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

1. Agency Name
Alameda County

Division, Department, or Region (if applicable)
Board of Supervisors

Designated Agency Contact (Name, Title)
Lee Ann Fergerson, Ticket Administrator

Area Code/Phone Number
510-272-6691

E-mail
leeann.fergersen@acgov.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass $ 35.00

Event Description: A's Baseball

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

Date(s) 7 / 30 / 18

If no: Oakland Athletics

If yes: Haggerty, Scott

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luna, Barbara</td>
<td>4</td>
<td>To reward a Community volunteer for his or her service to the public.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: Lee Ann Fergerson

Ticket Administrator

Print Name

Title

6/14/18 (month, day, year)

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   Area Code/Phone Number (510) 272-6693
   E-mail sarah.oddie@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $40
   Event Description Baseball game
   Date(s) 07 / 01 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Oakland A's
   Name of Source
   Chan, Wilma
   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**
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   **Ceremonial Role** ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

   **Income** ☐
   If checking "Ceremonial Role" or "Other" describe below:

   **C. Name of Outside Organization**
   **Number of Ticket(s)/Pass(es)**
   **Describe the public purpose made pursuant to the agency's policy**

   Alam. Cty Hlth Care for Homeless, 1404 Franklin St, Suite 200, Oakland 94612
   2 To reward a school or nonprofit organization for its contributions to the community

   Health care services organization for homeless individuals

4. Verification
   I have read and understand AB749 and 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
   Sarah Oddie
   Field Representative
   Field Representative
   Date 07.31.2018

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Halpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   
   Division, Department, or Region (if Applicable)
   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Sarah Oddie

   Area Code/Phone Number  E-mail
   (510) 272-6693  sarah.oddie@acgov.org

   Date Stamp
   California Form 802
   For Official Use Only

   Amendment  (Must provide explanation in Part 3.)

   Date of Original Filing:  (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No ☐
   
   Event Description  Baseball game

   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☑
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   Official's Name (Last, First)

   Face Value of Each Ticket/Pass $  $78+$20 park
   Date(s)  07  03  18

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 ☐ Other ☐ Income ☐

   if checking "Ceremonial Role" or "Other" describe below:

   Ceremonial Role ☐ Other ☐ Income ☐

   if checking "Ceremonial Role" or "Other" describes below:

   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

   East Bay Innovations, 2450 Washington Ave #240, San Leandro, CA 94577

   4+1p

   To reward a school or nonprofit organization for its contributions to the community

   Offers variety of services to help persons with disabilities live/work independently

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
   Sarah Oddie
   Field Representative
   07.31.2018
   (Month, Day, Year)

   Comment:

   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   Area Code/Phone Number (510) 272-6693
   E-mail sarah.oddie@acgov.org

   Date Stamp

   □ Amendment (Must provide explanation in Part 3.)
   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 $ ____________________________ $125
   Event Description Baseball game
   Event Date(s) 07 / 20 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   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
   Number of Ticket(s)/Pass(es)
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   To promote attendance...event held at a County facility...maximize potential County revenue...concession sales

   C. Name of Outside Organization
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

4. Verification
   Regulations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.

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

   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

Division, Department, or Region (If Applicable)
Board of Supervisors

Designated Agency Contact (Name, Title)
Sarah Oddie

Area Code/Phone Number E-mail
(510) 272-6693 sarah.oddie@acgov.org

Date Stamp
For Official Use Only

2. Function or Event Information

Does the agency have a ticket policy? Yes ☑ No ☐

Face Value of Each Ticket/Pass $ 68

Event Description Baseball game

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑

Date(s) 07 / 20 / 18

If no: Oakland A's

If yes: Chan, Wilma

Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

Name of Source
Officer'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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph, Megan</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification

I have read and verify the 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
Sarah Oddie

Field Representative
Print Name
Title
07.31.2018 (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   Area Code/Phone Number (510) 272-6693
   E-mail sarah.oddie@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 68
   Event Description Baseball game
   Provide Title/Explanation
   Date(s) 07 / 21 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Oakland A's
   Name of Source
   If yes: Chan, Wilma
   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 ☐ Other ☐ In Other ☐
      if checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role ☐ Other ☐ In Other ☐
      if checking "Ceremonial Role" or "Other" describe below:

   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
      Alameda Education Foundation, 400 Grand Street, Portable A4, Alameda, CA
      2 To reward a school or nonprofit organization for its contributions to the community

   Foundation to support Alameda schools and students

4. Verification
   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 First Name Title
   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County

   Division, Department, or Region (If Applicable)
   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Sarah Oddie

   Area Code/Phone Number
   (510) 272-6693

   E-mail
   sarah. oddie@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ $68
   Event Description
   Baseball game

   Event(s) provided by agency? Yes ☐ No ☒
   Date(s) 07 / 21 / 18

   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Oakland A's
   If yes: Chan, Wilma

   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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 ☐ Other ☐ Income ☐

   Clemons, Estelle
   2
   To reward a community volunteer for his or her service to the public

   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
   Sarah Oddie

   Print Name
   Field Representative
   Title
   07.31.2018

   (Month, Day, Year)

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

### 1. Agency Name
- Alameda County
- Board of Supervisors
- Designated Agency Contact: Sarah Oddie
- Phone Number: (510) 272-6693
- E-mail: steven.jones@acgov.org

### 2. Function or Event Information
- **Face Value of Each Ticket/Pass:** $32 Butler Pass
- **Event Description:** Alameda County Fair
- **Date(s):** 06/15/18, 07/08/18
- **Ticket(s)/Pass(es) provided by agency:** Yes
- **Was ticket distribution made at the behest of agency official?** Yes

### 3. Recipients
- **A. Name of Agency, Department or Unit**
- **Number of Ticket(s)/Pass(es):**
- **Describe the public purpose made pursuant to the agency's policy:**

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chang, Emily Burns, Antionette Brown, Corey</td>
<td>1 ea.</td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td></td>
<td>1 ea.</td>
<td>To reward a community volunteer for his or her service to the public</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Signature of Agency Head or Designee</th>
<th>Date of Original Filing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah Oddie</td>
<td>(Month, Day, Year)</td>
</tr>
</tbody>
</table>

**Comment:**

---

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County

   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Sarah Oddie

   Area Code/Phone Number   E-mail
   (510) 272-6693    steven.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Alameda County Fair
   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 $20 VIP park
   Date(s) 06 / 15 / 18 07 / 08 / 18
   If no: Alameda County Fair
   Name of Source
   If yes: Alameda County Supervisor Wilma Chan
   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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chang, Emily</td>
<td>1 ea.</td>
<td>Ceremonial Role ☑ Other ☐</td>
</tr>
<tr>
<td>Burns, Antonette</td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td>Brown, Corey</td>
<td></td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 ea.</td>
<td>Ceremonial Role ☑ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   (According to Government Code Sections 19944.1 and 19942, I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   Sarah Oddie
   Print Name
   Field Representative
   Title
   07.31.2018
   (Month, Day, Year)
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name  
Alameda County  

Division, Department, or Region (if Applicable)  
Board of Supervisors  

Designated Agency Contact (Name, Title)  
Sarah Oddie  

Area Code/Phone Number  
(510) 272-6693  
E-mail  
steven.jones@acgov.org  

Date Stamp  

California Form 802  
For Official Use Only  

☐ Amendment (Must provide explanation in Part 3.)  
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 $  
$10 park  

Event Description  
Alameda County Fair  

Provide Title/Explanation  

Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☒  
If no:  
Alameda County Fair  
Name of Source  

Was ticket distribution made at the behest of agency official?  
No ☐ Yes ☒  
If yes:  
Alameda County Supervisor Wilma Chan  
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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
|----------------------------------|-----------------------------|---------------------------------------------------------------|
| Hernandez, Jose                  | 1 ea.                       | Ceremonial Role ☐ Other ☐  
If checking "Ceremonial Role" or "Other" describe below:  
To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales  
Income ☐  

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheng, Jason; Koiles, Sheldon; Murphy, Eric; Voves, Nancy; Stadmire, Sylvia; Clemons, Estelle</td>
<td>1 ea.</td>
<td></td>
</tr>
</tbody>
</table>

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  
Sarah Oddie  
Print Name  
Field Representative  
Title  
07.31.2018  
(Month, Day, Year)

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

1. Agency Name
Alameda County

Division, Department, or Region (If Applicable)
Board of Supervisors

Designated Agency Contact (Name, Title)
Sarah Oddie

Area Code/Phone Number E-mail
(510) 272-6693 steven.jones@acgov.org

2. Function or Event Information

Does the agency have a ticket policy? Yes ☑ No ☐

Face Value of Each Ticket/Pass $ ____________
$10 park

Event Description Alameda County Fair
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑

Date(s) 06 / 15 / 18 07 / 08 / 18

Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

If yes: Alameda County Supervisor Wilma Chan
Name of Source

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role □ Other □ Income □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson, Carl</td>
<td>2</td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
<tr>
<td>Perkins, Cheryl</td>
<td>2</td>
<td>To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I, Sarah Oddie, have reviewed and verified 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

Field Representative

Print Name

Title

Date (Month, Day, Year)

