PLAYOFFS 2019

GOLDEN STATE WARRIORS

ROUND 3 – GAME 3

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 Form Division, Department, or Region (if applicable) For Official Use Only County Administrator's Office Designated Agency Contact (Name, Title) Susan Muranishi Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-272-6984 countyadministrator@acgov.org Date of Original Filing: (month, day, year) 2. Function or Event Information \$312.50 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes ⊠ No □ Event Description: Warriors Playoff Game Ro. 3 game I Date(s) 05 / 14 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No 🗌 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)/ Describe the public purpose made pursuant to the agency's policy Passes To provide incentives to City and County employees that 2 CAO provide services to the Authority Number В. 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 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 Susan S. Muranishi County Administrator

Print Name

Signature of Agency Head or Designes

Comment: _

05/13/19

(month, day, year)

| Δ | P | ub | lic | Document |
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| | 1 1 | uw | | |

| 1. | Agency Name | | | Date Stamp | California 802 | |
|----|---|--|-----------------------------------|----------------------------|--|-------------------------------------|
| | Oakland Alameda County C | oliseum Authority | | | | Form OUA |
| | Division, Department, or Reg | ion (if applicable) | | 1 | For Official Use Only | |
| | Scott McKibben, OACCA Ex | recutive Director | | | | |
| | Designated Agency Contact (| Name, Title) | | | ĺ | |
| | | | | | Amendment (Must Pr | ovide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | | Amendment (wastr) | ovide Explanation III Latt 5.) |
| | 510.383.4801 | smckibben1@gma | | Date of Original Filing: _ | (month, day, year) | |
| 2. | Function or Event Inform | mation | | | | 2 168 |
| | Does the agency have a tick | ket policy? Yes [| ⊠ No □ F | ace Value of | Each Ticket/Pass \$ $\frac{31}{1}$ | 2.50 |
| | Event Description: Warriors | Playoffs Round 3 ga | ame-1 (I) | Date(s)5 | <u>, 14 , 19</u> | |
| | Ticket(s)/Pass(es) provided | | | f no: | Name of Source | |
| | | | | | | |
| | Was ticket distribution made | at the behest Yes [| □ No 🗵 🏻 If | f yes: | Official's Name (Last, First) | |
| | of agency official? | | | | | |
| 3. | Recipients | | | | | |
| ٠. | • Use Section A to identify the agen | cy's department or unit. • | Use Section B to | identify an individ | lual. • Use Section C to identi | fy an outside organization. |
| | A. Name of Agency, Depa | | Number of Ticket(s)/ | Towns and | ne public purpose made purs | |
| | | | Passes | | | |
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| | 7.00 | | Number | | | |
| | B. Name of Indi | | Number of Ticket(s)/ Passes | | Identify one of the fo | |
| | McKibben, Scott | | 4 | to promote t | nonial Role Other X king "Ceremonial Role" or "Other" des the the Coliseum Comp lic and businesses to n | cribe below: blex for use by the |
| | | | | Cerem | nonial Role Other king "Ceremonial Role" or "Other" description | Income |
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| | C. Name of Outside O (include address and | | Number of Ticket(s)/ Passes | Describe th | e public purpose made purs | uant to the agency's policy |
| | | | | | | |
| | | | | | | |
| Λ | Verification | | | | | |
| 7. | I have read and understand FP | PC Remulations 18044 | 1 and 190/2 | I have verified | that the distribution set fo | rth above is in accordan |
| | with the requirements. | 1 O Logulations 10944 | . i anu 10942. | i nave veniled l | นาลเ เทธ นเรเทมนเเบท 561 10 | rur above, is iii accordane |
| | 1 Most of | What scott | McKibben | 04 | ACCA Executive Directo | or 05.13.19 |
| | Signature of Agency Head/or Design | | rint Name | | Title | (month, day, year) |
| | / • 9 | 4. The state of th | | | 60H89F3 | |
| | Comment: | | | | 6 | |

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| 1. | Agency Name | 22 VIII 4 II 4 II 4 II 4 II 4 II 4 II 4 | | | Date Sta | amp | California 802 |
|----|---|---|-----------------------------------|--|---|------------------------------|----------------------------|
| | Oakland Alameda County C | oliseum Authority | | | | Form OUA | |
| | Division, Department, or Reg | ion (if applicable) | | Diversión Constitution de la con | | | For Official Use Only |
| | Ignacio De La Fuente, OAC | CA Commissioner | | | | | |
| | Designated Agency Contact (| Name, Title) | | | | | |
| | | | | | ∏ Amendme | nt (Must Provid | de Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | | | ine (made) form | ie Explanation in Fart 6.) |
| | 510.383.4801 | idelafuente2012@g | ımail.com | | Date of Origin | al Filing: | (month, day, year) |
| 2. | Function or Event Infor | mation | | | | 240 | 50 |
| | Does the agency have a tick | ket policy? Yes [| No□ F | ace Value of | Each Ticket/P | ass \$ 312. | 50 |
| | Event Description: Warriors | Playoffs Round 3 ga | me-1 (I) | oate(s)5 | , 14 , 19 | | |
| | Ticket(s)/Pass(es) provided | by agency? Yes [| No□ If | no: | Name of Sourc | e | |
| | Was ticket distribution made of agency official? | at the behest Yes [| □ No⊠ ^{If} | yes: | Official's Name (| Last, First) | |
| 3. | Recipients • Use Section A to identify the agen | cy's department or unit. | Use Section B to i | dentify an individ | ual. • Use Section | ı C to identify : | an outside organization. |
| | A. Name of Agency, Depa | artment or Unit | Number of Ticket(s)/ Passes | Describe th | e public purpose | made pursua | nt to the agency's policy |
| | B. Name of Indi | | Number of Ticket(s)/ Passes | | ldentify o | ne of the folio | wing: |
| | De La Fuente, Ignacio | | 2 | If check to promote t | nonial Role ding "Ceremonial Role" he Coliseum (usinesses to r | Complex fo | r use by the general |
| | | | | | nonial Role ding "Ceremonial Role" | Other or "Other" describe | Income Income |
| | C. Name of Outside O (include address and | | Number of Ticket(s)/ Passes | Describe th | e public purpose | made pursua | nt to the agency's policy |
| | | | | | | | |
| 4. | Verification I have read and understand FP with the regainements. | PC Regulations 18944 | .1 and 18942. | l have verified i | hat the distribu | tion set forth | above, is in accordance |
| | | Ignacio [| De La Fuente | | OACCA Comm | nissioner | 05.13.19 |
| | Signature of Agency Head or Design | ee Pr | int Name | | Title | | (month, day, year) |
| 1 | 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) Loren Taylor, OACCA Commissioner Designated Agency Contact (Name, Title) Renee Savage- OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-383-4801 RSavage@coliseum.com (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 Playoffs Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🔯 No 🔲 Name of Source If yes: Taylor. Loren Was ticket distribution made at the behest Yes No I Official's Name (Last, First) of agency official? 3. Recipients Use Section A to identify the agency's department or unit.
 Use Section B to identify an individual.
 Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual Identify one of the following of Ticket(s)/ (Last, First) Passes Ceremonial Role Escobar, Marcos Other 🗵 Provide community to utilize the facility 2 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 (include address and description) Passas 4. Verification

