1.	Agency Name		Date Stamp	California Q02			
	Oakland-Alameda County C	Coliseum Aut			Form OUZ		
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only	
	Barbara J. Parker, City Atto	rnev/OAACA					
	Designated Agency Contact						
	Area Code/Phone Number	E-mail			Amendment (Must pro		
	(510) 238-3815	bparker@o	aklandcityatto	orney.org	Date of Original Filing:	(Month. Day. Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	150.00	
	Event Description Michael Bu	ublé	, 03 , 19	1 1-			
	- '	Provide Title/Exp					
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	☐ If no:	Name of Source	CO.	
	Was ticket distribution made a	t the behest	No⊠ Yes				
	of agency official?		140 🔯 162	Li ii yes	Official's Name (La	st. First)	
3.	Recipients		+			West of the second seco	
	Use Section A to identify the agency	's department or		tion B to identify an individu	al. • Use Section C to identify	y an outside organization.	
ŝ	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to the agency's policy		
	Charles and Charle		Pass(es)	a promise konversi dan gelikesi.			
			<b>-</b>				
	B. Name of Individua	of Individual ast, First)		Identify one of the following:			
,	(Last, Frist)	Elizabeth Alexander	Pass(es)				
	Ortiz, Celso			Ceremonial Role  If checking *Ceremonial*	☐ Other ☑ al Role" or "Other" describe below:	Income	
			2		es to City and County e	mployees that provide	
		Minima anno ano	_	services to the Auth	ority		
				Ceremonial Role	Other D	Income	
			2	, areaning constitution	THOSE OF CHIEF GESCHOE DEION		
(	Name of Outside Organia (include address and desc		Number of Ticket(s)/	Describe the publi	c purpose made pursuant to	the agency's policy	
•	(include address and desc	приоп)	Pass(es)				
			-				
reero 1	Verification					TO THE BUT DESCRIPTION OF THE PROPERTY OF THE	
	verification have read and understand FPPC Regula	tions 18944.1 and	18942. I have ver	ified that the distribution set for	th above is in accordance with the	stnamariunari an	
	Sarbar & Park		Barbara J. P		Attorney/OAACA Officia		
***	Signature of Agendy Head or Designee		Print Name		Title	03/27/2019 (Month, Day, Year)	
	V					wydda chadaiddiol a faith a fa	
(	Comment:						

1	Agency Name				Data Starra	California O O O
1.,		`aliaaa A	Date Stamp	California 802		
	Oakland-Alameda County C Division, Department, or Reg				_	For Official Use Only
		15 500				
	Barbara J. Parker, City Atto					
	Designated Agency Contact (	'Name, Title)				
			Amondment (Must ex	soulds austanation in Dark 2 V		
	Area Code/Phone Number	E-mail			Amendment (Must pri	
	(510) 238-3815 bparker@oaklandcityattorney.org				Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	100.00
	Event Description Arijit Singh	l,	06 , 19	t t		
	Event Bescription	Provide Title/Exp				
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	☐ If no:	Name of Sou	
					Name of Sou	rce
	Was ticket distribution made at the behest No ☑ Yes ☐ If yes: of agency official?				Official's Name (La	act First
unte		- Water to the second second			Official's Ivallie (Ed	ast. Filst)
3.	Recipients	ila danadarantara	unit - Hoa Car	effer D to 1d - 46 1 . II . I .		
	Use Section A to identify the agency		Number of	ction B to identify an individu	ial. • Use Section C to identi	ly an outside organization.
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy		
3						
,						
•	B. Name of Individual		Number of	And the state of the second second		
- 1	(Last, First)		Ticket(s)/ Pass(es)	Identify one of the following:		
	Datal Dial			Ceremonial Role	Other 🛛	Income
	Patel, Bijal		2	CONTRACTOR PROGRAMMENT	al Role" or "Other" describe below:	and the second of the second of the
				services to the Auth		employees that provide
-				Ceremonial Role	7 7	· · · · · · · · · · · · · · · · · · ·
				N 20 AG A	Other al Role" or "Other" describe below	Income [_]
			2			
(	Name of Outside Organi		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	o the agency's policy
-	(include address and desc	ription)	Pass(es)			, , , , , , ,
	<b>Verification</b>		ndare en			CHARLES THE HOUSE WORLD WAS A PROPERTY OF THE PERSON OF TH
1	have read and understand FPPC Regula	tions 18944 1 and	l 18942. I have ver	rified that the distribution set fo	rth above, is in accordance with	the requirements.
- 24	Sarbin & th	the.	Barbara J. F	Parker City	Attorney/OAACA Offic	ial 04/05/2019
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
194				41		
(	Comment:					

