Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{35.00}{100}$ Does the agency have a ticket policy? Yes 🗌 No 🗍 Event Description: <u>A's Baseball</u> Date(s) ____7 30 18 Provide Title/ Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🖾 No 🗌 Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes X No Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes Number Name of Individual Β. Identify one of the following: of Ticket(s)/ (Last, First) Passes To reward a Community volunteer for his or her Luna, Barbara 4 service to the public. Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

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.

	Lee Ann Fergerson	Ticket Administrator	6/14/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

A Public Document

/						
	Agency Name				Date Stamp	California 802
	Alameda County					For Official Use Only
1	Division, Department, or Regi	on (If Applicable))			
	Board of Supervisors					
ī	Designated Agency Contact (Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-maíl			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie@	@acgov.org		Date of Original Filing:	:
2.	Function or Event Inform	nation				¢40
	Does the agency have a ticke	t policy?	Yes 🖾 No 🛛	Face Value of	of Each Ticket/Pass \$ ₋	\$40
	Event Description Baseball g	ame		Deta(a) 07	7,01,18	///
1	Event Description	Provide Title/Expla	anation	Date(s)	//	·····
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No 🛙	If no: Oaklar	nd A's	
		y ageney.			Name of S	lource
	Was ticket distribution made a	at the behest	No 🗌 Yes 🛛	If yes: Chan	, Wilma Official's Name	
	of agency official?		-		Official's Name	(Last, First)
	Recipients	E				
	Use Section A to identify the agenc	y's department or i	1	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuar	nt to the agency's policy
			Pass(es)			
			Number of			
	B. Name of Individu	al	Ticket(s)/		Identify one of the follo	wing:
			Pass(es)	Ceremonial Role	Other	
					nial Role" or "Other" describe below	
				3		
				Ceremonial Role	Other	Income
				If checking "Ceremo	nial Role" or "Other" describe below	У:
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
	Alam. Cty Hith Care for Ho	meless 1404		To reward a schoo	l or nonprofit organiz	ation for its contributions
	Franklin St, Suite 200, Oak		2	to the community	a or nonprone organiz	
	*****		1			
	Health care services organ homeless individuals	ization for				
4.	Verification					

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

		Sarah Oddie	Field Representative	07.31.2018
Signature	of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

A Public Document

_						
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUL For Official Use Only
	Division, Department, or Regi	on (If Applicable)				For Onicial Ose Only
	Board of Supervisors					
	Designated Agency Contact (I	Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie@)acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inforr	nation				#78, \$20 parts
	Does the agency have a ticket	t policy?	Yes 🛛 No 🛛	Face Value o	f Each Ticket/Pass \$ _	\$78+\$20 park
	Event Description Baseball g	ame		Date(s)7	, 03 , 18	1
	Event Description	Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by	v agency?	Yes 🗌 🛛 No 🕻	If no: Oaklar	nd A's	
	······································				Name of S	iource
	Was ticket distribution made a	it the behest	No 🗌 Yes [If yes: Chan	, VVIIMa Official's Name	(Last First)
_	of agency official?				Omedars Name	
3.	Recipients					
	• Use Section A to identify the agency	y's department or u	nit. • Use Sec Number of			
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursua	nt to the agency's policy
			1 233(63)		······································	<u> </u>
				······································		
	B. Name of Individu	al	Number of		Identify one of the follo	wing:
	D. (Last, First)		Ticket(s)/ Pass(es)			
				1	Other	
				If checking "Ceremo	nial Role" or "Other" describe below	V.
				Caremonial Role	Other	Income
					nial Role" or "Other" describe below	
	C. Name of Outside Organ (include address and det		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	int to the agency's policy
	East Bay Innovations, 2450 Ave #240, San Leandro, C		4+1p	To reward a schoo to the community	ol or nonprofit organiz	ation for its contributions
	Offers variety of services to with disabilities live/work in					
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.

		Sarah Oddie	Field Representative	07.31.2018
\checkmark	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ______

1.	Agency Name			Date Stamp	California 802
	Alameda County				Form OOZ
	Division, Department, or Region (If Applicable,)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
	Sarah Oddie			Amendment (Must a	rovide explanation in Part 3.)
	Area Code/Phone Number E-mail				
	(510) 272-6693 sarah.oddie@	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				\$125
	Does the agency have a ticket policy?	Yes 🗵 No 🛛		of Each Ticket/Pass \$ _	
	Event Description Baseball game		Date(s)7	7 , 20 , 18	///
	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no: Oakla	nd A's	burce
	Was ticket distribution made at the behest	No 🗖 Veel	If yes: Char	n, Wilma	
	of agency official?	No 🗌 Yes	더 If yes:	Official's Name ('Last, First)
3.	Recipients	<u> </u>		4	
	Use Section A to identify the agency's department or	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pul	blic purpose made pursuan	t to the agency's policy
		Pass(es)			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role		
	Gin, Kevin	2		mial Role" or "Other" describe below: anceevent held at a	
			facilitymaximize	potential County reve	nueconcession sales
			Ceremonial Role	Other	Income
		2		onial Role" or "Other" describe below:	
		2			
		Number of			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
			·		
4.	Verification	<u> </u>			<u></u>
		d 18942. I have v	erified that the distribution set	t forth above, is in accordance v	vith the requirements.
		Sarah O	ddie	Field Representative	
	Signature of Agency Head or Designee	Print Nar	me	Title	(Monih, Day, Year)
	Signature of Agency Head or Designee			the second s	(Monih, Da

	eremonial Role Even					A Public Document
	Agency Name				Date Stamp	California 802
	Alameda County				2	Form
Ī	Division, Department, or Reg	ion (If Applicable)			For Official Use Only
	Board of Supervisors					
I	Designated Agency Contact	(Name, Title)			-	
	Sarah Oddie					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing	(Month, Day, Year)
	Function or Event Infor	mation				\$68
	Does the agency have a ticke	et policy?	Yes 🛛 No [of Each Ticket/Pass \$.	
	Event Description Baseball	game		Date(s) 0	7 , 20 , 18	//
		Provide Title/Expl	lanation			
	Ticket(s)/Pass(es) provided b	by agency?	Yes 🗌 No [🛛 lf no: Oakla	and A's Name of S	Source
		at the behavet		If yes: Cha		
	Was ticket distribution made of agency official?	at the benest	No 🗌 Yes	X If yes:	Official's Name	(Last, First)
_	Recipients					
•	Use Section A to identify the agen-	cy's department or	unit. • Use Sec	tion B to identify an indivi	dual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Departm		Number of Ticket(s)/		blic purpose made pursua	
			Pass(es)			
			_			
	R Name of Individ		Number of			
	B. Name of Individe (Last, First)	ual	Ticket(s)/		(dentify one of the follo	wing:
	Last, First)	ual			Other	Income
	Joseph, Megan	ual	Ticket(s)/ Pass(es)	If checking "Cerem	onial Role" or "Other" describe below	income (
	(Ləsi, First)	ual	Ticket(s)/	If checking "Cerem To reward a com	onial Role" or "Other" describe below	Income
	(Ləsi, First)	ual	Ticket(s)/ Pass(es)	If checking "Cerem To reward a come public	Other D onial Role" or "Other" describe below nunity volunteer for hi	income is or her service to the
	(Ləsi, First)	ual	Ticket(s)/ Pass(es)	If checking "Cerem To reward a com public Ceremonial Role	Other D onial Role" or "Other" describe below nunity volunteer for hi	income (is or her service to the Income
	(Ləsi, First)	ual	Ticket(s)/ Pass(es)	If checking "Cerem To reward a com public Ceremonial Role	Other onial Role" or "Other" describe below munity volunteer for hi	income (is or her service to the Income (
	(Ləsi, First)	ual	Ticket(s)/ Pass(es) 2	If checking "Cerem To reward a com public Ceremonial Role	Other onial Role" or "Other" describe below munity volunteer for hi	income (is or her service to the Income
	(Lest, First) Joseph, Megan	anization	Ticket(s)/ Pass(es) 2 2 Number of	If checking "Cerem To reward a come public Ceremonial Role If checking "Cerem	Other Contail Role" or "Other" describe below nunity volunteer for hi Other Contail Role" or "Other" describe below	Income is or her service to the Income
	(Ləst, First) Joseph, Megan	anization	Ticket(s)/ Pass(es) 2	If checking "Cerem To reward a come public Ceremonial Role If checking "Cerem	Other onial Role" or "Other" describe below munity volunteer for hi	Income is or her service to the Income
	(Lest, First) Joseph, Megan	anization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Cerem To reward a come public Ceremonial Role If checking "Cerem	Other Contail Role" or "Other" describe below nunity volunteer for hi Other Contail Role" or "Other" describe below	income is or her service to the Income
	(Lest, First) Joseph, Megan	anization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Cerem To reward a come public Ceremonial Role If checking "Cerem	Other Contail Role" or "Other" describe below nunity volunteer for hi Other Contail Role" or "Other" describe below	Income is or her service to the Income
	(Lest, First) Joseph, Megan	anization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Cerem To reward a come public Ceremonial Role If checking "Cerem	Other Contail Role" or "Other" describe below nunity volunteer for hi Other Contail Role" or "Other" describe below	income is or her service to the Income
	(Lest, First) Joseph, Megan	anization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Cerem To reward a come public Ceremonial Role If checking "Cerem	Other Contail Role" or "Other" describe below nunity volunteer for hi Other Contail Role" or "Other" describe below	income is or her service to the Income
1.	(Lest, First) Joseph, Megan C. Name of Outside Org. (include address and d	anization escription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Cerem To reward a come public Ceremonial Role If checking "Cerem Describe the p	Other Contai Role" or "Other" describe below munity volunteer for hi Other Contai Role" or "Other" describe below ublic purpose made pursua	income is or her service to the Income w:
1 .	(Lest, First) Joseph, Megan C. Name of Outside Org. (include address and d	anization escription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Cerem To reward a comp public Ceremonial Role If checking "Cerem Describe the p	Other Contail Role" or "Other" describe below nunity volunteer for hi Other Contail Role" or "Other" describe below	income [is or her service to the income [w: ant to the agency's policy with the requirements.

A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: ___ (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$68 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Baseball game Date(s) _____07 21 18 7 Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 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. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last. First) Pass(es) Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) To reward a school or nonprofit organization for its contributions Alameda Education Foundation, 400 2 Grand Street, Portable A4, Alameda, CA to the community Foundation to support Alameda schools and students

4. Verification

Jations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Sarah Oddie	Field Representative	07.31.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ___

1. Ag	ency Name	· · · -			Date Stamp	California 802
-	meda County					Form 002
	sion, Department, or Regi	on (If Applicable,)	<u> </u>	-	For Official Use Only
Bo	ard of Supervisors					
	ignated Agency Contact (Name, Title)			-	
	rah Oddie					
	a Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	0) 272-6693	sarah.oddie@	@acgov.org		Date of Original Filing	(Month, Day, Year)
2. Fu	nction or Event Inform	nation		······································		¢¢9
Doe	es the agency have a ticke	t policy?	Yes 🛛 No 🛛		of Each Ticket/Pass \$.	
-	Baseball g	ame			7 , 21 , 18	/
EVE	Event Description Baseball game Date(s) Date(s)					
Tic	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Oakla				and A's	
110				Name of S	lource	
	s ticket distribution made a agency official?	at the behest	No 🗌 Yes 🛛	If yes: Char	n, VVIIMA Official's Name	(Last, First)
<u>.</u>			· _ · _ · _ ·			
ວ. ແຍ • ປະ	ecipients se Section A to identify the agenc	y's department or	dual. • Use Section C to ide	ntify an outside organization.		
A.	Name of Agency, Departme		Number of Ticket(s)/		blic purpose made pursua	
	· · · · · · · · · · · · · · · · · · ·		Pass(es)			
				• 6		
В.	Name of Individu	al	Number of		Identify one of the follo	wing:
D.	(Last, First)	ui	Ticket(s)/ Pass(es)		Identity one of the folio	wing.
	· · · · · · · · · · · · · · · · · · ·				Other	Income
CI	emons, Estelle		2		onial Role" or "Other" describe below	
			-	To reward a comr public	nunity volunteer for hi	s or her service to the
				Ceremonial Role	Cther	Income
				5 C	onial Role" or "Other" describe below	
			2			
						ж С
C	Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	ant to the agency's policy
	<u></u>		-		1	
	erification			1		·····

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

	Sarah Oddie	Field Representative	07.31.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County Division, Department, or Region (If Applicable)					Form 002
						For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		· · · · · · · · · · · · · · · · · · ·		
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6693		@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation			······································	#00 D // D
	Does the agency have a ticke	et policy?	Yes 🗵 No [Face Value of	of Each Ticket/Pass \$ _	\$32 Butler Pass
	Event Description Alameda	County Fair	5 , 15 , 18	07 , 08 , 18		
		Provide Title/Expl				
	Ticket(s)/Pass(es) provided b	y agency?	da County Fair Name of S			
	Was ticket distribution made at the behest No Yes If yes: Alame of agency official?				eda County Supervis Official's Name	(Last, First)
	-					
3.	Recipients • Use Section A to identify the agend	v's department or	ual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Department or Unit Number of Ticket(s)/		Describe the public purpose made pursuant to the agency's policy			
			Pass(es)			
			-	·····		
				-		
	B. Name of Individu	ial	Number of			
	D. (Last, First)		Ticket(s)/ Pass(es)		dentify one of the follow	
					Other	income
	Chang, Emily Burns, Antionette		1 ea.		if checking "Ceremonial Role" or "Other" describe below:	
	Brown, Corey			To promote attendance at a County facility in order to potential County revenue from parking and concession		
				Ceremonial Role		Income
					nial Role" or "Other" describe below	
			1 ea.		nunity volunteer for his	s or her service to the
				public		
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
				· · · · · · · · · · · · · · · · · · ·		
	·····					
4	. Verification					

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

	Sarah Oddie	Field Representative	07.31.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

1. A	gency Name				Date Stamp	California 802
	lameda County					Form OUZ
	vision, Department, or Reg	ion (If Applicable)			For Official Use Only
В	oard of Supervisors					
	esignated Agency Contact	Name, Title)			-	
S	arah Oddie					
	rea Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(5	510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. F	unction or Event Infor	mation			/	
De	pes the agency have a ticke	t policy?	Yes 🛛 No [Face Value of	of Each Ticket/Pass \$ _	\$20 VIP park
E	vent Description Alameda	County Fair Provide Title/Expl	anation	Date(s)	5 , 15 , 18	07 , 08 , 18
	Ticket(s)/Pass(es) provided by agency? Yes No 🛛 If no: Alamed			eda County Fair Name of Sc	ource	
	as ticket distribution made a of agency official?	at the behest	No 🗌 Yes [⊠ If yes: <u>Alam</u>	eda County Superviso Official's Name	or Wilma Chan (Last, First)
	Recipients Use Section A to identify the agend	w's department or	unit a lina Sac	tion B to identify an individ	ual • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)		blic purpose made pursuan	
			Number of			
E	Name of Individu (Last, First)	ial	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Chang, Emily		1 ea.		nial Role" or "Other" describe below:	
	Burns, Antionette Brown, Corey		T Ca.	To promote attend potential County re	lance at a County faci evenue from parking a	lity in order to maximize and concession sales
					D Other other other	
			1 ea.	To reward a comm public	nunity volunteer for his	s or her service to the
C	Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
_						
4. \	/erification	nuiations 18944.1 a	nd 18942, I have vi	erified that the distribution se	t forth above, is in accordance v	with the requirements.
			Sarah O		Field Representative	
-	Signature of Agency Head or Design	90	Print Nan		Title	(Month, Cay, Year)

A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County					CARGE STREET CONTRACTOR STREET
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	<u> </u>			
	Sarah Oddie					
	Area Code/Phone Number	E-mail			. 🔲 Amendment (Mustr	provide explanation in Part 3.)
	(510) 272-6693	steven.jones	s@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🛛 No [Face Value c	f Each Ticket/Pass \$ _	\$10 park
	Event Description Alameda (County Fair		Date(s)6	5 , 15 , 18	07 , 08 , 18
		Provide Title/Exp	lanation			<u></u>
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [If no: Alame	da County Fair Name of So	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Alam	eda County Superviso Official's Name	
3.	• Use Section A to identify the agence	vic department or	unit a llea Sac	tion B to identify an individ	ual Alise Section C to ider	tify an outside organization
	A Number of					· · · · · · · · · · · · · · · · · · ·
	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)		Describe the public purpose made pursuant to the agency's policy			
	· ···· · ·····························					
					ъ.	
	B. Name of Individu	ai	Number of Ticket(s)/		Identify one of the follow	ving:
	(Last, First)		Pass(es)			
	Hernandez, Jose			Ceremonial Role If checking "Ceremo	Dther Dther international contract of the second se	Income
			1 ea.	-		ity in order to maximize
				potential County re	evenue from parking a	nd concession sales
				Ceremonial Role	Other	Income
	Cheng, Jason; Koiles, Shel		1 ea.	-	nial Role" or "Other" describe below.	
	Murphy, Eric; Voves, Nancy Stadmire, Sylvia; Clemons,			ι	unity volunteer for his	s or her service to the
			- N	public		
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the pul	blic purpose made pursuar	it to the agency's policy
			Pass(es)			
				1		
A	Verification					

 Sarah Oddie
 Field Representative
 07.31.2018

 Jignature of Agency Head or Designee
 Print Name
 Title
 (Month, Day, Year)

Comment: ___

A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OOZ
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	<u> </u>			
	Sarah Oddie				Amondmont (Must o	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	steven.jones	s@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation		· · · · · · · · · · · · · · · · · · ·		¢10 port
	Does the agency have a ticke	et policy?	Yes 🛛 No 🗆	-	of Each Ticket/Pass \$ _	
	Event Description Alameda	County Fair Provide Title/Exp	lanation	Date(s)06	3 , 15 , 18	07 / 08 / 18
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: Alame	da County Fair _{Name of So}	urcə
	Was ticket distribution made a	at the behest	No 🗌 Yes 🗵	a _{lf ves} . Alam	eda County Superviso	or Wilma Chan
	of agency official?			a inyes	Official's Name (Last, First)
3.	Recipients					
	• Use Section A to identify the agend	cy's department or		on B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit Tick		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	<u></u>		Number of			
	B. Name of Individu	laí	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Anderson, Carl			Ceremonial Role	Definition of the second secon	Income
	Anderson, Can		2	To promote attend	ance at a County facil	ity in order to maximize
				potential County re	evenue from parking a	nd concession sales
	Perkins, Cheryl		,	Ceremonial Role	Other D	income
	r cikins, cheryi		2	To promote attend		ity in order to maximize
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)		blic purpose made pursuan	
4	Verification					
	I have read and understand EDEC Par	rulations 18944.1 ai				
	77		Sarah Od	······	Field Representative	
	Signature of Agency Head or Design	9e	Print Name		Title	(Month, Day, Year)

Comment: _____

A Public Document

1.	Agency Name		<u>.</u>		Date Stamp	California 802
•••	Alameda County			Form OUZ		
	Division, Department, or Reg	ion (If Applicable))			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sarah Oddie				Amendment (Must p	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail	-		Date of Original Filing:	
	(510) 272-6693		s@acgov.org		Buto of original fining.	(Month, Day, Year)
2.	Function or Event Infor			\$45		
	Does the agency have a ticke	et policy?	Yes 🛛 No [of Each Ticket/Pass \$ _	
	Event Description Alameda	County Fair		Date(s)	<u> </u>	070818
	Provide Title/Explanation					
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 🛛 No 🛛	If no: Alame	eda County Fair	ource
	· · · · · · · · · · · · · · · · · · ·		_	- Alam		
	Was ticket distribution made of agency official?	at the benest	No 🗌 Yes [If yes: <u>Adam</u>	eda County Superviso Official's Name	(Last, First)
			b			
3.	• Use Section A to identify the agend	cy's department or	ual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	nt to the agency's policy
				-		
	B. Name of Individe	lai	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
					Other	
	Chang, Emily		6		nial Role" or "Other" describe below	
			_	To promote attendance at a County facility in order to maxim potential County revenue from parking and concession sales		
					Cther	Income
					 nial Role" or "Other" describe below	r.
			6			
			Number of			
		C. Name of Outside Organization (include address and description)		Describe the pu	blic purpose made pursua	nt to the agency's policy
4	Verification					

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

	Sarah Oddie	Field Representative	07.31.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County					Folin
	Division, Department, or Regi	on (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693		s@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation		¢		
	Does the agency have a ticke	t policy?	Yes 🗵 No [Face Value c	f Each Ticket/Pass \$ _	\$45
	Event Description Alameda (County Fair			, 15 , 18	07 , 08 , 18
	Event Description <u>Alameda (</u>	Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [If no: Alame	da County Fair Name of So	
				_	Name of Sc	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes [If yes: Alam	eda County Superviso Official's Name (
_						
3.	• Use Section A to identify the agence	y's department o	r unit. 🔹 Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
						2
					-	
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
				Ceremonial Role		Income
	Bonta, Rob Hernandez, Jose		2 ea.	1	nial Role" or "Other" describe below:	ity in order to maximize
				potential County re	evenue from parking a	nd concession sales
				Ceremonial Role	Other	Income
	Voves, Nancy; Koiles, Shel		2 ea.		nial Role" or "Other" describe below:	
	Stadmire, Sylvia; Murphy, E Cheng, Jason	Eric;	2 ca.	To reward a community volunteer for his or her service public		or her service to the
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	olic purpose made pursuar	It to the agency's policy
	- <u></u>					

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

		Sarah Oddie	Field Representative	07.31.2018
/	V Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

1	Agency Name				Date Stamp	California 000
	Alameda County					Form 802
	Division, Department, or Reg	on (If Applicable			•	For Official Use Only
		ion (n Appiloable)	r			
	Board of Supervisors					
	Designated Agency Contact	Name, Title)	-			
	Sarah Oddie					provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	steven.jones	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				ф. 4 Б
	Does the agency have a ticke	t policy?	Yes 🛛 No [Face Value of	of Each Ticket/Pass \$ _	\$45
	Event Description Alameda	County Fair			6 <u>15 18</u>	07 , 08 , 18
	Event Description	Provide Title/Expl	anation	Date(s)		
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No [If no: Alame	eda County Fair	
		,			Name of S	
	Was ticket distribution made a	at the behest	No 🗌 Yes [If yes: Alam	eda County Supervis Official's Name	
-	of agency official?					
3.	Recipients	<u>.</u>				
	Use Section A to identify the agency's department or unit. Use Section B to identify an individual Number of Number o					
	A. Name of Agency, Department or Unit Ticket(s)/ D			Describe the put	olic purpose made pursua	nt to the agency's policy
			Pass(es)			
						
			Number of			
	B. Name of Individu	iai	Ticket(s)/ Pass(es)		Identify one of the follo	wing:
				Ceremonial Role	Other	Income
	Bonta, Rob		2		nial Role" or ["] Other" describe below	
	Hernandez, Jose		2	To promote attend	lance at a County fac	ility in order to maximize
						and concession sales
	Vavaa Naanyi Kailaa Sha	don		Ceremonial Role	Other or "Other or "Other" describe below	Income L_
	Voves, Nancy; Koiles, She Stadmire, Sylvia; Murphy, I		2			s or her service to the
	Cheng, Jason			public	funity volunteer for m	
	Neme of Outside Organ	nization	Number of			
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	int to the agency's policy
			<u>`</u>		<u> </u>	
			-		<u> </u>	
_		ş		1		
4	. Verification					

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

	Sarah Oddie	Field Representative	07.31.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: steven.jones@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information \$45 Face Value of Each Ticket/Pass \$ -Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description <u>Alameda</u> County Fair 08 06 15 18 07 18 Date(s) Provide Title/Explanation If no: Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No 🗋 Yes 🛛 If ves: Official's Name (Last, First) of agency official? 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. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Income Ceremonial Role 🔄 . Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Sullivan, Debbie 4 Burns, Antionette To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales Income Ceremonial Role Other Clemons, Estelle If checking "Ceremonial Role" or "Other" describe below: 4 To reward a community volunteer for his or her service to the public Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification 1 have real and under the second and the requirements. Field Representative 07.31.2018 Sarah Oddie

Comment: _

C	eremonial Role Events	and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Region	(If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Na	me, Title)			-	
	Sarah Oddie					
		-mail			Amendment (Must p	rovide explanation in Part 3.)
		arah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informa	ation				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Does the agency have a ticket p		Yes 🔀 🛛 No [Face Value o	of Each Ticket/Pass \$ _	35
						///
	Event Description Baseball gar	rovide Title/Exp	lanation	Date(s)		//
	Ticket(s)/Pass(es) provided by a	agency?	Yes 🗍 No [If no: Oakla	nd A's	
		gonoy			Name of So	urce
	Was ticket distribution made at t	he behest	No 🗌 Yes [If yes: Char	i, Wilma Official's Name (Last Einst)
	of agency official?				Official S Name (
3.	• Use Section A to identify the agency's	department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department	or Unit	Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuan	t to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
	_				Other	Income
	Flores, Lorena		2	-	nial Role" or "Other" describe below:	Country
				To promote attendanceevent held at a County facilitymaximize potential County revenueconcession s		
			2	Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below:	Income
	C. Name of Outside Organiz (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
				1		
						87.
4.	Verification		1			<u></u>

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.

	Sarah Oddie	Field Representative	07.31.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

I. Age	ncy Name				Date Stamp	California 802
	neda County					Form OUZ
	ion, Department, or Reg	ion (If Applicable)	a		For Official Use Only
Boar	rd of Supervisors					
	gnated Agency Contact	(Name, Title)	·····			
	ah Oddie					
	Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
) 272-6693	steven.jones	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
	ction or Event Infor					
	the agency have a ticke		Yes 🗵 No [Face Value o	of Each Ticket/Pass \$	\$15
					5 , 15 , 18	07 , 08 , 18
Even	t Description Alameda	Provide Title/Expl	anation	Uate(s)		
	et(s)/Pass(es) provided b		Yes 🗌 No [M If no: Alame	da County Fair	
HORE		, agonoj .		<u></u>	Name of So	urce
	ticket distribution made gency official?	at the behest	No 🗋 Yes [If yes: Alam	eda County Superviso Official's Name (i	Last, First)
3. Rec	ipients					
• Use	Section A to identify the agen	ction A to identify the agency's department or unit. • Use Section B to identify an individ Number of				
Α.	Name of Agency, Departm	ient or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
B.	Name of Individ (Last, First)	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	· · · · ·			Ceremonial Role		Income
	ious (reference attache eadsheet)	bd	105		nial Role" or "Other" describe below: lance at a County facil	ity in order to maximize
opro				potential County re	evenue from parking a	nd concession sales
		·	105		Other D onial Role" or "Other" describe below:	Income
<u>C</u> .	Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuar	t to the agency's policy
	rious (reference attache eadsheet)	ed	230	To promote attend potential County r	dance at a County facil evenue from parking a	ity in order to maximize ind concession sales
		·		To reward a school to the community	ol or nonprofit organiza	ation for its contributions
4. Ver			nd 19042 I have	writing that the distribution so	t forth above, is in accordance w	vith the requirements.
1000	e mod and understone	gulations 18944.1 al	Sarah O		Field Representative	
			Saran O		rielu representative	

Section B (A	Attachment)
N.	No. of 2 for 1 tickets
Name	rcvd
Jason Cheng	1
Eric Murphy	1
Nancy Voves	1
Sylvia Stadmire	1
Estelle Clemons	1
Douglas Fong	2
Seap Chham	2
Anna Fong	3
Kathy Arritola	4
Jose Santiago	4
Diana Martinez	4
Linda Herrera	4
Genevieve Yow	4
Loretta Perez	4
Vanessa Vinitgit	4
Liz Achigura	4
Jeannie Cheung	4
Carol N. Harada	4
Barbara Valenzueli	4
Shirley Dong	4
Norma Scarano	4
Carl Webb	4
Letticia Ochohoa	4
Alyssa Vinieqra	4
Margaret Wright	4
Jen Zierau	4
D. Wright	4
Laurie Miller	4
Eudora Brovon	4
Juanita Montes	4
Carl Anderson	5
TOTAL TICKETS DISTRIBUTED	105

	Section C (Attachment)	achment)	
Organization	Address	Organization description	No. of 2 for 1 tickets rcvd
Girls Inc. of the Island City	1724 Santa Clara Ave, Alameda, CA 94501	Inspires all girls to be strong, smart, and bold through innovative programs, activities, and advocacy and to provide before and after school child care services supporting youth and their families through Alameda Island Kids.	30
San teandro Boys and Girls Club	401 Marina Blvd, San Leandro, CA 94577	Invests in the future of youth by providing programs and opportunities which nurtures their capacity to become self sufficient, responsible and fulfilled members of our community.	30
San Lorenzo Village Homes Association	377 Paseo Grande, San Lorenzo, CA 94580	Local homeowner's association	50
Cypress Mandela	977 66th Ave, Oakland, CA 94621	The Cypress Mandela Training Center is a community based organization dedicated to improving the lives of the people it serves by providing pre-apprentice construction and life skills training along with employment assistance.	30
Alameda Boys and Girls Club	1900 3rd St, Alameda, CA 94501	We involve young boys and girls in wholesome activities that build their self-esteem and self-worth. We teach the values of responsibility and respect. We empower children to make wise and educated life choices. In today's age of teen alcohol and drug use, premarital sex and violence, we work to help create model citizens for our future. We give every youth the chance they deserve to have a great future by providing the tools and support they need to achieve their dreams.	30

ß	30	730
Trybe serves more than 800 students, youth, parents and young children across East Oakland, North Oakland, Berkeley and the East Bay annually, coordinating a range of programs and experiences, where youth learn new skills, grow socially and emotionally and engage with their communities in productive ways. Trybe youth and family programs are coordinated and maintained by a small staff, and sustained by recruiting community volunteers and leveraging partnerships with after-school programs, using school and public parks and recreation centers and school gyms as sites for our programs.	Lotus Bloom is a family resource center where children aged 0-5 and their parents/caregivers learn, play, gain confidence and find connections to other parents, health resources, and education resources. Many of our staff are former caregivers who participated in Lotus Bloom playgroups previously. Our diverse and dedicated staff members are thus able to connect with families using both their educational knowledge, on the job learnings, and their lived experiences.	TOTAL TICKEIS DISTRIBUTED:
2000 Park Blvd, Oakland, CA 94606	555 19th St Suite 131, Oakland, CA 94612	
Trybe, Inc.	Lotus Bloom	12

С	eremonial Role Ever	its and Ticket/	Pass Dist	ributions	A	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)		······	1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact				а. С	
	Lee Ann Fergerson, Ticket	Administrator				Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Provide Explanation in Part 3.)
	510-272-6691	leeann.fergerson(@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 🗆	Face Value of	Each Ticket/Pass \$	25.00
	Event Description: <u>A's/Gian</u>	ts Baseball		Date(s)		//
	Ticket(s)/Pass(es) provided	Provide Title/ Exp.		If no: Oakland	Athletics	
		o) ugeney: 163			Name of Source	
	Was ticket distribution made	e at the behest Yes	No 🗆	lf yes: <u>Hagger</u>	ty, Scott Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
	A, Name of Agency, Depa	intment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	11		Number			
	B. Name of India (Last, First		of Ticket(s)/ Passes		Identify one of the following:	
	Usedom, Donald		4/1	eve	omote attendance at nt in order to maximi enue for concession	ze potential county
				1	onial Role 🔔 Other L ing "Ceremonial Role" or "Other" des	
	C. Name of Outside Or (include address and	ganization description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
	·				Y	

4. Verification

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

	Lee Ann Fergerson	Ticket Administrator	7/17/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			