name | Supervisor's Assistant<br>Title | 3/1/2024<br>(month, day, year) |
|---|-------------------------------------|---------------------------------|--------------------------------|

Comment: \_\_\_\_\_

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

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|   |   |  |  |
|---|---|--|--|
| <b>1. Agency Name</b><br>Alameda County                                 |   | Date Stamp   | <b>California Form 802</b><br><small>For Official Use Only</small> |
| Division, Department, or Region (if applicable)<br>Board of Supervisors |   |  |  |
| Designated Agency Contact (Name, Title)<br>Heather Cartwright           |   | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><br>Date of Original Filing: _____<br><small>(month, day, year)</small> |  |
| Area Code/Phone Number<br>(510) 272-6691                                | E-mail<br>heather.cartwright2@acgov.org |  |  |

**2. Function or Event Information**

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

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

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Oakland Arena  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Haubert, David  
Official's Name (Last, First)

**3. Recipients**

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

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|---|-----------------------------|---|
|   |                             |   |
|   |                             |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:  |
| Milan, Jessica  | 4                           | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>To promote attendance at events held at a County facility |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>  |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|   |                             |   |

**4. Verification**

*I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

|   |                           |                        |                                   |
|---|---------------------------|------------------------|-----------------------------------|
|   | Heather D. Cartwright     | Supervisor's Assistant | <u>1/18/2024</u>                  |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small>   | <small>(month, day, year)</small> |

Comment: \_\_\_\_\_

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

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|  |  |  |   |
|--|--|--|---|
| <b>1. Agency Name</b><br>Alameda County<br>Division, Department, or Region (if applicable)<br>Board of Supervisors<br>Designated Agency Contact (Name, Title)<br>Heather Cartwright<br>Area Code/Phone Number      E-mail<br>(510) 272-6691                      heather.cartwright2@acgov.org |  | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
|  |  | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><br>Date of Original Filing: _____<br><span style="font-size: small;">(month, day, year)</span> |   |

**2. Function or Event Information**

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

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

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Oakland Arena  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: Haubert, David  
Official's Name (Last, First)

**3. Recipients**

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

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|---|-----------------------------|---|
|   |                             |   |
|   |                             |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:  |
| Milan, Jessica  | 4                           | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>To promote attendance at events held at a County facility |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>  |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|   |                             |   |
|   |                             |   |

**4. Verification**

*I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

|                                      |                                     |                                 |                                |
|--------------------------------------|-------------------------------------|---------------------------------|--------------------------------|
| Signature of Agency Head or Designee | Heather D. Cartwright<br>Print Name | Supervisor's Assistant<br>Title | 3/1/2024<br>(month, day, year) |
|--------------------------------------|-------------------------------------|---------------------------------|--------------------------------|

Comment: \_\_\_\_\_

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

A Public Document

|   |  |   |   |
|---|--|---|---|
| <b>1. Agency Name</b><br>Alameda County<br>Division, Department, or Region <i>(if applicable)</i><br>Board of Supervisors<br>Designated Agency Contact <i>(Name, Title)</i><br>Sergio Ardila<br>Area Code/Phone Number      E-mail<br>(510) 272-6693                      sergio.ardila@acgov.org |  | Date Stamp  | <b>California Form 802</b><br>For Official Use Only |
|   |  | <input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i><br>Date of Original Filing: _____<br><span style="font-size: small;">(month, day, year)</span> |   |

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$50.00

Event Description: Harlem Globetrotters                      Date(s) 01 / 12 / 2024  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Oakland Arena  
*Name of Source*

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: Tam, Lena  
*Official's Name (Last, First)*

**3. Recipients**

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

| A. | Name of Agency, Department or Unit                                       | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|----|--|-----------------------------|--|
|    |  |                             |  |
|    |  |                             |  |
| B. | Name of Individual<br><i>(Last, First)</i>                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|    | Frost, Paula   | 3                           | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i><br>To promote County-run, sponsored, or supported commu |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i>  |
| C. | Name of Outside Organization<br><i>(include address and description)</i> | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|    |  |                             |  |

**4. Verification**

*I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

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

Comment: \_\_\_\_\_

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

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

**2. Function or Event Information**

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

Event Description: Harlem Globetrotters Date(s) 1 / 12 / 2024  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Oakland Arena  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Miley, Nate  
Official's Name (Last, First)

**3. Recipients**

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
| Oakland Community Support Center                                  | 4                           | To reward a County employee for his or her exemplary se  |

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Jasmine Howard
Supervisor's Assistant
1/11/2024

Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: \_\_\_\_\_



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

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|---|--------------------------------|--|---|
| <b>1. Agency Name</b><br>Alameda County                                 |                                | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Board of Supervisors |                                |  |   |
| Designated Agency Contact (Name, Title)<br>Amy Shrago, Chief of Staff   |                                |  |   |
| Area Code/Phone Number<br>510-272-6695                                  | E-mail<br>Amy.Shrago@acgov.org | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)<br>Date of Original Filing: <u>02/01/24</u><br>(month, day, year) |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 50.00

Event Description: Harlem Globetrotters Date(s) 01 / 12 / 24  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Coliseum Authority  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Carson, Keith  
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   |
|---|-----------------------------|--|
| BOS D5  | 4                           | To promote, encourage, reward, or support general employee morale, <span style="float: right;">+</span>  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                             |  |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

AS Amy Shrago Chief of Staff 02/01/24  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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

A Public Document

|  |                                       |  |                            |
|--|---------------------------------------|--|----------------------------|
| <b>1. Agency Name</b><br>Alameda County  |                                       | <b>Date Stamp</b>  | <b>California Form 802</b> |
| <b>Division, Department, or Region</b> (if applicable)<br>Board of Supervisors |                                       | For Official Use Only  |                            |
| <b>Designated Agency Contact</b> (Name, Title)<br>Amy Shrago, Chief of Staff   |                                       | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><b>Date of Original Filing:</b> 03/01/24<br><small>(month, day, year)</small> |                            |
| <b>Area Code/Phone Number</b><br>510-272-6695                                  | <b>E-mail</b><br>Amy.Shrago@acgov.org |  |                            |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 100.00

Event Description: WWE Date(s) 01 / 12 / 24  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Coliseum Authority  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Carson, Keith  
Official's Name (Last, First)

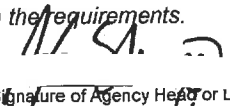
**3. Recipients**

• 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   |
|--|-----------------------------|--|
| BOS D5   | 4                           | To promote, encourage, reward, or support general employee morale, #   |
| <b>B. Name of Individual (Last, First)</b>                               |                             |  |
|  | Number of Ticket(s)/ Passes | Identify one of the following:   |
|  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| <b>C. Name of Outside Organization (include address and description)</b> |                             |  |
|  | 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.

 Amy Shrago Chief of Staff 03/01/24  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_