1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C					For Official Use Only
	Division, Department, or Regi	on (If Applicab	ile)			
	Barbara J. Parker, City Attor					
	Designated Agency Contact (	Name, Title)				
	Area Code/Phone Number	E-mail			Amendment (Must prov	ride explanation in Part 3.)
	(510) 238-3815		aklandcityatto	ornev ora	Date of Original Filing:	
2	Function or Event Inform		amaridonyan	omoy.org		(Month, Day, Year)
Aur	Does the agency have a ticket		Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$	150.00
			163 🔼 140			
	Event Description Weezer Pi	Provide Title/Ex	planation	Date(s)	1 , 10 , 19	
	Ticket(s)/Pass(es) provided by	agency?	Vac 🖾 Na	□ If no:		
	ricket(s)/Fass(es) provided by	agency!	Yes 🛛 No		Name of Source	е
	Was ticket distribution made a	t the behest	No ⊠ Yes	☐ If yes:	Official's Name (Las	
Named	of agency official?	-			Official's Name (Las	t, First)
3.	Recipients					
	Use Section A to identify the agency	's department o		ction B to identify an individe	ual. • Use Section C to identify	an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant to	the agency's policy
		1 433(63)				
	HTTM - 17, AMERICAN STATE OF THE STATE OF TH					
	B. Name of Individua	l services	Number of Ticket(s)/		Identify one of the following	,
	(Last, First)		Pass(es)		identity one of the following	
	Roe, Adrian			Ceremonial Role	the state of the s	Income
	noe, Adhan		2	To provide incentiv	nial Role" or "Other" describe below: es to City and County er	mployees that provide
				services to the Autl		
				Ceremonial Role		Income [
			2	If checking *Ceremon	ial Role" or "Other" describe below	
1	Name of Outside Organi		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy
:5	(modes address and desc	, inputotif	Pass(es)		and the state of t	
A	Vanishing and the second					
	Verification  I have read and understand FPPC Regula	ntions 18044 1 an	d 18942   have ve	rified that the distribution set for	orth above is in accordance with th	na raquiraments
		1 )				
-	Signature of Agency Head or Designee	-	Barbara J. F		Attorney/OAACA Officia	
	organiture of Agency nead of Designee		Print Name	=	Title	(Month, Day, Year)
(	Comment:					

### Agency Report of:

### Ceremonial Role Events and Ticket/Pass Distributions

I. Agency Name	1000 TO 1000 T		Date Stamp	California 802				
Oakland-Alameda County Coliseum Autl			Form For Official Use Only					
Division, Department, or Region (If Applicable	Division, Department, or Region (If Applicable)							
Barbara J. Parker, City Attorney/OAACA								
Designated Agency Contact (Name, Title)								
Area Code/Phone Number   E-mail			Amendment (Must provi	ide explanation in Part 3 )				
SAS EST CONTROL MACONING CO	aklandcityattor	ney.org	Date of Original Filing:	(Month, Day, Year)				
2. Function or Event Information								
Does the agency have a ticket policy?	Yes⊠ No□		f Each Ticket/Pass \$					
Event Description Millennium Tour  Provide Title/Exp	planation	Date(s)04						
19 - 30 A 19 A 20 A 2		a If no:						
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No [	] If no:	Name of Source	е				
Was ticket distribution made at the behest of agency official?	No⊠ Yes [	] If yes:	Official's Name (Las	t. First)				
. Recipients								
<ul> <li>Use Section A to identify the agency's department or</li> </ul>		on B to identify an individu	ual. • Use Section C to identify	an outside organization.				
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy					
12								
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following					
Early, Shavonda		Ceremonial Role	Other   Other	Income				
Eury, Griateriaa	2		es to City and County er	mployees that provide				
	2		Other Call Role or "Other" describe below	Income				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy				
. Verification  I have read and understand FPPC Regulations 18944.1 an	nd 18942. I have veril	fied that the distribution set fo	orth above, is in accordance with th	ne requirements.				
Harbon da Park	Barbara J. Pa	arker Citv	Attorney/OAACA Officia	al 03/27/2019				
Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)				
Comment:								