07.31.2018

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

#### 1. Agency Name
Alameda County

#### Division, Department, or Region (if Applicable)
Board of Supervisors

#### Designated Agency Contact (Name, Title)
Sarah Oddie

#### Area Code/Phone Number  
(510) 272-6693

#### E-mail
steven.jones@acgov.org

#### Date Stamp

#### Amendment  (Must provide explanation in Part 3.)

#### Date of Original Filing:  
(Month, Day, Year)

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes ☒ No ☐

- **Event Description**
  Alameda County Fair

- **Face Value of Each Ticket/Pass $** $45

- **Date(s)**
  06 / 15 / 18  
  07 / 08 / 18

- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒

- **Name of Source**
  Alameda County Fair

- **Was ticket distribution made at the behest of agency official?** No ☐ Yes ☒

- **Official’s Name (Last, First)**
  Wilma Chan

### 3. Recipients

#### 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)  
Ceremonial Role ☐ Other ☐

- **Chang, Emily**  
  6  
  To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales

- **Income ☐**

#### 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 understood FPPC Regulations 18944.1 and 18945. I have verified that the distribution set forth above, is in accordance with the requirements.

/  
Signature of Agency Head or Designee

Sarah Oddie

Field Representative  
Print Name

(Title)

07.31.2018  
(Month, Day, Year)

Comment: ____________________________

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   Area Code/Phone Number: (510) 272-6693
   E-mail: steven.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $45
   Event Description: Alameda County Fair
   Date(s): 06/15/18 07/08/18
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Alameda County Fair
   Name of Source: Alameda County Supervisor Wilma Chan
   If yes: Alameda County Supervisor Wilma Chan
   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 ☐ Other ☐ Income ☐
      - If checking "Ceremonial Role" or "Other" describe below:
      - To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
      - Voves, Nancy; Koiles, Sheldon Stadmine, Sylvia; Murphy, Eric; Cheng, Jason
      Number of Ticket(s)/Pass(es): 2 ea.
      - Ceremonial Role ☐ Other ☐ Income ☐
      - If checking "Ceremonial Role" or "Other" describe below:
      - To reward a community volunteer for his or her service to the public

   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: Sarah Oddie
   Date: 07/31/2018
   Field Representative:
   Title:
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐

Event Description
Alameda County Fair

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 $45
Date(s) 06 / 15 / 18 07 / 08 / 18

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)

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Name of Individual
Number of Ticket(s)/Pass(es)

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonta, Rob Hernandez, Jose</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voves, Nancy; Koiles, Sheldon Stadmire, Sylvia; Murphy, Eric; Cheng, Jason</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

C. Name of Outside Organization (include address and description)
Number of Ticket(s)/Pass(es)

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19941.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Sarah Oddie
Print Name: Steven Jones
Title: Supervisor
Date: 07.31.2018

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   Area Code/Phone Number (510) 272-5693
   E-mail steven.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Alameda County Fair
   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 $ 45
   Date(s) 06 / 15 / 18 07 / 08 / 18

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 ☐ Other ☐ Income ☐
      - If checking "Ceremonial Role" or "Other" describe below:
      Sullivan, Debbie Burns, Antonette 4
      Clemons, Estelle 4

   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 reviewed and undersigned FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   /S/ Sarah Oddie Field Representative 07.31.2018
   Signature of Agency Head or Designee Print Name Title (Month, Day, Year)
   Comment: 
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   Alameda County

Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Sarah Oddie

Area Code/Phone Number E-mail
(510) 272-6693 sarah.oddie@acgov.org

Date Stamp
California Form 802
For Official Use Only

□ Amendment (Must provide explanation in Part 2.)
Date of Original Filing: ___________/__________/__________

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ __________
   Event Description Baseball game
   (Provide Title/Explanation)
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) ____________ ____________
   If no: ____________
   If yes: ____________
   Name of Source
   ____________
   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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flores, Lorena</td>
<td>2</td>
<td>To promote attendance...event held at a County facility...maximize potential County revenue...concession sales</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   C. Name of Outside Organization (include address and description)

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
   Sarah Oddie

   Date
   07.31.2018

   Signature of Field Representative
   Field Representative

   Title
   ____________

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

1. Agency Name
   Alameda County
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Sarah Oddie
   Area Code/Phone Number (510) 272-6693
   E-mail steven.jones@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $15
   Event Description Alameda County Fair
   Event Date(s) 06 / 15 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Alameda County Fair
   Ticket Number of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: Alameda County Supervisor Wilma Chan

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 ☐ Other ☐
      Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Various (reference attached spreadsheet) 105
      To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
      Various (reference attached spreadsheet) 105
      Ceremonial Role ☐ Other ☐
      Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

   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
      Various (reference attached spreadsheet) 230
      To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales
      To reward a school or nonprofit organization for its contributions to the community

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Sarah Oddie
   Field Representative
   Print Name
   Field Title
   Date (Month, Day, Year) 07.31.2018

Comment:
<table>
<thead>
<tr>
<th>Name</th>
<th>No. of 2 for 1 tickets rcvd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jason Cheng</td>
<td>1</td>
</tr>
<tr>
<td>Eric Murphy</td>
<td>1</td>
</tr>
<tr>
<td>Nancy Voves</td>
<td>1</td>
</tr>
<tr>
<td>Sylvia Stadmire</td>
<td>1</td>
</tr>
<tr>
<td>Estelle Clemons</td>
<td>1</td>
</tr>
<tr>
<td>Douglas Fong</td>
<td>2</td>
</tr>
<tr>
<td>Seap Chham</td>
<td>2</td>
</tr>
<tr>
<td>Anna Fong</td>
<td>3</td>
</tr>
<tr>
<td>Kathy Arritola</td>
<td>4</td>
</tr>
<tr>
<td>Jose Santiago</td>
<td>4</td>
</tr>
<tr>
<td>Diana Martinez</td>
<td>4</td>
</tr>
<tr>
<td>Linda Herrera</td>
<td>4</td>
</tr>
<tr>
<td>Genevieve Yow</td>
<td>4</td>
</tr>
<tr>
<td>Loretta Perez</td>
<td>4</td>
</tr>
<tr>
<td>Vanessa Vinitgit</td>
<td>4</td>
</tr>
<tr>
<td>Liz Achigura</td>
<td>4</td>
</tr>
<tr>
<td>Jeannie Cheung</td>
<td>4</td>
</tr>
<tr>
<td>Carol N. Harada</td>
<td>4</td>
</tr>
<tr>
<td>Barbara Valenzueli</td>
<td>4</td>
</tr>
<tr>
<td>Shirley Dong</td>
<td>4</td>
</tr>
<tr>
<td>Norma Scarano</td>
<td>4</td>
</tr>
<tr>
<td>Carl Webb</td>
<td>4</td>
</tr>
<tr>
<td>Letticia Ochohoa</td>
<td>4</td>
</tr>
<tr>
<td>Alyssa Viniegra</td>
<td>4</td>
</tr>
<tr>
<td>Margaret Wright</td>
<td>4</td>
</tr>
<tr>
<td>Jen Zierau</td>
<td>4</td>
</tr>
<tr>
<td>D. Wright</td>
<td>4</td>
</tr>
<tr>
<td>Laurie Miller</td>
<td>4</td>
</tr>
<tr>
<td>Eudora Brovon</td>
<td>4</td>
</tr>
<tr>
<td>Juanita Montes</td>
<td>4</td>
</tr>
<tr>
<td>Carl Anderson</td>
<td>5</td>
</tr>
</tbody>
</table>

**TOTAL TICKETS DISTRIBUTED** 105
<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Organization description</th>
<th>No. of 2 for 1 tickets rcvd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls Inc. of the Island City</td>
<td>1724 Santa Clara Ave, Alameda, CA 94501</td>
<td>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.</td>
<td>30</td>
</tr>
<tr>
<td>San Leandro Boys and Girls Club</td>
<td>401 Marina Blvd, San Leandro, CA 94577</td>
<td>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.</td>
<td>30</td>
</tr>
<tr>
<td>San Lorenzo Village Homes Association</td>
<td>377 Paseo Grande, San Lorenzo, CA 94580</td>
<td>Local homeowner's association</td>
<td>50</td>
</tr>
<tr>
<td>Cypress Mandela</td>
<td>977 66th Ave, Oakland, CA 94621</td>
<td>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.</td>
<td>30</td>
</tr>
<tr>
<td>Alameda Boys and Girls Club</td>
<td>1900 3rd St, Alameda, CA 94501</td>
<td>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.</td>
<td>30</td>
</tr>
<tr>
<td>Trybe, Inc.</td>
<td>2000 Park Blvd, Oakland, CA 94606</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Lotus Bloom</td>
<td>555 19th St Suite 131, Oakland, CA 94612</td>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>
|  |  | TOTAL TICKETS DISTRIBUTED: 230
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Alameda County
Division, Department, or Region (if applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Lee Ann Fergerson, Ticket Administrator
Area Code/Phone Number  E-mail
510-272-6691 leean.fergerson@acgov.org

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No □
   Face Value of Each Ticket/Pass $ 125.00
   Event Description: A's/Giants Baseball
   Date(s) 7 / 20 / 18
   Ticket(s)/Pass(es) provided by agency?  Yes ☑ No □
   If no: Oakland Athletics
   Name of Source: Haggerty, Scott
   If yes:  Haggerty, Scott
   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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usedom, Donald</td>
<td>4/1</td>
<td>To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Comment: