GSW Finals 2019

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland-Alameda County Administrator, Alameda County For Official Use Only Division, Department, or Region (if applicable) County Administrator's Office Designated Agency Contact (Name, Title) Susan S. Muranishi Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-272-6984 countyadministrator@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🗵 No 🗌 Event Description: Warriors Finals vs.Toronto 06 Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: . Was ticket distribution made at the behest Yes ☐ No 区 Official's Name (Last, First) of agency official? 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 A. of Ticket(s)/ Passes CAO To provide incentives to City and County employees that 2 provide services to the Authority Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other | Income | If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other 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.

Susan S. Muranishi

Print Name

Comment: _

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

5-31-19

(month, day, year)

County Administrator

Title

Ceremonial Role Events and Ticket/	Pass Distr	ibutions		APU	ıblic Document
1. Agency Name Hameda Count	1	16	Date Stamp	100000000000000000000000000000000000000	California 802
Division, Department, or Region (if applicable)	Division, Department, or Region (if applicable)				For Official Use Only
	stand of Spenisors				
Designated Agency Contact (Name, Title)	esignated Agency Contact (Name, Title)				
Area Code/Phone Number E-mail			Amendment (Me	ust Provide	e Explanation in Part 3.)
(S10)272-6694 districty	Dacgov.	org	Date of Original Fili	ng:	month, day, year)
2. Function or Event Information				211	0 ()
		ace Value of E	Each Ticket/Pass \$; <u>'Sl'</u>	2.20
Event Description: Warriors Fi	VALS [Date(s) 6	5,19		
Ticket(s)/Pass(es) provided by agency? Yes		f no: COL	iseum Ji	SIA	
Was ticket distribution made at the behest Yes of agency official?	No D	f yes: A	Name of Source Control Official's Name (Last, Fi	ey (rst)	
3. Recipients • Use Section A to identify the agency's department or unit.	• Use Section B to i	identify an individ	ual. • Use Section C to i	dentify ar	outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes		ne public purpose made pursuant to the agency's policy		
BOS-5+019	21		employees		t assist Author
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	he follow	ing:
			onial Role Othe ng "Ceremonial Role" or "Other		Income Income
			onial Role Other		Income I
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
	I C				,
· .		2			
. Verification					
I have read and understand FPPC Regulations 1894 with the requirements. Signature of Agency Head or Designee	1.1 and 18942. I	have verified th	at the distribution se	t forth a	bove, is in accordance
Comment:			, 100		(monul, day, yeal)

Agency Report of:

1.	Agency Name				Date Stamp California Form		
	Oakland Alameda County C	•				For Official Use Only	
		Division, Department, or Region (if applicable)				To official obs only	
	Scott McKibben, Executive I						
	Designated Agency Contact (Name, litle)			######################################		
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)	
	510.383.4801	smckibben1@gma	il.com		Date of Original Filing:	:(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	cet policy? Yes	⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$ ³	112.50	
	Event Description: Warriors	Finals Game 3 - M			, 05 , 19		
	Ticket(s)/Pass(es) provided	by agency? Yes	No □ II	no:	Name of Source		
	Mos tisket distribution made	at the beheat w					
	Was ticket distribution made of agency official?	at the benest Yes	LI No⊠ "	усъ	Official's Name (Last, First))	
	or agency emolar.						
	B. Name of Indi	化化二类光谱 医自动性 医动物质素 经发货 经统计机 医皮肤炎	Number of Ticket(s)/ Passes		Identify one of the	following:	
McKibben, Scott		2	to investigat	noniał Role Other [ding "Ceremonial Role" or "Other" d e efficiencies of opera vents that occur at Co	describe below: ations of various sporting		
				I	nonial Role		
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ırsuant to the agency's policy	
	Ring Central 20 Davis Drive		6		he Coliseum Comple usinesses to maximiz	x for use by the general ze revenues	
	Belmont, CA 94002						
4.	Verification						
	Thave read and understand FF	PA Regulations 18944	1.1 and 18942.	l have verified i	that the distribution set	forth above, is in accordance	
	with the redfirending.		McKibben	OA	CCA Executive Direc		
	Signature of Agendy Head of Design	ee P	rint Name		Title	(month, day, year)	
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alamda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Loren Taylor, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Ltaylor@oaklandca.gov Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 312.50 Yes⊠ No□ Event Description: Warriors Finals Game 3 - M Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes No I Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: Official's Name (Last, First) of agency official? 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes 2 Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (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.

Loren Taylor

Print Name

Signature of Agency Head or Designee

Comment:

5.31.19

(month, day, year)

OACCA Commissioner

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 **Date of Original Filing:** chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 312.50 Yes No No No Event Description: Warriors Finals Game 3 - M 6 Date(s) __ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ If no: _ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? 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 A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Dobbins, Chris Income | If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of operations of various sporting & events that occur at Coliseum Complex Ceremonial Role Other Income __ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Verification I have yeard and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the equirements.

Chris Dobbins

Print Name

Signature of Agency Head or Designee

Comment:

5.31.19

(month, day, year)

OACCA Commissioner

Title

No.	oromomar itoro arron	to and noncor	uso Pisui	DULIVIIS	<i>,</i>	4 rubiic Document	
1.	Agency Name				Date Stamp	California pno	
	Oakland/Alameda County C					Form 994	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	OACCA Commissioner						
	Designated Agency Contact (Name, Title)				,		
	Leah Doyle-Stevens, Ticket	Administrator			☐ Amandment (Must	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				тточие Ехріанавон ін Ран 3.)	
	510-272-6691	Leah.Doyle-Stever	ns@acgov.org		Date of Original Filing	:(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$	312.50	
	Event Description: Warriors		D		, 05 , 19		
	Ticket(s)/Pass(es) provided			no:			
					Name of Source		
	Was ticket distribution made	at the behest Yes	ĭ No□ If	yes: Scott Ha	aggerty Official's Name (Last, First	(
	of agency official?				Oniciais Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to ic	lentify an individ			
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy	
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the		
	DeMarcus, Dawn		2	eve	romote attendance at a county sponsored ant in order to maximize potential county venue for concession and parking sales.		
					onial Role Other [
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pu	ırsuant to the agency's policy	
_	Verification I have read and understand FPI with the religiousments.	PC Regulations 18944.	.1 and 18942. I	have verified ti	hat the distribution set i	forth above, is in accordance	
V	Signature of Age to Head of Designat		oyle-Stevens int Name		Ticket Administrator	6/6/2019 (month, day, year)	
	Comment:					,	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** Date Stamp

	Oakland Alameda County C	Coliseum Autho	rity			-2.30	Form 602
	Division, Department, or Region (if applicable)					-	For Official Use Only
	Office of the City Administrator						
	Designated Agency Contact (Name, Title)						
	Sabrina B. Landreth, City Administrator			[] A			
	Area Code/Phone Number E-mail			Amenament (Must F	Provide Explanation in Part 3.)		
J	510-238-3301	slandreth@o	akland	dca.gov		Date of Orlginal Filling:	(month, day, year)
2.	Function or Event Infor	mation					THE RESERVE THE PROPERTY OF TH
	Does the agency have a ticl	ket policy?	Yes	⊠ No □	Face Value of	Each Ticket/Pass \$ \$	312.50
	Event Description: Warriors	Playoff Game			Date(s)06	, 05 , 19	1 1
		Provide Titi	le/ Expla				
	Ticket(s)/Pass(es) provided	by agency?	Yes [⊠ No 🗆	If no:	Name of Source	**************************************
	Was ticket distribution made	at the behest	Yes!	⊠ No 🗆	If yes: Landret	h, Sabrina	
	of agency official?			1 10 []		Official's Name (Last, First)	
3.	Recipients		÷5				
•	Use Section A to identify the agen	cy's department or	unit. •	Use Section B	to identify an individ	lual. • Use Section C to iden	tify an outside organization.
	Д. Name of Agency, Depa	rtment or Unit		Number of Ticket(s) Passes			suant to the agency's policy
	-			3344 G. S.		100	The state of the s
		74-00					
						xoots	
				Number			
	B. Name of Indi (Last, Fire			of Ticket(s) Passes		Identify one of the f	ollowing
	Landreth, Sabrina	•	•		1	nonial Role Other 🗵	
				2	To investiga	ting "Ceremonial Role" or "Other" de te the efficiencies of th	ne operations of the
							at occur at the Coliseum.
	4 · *	•				nonlat Role	
			:				
	C. Name of Outside Or			Number of Ticket(s)	Describeth	a nublic nursees made	suant to the agency's policy
	• (Include address and	description)	die e	Paeses	Describe (I	e public pui pose made pur	soant to the agency's policy
					<u> </u>		
4	Verification				en e		
	I have read and understand FP	PC Regulations	18944	1 and 1894:	2. I have verified t	hat the distribution set fo	orth ahove is in accordance
1	with the requirements.	7		10072	mako vomied (nacaro distribution set 10	an above, is in accordance
		≥≤ Sa	abrina	B. Landret	h	City Administrator	6/20/2019
-	Signature of Agency Head or Designe	ee	Pri	int Name	**************************************	Title	(month, day, year)
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Scott McKibben, Executive Director Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 smckibben1@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes⊠ No □ Event Description: Warriors Finals Game 4 - N Date(s) __06 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No 🗌 If no: . Name of Source If yes: McKibben,Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 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 Α. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ identify one of the following: (Last, First) Passes Ceremonial Role Other 🗵 Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Gratitude Network to provide opportunities to community groups to utilize the 2 349 Main Street-Suite 201 facility Pleasanton, CA 94566

4. Verification

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

ignature of Apency Head &r Designed Print Name

OACCA Executive Direcotr

5.30.19 (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Scott McKibben, Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510.383.4801 smckibben1@gmail.com (month, day, year) 2. Function or Event Information Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Event Description: Warriors Finals Game 4 - N Date(s) 06 / 07 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Name of Source If yes: McKibben, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 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 Α. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below: McKibben, Scott 4 to promote the Coliseum Complex for use by the general public and businesses to maximize revenues Ceremonial Role McKibben, Scott Other X If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

Comment:

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

	<u>M</u>	1/14		////
Signature of	Agency	Head or	j ekijinė	9

Scott McKibben

OACCA Executive Direcotr

5.30.19

Print Name

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alamda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Loren Taylor, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Ltaylor@oaklandca.gov Date of Original Filing: (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Warriors Finals Game 4- N Date(s) __6__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: Official's Name (Last, First) of agency official? 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 A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income __ Taylon, Loven If checking "Ceremonial Role" or "Other" describe below 2 Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification

I have read and understand FPPC Regulations 18944.	and 18942. I have verified that the distribution set forth abo	e is in accordance
with the requirements.	and the state of t	o, io in accordance

referra	Loren Taylor	OACCA Commissioner	5.31.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383,4801 Date of Original Filing: chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Finals Game 4 - N Date(s) __6__/_7__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⋈ No □ If no: _ Was ticket distribution made at the behest Yes ☐ No ☑ If yes: _ Official's Name (Last, First) of agency official? 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 A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Dobbins, Chris Ceremonial Role Other X Income __ If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of operations of various sporting & events that occur at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification

Comment:

1	have	read and understand FPPC Regulations	18944.1 and 18942.	I have verified that th	e distribution set forth above	is in accordance
V	with the	read and understand FPPC Regulations requirements.			2010,	no mi dooordanoo

Chris Dobbins

OACCA Commissioner

5.31.19

Signature of Agency Head or Designee

Print Name

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Idelafuente2012@gmail.com **Date of Original Filing:** (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 312.50 Yes ⊠ No □ Event Description: Warriors Finals Game 4 - N Date(s) 6 , 7 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? 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 A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X De La Fuente, Ignacio Income If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of operations of various sporting & events that occur at Coliseum Complex Ceremonial Role Other | Income | If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (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. Ignacio De La Fuente OACCA Commissioner 5.31.19 Signature of Agency Head or Designee Print Name (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland/Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only **OACCA Commissioner** Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-272-6691 Leah.Doyle-Stevens@acgov.org (month, day, year) 2. Function or Event Information Yes ⊠ No ☐ Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Event Description: Warriors Finals Game 4 Date(s) <u>06</u> / 07 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Name of Source If yes: Scott Haggerty Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? 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 of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy A. Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below:

Shawn Wilson Alameda County Employee	2	To reward a county employee for his o exemplary service to the public.		
4. Verification		No	***************************************	
have read and understand #PPC Regulations	18944.1 and 18942. I have v	erified that the distribution set forth a	bove, is in accordant	
XIII IN THE MORE AND ALL				
MY NOV (A) DYPY YOU CO	eah Doyle-Stevens	Ticket Administrator	6/6/2019	
Signature of Agency Head Servignee	Print Name	Tille	(month, day, year)	

Number

of Ticket(s)/

Passos

Name of Outside Organization

(include address and description)

C.

Shawn Wilson

Comment:

Ceremonial Role

Other 🔲

Describe the public purpose made pursuant to the agency's policy

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

Income

1. Agency Name	THE STATE OF		Date Stamp	California O O O	
Oakland-Alameda County Administ	rator, Alameda County			Form OUZ	
Division, Department, or Region (if ap	plicable)		1	For Official Use Only	
County Administrator's Office					
Designated Agency Contact (Name, Tit	le)				
Susan S. Muranishi			Amendment (Musel	Provide Explanation in Rart 3.)	
Area Code/Phone Number E-mail				200 5	
510-272-6984 county	/administrator@acgov.	org	Date of Original Filing:	(month, day, year)	
2. Function or Event Information					
Does the agency have a ticket police	y? Yes⊠ No□	Face Value of	Each Ticket/Pass \$ _		
Event Description: Warriors Finals		Date(s)06			
	rovide Title/ Explanation	Date(s)			
Ticket(s)/Pass(es) provided by age	ncy? Yes⊠ No□	If no:	Name of Source		
Mon tiple of distribution made at the	hohont	If you			
Was ticket distribution made at the of agency official?	penest Yes ☐ No 🛛	If yes:	Official's Name (Last, First)		
or agency official?					
3. Recipients	() () () () () () () () () ()				
• Use Section A to identify the agency's depar	tment or unit. • Use Section 1	B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
A. Name of Agency, Department or	Numbel Unit of Ticket(Passes	s)/ Describe th	e public purpose made pui	rsuant to the agency's policy	
CAO	2	To provide ir provide servi	incentives to City and County employees that rvices to the Authority		
B. Name of Individual (Last, First)	Number of Ticket(Passes	s)/	Identify one of the f	following:	
		I	onial Role Other ing "Ceremonial Role" or "Other" de		
			onial Role Other Ing "Ceremonial Role" or "Other" de		
C. Name of Outside Organization (include address and description)		s)/ Describe the	e public purpose made pur	suant to the agency's policy	
4. Verification					
Lhave read and understand FPPC Regulation with the regularization of the second	ulations 18944.1 and 1894	42. I have verified t	hat the distribution set fo	orth above, is in accordance	
Kenes Walk	11:		_		
Signature of Agency Head or Designee	Susan S. Muranis	shi (County Administrator	5-31-19	
oignature or Agency Dead of Designee	Print Name		Title	(month, day, year)	
Comment:					

						711 dollo boodillolle		
1.	Agency Name				Date Stamp	California 802		
	Oakland-Alameda County C	Coliseum Autl	hority			Form 002		
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only		
	Barbara J. Parker, City Attor							
	Designated Agency Contact (
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)		
	(510) 238-3815	est to the termination of the te	aklandcityatto	ornev.ora	Date of Original Filing: _			
2.	Function or Event Inform		,	,		(Month, Day, Year)		
	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	312.50		
	Mauriana 16	2019 Finals,						
	Event Description	Provide Title/Exp		Date(s)	07 , 19			
	Ticket(a)/Dass(as) provided by			If no		5		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No	☐ If no:	Name of Sour	rce		
	Was ticket distribution made a	t the behest	No ⊠ Yes	☐ If yes:				
	of agency official?				Official's Name (La	est, First)		
3.	Recipients							
	Use Section A to Identify the agency	's department or	THE RESIDENCE OF THE PARTY OF T	ction B to identify an individu	ıal. • Use Section C to identif	y an outside organization.		
	A, Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	o the agency's policy		
			Pass(es)					
	Proceedings of the second seco		-					
	B. Name of Individua		Number of					
	(Lost, First)		Ticket(s)/ Pass(es)		Identify one of the followin	g:		
	Parker Parhers			Ceremonial Role	N. Carlos and A.	Income		
	Parker, Barbara		2	If checking "Ceremonial Role" or "Other" describe below: To investigate the efficiencies of the operations of the various				
				sporting and other events that occur at Coliseum Complex				
	Property of the second			Ceremonial Role	Other	Income		
				If checking "Ceremonia	al Role" or "Other" describe below:			
		TO STATE VINDERS IN			The state of the s			
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	the agency's policy		
			Pass(es)					
					9	*		
			-					
						10.		
	Verification	oliono 100111	140040 11	26. 44. 44. 47. 47. 47. 47.				
	I have read and understand FPPC Regula	auons 18944.1 and				And make the control of the Control		
	Signature Magnetted To		Barbara J. F		Attorney/OAACA Offici			
	Signature of Agency Head or Designee		Print Name	e ·	Title	(Month. Day. Year)		
	Comment:							

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland-Alameda County Administrator, Alameda County Division, Department, or Region (if applicable) For Official Use Only Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** (510) 272-3862 countyadministrator@acgov.org (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: Warriors Watch Party Date(s) _06 Ticket(s)/Pass(es) provided by agency? Yes⊠ No □ If no: Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. Passes To promote the Coliseum Complex for use by the general 2 County Administrator's Office public & Businesses to maximize revenues Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \square Income __ If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. (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. Susan S. Muranishi County Administrator 6-7-19

Print Name

Comment:

(month, day, year)

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 slandreth@oaklandca.gov Date of Original Filing: (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$312.50 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: Warriors Playoff Game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No 🗆 If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 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 Ticket(s)/ Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Passes Number of Ticket(s)/ Name of Individual Identify one of the following: (Last, First) Passes Landreth, Sabrina Ceremonial Role Other X Income ___ If checking "Ceremonial Role" or "Other" describe below: To investigate the efficiencies of the operations of the 2 various sporting & other events that occur at the Coliseum. Ceremonial Role Other Income III If checking "Ceremonial Role" or "Other" describe below; Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (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. Sabrina B. Landreth City Administrator 6/20/2019 Signature of Agency Head or Designee Print Name (month, day, year)

Comment: _

C	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions		Neublic Document
1.	Agency Name				. Date Stamp	California 802
	Oakland Alameda County C	oliseum Authority				
	Division, Department, or Regi	ion (if applicable)		For Official Use Only		
	Loren Taylor, OACCA Comr	nission				
	Designated Agency Contact (
	Renee Savage, OACCA Exe	an a				
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
		Ser Activities			Date of Original Filing:	,
	510-383-4801	RSavage@Coliseu	m.com		Date of Original Filling.	(month, day, year)
2.	Function or Event Inform	mation			_	TO 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
	Does the agency have a tick	ket policy? Yes	⊠ No 🗆 F	ace Value of	Each Ticket/Pass $\$\frac{3}{2}$	12.50
	Event Description: Warriors	Vs. Raptors			1319	i i
	Event Description:	Provide Title/ Explar	nation	Date(s)		
	Ticket(s)/Pass(es) provided	SAME SERVED SECURIOR (GM CO.)		f no:	Name of Source	
				Loren T	Name of Source	
	Was ticket distribution made	at the behest Yes	ĭ No □ I	f yes: Loren T	ayıcı Official's Name (Last, First)	-
	of agency official?	¥8 18			Olliciai s Ivallie (Last, I list)	
3.	Recipients		TI - C - d - D 4 -	11161-1-1		
	• Use Section A to identify the agen	cy's department or unit.		dentity an individ	ual. • Ose Section C to Iden	tity an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe th	e public purpose måde pu	rsuant to the agency's policy
	(A) (1) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	国的研究。這些"四天	Passes	· 學別語好法 (20世界)		
					-	
					*	a a
					- 110	
	B. Name of Indi		Number of Ticket(s)/	146	Identify one of the	following:
	(Last, Fire	9	Passes			
	Ferran, Elias				ionial Role Other Other	
		4)	2	Reward a Ci	ing "Ceremonial Role" or "Other" de iy of Oakaind employ	ee for their service
	160 15			B	onial Role Other Other	SAN
				If check	ing "Ceremonial Role" or "Other" de	ISCIDE DEIOW:
	C. Name of Outside Or		Number of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy
	(include address and	description)	Passes_			\$1000 B. 1000 B.
						**
					· ·	
	*		,			
		8				
١.	Verification	- 10				
	I have read and understand FP	PC Regulations 18944.	.1 and 18942.	I have verified t	hat the distribution set f	orth above, is in accordance
	with the requirements.	. •				# W
	Y	LOREN TA	146K	OAC	CA Comm	issi(mer
1	Signature of Agency Head or Design		int Name		Title	(month, day, year)
						er o ostrocas profesor contra
1	Comment:					

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Finals Game 6 ticket O Date(s) __6__/ 13 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? 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 A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other 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 of Ticket(s)/ (include address and description) Passes

Verification 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. Chris Dobbins **OACCA** Commissioner 6.11.19 Signature of Agency Head or Designee Print Name (month, day, year) Comment: FPPC Form 802 (2/2016)

1	. Agency Name				Data Clause	Callifornia COO
50	Oakland-Alameda County C	'alicaum Aut	bority		Date Stamp	California 802
	Division, Department, or Reg				-	For Official Use Only
	Barbara J. Parker, City Attor		Official			
	Designated Agency Contact (Name, Title)			is =	
					Amondment 44-4	
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3)
kross	(510) 238-3815	bparker@o	aklandcityatt	orney.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation			Control of the Contro	iller av i i Marine en i i i i i i i i i i i i i i i i i
	Does the agency have a ticket	-0.0 Co.	Yes 🗵 No		f Each Ticket/Pass \$	312.50
	Event Description Warriors v	Raptors/201	9 Finals-Gar	ne 6 Date(s) 06	13 , 19	1 1
	, , , , , , , , , , , , , , , , , , ,	Provide Title/Exp	olanation	Date(s)		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No	☐ If no:		
	Maa tiakat distribution needs		202 HD222 D1 V		Name of Sour	ce
	Was ticket distribution made a of agency official?	t the benest	No ⊠ Yes	☐ If yes:	Official's Name (La.	el First)
2					ometars reame (Ea.	ot. I tisti
3.	Recipients • Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	al . a Heo Sostion C to identife	r on outside acceptable
	A. Name of Agency, Departmen		Number of			
	Maine of Agency, Departmen	it or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
	ATTACA					
	Kentra and Anna and A					
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following	**
	(Last, First)		Pass(es)):
	Smith, Jamie			Ceremonial Role	Other X	Income
	APPEAR TO THE PROPERTY OF THE		2	To provide incentives to City and County employees that provide		
				services to the Auth	ority	iipioyees tilat provide
				Ceremonial Role	Other	Income [
				If checking 'Ceremonia	Role" or "Other" describe below.	per vi VIII de la 2000
1			Number of			
1	Name of Outside Organiz (include address and desc		Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
			Pass(es)			
1			-			
all reason	1/2					
	Verification have read and understand FPPC Regulat	ions 180 Lt 1 and	18042 have year	ified that the dietakution - 15	U. al.	
.5	98 1 1 1 1)				
	Signature of Agency Head or Designee		Barbara J. P		Attorney/OAACA Officia	Principle of the Princi
	no accommenda of the second of		i iii ivaille		Title	(Month. Day Year)
(Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente OACCA Commissioner Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Finals Game 6 ticket O 6 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? 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 A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other | Income De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (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.	Secretary Control of the second or an experience of the second of the se	

MIMMUN D	Ignacio De La Fuente	OAC
Signature of Agency Head or Designee	Print Name	

CA Commissioner

6.11.19 (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510.383.4801 smckibben1@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Warriors Final Game 6 ticket O Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: . Name of Source If yes: McKibben, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 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 A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Cleary, Robert Income ___ If checking "Ceremonial Role" or "Other" describe below: 2 to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other Income | mckerson, scott If checking "Ceremonial Role" or "Other" describe belo to promote coliseum Com Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

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

Scott McKibben

OACCA Executive Director

G.13.19

Signature of Recody Head of Designee Print Name

Title (month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland-Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) **OACCA** Commissioner Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-272-6691 Leah.Doyle-Stevens@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes No No No Event Description: Warriors Finals Game Date(s) __06 13 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? 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 A. of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🗌 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 of Ticket(s)/ C. (include address and description) Passes Alameda County Board of Supervisors, 2 District 1 To reward a county employee for his or her exemplary service to the public.

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. Leah Doyle-Stevens Ticket Administrator 07/02/19 Signature of Agency Head or Designee Print Name (month, day, year) Comment: FPPC Form 802 (2/2016) GSW Finals
Watch Party
2019

Ceremonial Role Events and Ticket/	Pass Distr	ibutions		A Public Document
1. Agenay Name Hameda County	Board of	-Superissin	Date Stamp	California 802
Division, Department, or Region (if applicable)		- 4		For Official Use Only
	ervisor			
Designated Agency Contact (Name Title)				
Area Code/Phone Number E-mail			Amendment (Must	Provide Explanation in Part 3.)
A contract of the contract of				
(510)272-6694 districted	e a cycu.o	rg	Date of Original Filing:	(month, day, year)
2. Function or Event Information				٥٢
Does the agency have a ticket policy? Yes	□ No□ F	ace Value of E	Each Ticket/Pass \$ _	45/
Event Description: Warrars Waten P	arty	Date(s) 5	30,19	6,2,19
	□ No X I		ROW JPA Name of Source	
Was ticket distribution made at the behest Yes of agency official?	No □	f yes: Mil	Official's Name (Last, First)	
3. Recipients • Use Section A to identify the agency's department or unit.	• Use Section B to	identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	No. 12 PARTY		rsuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the f	following:
muley, Note	Passes		onial Role Other P	
muley, Note	2		onial Role Other on "Other" de	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
				-
1. Verification			-	
I have read and understand FPPC Regulations 18944 with the requirements. Natha	1.1 and 18942. I n Mile		at the distribution set for	/ /
	rint Name	1 - 3	Title	(month, day, year)
Comment:				

Agency Report of:

1.	Agency Name			Date Stamp	California ONO	
	Oakland-Alameda County Coliseum Author	ority		, ,	Form 8UZ	
	Division, Department, or Region (If Applicable				For Official Use Only	
	Barbara J. Parker, City Attorney/OAACA					
	Designated Agency Contact (Name, Title)					
	,					
	Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
	(510) 238-3815 bparker@oal	dandcitvatt	orney ora	Date of Original Filing:		
2	Function or Event Information	dandonyan	omey.org		(Month, Day, Year)	
	D	Yes⊠ No	□ Face Value o	f Each Ticket/Pass \$	25.00	
	The second secon					
	Event Description Warriors v Raptors/Water	nation	Date(s)			
	Ticket(s)/Pass(es) provided by agency?	V 🖾 N-	□ If no:			
		Yes 🗵 No	LJ 11110	Name of Sour	ce	
	Was ticket distribution made at the behest	No ⊠ Yes	☐ If yes:			
I Samuel	of agency official?			Official's Name (La	st, First)	
3.	Recipients	240 1000 00				
	Use Section A to identify the agency's department or u	nit. • Use Sec	ction B to identify an individua	al. • Use Section C to identify	y an outside organization.	
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy	
	and the control of th	1 600(60)				
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following		
	(LUSIC, FREI)	Pass(es)				
	Morgan, Dondria		Ceremonial Role	Other X I Role" or "Other" describe below:	Income	
	- Company of the Comp	2	0 8	es to City and County employees that provide		
			services to the Author	ority.		
			Ceremonial Role		Income	
			If checking "Ceremonia	Role" or "Other" describe below:		
	C. Name of Outside Organization	Number of	CX TO THE RESERVE OF	2 ×20 1 25 mederata per 2 12 hea		
The same of the sa	(include address and description)	Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to	the agency's policy	
•						
(0)						
		*				
. '	Verification					
	have read and understand FPRC Regulations 18944.1 and 1	8942. I have ver	rified that the distribution set for	th above, is in accordance with th	he requirements.	
	Caux She	Barbara J. F	Parker City	Attorney/OAACA Officia	al 05/30/2019	
	Signature of Agency Head or Designee	Print Name		Tille	(Month, Day, Year)	
(Comment:					

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 chrisdobbinslaw@yahoo.com Date of Original Filing: (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 25.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Finals Watch Party Date(s) __5 30 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ If no: _ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Dobbins, Chris Income ___ If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of operations of various sporting & events that occur at Coliseum Complex Ceremonial Role Other ___ Income _ If checking "Ceremonial Role" or "Other" describe below: per Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

