

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

A Public Document

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|---|--------------------------------------|--|---|
| 1. Agency Name Alameda County | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region (If Applicable) Board of Supervisors | | | |
| Designated Agency Contact (Name, Title) Gabriela Christy | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) | |
| 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 We from One's Comedy Tour Provide Title/Explanation

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 \$ 118.15

Date(s) 4 / 6 / 24

If no: Alameda County Name of Source

If yes: Marquez, Elisa- 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> |
| <u>Peyes, Randall</u> | <u>2</u> | To reward a community volunteer for his or her service to the public |
| <u>Pena, Jennifer</u> | <u>1</u> | |
| 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 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: _____ Gabriela Christy _____ Supervisor's Assistant _____ 2/6/2024
 Print Name Title (Month, Day, Year)

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|---|---------------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| County of Alameda | | | |
| Division, Department, or Region (if applicable) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year) | |
| Board of Supervisors, Fourth District | | | |
| Designated Agency Contact (Name, Title) | | | |
| Nate Miley | | | |
| Area Code/Phone Number | E-mail | | |
| (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 \$ _____ 100

Event Description: We Them One;s Comedy Tour Date(s) 4 / 6 / 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"/> If checking "Ceremonial Role" or "Other" describe below: |
| | Roberts, Shannell | 4 | To encourage County of Alameda resident and business support for attendance at local events. |
| | | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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.


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

Comment: _____