with the requirements.

Loren Taylor OACCA Commissioner 5.13.19

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

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

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 E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (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 05 Date(s). Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ⊠ 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? 3. Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Ceremonial Role Other X Ware, Lloyd To provide incentives to City employees that provide 2 services to the Authority 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 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 5/13/2019 Signature of Agency Head or Designee Print Name (month, day, year)

Agency Report of:

Comment:

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| 1. | Agency Name | | | Date Stamp California O O O | | | |
|------|--|-----------------------------|-----------------------------------|-----------------------------|---|-------------------------------|--|
| | Oakland Alameda County C | Coliseum Authority | | | | Form OUZ | |
| | Division, Department, or Reg | ion (if applicable) | | | | For Official Use Only | |
| | Scott McKibben, OACCA E | xecutive Director | | | | | |
| | Designated Agency Contact | (Name,Title) | | | | | |
| | | | | | Amondment (Must Dur | unida Funtanation in Bad ON | |
| | Area Code/Phone Number | E-mail | | | Amendment (Must Pro | ovide Explanation in Part 3.) | |
| | 510.383.4801 | smckibben1@gma | il.com | | Date of Original Filing: _ | (month, day, year) | |
| 2 | Function or Event Infor | mation | | | | (month, day, year) | |
| Æm : | KORN MY IS W | | r | | | 2.50 | |
| | Does the agency have a tick | | | | Each Ticket/Pass \$ 312 | | |
| | Event Description: Warriors | Playoffs Round 3 ga | ame-1 (I) | Date(s) <u>5</u> | <u>, 14 , 19</u> _ | | |
| | Ticket(s)/Pass(es) provided | Provide Title/ Expla | | f | | | |
| | ricket(s)/Fass(es) provided | by agency? Yes | ⊠ No 🗆 📗 | 1 110 | Name of Source | | |
| | Was ticket distribution made | at the behest Yes | | f yes: McKibbe | en,Scott | | |
| | of agency official? | .00 | | | Official's Name (Last, First) | | |
| _ | 2 | | | | | | |
| 3. | Recipients | | TOPON SELV NEW HERSON | | | | |
| | Use Section A to identify the agen | cy's department or unit. • | | identify an individ | ual. • Use Section C to identif | y an outside organization. | |
| | A. Name of Agency, Depa | artment or Unit | Number of Ticket(s)/ Passes | Describe the | e public purpose made pursi | uant to the agency's policy | |
| | | | | | | | |
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| | | | | | | | |
| | B. Name of Indi | | Number of Ticket(s)/ Passes | | Identify one of the fol | lowing: | |
| | Lee, Yui Hay | | | | onial Role Other 🗵 | Income | |
| | | | 2 | to promote th | ing "Ceremonial Role" or "Other" descr ne Coliseum Complex f | or use by the general | |
| | | | | public and bu | usinesses to maximise | revenues | |
| | | | | | onial Role Other | Income | |
| | | | | If check | ing "Ceremonial Role" or "Other" descr | ribe below: | |
| | 1 | | | | | | |
| | C. Name of Outside O (include address and | | Number of Ticket(s)/ | Describe the | public purpose made pursu | ant to the agency's policy | |
| | (include address and | description) | Passes | | | | |
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| | Verification | The second of the second of | | 21.5 | | | |
| | I have read and understand FP with the requirements. | PC Regulations 18944 | .1 and 18942. | I have verified tl | hat the distribution set fort | th above, is in accordance | |
| | L Novi Komis | | 2010011 | 28. M | | | |
| | Signatura Magaza Vada a Grand | | McKibben | OA | CCA Executive Directo | | |
| | Signature of Agency Head or Design | ee Pr | int Name | | Title | (month, day, year) | |
| | Comment: | | | | | | |

| 1. | Agency Name | | | | Date Stamp | California OOO |
|----|---|----------------------|---|-------------------|--|--|
| | Oakland Alameda County C | oliseum Authority | | | 2 | Form OUZ |
| | Division, Department, or Reg | ion (if applicable) | | | For Official Use Only | |
| | Chris Dobbins, OACCA Cor | nmissioner | | | | |
| | Designated Agency Contact | (Name, Title) | | | | |
| | | | | | Amondment (Must D | ovide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | Amendment (Waster | ovide Explanation in Part 3.) | |
| | 510.383.4801 | chrisdobbinslaw@ | yahoo.com | | Date of Original Filing: _ | (month, day, year) |
| 2. | Function or Event Infor | mation | | | | |
| | Does the agency have a ticl | ket policy? Yes | ⊠ No □ F | ace Value of I | Each Ticket/Pass \$ <u>31</u> | 2.50 |
| | Event Description: Warriors | | ame-1 (I) | | <u>, 14 , 19</u> | |
| | Ticket(s)/Pass(es) provided | 55 Maria (1996) | | f no: | | |
| | | | | | Name of Source | · · · · · · · · · · · · · · · · · · · |
| | Was ticket distribution made | at the behest Yes | □ No⊠ ^I | f yes: | Official's Name (Last, First) | |
| | of agency official? | | | | omena o riamo (2000, r noy | |
| 3. | Recipients • Use Section A to identify the agen A. Name of Agency, Depart | | Use Section B to Number of Ticket(s)/ Passes | | ual. • Use Section C to identi | |
| | B. Name of Indi | | Number of Ticket(s)/ Passes | | Identify one of the fo | llowing: |
| | Dobbins.Chris | | 2 | to promote th | onial Role Other Ming "Ceremonial Role" or "Other" des ne Coliseum Complex usinesses to maximise | cribe below: for use by the general |
| | | | | | onial Role Other on "Other" designs "Ceremonial Role" or "Other" designs | Income Income |
| | C. Name of Outside O (include address and | | Number of Ticket(s)/ Passes | Describe the | e public purpose made purs | uant to the agency's policy |
| 4. | Verification I have read and understand FP with the requirements. | PC Regulations 18944 | 1.1 and 18942. | I have verified t | hat the distribution set fo | rth above, is in accordance |
| | | Chris | s Dobbins | C | ACCA Commissioner | 05.13.19 |
| | Signature of Agency Head or Design | | rint Name | | Title | (month, day, year) |
| 1 | Commont | | | | | |
| | Comment: | | | | | |

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

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|--|--|-----------------------------------|-------------------------------------|--|--|--|--|--|
| 1. Agency Name | е | | | | Date Stamp | California 802 | | |
| Oakland-Alame | da County Co | liseum Auth | nority | | | Form OOZ | | |
| Division, Depart | ment, or Regio | n (If Applicabl | e) | | | For Official Use Only | | |
| Barbara J. Park | er, City Attorn | ey/OAACA | Official | | | d. | | |
| Designated Age | ncy Contact (Na | ame, Title) | | den station of mathematical purposes in which the artificial process in the second section of the section of the second section of the section of the second section of the se | | | | |
| | | | | | Amendment (Must pro | vide explanation in Part 3.) | | |
| Area Code/Phon | e Number E | -mail | | | | | | |
| (510) 238-3815 | k | oparker@oa | aklandcityatto | orney.org | Date of Original Filing: | (Month, Day, Year) | | |
| 2. Function or E | | | | | | 312.50 | | |
| Does the agency | | | Yes⊠ No | | of Each Ticket/Pass \$ | | | |
| Event Description | Marriors v T | railblazer/F Provide Title/Exp | Round 3, Gam | ne 1 Date(s) | 05 , 14 , 19 | | | |
| Ticket(s)/Pass(es | s) provided by a | agency? | Yes⊠ No | ☐ If no: | Name of Source | 20 | | |
| Was ticket distrib | ution made at t | ha hahaat | | | | | | |
| of agency official | | ine benest | No⊠ Yes | If yes: | Official's Name (Las | st, First) | | |
| 3. Recipients | 4-12-14-14-14-14-14-14-14-14-14-14-14-14-14- | | | | | | | |
| | entify the agency's | department or | unit. • Use Sec | tion B to identify an indivi | dual. • Use Section C to identify | an outside organization. | | |
| A. Name of Ag | ency, Department | or Unit | Number of Ticket(s)/ Pass(es) | Describe the pu | iblic purpose made pursuant to | the agency's policy | | |
| B. Na | me of Individual | | Number of | | Identify one of the following | | | |
| lad s | (Last, First) | | Ticket(s)/ Pass(es) | | identity one of the following | tan rowani e s | | |
| Yuen, Alan | | | | Ceremonial Role | Other Donal Role" or "Other" describe below. | Income | | |
| , | | | 2 | To provide incentives to City and County employees that provide services to the Authority | | | | |
| * ************************************ | | | | Ceremonial Role | | Income | | |
| | | | | II checking *Ceremo | onial Role" or "Other" describe below: | | | |
| | Outside Organiza | | Number of Ticket(s)/ Pass(es) | Describe the pu | blic purpose made pursuant to | the agency's policy | | |
| | | | | | | | | |
| THE NATURE AND PROPERTY AND REAL PROPERTY AND RE | | | | | | | | |
| 4. Verification I have read and undersa | tand FPPC Regulation | ons 18944 1 an | d 18942. I have vei | rified that the distribution set | forth above, is in accordance with t | he requirements | | |
| Ban J | Sal | | Barbara J. F | | ty Attorney/OAACA Offici | | | |
| Signature of Agency | y Head or Designee | | Print Name | | Title | (Month, Day, Year) | | |
| | | | | | | | | |

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** California 1. Agency Name Date Stamp Form Oakland Alameda County Coliseum Authority

| | Division, Department, or Reg | ion (if applicable) | | | For Official Use Only | | | |
|----|--|---|--|----------------------------|--|--------------------------------|--|--|
| | Scott Haggerty, OACCA Co | mmissioner | | | | | | |
| | Designated Agency Contact | (Name, Title) | | | • | | | |
| | | | | | Amendment (Must Pi | rovide Explanation in Part 3.) | | |
| | Area Code/Phone Number | E-mail | ······································ | | Amendment (Musica) | ovide Explanation in Fait 3.) | | |
| | 510.383.4801 | Leahdoyle-stevens(| | Date of Original Filing: . | (month, day, year) | | | |
|) | Function or Event Infor | mation | | | | 0.50 | | |
| | Does the agency have a tic | ket policy? Yes [|] No∏ F | ace Value of | Each Ticket/Pass \$ $\frac{31}{2}$ | 2.50 | | |
| | Event Description: Warriors | Playoffs Round 3- ga | ame 1 (I) | ate(s)5 | <u>/ 14 / 19</u> | | | |
| | | Provide Title/ Explan | ation | | | | | |
| | Ticket(s)/Pass(es) provided | by agency? Yes D | | no: | Name of Source | , , , | | |
| | Was ticket distribution made | e at the behest Yes D | a Noth If | yes Hagger | ty, Scott | | | |
| | of agency official? | 163 | 3 110 [] | | Official's Name (Last, First) | | | |
| | Daniminata | | And the second s | | | | | |
| ٠. | Recipients • Use Section A to identify the ages | acy's department or unit. • \ | Use Section B to i | dentify an individ | dual. • Use Section C to ident | ify an outside organization. | | |
| | | | Number | | | | | |
| | A. Name of Agency, Dep | artment or Unit | of Ticket(s)/ Passes | Describe th | ne public purpose made pur | suant to the agency's policy | | |
| | BOS - District 1 | | 2 | | provide incentives to city and county employe ovide services to the Authority | | | |
| | B. Name of Ind (Last, Fi | "这是我们的,我们就是我们的,我们就是一个人,我们们就是这个人,我们们就是一个人的。" | Number of Ticket(s)/ Passes | | Identify one of the f monial Role ☐ Other ⊠ sking "Ceremonial Role" or "Other" des | Income | | |
| | | | | | monial Role Other Children Ceremonial Role or "Other" des | - | | |
| | C. Name of Outside C | | Number of Ticket(s)/ Passes | Describe th | ne public purpose made pur | suant to the agency's policy | | |
| | Verification | | | | | | | |
| ۱. | I have read and understand FI with the requirements. | PPC Regulations 18944. | 1 and 18942. | I have verified | that the distribution set fo | orth above, is in accordance | | |
| (| DUM WOULD | TWWALean Do | yle-Stevens | | Ticket Administrator | 6.5.19 | | |
| P | Signature of Agency Head or Desig | nee/ D / Pr | int Name | | Title | (month, day, year) | | |

| 4. ` | | | | | |
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| I have read and understand FPPC Regulations 18944.1 and 18942. I have | verified that the distribution set forth a | bove, is in accordance |
| with the requirements. | | |
| with the requirements. A DOUGH Each Doyle-Stevens | Ticket Administrator | 6.5.19 |
| Signature of Agency Head or Designee Print Name | Title | (month, day, year) |
| Comment: | • | |

PLAYOFFS 2019

GOLDEN STATE WARRIORS

ROUND 3 – GAME 4

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 Christin Hill, 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 christinhill@gmail.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 🗌 Event Description: Warriors Playoffs Round 3 game-2 (J) Date(s) 5 / 16 / 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

| B Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
|--|--|--|
| Hill, Christin | 2 | Ceremonial Role Other Member of Control Income Inco |
| | | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Parification | de de companyo | |

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

OACCA Commissioner

Title

Christin Hill

Print Name

Comment:

05,14,19

(month, day, year)

| 1. Aç | gency Name | | | | Date Stamp | California Q02 |
|-------|--|----------------------------|-----------------------------------|--|--|---|
| O | akland Alameda County C | oliseum Authority | | | | Form OUZ |
| Div | vision, Department, or Regi | ion (if applicable) | | | | For Official Use Only |
| Sc | cott McKibben, OACCA Ex | ecutive Director | | | | |
| De | signated Agency Contact (| Name, Title) | | | | |
| | | | | | Amendment (Must Pro | vide Explanation in Part 3.) |
| Ar | ea Code/Phone Number | E-mail | | | Amendment (Mast 170 | vide Explanation in Fart 3.) |
| 51 | 10.383.4801 | smckibben1@gma | il.com | | Date of Original Filing: | (month, day, year) |
| 2. Fı | unction or Event Infor | mation | | | | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| | oes the agency have a tick | | ⊠ No□ F | ace Value of | Each Ticket/Pass \$ 312 | 2.50 |
| | N=0 = | | | | | |
| E۱ | vent Description: Warriors | Provide Title/ Explai | | Date(s) | <u>, 16 , 19 </u> | |
| Tio | cket(s)/Pass(es) provided | | | f no: | Name of Source | |
| | | | | | | |
| | as ticket distribution made | at the behest Yes [| □ No 🛣 🏻 | f yes: | Official's Name (Last, First) | |
| 0 | f agency official? | | | | | |
| 3. F | Recipients | | | | | |
| | Use Section A to identify the agen | cy's department or unit. • | Use Section B to | identify an individ | ual. • Use Section C to identif | y an outside organization. |
| - | Name of Agency, Depa | | Number of Ticket(s)/ | | e public purpose made pursi | |
| _ | | | Passes | | | |
| | | | | | | |
| - | | | | | | |
| | | | | | | |
| - | | | | | | |
| E | Name of Indi (Last, Fire | | Number of Ticket(s)/ Passes | | Identify one of the fol | lowing: |
| N | AcKibben, Scott | | | 52 | nonial Role Other 🗵 | Income |
| | in the desire that we desire the reader of the contract of the | | 4 | | ing "Ceremonial Role" or "Other" desc he the Coliseum Compl | |
| _ | | | | | ic and businesses to m | |
| | | | | [GENERAL PROPERTY 1997 1997 1997 1997 1997 1997 1997 1997 1997 1997 1997 1997 1997 | nonial Role Other | Income |
| | | | | If check | ring "Ceremonial Role" or "Other" descri | ribe below: |
| _ | | | | | | |
| C | Name of Outside Or (include address and | | Number of Ticket(s)/ | Describe the | e public purpose made pursu | ant to the agency's policy |
| | (molado dadicoo dila | description | Passes | | | |
| | | | | | | |
| - | | | | | | |
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| 4 1/- | -1641 | | | | | |
| | erification | DO Dogulation - 40044 | 1 and 100 10 | I house verified to | that the distribution and f | th above to to a |
| | ave read and understand FP h the requirements. | ro regulations 18944 | . i and 18942. | ı nave verified t | nat the distribution set for | ırı adove, is in accordance |
| |) MANAMANII | 0554 | Makibbas | 0.4 | CCA Evacutiva Diazata | v 05.40.40 |
| - | Signature of Agency Head or Design | | McKibben int Name | OA | CCA Executive Directo | r 05.13.19 (month, day, year) |
| | , Janes Janes Sangin | | 100 Total 100 To | | | (monus, day, year) |
| C | omment: | | | | | |

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 E-mail Date of Orlginal Filing: 510-238-3301 slandreth@oaklandca.gov (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 Date(s) __05 Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☑ 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy. of Ticket(s)/ Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Flynn, Darlene Income If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Cerémonial Role Other 🔲 Ілсоте 🔲 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 5/13/2019 Signature of Agency Head or Designee Print Name (month, day, year)

Comment:

| 1. | Agency Name | | | | Date Stamp | California 802 |
|------|---|--|-------------------------|---|---|-------------------------------|
| | Oakland Alameda County C | oliseum Authority | | | | 101111 |
| | Division, Department, or Reg | ion (if applicable) | | |] | For Official Use Only |
| | Chris Dobbins, OACCA Cor | nmissioner | | | | |
| | Designated Agency Contact | Name,Title) | | | | |
| | | | | | Amendment (Must Pro | ovide 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 Infor | mation | | | | |
| la e | | | | Face Value of | Each Ticket/Pass \$ 31 | 2.50 |
| | Does the agency have a tick | 27 E 100 100 100 100 100 100 100 100 100 1 | | | | |
| | Event Description: Warriors | Provide Title/ Expla | ame-2 (J) | Date(s)5 | <u>, 16 , 19</u> . | |
| | Ticket(s)/Pass(es) provided | 50 | | f no | | |
| | Ticket(3)/1 ass(cs) provided | by agency: 165 | | 1110. | Name of Source | |
| | Was ticket distribution made | at the behest Yes | □ No⊠ ^{If} | f yes: | Official's Name (Last, First) | |
| | of agency official? | | | | Official's Name (Last, First) | |
| 2 | Docinionto | | | | | |
| 3. | Recipients • Use Section A to identify the agen | cv's department or unit | Use Section R to | identify an individ | lual • Use Section C to identi | fy an outside organization |
| | - Use Section A to identify the agen | cy sucpartment of unit. | Number | I a a a a a a a a a a a a a a a a a a a | idai. Ose section o to identi | ry an outside organization. |
| | A. Name of Agency, Depart | rtment or Unit | of Ticket(s)/ Passes | Describe th | ne public purpose made purs | uant to the agency's policy |
| | | | 1 45505 | | | |
| | | | | 1 | | |
| | | | | | | - 11 |
| | | | | | | |
| | | | Number | | | |
| | B. Name of Indi (Last, Fir | | of Ticket(s)/ Passes | | Identify one of the fo | llowing: |
| | Dabbina Chris | | | Ceren | nonial Role Other 🗵 | Income |
| | Dobbins.Chris | | 2 | | king "Ceremonial Role" or "Other" describe Coliseum Complex | cribe below: |
| | | | | | ousinesses to maximise | |
| | P | | | Ceren | nonial Role Other | Income |
| | | | | If check | king "Ceremonial Role" or "Other" desc | cribe below: |
| | | | | | | |
| | Name of Outside O | rganization | Number of Ticket(s)/ | Describe th | ne public purpose made purs | uant to the agency's policy |
| | (include address and | description) | Passes | | | |
| | | | | | | |
| | | | | | | |
| | | | | ì | | |
| | | | | | | |
| 4. | Verification | | | | | |
| | I have read and understand FF | PC Regulations 1894 | 1.1 and 18942. | I have verified | that the distribution set fo | rth above, is in accordance |
| | with the requirements. | | | | | |
| | | Chri | s Dobbins | (| DACCA Commissioner | 05.13.19 |
| | Signature of Agency Head or Design | ee F | rint Name | | Title | (month, day, year) |
| | Comment: | | | | | |
| | Johnnone | | | | | |

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 Form Division, Department, or Region (if applicable) For Official Use Only County Administrator's Office Designated Agency Contact (Name, Title) Susan Muranishi Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-272-6984 Date of Original Filing: _ 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 Playoff Game Ro. 3 game J Date(s) _05 / 16 / 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes To provide incentives to City and County employees that 2 CAO 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 T 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

| Verification | | | |
|---|-----------------------------------|--|------------------------|
| I have read and understand FPPC Regu with the requirements | lations 18944.1 and 18942. I have | verified that the distribution set forth a | bove, is in accordance |
| Suscas Muraish | Susan S. Muranishi | County Administrator | 05/13/19 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |
| Comment: | | | |

| Ceremonial Role Events and Ticket/Pass Distributions | | A Public Document |
|--|------------|-----------------------|
| I. Agency Name | Date Stamp | California Form 802 |
| Oakland Alameda County Coliseum Authority | | Form OUA |
| Division, Department, or Region (if applicable) | 1 | For Official Use Only |

| Oakland Alameda Count | | | | | |
|---|--|---|-----------------------------------|---|--|
| | ty Coliseum Authority | | | | Form 802 |
| Division, Department, or I | Region (if applicable) | | | | For Official Use Only |
| Ignacio De La Fuente, C | | | | | |
| Designated Agency Conta | act (Name, Title) | | | | |
| | | | | Amendment (Mus | t Provide Explanation in Part 3.) |
| Area Code/Phone Numbe | r E-mail | | | (///- | and Explanation in Figure 6.9 |
| 510.383.4801 | idelafuente2012@ | gmail.com | | Date of Original Filing | g: (month, day, year) |
| Function or Event In | formation | | | | |
| Does the agency have a | ticket policy? Yes | ⊠ No □ 「 | Face Value o | f Each Ticket/Pass \$ | 312.50 |
| Event Description: Warri | iors Playoffs Round 3 ga | ame-2 (J) | Date(s) 5 | <u>, 16 , 19</u> | 1 1 |
| | Provide Title/Expla | nation | | | |
| Ticket(s)/Pass(es) provid | ded by agency? Yes | ⊠ No 🔲 📗 | f no: | Name of Source | |
| Was ticket distribution m | ade at the behest Voc | | f yes: | | |
| of agency official? | ado at the period: 165 | L MOD | ·) + + · <u></u> | Official's Name (Last, Firs | ot) |
| | | | | | |
| Recipients | | | | | |
| Use Section A to identify the | agency's department or unit. • | | identify an indiv | idual. • Use Section C to id | entify an outside organization. |
| A. Name of Agency, I | Department or Unit | Number of Ticket(s)/ | Describe t | he public purpose made p | ursuant to the agency's policy |
| | | Passes | | | |
| | | | i | | |
| | | | | | |
| | | | | | |
| | | | | | |
| R Name of | Individual | Number | | | |
| BASE S | Individual t, First) | Number of Ticket(s)/ Passes | | Identify one of th | e following: |
| (Last | and the contract of the contra | of Ticket(s)/ | | monial Role Other | Income [|
| Bast s | and the contract of the contra | of Ticket(s)/ | If che | monial Role Other | Income describe below: |
| (Last | and the contract of the contra | of Ticket(s)/ Passes | to promote | monial Role Other | Income [describe below: ex for use by the general |
| (Last | and the contract of the contra | of Ticket(s)/ Passes | to promote public and | monial Role ☐ Other cking "Ceremonial Role" or "Other" the Coliseum Comple businesses to maxim monial Role ☐ Other | Income [describe below: ex for use by the general ise revenues Income [|
| (Last | and the contract of the contra | of Ticket(s)/ Passes | to promote public and | monial Role Other cking "Ceremonial Role" or "Other" the Coliseum Comple businesses to maxim | Income [describe below: ex for use by the general ise revenues income [|
| De La Fuente, Ignacio | , First) | of Ticket(s)/ Passes | to promote public and | monial Role ☐ Other cking "Ceremonial Role" or "Other" the Coliseum Comple businesses to maxim monial Role ☐ Other | Income [describe below: ex for use by the general ise revenues income [|
| (Last | l, First) | of Ticket(s)/ Passes 2 Number of Ticket(s)/ | to promote public and Cere | monial Role Other oking "Ceremonial Role" or "Other" the Coliseum Completousinesses to maxim monial Role Other oking "Ceremonial Role" or "Other" | Income C describe below: Ex for use by the general ise revenues Income C |
| De La Fuente, Ignacio Name of Outside | l, First) | of Ticket(s)/ Passes 2 | to promote public and Cere | monial Role Other oking "Ceremonial Role" or "Other" the Coliseum Completousinesses to maxim monial Role Other oking "Ceremonial Role" or "Other" | Income C describe below: Ex for use by the general ise revenues Income C describe below: |
| De La Fuente, Ignacio Name of Outside | l, First) | of Ticket(s)/ Passes 2 Number of Ticket(s)/ | to promote public and Cere | monial Role Other oking "Ceremonial Role" or "Other" the Coliseum Completousinesses to maxim monial Role Other oking "Ceremonial Role" or "Other" | Income [|
| De La Fuente, Ignacio Name of Outside | l, First) | of Ticket(s)/ Passes 2 Number of Ticket(s)/ | to promote public and Cere | monial Role Other oking "Ceremonial Role" or "Other" the Coliseum Completousinesses to maxim monial Role Other oking "Ceremonial Role" or "Other" | Income [|
| De La Fuente, Ignacio Name of Outside | l, First) | of Ticket(s)/ Passes 2 Number of Ticket(s)/ | to promote public and Cere | monial Role Other oking "Ceremonial Role" or "Other" the Coliseum Completousinesses to maxim monial Role Other oking "Ceremonial Role" or "Other" | Income C describe below: Ex for use by the general ise revenues Income C describe below: |
| De La Fuente, Ignacio C. Name of Outsid (include address | l, First) | of Ticket(s)/ Passes 2 Number of Ticket(s)/ | to promote public and Cere | monial Role Other oking "Ceremonial Role" or "Other" the Coliseum Completousinesses to maxim monial Role Other oking "Ceremonial Role" or "Other" | Income [|
| De La Fuente, Ignacio C. Name of Outsid (include address) Verification | le Organization and description) | of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes | to promote public and Cere If the | monial Role Other oking "Ceremonial Role" or "Other" the Coliseum Completousinesses to maxim monial Role Other oking "Ceremonial Role" or "Other" the public purpose made p | Income [|
| De La Fuente, Ignacio C. Name of Outsid (include address) Verification | le Organization and description) | of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes | to promote public and Cere If the | monial Role Other oking "Ceremonial Role" or "Other" the Coliseum Completousinesses to maxim monial Role Other oking "Ceremonial Role" or "Other" the public purpose made p | Income Codescribe below: Ex for use by the general ise revenues Income Codescribe below: Income Codescribe below: |
| De La Fuente, Ignacio C. Name of Outsid (include address) Verification I have read and understand | le Organization and description) | of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes | to promote public and Cere If the | monial Role Other oking "Ceremonial Role" or "Other" the Coliseum Completousinesses to maxim monial Role Other oking "Ceremonial Role" or "Other" the public purpose made p | Income Codescribe below: Ex for use by the general ise revenues Income Codescribe below: Income Codescribe below: Income Codescribe below: Income Codescribe below: Income Codescribe below: |

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| 7 \ | - | 1001 | 10 | 110 | 6-11 | 111 | 6-A K | 11 |
| | | | | | | | | |

| 1. | Agency Name | | | | Date Stamp | California 802 |
|----|--|--|-------------------------------------|--|---|------------------------------|
| | Oakland-Alameda County (| Coliseum Autho | ority | | | Form |
| | Division, Department, or Reg | ion (If Applicable |) | | | For Official Use Only |
| | Barbara J. Parker, City Atto | rnev/OAACA | Official | | | |
| | Designated Agency Contact | | | | | |
| | | | | | | |
| | Area Code/Phone Number | IE-mail | | | Amendment (Must pro- | vide explanation in Part 3.) |
| | (510) 238-3815 | | klandcityattor | ney.org | Date of Original Filing: | (Month, Day, Year) |
| 2 | Function or Event Infor | | | | | (month, bdy, roth) |
| | Does the agency have a ticket | | Yes⊠ No [| 7 Face Value o | f Each Ticket/Pass \$ | 312.50 |
| | Event Description Warriors v | (5) | | | <u>, 16 , 19</u> | , , |
| | Event Description | Provide Title/Expl | anation | Date(s) | | |
| | Ticket(s)/Pass(es) provided b | v agency? | Yes 🛛 No 🗆 | 7 If no: | | |
| | Tionot(a)/i doo(aa) provided a | y agonoy. | IES MI NO L | _ | Name of Source | ce |
| | Was ticket distribution made a of agency official? | at the behest | No⊠ Yes [| If yes: | Official's Name (La | st, First) |
| 3. | Recipients | | | | | |
| | Use Section A to identify the agence | y's department or i | | on B to identify an individu | ial. • Use Section C to identify | y an outside organization. |
| | A. Name of Agency, Departme | ent or Unit | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant to | o the agency's policy |
| | | | | | | 3 |
| | B. Name of Individu | al | Number of Ticket(s)/ | | Identify one of the following | a: |
| | (Last, First) | | Pass(es) | | | |
| | Hartfield, Rolanda | | | | Other X al Role" or "Other" describe below. | Income |
| | nameu, nolanda | | 2 | The transfer of the second sec | es to City and County e | mployees that provide |
| | | | | | Other al Role" or "Other" describe below | Income 🗌 |
| | C. Name of Outside Organ | | Number of Ticket(s)/ | Describe the pub | lic purpose made pursuant to | o the agency's policy |
| | (include address and des | scription) | Pass(es) | | | |
| | | | | | | |
| - | | Savery constraints accounts that the con- | | | | |
| | Verification I have read and understand ERPC Regu | lations 18944 1 and | 18942. I have veril | fied that the distribution set fo | orth above, is in accordance with i | the requirements. |
| | Carlon I (B. B. | | Barbara J. Pa | | Attorney/OAACA Offici | |
| | Signature of Agency Head or Designee | Market Ma | Print Name | | Title | (Month, Day, Year) |
| | | | | | | |
| | Comment: | | | | | |

| A | Pυ | ıbl | lic | Do | cum | ent |
|---|----|-----|-----|----|-----|-----|
| | | | | | | |

| 1. | Agency Name Oakland Alameda County C | oliseum Authority | | A CAN GAT IS CHEST AND A SAN THE SAN T | Date Stamp | California 802 |
|----------|---|--|---|--|---|-------------------------------------|
| | Division, Department, or Regi | | | | | For Official Use Only |
| | Scott Haggerty, OACCA Co | , | | | | |
| | Designated Agency Contact (| | | | | |
| | Designated Agency Contact (| ivanie, raie, | | | | panessissa ameera ata en astronomia |
| | Area Code/Phone Number | E-mail | | | Amendment (Must | t Provide Explanation in Part 3.) |
| | 510.383.4801 | Leahdoyle-stevens | @acgov.org | | Date of Original Filing | 3:(month, day, year) |
| 2. | Function or Event Infor | nation | er i kirikil li kikan dakada da di kiriana atau mara matumana atau manara | | 1 | |
| | Does the agency have a tick | | □ No□ F | ace Value of | Each Ticket/Pass \$ 2 | 312.50 |
| | = - | · | | | | |
| | Event Description: Warriors | Provide Title/Explai | nation | oate(s) 5 | <u>, 16 , 19</u> | |
| | Ticket(s)/Pass(es) provided | • | | no: | | |
| | (-)() [-, | | <u>ы</u> 140 Ц | 11 | Name of Source | |
| | Was ticket distribution made | at the behest Yes | No □ If | yes: Hagger | IY, SCOII Official's Name (Last, Firs | 4) |
| | of agency official? | | | | Onicial a Marile (Last, Fila. | Ų |
| <u> </u> | Doginianto | | *************************************** | | | |
| 3. | Recipients • Use Section A to identify the agen | cu's department or unit | Hee Section R to i | dantify an individ | hal + Hee Section C to ide | antifizan antsida avannization |
| | - Ose Section A to identify the agent | cys department or unit. | Number | dentity an individ | iuai. • Ose Section C to ide | entity an outside organization. |
| | A. Name of Agency, Depa | rtment or Unit | of Ticket(s)/ Passes | Describe th | e public purpose made p | ursuant to the agency's policy |
| | BOS - District 1 | | 2 | | centives to city and o ices to the Authority | county employees that |
| | | | Number | | | |
| | B. Name of Indi (Last, Fire | 化环二烷基 好事 医肾 电电流 化混合 医皮肤的 电流流 化二烷烷 医克利氏原剂 | of Ticket(s)/ Passes | | Identify one of the | e following: |
| | | | | 4 | nonial Role Other king "Ceremonial Role" or "Other" o | |
| | | | | | nonial Role Other Ching "Ceremonial Role" or "Other" | |
| | C. Name of Outside Or (include address and | | Number of Ticket(s)/ Passes | Describe th | e public purpose made pi | ursuant to the agency's policy |
| | | | | | 20000000000000000000000000000000000000 | |
| 4. | Verification | | | | | |
| 1 | I have read and understand FP with the requirements | PC Regulations 18944 | .1 and 18942. I | l have verified t | hat the distribution set | forth above, is in accordance |
| X | ean Doukst | ~ | oyle-Stevens | | Ticket Administrator | |
| , | Signature of Agen ey* Head or Design | ee (J2, E. Pr | int Name | | Title | (month, day, year) |
| | Comment: | | | | | |

| | Agency Name | | | | Date Stamp | California 802 |
|------------|--|-----------------------|--|--|---|---|
| , | Oakland Alameda County C | Coliseum Authority | | | | Form OUA |
| Ī | Division, Department, or Reg | ion (if applicable) | | | | For Official Use Only |
| | Loren Taylor, OACCA Com | | | | | |
| Ì | Designated Agency Contact | (Name, Title) | | | | |
| | | | | | Amendment (Mus | st Provide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | | Date of Original Filing | |
| mostotrest | 510.383.4801 | Ltaylor@oaklandca | .gov | | Date of Original Filing | g:(month, day, year) |
| <u>.</u> | Function or Event Infor | mation | | | | |
| ı | Does the agency have a ticl | ket policy? Yes [| □ No □ F | ace Value of | Each Ticket/Pass \$. | 312.50 |
| 1 | Event Description: Warriors | Playoffs Round 3- g | ame 2 (J) г | Date(s) 5 | <u>, 16 , 19</u> | 1 1 |
| | | Provide Title/ Explar | nation | | | |
| • | Ticket(s)/Pass(es) provided | by agency? Yes | No □ | f no: | Name of Source | · · · · · · · · · · · · · · · · · · · |
| 1 | Was ticket distribution made | e at the behest ves r | | f yes: | Official's Name (Last, Firs | |
| | of agency official? | lea r | 그 140 [전 | • | Official's Name (Last, Firs | st) |
| | | | | | | |
| | A Name of Agency, Depa | artment or Unit | Number of Ticket(s)/ Passes | Describe th | e public purpose made p | oursuant to the agency's policy |
| | | | of Ticket(s)/ Passes | Describe th | e public purpose made p | oursuant to the agency's policy |
| | B. Name of Indi (Last, Fir | ividual | of Ticket(s)/ | Describe th | e public purpose made p | |
| | B. Name of indi | ividual | of Ticket(s)/ Passes Number of Ticket(s)/ | Ceren If chec to promote t | Identify one of the | e following: Income ['describe below: ex for use by the general |
| | B. Name of Indi | ividual | of Ticket(s)/ Passes Number of Ticket(s)/ Passes | Ceren If chec to promote t public and b | Identify one of the nonial Role Other of "Other one "Ceremonial Role" or "Other" he Coliseum comple | e following: Income [describe below: ex for use by the general ize revenues Income [|
| | B. Name of Indi | ividual st) | of Ticket(s)/ Passes Number of Ticket(s)/ Passes | Ceren If chec to promote t public and b Ceren If chec | Identify one of the nonial Role | e following: Income [describe below: ex for use by the general ize revenues Income [|
| | B. Name of Indi (Last, Fir Taylor, Loren Name of Outside O | ividual st) | of Ticket(s)/ Passes Number of Ticket(s)/ Passes 2 Number of Ticket(s)/ | Ceren If chec to promote t public and b Ceren If chec | Identify one of the nonial Role | e following: Income ['describe below: ex for use by the general lize revenues Income ['describe below: |
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| 1 | B. Name of Indi (Last, Fir Taylor, Loren C. Name of Outside O (include address and | ividual st) | Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes | Cerent of the control | Identify one of the nonial Role Other ring "Ceremonial Role" or "Other" he Coliseum comple usinesses to maximinonial Role Other ring "Ceremonial Role" or "Other" e public purpose made p | e following: Income Control of the series and series below: Ex for use by the general size revenues Income Control of the series and series below: |