I ne	ive	read	i and un	derstand l	FPPC Regulatio	าร 18944.1	and 18942.	I have	verified that t	he distribution	set forth above	is in accordance
with	ı th	e rec	uiremei	nts.	•			0.00.00.00.000	- ormou and t	no arotinoation	r det rettir above,	is in accordance
1		$\Pi^{-}I$										

	Chris Dobbins	OACCA Commissioner	5.31.19
Signalure of Agency Head or Designee	Print Name	Title	(month, day, year

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 510.383.4801 Idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 25.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Warriors Finals Watch Party Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Was ticket distribution made at the behest Yes ☐ No ☑ If yes: Official's Name (Last, First) of agency official? 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 A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of operations of various sporting & events that occur at Coliseum Complex Ceremonial Role Other Income _ If checking "Ceremonial Role" or "Other" describe below: per Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy 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, i	is in accordance
with the requirements.		
MANULA/		

	Ignacio De La Fuente	OACCA Commissioner	5.31.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ag Ce	ency Report of: eremonial Role Even	ts and Ticket/Pa	ass Distri	butions	Α	Public Document
1.	Agency Name			Date Stamp	California 802	
	Oakland-Alameda County A	dministrator, Alamed	a County			101111
	Division, Department, or Reg					For Official Use Only
	County Administrator's Office					
	Designated Agency Contact					
	Susan S. Muranishi				Amandment (Must Dr	evide Evalenation in Part 2.)
	Area Code/Phone Number E-mail			Amendment (Must Provide Explanation in Part 3.)		
	510/272-6984	countyadministrator	r@acgov.org		Date of Original Filing: .	(month, day, year)
2.	Function or Event Information					2600
	Does the agency have a ticl	ket policy? Yes	Date(s)06		Each Ticket/Pass \$	
	Event Description: Warriors					
	Ticket(s)/Pass(es) provided	7.700		no:		
	Ticket(s)/Pass(es) provided	by agency: Yes	יי בויטאו צ	110.	Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes [□ No⊠ ^{If}	yes:	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the ager	ncy's department or unit.	Use Section B to i	dentify an individ	dual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	CAO		2		ncentives to City and Crices to the Authority.	County employees that
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
					monial Role Other C	70 Ave 12 Telephone 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
					monial Role Other C	
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe to	ne public purpose made pur	suant to the agency's policy
4.	Verification I have read and understand FI with the requirements.	PPC Regulations 18944	.1 and 18942.	l have verified	that the distribution set fo	orth above, is in accordance
	Signature of Assency Head or Deside	_6	S. Muranishi		County Administrator	5-29-19 (month, day, year)
	Signature of Agency Head or Desig					

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	Public Document
1.	Agency Name Oakland-Alameda County Administrator, Alameda County Division, Department, or Region (if applicable) County Administrator's Office Designated Agency Contact (Name, Title)			Date Stamp	Form 802 For Official Use Only	
	Susan S. Muranishi			Amendment (Must Pi	rovide Explanation in Part 3.)	
	Area Code/Phone Number 510/272-6984	E-mail countyadministrato	r@acgov.org	89	Date of Original Filing: -	(month, day, year)
2.	Function or Event Information Does the agency have a ticket Event Description: Warriors Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?	wet policy? Yes [Watch Party Provide Title/ Explain by agency? Yes [nation If	face Value of Date(s)	, 30 , 19	2500
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, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
	CAO	A. Companyane	2		ncentives to City and Crices to the Authority.	County employees that
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes	Ceren	Identify one of the fo	
				Ceren	king "Ceremonial Role" or "Other" des	Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
_	N. 16. 41					
4.	Verification I have read and understand FPI with the requirements.					rth above, is in accordance
`	Signature of Agency Head of Design	111	S. Muranishi		County Administrator Title	(month, day, year)
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alamda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Loren Taylor, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: Ltaylor@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 25.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Finals Watch Party Date(s) __5 / 19 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? 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 A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. 2 Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy 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.

Loren Taylor OACCA Commissioner 5.31.19

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

Signature of Agency Head of Designa

comment: