

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

A Public Document

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) Amy Shrago, Chief of Staff		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number 510-272-6695	E-mail Amy.Shrago@acgov.org	Date of Original Filing: <u>10/02/23</u> (month, day, year)	

2. Function or Event Information

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

Event Description: Oakland A's Date(s) 09 / 01 / 23
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland A's
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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Lee, Lauren	18	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service <input checked="" type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <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.

 Amy Shrago Chief of Staff 10/02/23
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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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 \$ \$100T - \$20 PARK

Event Description: Oakland A's Date(s) 9 / 2 / 2023
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Coliseum
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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <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
144,000 Elect Foundation	18 T 4 P	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.

Signature of Agency Head or Designee: Jasmine Howard Print Name: Jasmine Howard Supervisor's Assistant Title: Supervisor's Assistant Date: 10/25/2023
(month, day, year)

Comment: _____

Print **Clear**

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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: Oakland A's Date(s) 9 / 2 / 2023
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Coliseum
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:
Muhammed, Ansar	18	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below: To encourage or reward significant academic, artistic, public service, or athletic achievements by County of Alameda students, residents, businesses, or employees</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <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.

Jasmine Howard Supervisor's Assistant 9/5/2023
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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1. Agency Name Alameda County		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Sergio Ardila		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number (510) 272-6693	E-mail 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

Event Description: Oakland A's vs. Los Angeles Angels Date(s) 09 / 03 / 23
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Coliseum
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 (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <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
Alameda Chamber of Commerce	18T 4P	To promote County resources or facilities available to Cou

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 _____ 7/19/23
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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1. Agency Name		Date Stamp	California Form 802
Alameda County			For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) Amy Shrago, Chief of Staff			
Area Code/Phone Number 510-272-6695	E-mail Amy.Shrago@acgov.org	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>10/02/23</u> <small>(month, day, year)</small>	

2. Function or Event Information

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

Event Description: Oakland A's Date(s) 09 / 04 / 23
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland A's
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	18	To reward a County employee for his or her exemplary service to the public or to encourage staff development.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <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

 Amy Shrago
 Print Name

 Chief of Staff
 Title

 10/02/23
 (month, day, year)

Comment: _____

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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 Face Value of Each Ticket/Pass \$ _____ 100

Event Description Oakland Athletics vs. San Diego Padres Date(s) 09 / 15 / 23
Provide Title/Explanation

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.

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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<u>GARCIA, Alexandra</u>	<u>3</u>	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Identify one of the following: agency's policy
<u>The Annual Earth Day Citywide Clean-Up & Community Fair is a litter pick-up event hosted at Weekes Park. Volunteers come together to collect litter</u>		<u>To reward a community volunteer for his or her service to the public</u>
		<u>and abandoned debris in various neighborhoods throughout the City.</u>

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 _____ 5/9/2023 _____
Print Name Title (Month, Day, Year)

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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: Oakland A's Date(s) 9 / 15 / 2023
Provide Title/ Explanation

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

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

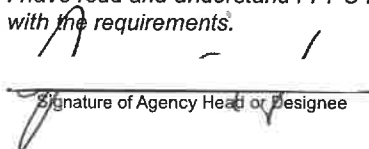
3. Recipients

* 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:
Moesley, Mae	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote health, motivate, and provide expanded opportunities to vulnerable populations in the County such as the disables, underprivileged, seniors and youth in foster care.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <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.


 _____ Jasmine Howard Supervisor's Assistant 9/25/2023
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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1. Agency Name Alameda County Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago, Chief of Staff Area Code/Phone Number E-mail 510-272-6695 Amy.Shrago@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>10/02/23</u> <small>(month, day, year)</small>	

2. Function or Event Information

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

Event Description: Oakland A's Date(s) 09 / 15 / 23
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland A's
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 reward a County employee for his or her exemplary service to the public or to encourage staff development.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <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

 Amy Shrago

Print Name

 Chief of Staff

Title

 10/02/23

(month, day, year)

Comment: _____

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1. Agency Name Alameda County		Date Stamp	California Form 802
Division, Department, or Region (if applicable) Board of Supervisors		For Official Use Only	
Designated Agency Contact (Name, Title) Sergio Ardila		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number (510) 272-6693	E-mail sergio.ardila@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: Kali Uchis Date(s) 09 / 26 / 23
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 (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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <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
UNITY COUNCIL	3	To encourage County of Alameda residents and business

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 01/17/24
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

A Public Document

1. Agency Name Alameda County Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago, Chief of Staff Area Code/Phone Number E-mail 510-272-6695 Amy.Shrago@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>10/02/23</u> <small>(month, day, year)</small>	

2. Function or Event Information

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

Event Description: Kali Uchis Date(s) 09 / 26 / 23
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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Jones, Jason	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a community volunteer for his or her service
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <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.

Amy Shrago
Chief of Staff
10/02/23

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

Comment: _____

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Ceremonial Role Events and Ticket/Pass Distributions**

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1. Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
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Designated Agency Contact (Name, Title) Sergio Ardila		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number (510) 272-6693	E-mail sergio.ardila@acgov.org	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 \$ 106.25

Event Description: Los Temerarios Date(s) 09 / 29 / 23
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 (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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <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
UNITY COUNCIL	3	To encourage County of Alameda residents and business

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: _____ Sergio Ardila _____ Supervisor's Assistant _____ 01/17/24 _____
Print Name Title (month, day, year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 106.25

Event Description: Los Temarios Provide Title/Explanation Date(s) 9 / 29 / 2023

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:
Victor Reyes	4T	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for service to the public
		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: Jasmine Howard Print Name: _____ Supervisor's Assistant: _____ Title: _____
 Date: 10/25/2023 (month, day, year)

Comment: _____

Print **Clear**