

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

A Public Document

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Barbara J. Parker, City Attorney/OAACA Official			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 150.00

Event Description Michael Bublé Date(s) 04 / 03 / 19  
Provide Title/Explanation

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

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

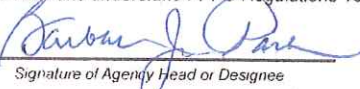
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Ortiz, Celso	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that provide services to the Authority
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

 Barbara J. Parker City Attorney/OAACA Official 03/27/2019  
 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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

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Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org	<input type="checkbox"/> Amendment (Must provide explanation in Part 3) <hr/> Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

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

Event Description Arijit Singh      Date(s) 04 / 06 / 19  
Provide Title/Explanation

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

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

**3. Recipients**

• Use Section A to identify the agency's department or unit.    • Use Section B to identify an individual.    • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Patel, Bijal	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 Signature of Agency Head or Designee	Barbara J. Parker Print Name	City Attorney/OAACA Official Title	04/05/2019 (Month, Day, Year)
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Comment: \_\_\_\_\_



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

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Division, Department, or Region (If Applicable)			
Barbara J. Parker, City Attorney/OAACA Official		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title)			
Area Code/Phone Number	E-mail		
(510) 238-3815	bparker@oaklandcityattorney.org		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 150.00

Event Description Weezer Pixies Date(s) 04 / 10 / 19  
Provide Title/Explanation

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

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

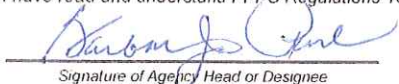
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Roe, Adrian	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Barbara J. Parker	City Attorney/OAACA Official	03/27/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org	<input type="checkbox"/> Amendment (Must provide explanation in Part 3) <hr/> Date of Original Filing: _____ <div style="text-align: right; font-size: x-small;">(Month, Day, Year)</div>	

**2. Function or Event Information**

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

Event Description Millennium Tour      Date(s) 04 / 12 / 19      \_\_\_\_\_  

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?      Yes ☒    No ☐      If no: \_\_\_\_\_  

Name of Source

Was ticket distribution made at the behest of agency official?      No ☒    Yes ☐      If yes: \_\_\_\_\_  

Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <div style="font-size: x-small;">(Last, First)</div>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Early, Shavonda	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <div style="font-size: x-small;">If checking "Ceremonial Role" or "Other" describe below:</div> To provide incentives to City and County employees that provide services to the Authority
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <div style="font-size: x-small;">If checking "Ceremonial Role" or "Other" describe below:</div>
C. Name of Outside Organization <div style="font-size: x-small;">(include address and description)</div>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 <div style="font-size: x-small;">Signature of Agency Head or Designee</div>	Barbara J. Parker <div style="font-size: x-small;">Print Name</div>	City Attorney/OAACA Official <div style="font-size: x-small;">Title</div>	03/27/2019 <div style="font-size: x-small;">(Month, Day, Year)</div>
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# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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Designated Agency Contact (Name, Title)			
Area Code/Phone Number	E-mail		
(510) 238-3815	bparker@oaklandcityattorney.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 250.00

Event Description Snoop Dogg: 25th Anniversary Date(s) 04 / 19 / 19  
Provide Title/Explanation

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

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


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Hartfield, Rolanda	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small> To provide incentives to City and County employees that provide services to the Authority
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Barbara J. Parker	City Attorney/OAACA Official	03/27/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 312.50

Event Description Warriors v. Cleveland Cavaliers Date(s) 04 / 05 / 19  
Provide Title/Explanation

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

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

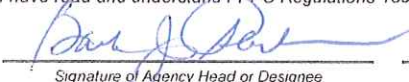
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Bee, Maria	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below</small> To provide incentives to City and County employees that provide services to the Authority
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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	Barbara J. Parker	City Attorney/OAACA Official	04/05/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: \_\_\_\_\_



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**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 312.50  
Event Description Warriors v. Los Angeles Clippers Date(s) 04 / 07 / 19  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source  
Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

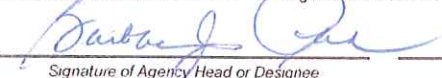
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

<b>A.</b>	<b>Name of Agency, Department or Unit</b>	<b>Number of Ticket(s)/Pass(es)</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>
<b>B.</b>	<b>Name of Individual (Last, First)</b>	<b>Number of Ticket(s)/Pass(es)</b>	<b>Identify one of the following:</b>
	Ochoa, Melinda	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small> To provide incentives to City and County employees that provide services to the Authority
		2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
<b>C.</b>	<b>Name of Outside Organization (include address and description)</b>	<b>Number of Ticket(s)/Pass(es)</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>

**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

 Barbara J. Parker City Attorney/OAACA Official 04/07/2019  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 312.50

Event Description Warriors v Clippers/Round 1, Game 1 Date(s) 04 / 13 / 19  
Provide Title/Explanation

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

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

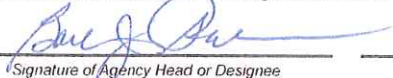
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Parker, Barbara J.	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small> To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Barbara J. Parker	City Attorney/OAACA Official	04/11/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: \_\_\_\_\_

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**2. Function or Event Information**

Does the agency have a ticket policy?      Yes ☒ No ☐      Face Value of Each Ticket/Pass \$ 312.50

Event Description Warriors v Clippers/Round 1, Game 2      Date(s) 04 / 15 / 19  

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?      Yes ☒ No ☐      If no: \_\_\_\_\_  

Name of Source

Was ticket distribution made at the behest of agency official?      No ☒ Yes ☐      If yes: \_\_\_\_\_  

Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

B. Name of Individual <div style="font-size: small;">(Last, First)</div>	Number of Ticket(s)/Pass(es)	Identify one of the following:
La, Nikki	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <div style="font-size: small;">If checking "Ceremonial Role" or "Other" describe below:</div> To provide incentives to City and County employees that provide services to the Authority
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <div style="font-size: small;">If checking "Ceremonial Role" or "Other" describe below:</div>

C. Name of Outside Organization <div style="font-size: small;">(include address and description)</div>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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 <div style="font-size: small;">Signature of Agency Head or Designee</div>	Barbara J. Parker <div style="font-size: small;">Print Name</div>	City Attorney/OAACA Official <div style="font-size: small;">Title</div>	04/12/2019 <div style="font-size: small;">(Month, Day, Year)</div>
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Area Code/Phone Number	E-mail	Date of Original Filing: _____	
(510) 238-3815	bparker@oaklandcityattorney.org	(Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 312.50

Event Description Warriors v Clippers/Round 1, Game 5 Date(s) 04 / 24 / 19  
Provide Title/Explanation

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

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

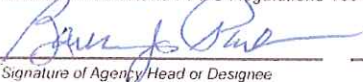
**3. Recipients**

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A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Moreno, Doryanna	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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	Barbara J. Parker	City Attorney/OAACA Official	04/24/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)



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

A Public Document

1. Agency Name		Date Stamp	<b>California Form 802</b> For Official Use Only
Oakland-Alameda County Coliseum Authority			
Division, Department, or Region (If Applicable)			
Barbara J. Parker, City Attorney/OAACA Official		<input type="checkbox"/> Amendment (Must provide explanation in Part 3) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title)			
Area Code/Phone Number	E-mail		
(510) 238-3815	bparker@oaklandcityattorney.org		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

Event Description Oakland A's v. Boston Red Sox Date(s) 04 / 01 / 19  
Provide Title/Explanation

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

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

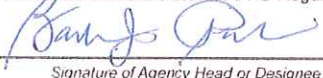
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Ortiz, Celso	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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


 Signature of Agency Head or Designee
 Barbara J. Parker
 Print Name
 City Attorney/OAACA Official
 Title
 04/24/2019
 (Month, Day, Year)

Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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

**A Public Document**

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority <hr/> Division, Department, or Region (If Applicable) <hr/> Barbara J. Parker, City Attorney/OAACA Official <hr/> Designated Agency Contact (Name, Title)		Date Stamp	<b>California Form 802</b> For Official Use Only
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org	<input type="checkbox"/> Amendment (Must provide explanation in Part 3) Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes ☒ No ☐      Face Value of Each Ticket/Pass \$ 45.00

Event Description Oakland A's v. Boston Red Sox      Date(s) 04 / 02 / 19  
Provide Title/Explanation

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

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

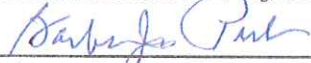
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Ortiz, Celso	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 Signature of Agency Head or Designee	Barbara J. Parker Print Name	City Attorney/OAACA Official Title	04/24/2019 (Month, Day, Year)
---	---------------------------------	---------------------------------------	----------------------------------

Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)



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

A Public Document

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Barbara J. Parker, City Attorney/OAACA Official			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3)	
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org	Date of Original Filing: _____ (Month, Day, Year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

Event Description Oakland A's v. Boston Red Sox Date(s) 04 / 03 / 19  
Provide Title/Explanation

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

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

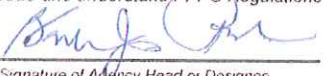
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Fung, Michael	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Barbara J. Parker	City Attorney/OAACA Official	04/24/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
Oakland-Alameda County Coliseum Authority			
Division, Department, or Region (If Applicable)			
Barbara J. Parker, City Attorney/OAACA Official		<input type="checkbox"/> Amendment (Must provide explanation in Part 3) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title)			
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

Event Description Oakland A's v. Toronto Blue Jays Date(s) 04 / 19 / 19  
Provide Title/Explanation

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

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


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Sotelo, Amadis	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Barbara J. Parker	City Attorney/OAACA Official	04/24/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)



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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
Oakland-Alameda County Coliseum Authority			
Division, Department, or Region (If Applicable)			
Barbara J. Parker, City Attorney/OAACA Official			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3)	
Area Code/Phone Number	E-mail	Date of Original Filing: _____	
(510) 238-3815	bparker@oaklandcityattorney.org	(Month, Day, Year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

Event Description Oakland A's v. Toronto Blue Jays Date(s) 04 / 20 / 19  
Provide Title/Explanation

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

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

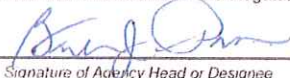
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Logue, Jennifer	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small> To provide incentives to City and County employees that provide services to the Authority
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Barbara J. Parker	City Attorney/OAACA Official	04/24/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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

A Public Document

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title)		Date Stamp	<b>California Form 802</b> For Official Use Only
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00  
Event Description Oakland A's v. Toronto Blue Jays Date(s) 04 / 21 / 19  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source  
Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

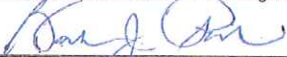
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Fung, Michael	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small> To provide incentives to City and County employees that provide services to the Authority
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 Signature of Agency Head or Designee	Barbara J. Parker Print Name	City Attorney/OAACA Official Title	04/24/2019 (Month, Day, Year)
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Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)



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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
Oakland-Alameda County Coliseum Authority			
Division, Department, or Region (If Applicable)			
Barbara J. Parker, City Attorney/OAACA Official			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3)	
Area Code/Phone Number	E-mail	Date of Original Filing: _____	
(510) 238-3815	bparker@oaklandcityattorney.org	(Month, Day, Year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

Event Description Oakland A's v. Texas Rangers Date(s) 04 / 22 / 19  
Provide Title/Explanation

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

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

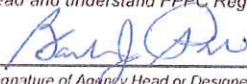
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Ortiz, Celso	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below</small> To provide incentives to City and County employees that provide services to the Authority
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Barbara J. Parker	City Attorney/OAACA Official	04/24/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
Oakland-Alameda County Coliseum Authority			
Division, Department, or Region (If Applicable)			
Barbara J. Parker, City Attorney/OAACA Official		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title)			
Area Code/Phone Number	E-mail		
(510) 238-3815	bparker@oaklandcityattorney.org		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

Event Description Oakland A's v. Texas Rangers Date(s) 04 / 23 / 19  
Provide Title/Explanation

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

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

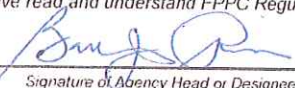
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Ferrell, Elizabeth	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small> To provide incentives to City and County employees that provide services to the Authority
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Barbara J. Parker	City Attorney/OAACA Official	04/24/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)



A Public Document

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority <hr/> Division, Department, or Region <i>(If Applicable)</i> <hr/> Barbara J. Parker, City Attorney/OAACA Official <hr/> Designated Agency Contact <i>(Name, Title)</i> <hr/>		Date Stamp          	<b>California Form 802</b> For Official Use Only
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org		
<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3 )</i>		Date of Original Filing: _____ <i>(Month, Day, Year)</i>	

## 2. Function or Event Information

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

Event Description Oakland A's v. Texas Rangers  
*Provide Title/Explanation*

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

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

Face Value of Each Ticket/Pass \$ 45.00

Date(s) 04 / 24 / 19      \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If no: \_\_\_\_\_  
*Name of Source*

If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

### 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

<b>A.</b> Name of Agency, Department or Unit			Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
<b>B.</b> Name of Individual <small>(Last, First)</small>			Number of Ticket(s)/ Pass(es)	Identify one of the following:
Li, Sophia			2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To provide incentives to City and County employees that provide services to the Authority
			2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
<b>C.</b> Name of Outside Organization <small>(Include address and description)</small>			Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

#### 4. Verification

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

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

Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Office of the City Administrator			
Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 78.00 <sup>45.00</sup>

Event Description: A's Date(s) 04 / 01 / 19  
Provide Title/Explanation

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

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

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Dunston, Daryel	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Sabrina B. Landreth	City Administrator	4/ 30 /2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_



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

A Public Document

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Office of the City Administrator			
Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandca.gov	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 78.00 45<sup>00</sup>

Event Description: A's Date(s) 04 / 02 / 19  
Provide Title/ Explanation

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

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

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Wang, Mailee	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Sabrina B. Landreth	City Administrator	4/ 30 /2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Office of the City Administrator			
Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ ~~78.00~~ 45.00

Event Description: A's \_\_\_\_\_ Date(s) 04 / 03 / 19 \_\_\_\_\_  
Provide Title/ Explanation

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

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

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

<b>A.</b>	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<b>B.</b>	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
	Curtis, Kirke	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C.</b>	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Sabrina B. Landreth	City Administrator	4/ 30 /2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_



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

A Public Document

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Office of the City Administrator			
Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandca.gov	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \$ 150.00

Event Description: Michael Buble' Date(s) 04 / 03 / 19  
Provide Title/Explanation

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

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

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Salas, Ricardo	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Sabrina B. Landreth	City Administrator	4/ 29 /2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority <b>Division, Department, or Region (if applicable)</b> Office of the City Administrator <b>Designated Agency Contact (Name, Title)</b> Sabrina B. Landreth, City Administrator <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;"><b>Area Code/Phone Number</b></td> <td style="border: none;"><b>E-mail</b></td> </tr> <tr> <td style="border: none;">510-238-3301</td> <td style="border: none;">slandreth@oaklandca.gov</td> </tr> </table>		<b>Area Code/Phone Number</b>	<b>E-mail</b>	510-238-3301	slandreth@oaklandca.gov	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <b>Date Stamp</b>    <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)   <b>Date of Original Filing:</b> _____  <small>(month, day, year)</small> </td> <td style="width:50%; border: none; text-align: center; vertical-align: top;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> <b>California Form 802</b>                      For Official Use Only                 </td> </tr> </table> </td> </tr> </table>	<b>Date Stamp</b>   <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> <b>California Form 802</b>                      For Official Use Only                 </td> </tr> </table>	<b>California Form 802</b> For Official Use Only
<b>Area Code/Phone Number</b>	<b>E-mail</b>								
510-238-3301	slandreth@oaklandca.gov								
<b>Date Stamp</b>   <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> <b>California Form 802</b>                      For Official Use Only                 </td> </tr> </table>	<b>California Form 802</b> For Official Use Only							
<b>California Form 802</b> For Official Use Only									

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes ☒    No ☐    Face Value of Each Ticket/Pass \$ 78.00 45<sup>00</sup>

Event Description: A's    Date(s) 04 / 04 / 19  
Provide Title/ Explanation

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

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

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Coopan, Deveena	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 Signature of Agency Head or Designee	Sabrina B. Landreth Print Name	City Administrator Title	4/ 30 /2019 (month, day, year)
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Comment: \_\_\_\_\_



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

A Public Document

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Office of the City Administrator			
Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \$ 304.80

Event Description: Warriors Date(s) 04 / 05 / 19  
Provide Title/Explanation

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

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

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Johnson, Milton	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Sabrina B. Landreth	City Administrator	4/ 29 /2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Office of the City Administrator			
Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandca.gov	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

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

Event Description: Arijit Singh Date(s) 04 / 06 / 19  
Provide Title/ Explanation

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

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


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Kumar, Madhukar	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Sabrina B. Landreth	City Administrator	4/ 29 /2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority <b>Division, Department, or Region (if applicable)</b> Office of the City Administrator <b>Designated Agency Contact (Name, Title)</b> Sabrina B. Landreth, City Administrator <b>Area Code/Phone Number</b> <b>E-mail</b> 510-238-3301      slandreth@oaklandca.gov		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <span style="font-size: small;">(month, day, year)</span>	

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes ☒ No ☐      Face Value of Each Ticket/Pass \$ 304.80 304.80

Event Description: Warriors      Date(s) 04 / 07 / 19  
Provide Title/ Explanation

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

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

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Benson, Adam	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To provide incentives to City employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</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

**4. Verification**

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

 Signature of Agency Head or Designee	Sabrina B. Landreth Print Name	City Administrator Title	4/ 29 /2019 (month, day, year)
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Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Office of the City Administrator			
Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \$ 150.00

Event Description: Weezer Pixiesh Date(s) 04 / 10 / 19  
Provide Title/Explanation

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

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

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Sawicki, Mark	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Sabrina B. Landreth	City Administrator	4/ 30 /2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority <b>Division, Department, or Region (if applicable)</b> Office of the City Administrator <b>Designated Agency Contact (Name, Title)</b> Sabrina B. Landreth, City Administrator <b>Area Code/Phone Number</b> <b>E-mail</b> 510-238-3301      slandreth@oaklandca.gov		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Function or Event Information**

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

Event Description: Millennium Tour      Date(s) 04 / 12 / 19  
Provide Title/Explanation

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

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


**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Hines, Brittany	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 Signature of Agency Head or Designee	Sabrina B. Landreth Print Name	City Administrator Title	4/ 30 /2019 (month, day, year)
---	-----------------------------------	-----------------------------	-----------------------------------

Comment: \_\_\_\_\_

**A Public Document**

## 2. Function or Event Information

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

• 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.

#### 4. Verification

4/ 30 /2019  
(month, day, year)

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



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

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Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 78.00 45.00

Event Description: A's Date(s) 04 / 17 / 19  
Provide Title/Explanation

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

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


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Harvey, Camille	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Sabrina B. Landreth	City Administrator	4/ 30 /2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

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

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Division, Department, or Region (if applicable) Office of the City Administrator			
Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 78.00 45.00

Event Description: A's Date(s) 04 / 19 / 19  
Provide Title/ Explanation

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

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

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Hunt, Michael	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

  
 Signature of Agency Head or Designee

Sabrina B. Landreth  
 Print Name

City Administrator  
 Title

4/ 30 /2019  
 (month, day, year)

Comment: \_\_\_\_\_



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

A Public Document

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority <b>Division, Department, or Region (if applicable)</b> Office of the City Administrator <b>Designated Agency Contact (Name, Title)</b> Sabrina B. Landreth, City Administrator <b>Area Code/Phone Number</b> 510-238-3301 <b>E-mail</b> slandreth@oaklandca.gov		Date Stamp  <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ (month, day, year)	<b>California Form 802</b> For Official Use Only
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## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 250.00

Event Description: Snoop Dogg Date(s) 04 / 19 / 19  
Provide Title/Explanation

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

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

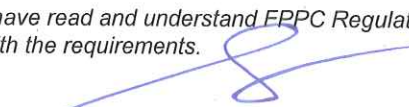
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Warwick, Brian	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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


 Signature of Agency Head or Designee
 Sabrina B. Landreth
 Print Name
 City Administrator
 Title
 4/ 30 /2019
 (month, day, year)

Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Office of the City Administrator			
Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandca.gov		
		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

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

Event Description: A's Date(s) 04 / 20 / 19  
Provide Title/ Explanation

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

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


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Espinoza, Marcie	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Sabrina B. Landreth	City Administrator	4/ 30 /2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_



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

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<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Office of the City Administrator			
Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandca.gov	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

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

Event Description: A's Date(s) 04 / 21 / 19  
Provide Title/ Explanation

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

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

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Torres, Eddie	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Sabrina B. Landreth	City Administrator	4/ 30 /2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

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

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<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Office of the City Administrator			
Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

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

Event Description: A's Date(s) 04 / 22 / 19  
Provide Title/ Explanation

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

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

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Patterson, Michael	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Sabrina B. Landreth	City Administrator	4/ 30 /2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_



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

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<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Office of the City Administrator			
Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

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

Event Description: A's Date(s) 04 / 23 / 19  
Provide Title/ Explanation

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

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

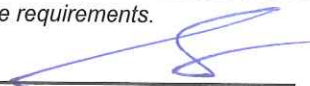
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Womack, James	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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


 Signature of Agency Head or Designee
 Sabrina B. Landreth
 Print Name
 City Administrator
 Title
 4/ 30 /2019
 (month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Office of the City Administrator			
Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandca.gov	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

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

Event Description: A's Date(s) 04 / 24 / 19  
Provide Title/ Explanation

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

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

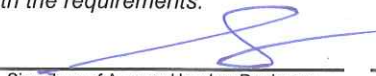
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Pellum, Khelsey	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Sabrina B. Landreth	City Administrator	4/ 30 /2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_



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

**A Public Document**

**1. Agency Name**

Oakland Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Loren Taylor, OACCA Commissioner

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.383.4801

E-mail

LTaylor@oaklandca.gov

Date Stamp

California Form **802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 250.00

Event Description: Snoop Dog Concert Date(s) 4 / 19 / 19  
Provide Title/ Explanation

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

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

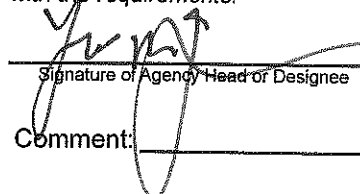
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Taylor, Loren	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to investigate efficiencies of various sporting and other events that occur at Coliseum Complex
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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


 Signature of Agency Head or Designee
 Loren Taylor
 Print Name
 OACCA Commissioner
 Title
 3.22.19
 (month, day, year)

Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b>
Oakland Alameda County Coliseum Authority			For Official Use Only
Division, Department, or Region (if applicable)			
Loren Taylor			
Designated Agency Contact (Name, Title)			
Renee Savage- OACCA Commission			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
510-383-4801	Rsavage@coliseum	Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors Vs. Cavs Date(s) 4 / 5 / 19  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: Golden State Warriors  
Name of Source

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

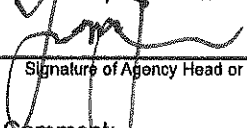
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Taylor, Loren	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Investigate efficiencies of the various sporting and other events that occur at the Coliseum Complex
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Loren Taylor	OACCA Commissioner	3/15/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: _____			



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

A Public Document

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority <b>Division, Department, or Region (if applicable)</b> Ignacio De La Fuente, OACCA Commissioner <b>Designated Agency Contact (Name, Title)</b>		Date Stamp  <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	California <b>802</b> Form For Official Use Only
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> Idelafuente2012@gmail.com		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 150.00

Event Description: Michael Buble Date(s) 4 / 3 / 19  
Provide Title/ Explanation

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

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

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
De La Fuente, Ignacio	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the Coliseum Complex for use by general public and businesses to maximize revenues
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Ignacio De La Fuente	OACCA Commissioner	3.22.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner			
Designated Agency Contact (Name, Title)			
Area Code/Phone Number 510.383.4801	E-mail ldelafuente2012@gmail.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

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

Event Description: Arijit Singh Date(s) 4 / 6 / 19  
Provide Title/ Explanation

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

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

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
De La Fuente, Ignacio	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum Complex for use by general public and businesses to maximize revenues
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

Signature of Agency Head or Designee: Ignacio De La Fuente Print Name: OACCA Commissioner Title: 3.22.19  
(month, day, year)

Comment: \_\_\_\_\_



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

**A Public Document**

**1. Agency Name**

Oakland Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Ignacio De La Fuente, OACCA Commissioner

Designated Agency Contact (Name, Title)

Date Stamp

California Form **802**

For Official Use Only

Area Code/Phone Number

510.383.4801

E-mail

ldelafuente2012@gmail.com

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 150.00

Event Description: Weezer Pixies Date(s) 4 / 10 / 19  
Provide Title/Explanation

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

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

**3. Recipients**

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
De La Fuente, Ignacio	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum Complex for use by general public and businesses to maximize revenues
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Signature of Agency Head or Designee: \_\_\_\_\_ Ignacio De La Fuente OACCA Commissioner 3.22.19  
Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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<b>Division, Department, or Region</b> (if applicable) Ignacio De La Fuente, OACCA Commissioner			
<b>Designated Agency Contact</b> (Name, Title)			
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> ldelafuente2012@gmail.com	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> _____ (month, day, year)	

## 2. Function or Event Information

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

Event Description: Millennium Tour Provide Title/ Explanation Date(s) 4 / 12 / 19

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

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


## 3. Recipients

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
	De La Fuente, Ignacio	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the Coliseum Complex for use by general public and businesses to maximize revenues
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Ignacio De La Fuente	OACCA Commissioner	3.22.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
<b>Division, Department, or Region (if applicable)</b> Ignacio De La Fuente, OACCA Commissioner			
<b>Designated Agency Contact (Name, Title)</b>			
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> ldelafuente2012@gmail.com	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 250.00

Event Description: Snoop Dog Date(s) 4 / 19 / 19  
Provide Title/ Explanation

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

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

**3. Recipients**

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

<b>A.</b>	<b>Name of Agency, Department or Unit</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>
<b>B.</b>	<b>Name of Individual (Last, First)</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Identify one of the following:</b>
	De La Fuente, Ignacio	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the Coliseum Complex for use by general public and businesses to maximize revenues
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C.</b>	<b>Name of Outside Organization (include address and description)</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>

**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	3.22.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b> Alameda County Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Ferguson/Ticket Administrator Area Code/Phone Number      E-mail 510-272-6691      leeann.fergerson@acgov.org		Date Stamp  California Form <b>802</b> For Official Use Only  <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)
--	--	---

## 2. Function or Event Information

Does the agency have a ticket policy?      Yes ☒ No ☐      Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors      Date(s) 4 / 2 / 19  
Provide Title/Explanation

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

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

## 3. Recipients

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
The Network of Care PO Box 5163 Concord, CA 94524	2	To reward a school or non-profit organization for its contributions to the community

## 4. Verification

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

      Lee Ann Ferguson      Ticket Administrator      2/14/19  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: A non-profit org that feeds the families of children who are in hospitals



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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority <b>Division, Department, or Region</b> (if applicable) Chris Dobbins, OACCA Commissioner <b>Designated Agency Contact</b> (Name, Title)		<b>Date Stamp</b>	<b>California Form 802</b> For Official Use Only
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> chrisdobbinslaw@yahoo.com		
		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 150.00  
Event Description: Michael Buble \_\_\_\_\_ Date(s) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Provide Title/ Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source  
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Dobbins, Chris		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the Coliseum Complex for use by general public and businesses to maximize revenues
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Chris Dobbins	OACCA Commissioner	3.22.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority <b>Division, Department, or Region (if applicable)</b> Chris Dobbins, OACCA Commissioner <b>Designated Agency Contact (Name, Title)</b>		<b>Date Stamp</b>	<b>California Form 802</b> For Official Use Only
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> chrisdobbinslaw@yahoo.com		
		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 100.00  
Event Description: Arijit Singh Date(s) 4 / 6 / 19  
Provide Title/ Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source  
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

<b>A.</b>	<b>Name of Agency, Department or Unit</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>
<b>B.</b>	<b>Name of Individual (Last, First)</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Identify one of the following:</b>
	Dobbins, Chris		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the Coliseum Complex for use by general public and businesses to maximize revenues
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C.</b>	<b>Name of Outside Organization (include address and description)</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>

**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.

 Chris Dobbins OACCA Commissioner 3.22.19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
<b>Division, Department, or Region (if applicable)</b> Chris Dobbins, OACCA Commissioner			
<b>Designated Agency Contact (Name, Title)</b>			
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> chrisdobbinslaw@yahoo.com	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 150.00

Event Description: Weezer Pixies Date(s) 4 / 10 / 19  
Provide Title/ Explanation

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

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

**3. Recipients**

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Dobbins, Chris		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the Coliseum Complex for use by general public and businesses to maximize revenues
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 Chris Dobbins OACCA Commissioner 3.22.19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority <b>Division, Department, or Region (if applicable)</b> Chris Dobbins, OACCA Commissioner <b>Designated Agency Contact (Name, Title)</b>  <table style="width:100%;"> <tr> <td style="width:50%;"><b>Area Code/Phone Number</b> 510.383.4801</td> <td style="width:50%;"><b>E-mail</b> chrisdobbinslaw@yahoo.com</td> </tr> </table>		<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> chrisdobbinslaw@yahoo.com	<table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <b>Date Stamp</b>    <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)   <b>Date of Original Filing:</b> _____  <small>(month, day, year)</small> </td> <td style="width:50%; vertical-align: top; text-align: center;"> <b>California Form 802</b>  <small>For Official Use Only</small> </td> </tr> </table>	<b>Date Stamp</b>   <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	<b>California Form 802</b> <small>For Official Use Only</small>
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> chrisdobbinslaw@yahoo.com					
<b>Date Stamp</b>   <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	<b>California Form 802</b> <small>For Official Use Only</small>					

**2. Function or Event Information**

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

Event Description: Millennium Tour    Date(s) 4 / 12 / 19  
Provide Title/ Explanation

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

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

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Dobbins, Chris		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the Coliseum Complex for use by general public and businesses to maximize revenues
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 Signature of Agency Head or Designee	Chris Dobbins Print Name	OACCA Commissioner Title	3.22.19 (month, day, year)
--	-----------------------------	-----------------------------	-------------------------------

Comment: \_\_\_\_\_



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

**A Public Document**

**1. Agency Name**

Oakland Alameda County Coliseum Authority

**Division, Department, or Region** (if applicable)

Chris Dobbins, OACCA Commissioner

**Designated Agency Contact** (Name, Title)

**Area Code/Phone Number**

510.383.4801

**E-mail**

chrisdobbinslaw@yahoo.com

Date Stamp

California  
Form **802**

For Official Use Only

☐ **Amendment** (Must Provide Explanation in Part 3.)

**Date of Original Filing:** \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 250.00

Event Description: Snoop Dog Date(s) 4 / 19 / 19  
Provide Title/ Explanation

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

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

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Dobbins, Chris		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the Coliseum Complex for use by general public and businesses to maximize revenues
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 Chris Dobbins OACCA Commissioner 3.22.19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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

A Public Document

1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Chris Dobbins, OACCA Commissioner

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.383.4801

E-mail

chrisdobbinslaw@yahoo.com

Date Stamp

California  
Form

802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

2. Function or Event Information

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

Face Value of Each Ticket/Pass \$ 45<sup>00</sup>

Event Description: Oakland A's 2019 Season

Provide Title/Explanation

Date(s) See attached

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

If no: \_\_\_\_\_

Name of Source

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

If yes: \_\_\_\_\_

Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
	Dobbins, Chris		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum Complex for use by general public and businesses to maximize revenues
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Signature of Agency Head or Designee

Chris Dobbins

Print Name

OACCA Commissioner

Title

3.22.19

(month, day, year)

Comment: \_\_\_\_\_



## Oakland A's

April 2019

Chris Dobbins

• A's v Red Sox	4.1.19	(4) tickets
• A's v Red Sox	4.2.19	(4) tickets
• A's v Red Sox	4.3.19	(4) tickets
• A's v Red Sox	4.4.19	(4) tickets
• A's v Astros	4.16.19	(4) tickets
• A's v Astros	4.17.19	(4) tickets
• A's v Toronto	4.19.19	(4) tickets
• A's v Toronto	4.20.19	(4) tickets
• A's v Toronto	4.21.19	(4) tickets
• A's v Rangers	4.22.19	(4) tickets
• A's v Rangers	4.23.19	(4) tickets
• A's v Rangers	4.24.19	(4) tickets

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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title)		Date Stamp	California Form <b>802</b> For Official Use Only
Area Code/Phone Number 510.383.4801	E-mail Idelafuente2012@gmail.com		
<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)		Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 45<sup>00</sup>

Event Description: Oakland A's 2019 Season Date(s) See, attached  
Provide Title/Explanation

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

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

**3. Recipients**

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
De La Fuente, Ignacio		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the Coliseum Complex for use by general public and businesses to maximize revenues
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Signature of Agency Head or Designee: [Signature]     
 Print Name: Ignacio De La Fuente     
 Title: OACCA Commissioner     
 Date: 3.22.19  
(month, day, year)

Comment: \_\_\_\_\_



## Oakland A's

April 2019

Ignacio De La Fuente

- A's v Red Sox 4.1.19 (4) tickets
- A's v Red Sox 4.2.19 (4) tickets
- A's v Red Sox 4.3.19 (4) tickets
- A's v Red Sox 4.4.19 (4) tickets
- A's v Astros 4.16.19 (4) tickets
- A's v Astros 4.17.19 (4) tickets
- A's v Toronto 4.19.19 (4) tickets
- A's v Toronto 4.20.19 (4) tickets
- A's v Toronto 4.21.19 (4) tickets
- A's v Rangers 4.22.19 (4) tickets
- A's v Rangers 4.23.19 (4) tickets
- A's v Rangers 4.24.19 (4) tickets

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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title)		Date Stamp	California Form <b>802</b> For Official Use Only
Area Code/Phone Number 510.383.4801	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 304.80  
 Event Description: Warriors Season 2018-19 Date(s) See attached  
Provide Title/Explanation  
 Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source  
 Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

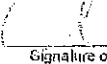
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

<b>A.</b>	Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
<b>B.</b>	Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
	Dobbins, Chris	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to investigate the efficiencies of the operations of various sporting and other events occurring at Coliseum Complex
<b>C.</b>	Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Chris Dobbins	OACCA Commissioner	10.27.18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_



GSW

April 2019

Chris Dobbins

- Warriors v Cavs 4.5.19 (2) tickets
- Warriors v Clippers 4.7.19 (2) tickets

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

A Public Document

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Ignacio De Fuente, OACCA Commissioner Designated Agency Contact (Name, Title)		Date Stamp California From <b>802</b> For Official Use Only
Area Code/Phone Number 510.383.4801	E-mail Idelafuente2012@gmail.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors Season 2018-19 Date(s) See Attached  
Provide Title/Explanation

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

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

**3. Recipients**

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
De La Fuente, Ignacio	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Signature of Agency Head or Designee: Ignacio De La Fuente      OACCA Commissioner      9.27.18  
Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_

GSW

April 2019

Ignacio De La Fuente

- Warriors v Cavs 4.5.19 (2) tickets
- Warriors v Clippers 4.7.19 (2) tickets