				Date Stamp	California 802	
			VIII.		For Official Use Only	
Division, Department, or Regi	ion (If Applicable	e)			11 cm 1 cm mmag. — sign selection to the CD 2 cm mmag. (10 cm mmag. ) and (10 cm mmag. )	
Barbara J. Parker, City Attor	rney/OAACA	Official				
Designated Agency Contact (	Name, Title)					
				Amendment (Must see	uide evolanation in Part 3.1	
Area Code/Phone Number	E-mail	100-100-100-100-100-100-100-100-100-100		1 -		
(510) 238-3815	bparker@oa	klandcityatto	rney.org	Date of Original Filing:	(Month, Day, Year)	
Function or Event Infor	mation				250.00	
	5 (5)		and the second			
Event Description Snoop Dog	gg: 25th Anniv Provide Title/Expl	versary anation	Date(s)04	, 19 , 19		
Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Source	ce	
	t the behest	No⊠ Yes	☐ If yes:	Official's Name // as	st First)	
	Name of the Original of the Or			Cindul S Name (Ed.	THE REAL PROPERTY.	
	/'s department or	unit. • Use Sec	tion B to identify an individu	ıal.      Use Section C to identify	an outside organization.	
**************************************		Number of	na water a religion to the	YEAR OF TO WILLIAM STATE OF THE		
Maine of Agency, Departine	ant of Onit	Pass(es)				
B. Name of Individua (Last, First)	Ĺ	Number of Ticket(s)/ Pass(es)		Identify one of the following	j:	
Hartfield Palanda			the second secon		Income	
nartilelu, nolaliua		2	To provide incentives to City and County employees that pro services to the Authority			
	<u> </u>		Ceremonial Role	Other	Income [	
		2	If checking "Ceremoni	ial Role" or "Other" describe below		
×						
		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy	
	400 Mary 150	323(88)				
	-					
Verification	lations 19044 1 and	l 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with t	he requirements	
I have read and understand EPPC Regul			mar are common our re		COLUMN TANKET COLUMN TO THE COLUMN TANKET	
have read and understand FPPC Regul	allons 10944.1 and	Barbara J. F	Parker City	Attorney/OAACA Offici	al 03/27/2019	
	Division, Department, or Register Barbara J. Parker, City Attornous Designated Agency Contact (Area Code/Phone Number (510) 238-3815  Function or Event Information Does the agency have a ticket Event Description Snoop Dog Ticket(s)/Pass(es) provided by Was ticket distribution made a of agency official?  Recipients  Use Section A to identify the agency A. Name of Agency, Department (Last, First)  Hartfield, Rolanda  C. Name of Outside Organ (include address and designation)	Oakland-Alameda County Coliseum Auth Division, Department, or Region (If Applicable Barbara J. Parker, City Attorney/OAACA Designated Agency Contact (Name, Title)  Area Code/Phone Number (510) 238-3815	Oakland-Alameda County Coliseum Authority  Division, Department, or Region (If Applicable)  Barbara J. Parker, City Attorney/OAACA Official  Designated Agency Contact (Name, Title)  Area Code/Phone Number (510) 238-3815  Function or Event Information  Does the agency have a ticket policy? Yes No  Event Description Snoop Dogg: 25th Anniversary  Provide Title/Explanation  Ticket(s)/Pass(es) provided by agency? Yes No  Was ticket distribution made at the behest of agency official?  Recipients  Use Section A to identify the agency's department or unit. Use Sectors A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es)  Hartfield, Rolanda  2  C. Name of Outside Organization (include address and description)  Number of Ticket(s)/Pass(es)	Oakland-Alameda County Coliseum Authority Division, Department, or Region (If Applicable)  Barbara J. Parker, City Attorney/OAACA Official  Designated Agency Contact (Name, Title)  Area Code/Phone Number (510) 238-3815  E-mail bparker@oaklandcityattorney.org  Function or Event Information  Does the agency have a ticket policy? Yes No Face Value of Sevent Description Sevent Description Provide Title/Explanation  Ticket(s)/Pass(es) provided by agency? Yes No If no:  Was ticket distribution made at the behest of agency official?  Recipients  *Use Section A to identify the agency's department or unit. * Use Section B to identify an individual (Isaut. Feet) Pass(es)  Hartfield, Rolanda  B. Name of Individual (Isaut. Feet) Pass(es)  Hartfield, Rolanda  Ceremonial Role If checking Ceremon To provide incentive services to the Authorize to the public description)  Recipients  **Commonial Role of Ceremonial Role of Ticket(s)/Pass(es)  **Describe the public description of Ticket(s)/Pass(es)	Oakland-Alameda County Coliseum Authority Division, Department, or Region (If Applicable)  Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title)    Area Code/Phone Number   E-mail	

### Agency Report of:

### Ceremonial Role Events and Ticket/Pass Distributions

tours			5, 54 (5) (6)				
1.	Agency Name		Date Stamp	California 802			
	Oakland-Alameda County C	Coliseum Auth		For Official Use Only			
	Division, Department, or Reg	ion (If Applicabl	le)			Por Official Ose Offiy	
	Barbara J. Parker, City Atto	rnev/OAACA					
	Designated Agency Contact (		-				
	g,,	, , , , , , , , , ,					
					Amendment (Must pro	vide explanation in Part 3)	
	Area Code/Phone Number	E-mail			Date of Original Filings		
energy .	(510) 238-3815		aklandcityatt	orney.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation				312.50	
	Does the agency have a ticke		Yes 🗵 No	☐ Face Value of	of Each Ticket/Pass \$	312.30	
	Event Description Warriors v	. Cleveland C	Cavaliers	Date(s) 04	1 , 05 , 19	1 1	
	Event Description	Provide Title/Exp	lanation	Date(s)		-	
	Ticket(s)/Pass(es) provided by	v agency?	Yes 🛛 No	□ If no:			
	inental(e)/in alea(ea)/premiaea a.	,	ICS M NO		Name of Source	ce	
	Was ticket distribution made a	it the behest	No ⊠ Yes	☐ If yes:	Official's Name (La		
	of agency official?			*	Official's Name (La	st, First)	
3.	Recipients						
	• Use Section A to identify the agency	r's department or	ual. • Use Section C to identify	y an outside organization.			
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	blic purpose made pursuant to the agency's policy		
		A. Carlotte	Pass(es)		A CARLO MARIE OF A PERSON OF A STATE OF A ST		
		Number of					
	B. Name of Individua		Ticket(s)/ Pass(es)	Evenille, Hellinge	identify one of the following	g:	
				Ceremonial Role	Other 🛛	Income [	
	Bee, Maria			If checking "Ceremon	ial Role" or "Other" describe below.		
			2		es to City and County e	mployees that provide	
				services to the Auth			
				Ceremonial Role		Income [	
			2	If checking "Ceremoni	ial Role" or "Other" describe below		
			Blumbaras		5.579.19		
	C. Name of Outside Organi (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy	
10	(motate datalogo tilla dog	onpuon,	Pass(es)	Service and the service and the			
	EX. 44(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)						
4	Verification						
	have read and understand FRPC Regula	ations 18944.1 and	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with t	he requirements.	
	Day 0(12)		Barbara J. I	Parker City	Attorney/OAACA Offici	al 04/05/2019	
	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)	
	Constitution of the contract o		A SEEM AND SEE	THE STATE OF THE S		(moduli, bdy, redi)	
2 //	Comment:						
		C CONTRACTOR OF THE PARTY OF TH					

1. Agency Name	Date Stamp	California 802					
Oakland-Alameda County Coliseum				For Official Use Only			
Division, Department, or Region (If Ap	Division, Department, or Region (If Applicable)						
Barbara J. Parker, City Attorney/OA							
Designated Agency Contact (Name, Titl							
Area Code/Phone Number   E-mail			Amendment (Must prov	ride explanation in Part 3 )			
	er@oaklandcityatte	orney.org	Date of Original Filing:	(Month Day Year)			
2. Function or Event Information				(month, bdy, roda)			
Does the agency have a ticket policy?	Yes ⊠ No	☐ Face Value o	of Each Ticket/Pass \$	312.50			
Event Description Warriors v. Los An			, 07 , 19				
Provide T	itle/Explanation	Date(s)					
Ticket(s)/Pass(es) provided by agency	/? Yes⊠ No	☐ If no:	Name of Source				
			Name of Source	e			
Was ticket distribution made at the bel of agency official?	nest No⊠ Yes	☐ If yes:	Official's Name (Las	t Firet)			
	WATER TO THE PARTY OF THE PARTY		Omicial & Ivallie (Las	t, r nsty			
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's departm</li> </ul>	ant or unit - Usa Sor	ction II to identify an individu	uni - Han Santian C to identify	an outside organization			
	Number of						
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	ublic purpose made pursuant to the agency's policy				
		CAN THE PROPERTY OF THE PROPER					
		а —					
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	10.70			
(Last, First)	Pass(es)		nacinny one of the following				
Ochoa, Melinda	300	Ceremonial Role	AND STATISTICS IN COLUMN	Income			
Ochoa, Melinda	2	255	al Role" or "Olher" describe helow. es to City and County en	nnlovees that provide			
		services to the Auth		ilployees that provide			
		Ceremonial Role	Other	Income			
	2	THE SALE OF THE SA	al Role" or "Other" describe below				
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	the agency's policy			
	Pass(es)						
Verification							
I have read and understand FPPC Regulations 1894							
Daible & The	Barbara J. F		Attorney/OAACA Officia				
Signature of Agenty Head or Designee	Print Name		Title	(Month, Day, Year)			
Comment:							

15	F3	1 1		D -	 me	en de
и.	L-2 8 1	2	110	110	 LA 19-2	m m

1.	Agency Name Oakland-Alameda County C Division, Department, or Regi			Date Stamp  California 802  For Official Use Only		
	Barbara J. Parker, City Attor Designated Agency Contact (	rney/OAACA				
	Area Cada/Dhana Numban	E-mail	Amendment (Must pro	vide explanation in Part 3.)		
	Area Code/Phone Number (510) 238-3815	bparker@oa	Date of Original Filing:	Wall Carlo		
2.	Function or Event Inform			,,,,,,		(Month, Day, Year)
	Does the agency have a ticket	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	312.50
	Event Description Warriors v	Clippers/Rou	nd 1, Game		13 , 19	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	☐ If no:	Name of Source	ce
	Was ticket distribution made a of agency official?	t the behest	No⊠ Yes	☐ If yes:	Official's Name (La	st. First)
3.	Recipients					
	Use Section A to identify the agency		unit. • Use Sec	ction B to identify an individu	ial. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
	B. Name of Individua	Number of Ticket(s)/ Pass(es)		Identify one of the following	j:	
	Parker, Barbara J.		2	To investigate the e	Other Income Contact Role" or "Other" describe below.  efficiencies of the operations of the various or events that occur at Coliseum Complex	
			2	Ceremonial Role	Other all Role" or "Other" describe below	Income
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
	Verification  I have read and understand FRPC Regula					71
,	Signature of Agency Head or Designee		Barbara J. F		Attorney/OAACA Officia	al 04/11/2019 (Month, Day, Year)
(	Comment:					(155.00)

1. Agency Name			Date Stamp	California 802
Oakland-Alameda County Coliseum				Form 002
Division, Department, or Region (If App	licable)			For Official Use Only
Barbara J. Parker, City Attorney/OA/	ACA Official			
Designated Agency Contact (Name, Title				
Area Code/Phone Number   E-mail			Amendment (Must prov	vide explanation in Part 3.)
75	@oaklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes 🗵 No		of Each Ticket/Pass \$	312.50
Event Description Warriors v Clippers	/Round 1, Game	2 Date(s) 04	15 , 19	
Provide Tit	le/Explanation			
Ticket(s)/Pass(es) provided by agency	? Yes⊠ No	☐ If no:	Name of Source	20
Was ticket distribution made at the beh	est N. M. Van			
of agency official?	est No⊠ Yes	LI If yes:	Official's Name (Las	st. First)
3. Recipients				TO STATE OF THE PARTY OF THE PA
<ul> <li>Use Section A to identify the agency's department</li> </ul>	the state of the s	tion B to identify an individu	ual. • Use Section C to identify	an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy
	Pass(es)			
	Number of	NATIONAL WAS PROPERLY SERVICE AND A		
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	
L- NULL		Ceremonial Role		Income 🗌
La, Nikki	2	CONTROL CONTRO	al Role" or "Other" describe below:	
		services to the Auth	es to City and County er nority	npioyees that provide
And the second of the second o		Ceremonial Role	Other	Income
	2	If checking *Ceremoni	al Role" or "Other" describe below:	
C Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
. Verification				THE PROPERTY OF THE PROPERTY O
I have read and understand FPPC Regulations 18944				
Stopy Sont	Barbara J. P		Attorney/OAACA Officia	
Signature of Agency Head or Designee	Print Name		Tille	(Month, Day, Year)
Comment:				

1.	Agency Name		Date Stamp	California 802		
	Oakland-Alameda County C					Form For Official Use Only
	Division, Department, or Regi	on (If Applicab		Tor Official Osc Offin		
	Barbara J. Parker, City Attor	ney/OAACA				
	Designated Agency Contact (				-	
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3 )
	(510) 238-3815	The state of the s	aklandcityatto	araou ora	Date of Original Filing:	
		WATER THE PERSON NAMED IN COLUMN	ananuchyani	orney.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform		(9)	- 7.1		312.50
	Does the agency have a ticket		Yes 🗵 No	E-C-C-C	of Each Ticket/Pass \$	012.00
	Event Description Warriors v	Clippers/Roi	und 1, Game	5 Date(s)04	24 , 19	
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	□ If no:	Name of Source	
		-37	TC3 ZI TVO		Name of Source	ce
	Was ticket distribution made at	t the behest	No ⊠ Yes	☐ If yes:	Official's Name (Las	
	of agency official?			*************************************	Official's Name (Las	st, First)
3.	Recipients	AMERICAN IN LABOUR DE ANOTAL (São	A STATE OF THE PARTY OF THE PAR			
	Use Section A to identify the agency	's department or	ual. • Use Section C to identify	/ an outside organization.		
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
	B. Name of Individual		Number of Ticket(s)/		Identify and 6 the fellowing	
	(Last, First)			Identify one of the following:		
				Ceremonial Role	55950301	Income
	Moreno, Doryanna		2	To provide incentives to City and County employees that proservices to the Authority		
				Ceremonial Role	Other	Income [
			2		al Role" or "Other" describe below.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy
	Verification  I have read and understand FPPC Regula.	tions 18944 1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with the	he requirements
	San & Sans		Barbara J. F		Attorney/OAACA Officia	00000 No 10 March 10 No. 10
	Signature of Agency/Head or Designee		Print Name		Title	(Month, Day, Year)
	V				DOME:	American State Local
	Comment:					

1.	Agency Name		Date Stamp	California 802		
	Oakland-Alameda County C					Form For Official Use Only
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Ose Offig
	Barbara J. Parker, City Atto	rney/OAACA	Official			
	Designated Agency Contact		-			
						Western Control of the Control of th
	Area Code/Phone Number	E-mail			Amendment (Must prov	
	(510) 238-3815	bparker@o	aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	nation				
	Does the agency have a ticke		Yes 🗵 No	Face Value of	of Each Ticket/Pass \$	45.00
	Event Description Oakland A	's v. Boston	Red Sox	Date(s)04	l <u>/ 01 / 19                                  </u>	
		Provide Title/Exp	olanation			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	☐ If no:	Name of Source	e
	Was ticket distribution made a	t the behest	No ⊠ Yes			
	of agency official?		140 🔯 163	LI II yes	Official's Name (Las	t. First)
3.	Recipients					NAMES AND RESIDENCE OF THE PROPERTY OF THE PARTY OF THE P
	Use Section A to identify the agency	's department or	ıal. • Use Section C to identify	an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
	Name of Individual (Last. First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	:
	Ortiz, Celso		2	Ceremonial Role	Other X	Income
				To provide incentives to City and County employees that provide services to the Authority		
	SPECIAL CONTRACTOR CON			Ceremonial Role	Other	Income
			2	If checking *Ceremoni	al Role" or "Other" describe below	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy
4.		STATE OF THE PRODUCTION OF THE		annun Arteria er de un der annun annun er en de annun annun er en de annun er en de annun er en de annun er en		
	have read and understand FPPC Regula	ntions 18944.1 and	l 18942. I have vei	rified that the distribution set fo	orth above, is in accordance with th	e requirements.
	(Jamps Jan		Barbara J. F		Attorney/OAACA Officia	al 04/24/2019
	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)
	Comment:	****				

### Agency Report of:

### Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name Oakland-Alameda County C	Coliseum Autl	Date Stamp	California 802			
	Division, Department, or Reg Barbara J. Parker, City Atto Designated Agency Contact (	rney/OAACA			8	For Official Use Only	
Area Code/Phone Number   E-mail					☐ Amendment (Must p		
2.					Jacob of Gright Hings	(Month, Day, Year)	
	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	45.00	
	Event Description Oakland A	's v. Boston l	Red Sox		02 19		
	Ticket(s)/Pass(es) provided by		Yes 🛛 No		Name of Sou		
	Was ticket distribution made a of agency official?	t the behest	No ⊠ Yes	☐ If yes:	Official's Name (L	ast. First)	
umore	Recipients					and we also the factors of the surface of the surfa	
	Use Section A to identify the agency	's department or		ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Ticket(s)/ Describe the public purpose made pursuant to the ag				
	Market and the second s						
1	B. Name of Individua	Name of Individual (Last, First)			Identify one of the following:		
	Ortiz, Celso		2		al Role" or "Other" describe below.	Income In	
			2	Ceremonial Role		Income	
		Name of Outside Organization (include address and description)		Describe the publ	ic purpose made pursuant (	to the agency's policy	
	Verification have read and understand FPPC Regula	ntions 18944.1 and	l 18942. I have vei	rified that the distribution set fo	rth above, is in accordance with	the requirements	
8	Signature of Ageryky Head or Designee		Barbara J. F		Attorney/OAACA Offic		
(	Comment:		гли кате	•	Tille	(Month, Day, Year)	

						A I abile bootinen	
1.	Agency Name		Date Stamp	California 802			
	Oakland-Alameda County C	Coliseum Aut	hority			Form -	
	Division, Department, or Reg	ion (If Applicab	le)	The state of the s	-	For Official Use Only	
	Barbara J. Parker, City Atto	rnev/OAACA					
	Designated Agency Contact (Name, Title)				-		
					Amendment (Must pi	rovide explanation in Part 3 )	
	Area Code/Phone Number E-mail				popularingo poblecimos i ci <del>lis</del> te especimos e porta especimo y Millo Monimosonico de la c		
-	(510) 238-3815		aklandcityatt	orney.org	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Inform	nation				45.00	
	Does the agency have a ticke	8 8	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$	45.00	
	Event Description Oakland A	's v. Boston  Provide Title/Exp	Red Sox	Date(s)04	, 03 , 19		
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Sou		
		1000 E	100 🖾 110	П	Name of Sou	irce	
	Was ticket distribution made a	t the behest	No ⊠ Yes	☐ If yes:	Official's Name (L		
and the latest the lat	of agency official?				Official's Name (L	əst. First)	
	Recipients					NAME OF THE OWNER, WHEN THE PARTY OF THE OWNER, WHEN THE OWNER	
	<ul> <li>Use Section A to identify the agency</li> </ul>	's department or		ction B to identify an individu	ial. • Use Section C to identi	ify an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
()*			Pass(es)		MILWOOD WAR I STATE OF THE STATE OF		
	B. Name of Individua		Number of Ticket(s)/		Identify one of the following:		
	(Last, First)		Pass(es)			.8.	
	Fung, Michael		1	Ceremonial Role		Income	
	rung, Michael		2		al Role" or "Olher" describe below	omplouede that provide	
				services to the Auth		employees that provide	
-				Ceremonial Role	Other	Income _	
				Had the Congress of the Both Congress and I I to	al Role" or "Other" describe below:	mcome	
			2				
2				-			
(	Name of Outside Organia		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy	
-	(include address and desc	ription)	Pass(es)		is purpose made paradam t	o the agency a policy	
					8		
-							
_	/erification						
	Permication have read and understand FPPC Regula	tions 18944 1 and	l 18942. I have ve	rified that the distribution set for	rth above, is in accordance with	the requirements	
	Sant O- Shegula	inoria rabita i dillo					
***	Signature of Africa Hand - Day		Barbara J. F		Attorney/OAACA Offic	***************************************	
	Signature of Agency Head or Designee		Print Name	Ð: ,	Title	(Month. Day, Year)	
(	Comment:						
	WILLIAM CONTRACTOR OF THE PROPERTY OF THE PERSON NAMED AND THE PERSON NA						

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Λ	D.	1h	10	$\mathbf{n}$	OCL	im	an	Ť.
-4		3 5 7 1	111.	1.	ULL		C	B.

1.	Agency Name		Date Stamp	California 802			
	Oakland-Alameda County C					Form For Official Use Only	
	Division, Department, or Regi	on (If Applicable	e)			For Official Ose Offig	
	Barbara J. Parker, City Attor	ney/OAACA	Official				
	Designated Agency Contact (						
						27	
	Area Code/Phone Number	E-mail			Amendment (Must provi	ide explanation in Part 3 )	
	(510) 238-3815		aklandcityatto	rney.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation					
	Does the agency have a ticket	10 (50)	Yes⊠ No[	Face Value o	f Each Ticket/Pass \$	45.00	
	Event Description Oakland A	's v. Toronto	Blue Jays	Date(s)04	, 19 , 19		
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No[	] If no:	Name of Source	9	
	Was ticket distribution made a	t the behest	No⊠ Yes [	J 16 vans			
	of agency official?	t the benest	NO M Yes L	if yes:	Official's Name (Last	t. First)	
3.	Recipients						
	Use Section A to identify the agency	's department or	unit. • Use Sect	ion B to identify an individu	ial. • Use Section C to identify	an outside organization.	
	A. Name of Agency, Department or Unit Num			Describe the pub	lic purpose made pursuant to the agency's policy		
10		10 Sept. 2015	Pass(es)				
	B. Name of Individua	Number of Ticket(s)/		Identify one of the following:			
	(Last, First)		Pass(es)				
	Sotelo, Amadis			Ceremonial Role	Other A	Income	
	Cotolo, Alliadio		2	To provide incentives to City and County employees that provide			
				services to the Auth			
					Other	Income [	
			2	If checking "Ceremonia	al Role" or "Olher" describe below		
	C. Name of Outside Organi		Number of Ticket(s)/	Describe the world	lic purpose made pursuant to t	the proposal palicy	
12	(include address and desc	cription)	Pass(es)	Describe trie publ	nc purpose made pursuant to t	me agency's policy	
					/		
ot constraint							
	Verification	.u	110010 11	e 10 70 v 10			
1	have read and understand FPPC Regula	ntions 18944.1 and					
,	1 smpsku		Barbara J. Pa	arker City	Attorney/OAACA Officia		
	Signalule/of Agency Head or Designee		Print Name		Title	(Month, Day Year)	
(	Comment:						

A	Bred			PN	4
•		1531	10	Docume	8 B W
6-A	Arr.		16.	1 / ( ) ( , ( ) ( ) ( ) ( )	850.

1.	Agency Name		Date Stamp California 802					
	Oakland-Alameda County C	oliseum Auth	ority			Form 002		
	Division, Department, or Regi	on (If Applicable	9)			For Official Use Only		
	Barbara J. Parker, City Attor	nev/OAACA	Official					
	Designated Agency Contact (/							
	• • • • • • • • • • • • • • • • • • •	and the second s						
	Area Code/Phone Number	E-mail		The state of the s	Amendment (Must prov			
	(510) 238-3815	bparker@oa	klandcityatte	orney.org	Date of Original Filing:	(Month Day Year)		
2.	Function or Event Inform	Automorphism and the same				(Month, Day, Teal)		
#15	Does the agency have a ticket		Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	45.00		
	Event Description Oakland A's v. Toronto Blue Jays  Date(s) 04 / 20 / 19							
	Event Description	Provide Title/Expl	Date(s)					
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Source	e		
	Was ticket distribution made at	the behest	No ⊠ Yes	☐ If ves:				
	of agency official?		[1]		Official's Name (Las	t, First)		
	Recipients							
	Use Section A to identify the agency	's department or	ction B to identify an individu	al. • Use Section C to identify	an outside organization.			
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy		
	Pass(es)							
			<del> </del>					
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following:			
	Logue Janelles				Other 🗵	Income		
	Logue, Jennifer		2	To provide incentives to City and County employees that pro services to the Authority		mpleyees that provide		
						npioyees that provide		
			1		Other	Income [		
				CONTRACTOR OF THE PROPERTY OF	al Role" or "Other" describe below			
			2					
		-X/ N	Number of					
	C. Name of Outside Organiz (include address and desc		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy		
		IV. Cur.	F 435(83)		AND THE CONTRACT OF THE PARTY OF			
			-					
even	Varification			GGG-ANNERSHINGS-MALLET TRANSPORTER BARTH SOMETHINGS GG-2704/FEB				
	Verification I have read and understand EPPC Regula	tions 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance with th	ne requirements		
	Biller		Barbara J. F					
	Signature of Agericy Head or Designee		Print Name		Attorney/OAACA Officia	04/24/2019 (Month, Day, Year)		
						garanti, vay. 1001		
	Comment:							
						EDDO E 000 11110		

1	. Agency Name		Date Stamp California 802				
	Oakland-Alameda County C		Form O				
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only	
	Barbara J. Parker, City Attor	rnev/OAACA	Official				
	Designated Agency Contact (						
	Area Code/Phone Number	E-mail			Amendment (Must prov.	ide explanation in Part 3.)	
200	(510) 238-3815		aklandcityatto	orney.org	Date of Original Filing:	(Month. Day, Year)	
2.	Function or Event Inform	mation					
	Does the agency have a ticker	and the second second	Yes⊠ No	☐ Face Value of	f Each Ticket/Pass \$	45.00	
	Event Description Oakland A	's v. Toronto	Blue Jays	Dato(s) 04	, 21 , 19	, ,	
	Event Description	Provide Title/Exp	lanation	Date(s)	Britain Britain Communication		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	☐ If no:	Name of Source		
			103 24 140		Name of Source	е	
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes: of agency official?				Official's Name (Lasi		
feeren	or agency official?				Official's Name (Lasi	t, First)	
3.	Recipients						
	Use Section A to identify the agency	's department or	al. • Use Section C to identify	an outside organization.			
	A. Name of Agency, Departme	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy		
		5 (7 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Pass(es)	Maria de Avia de Cara		<u> </u>	
			-				
	B. Name of Individua	Number of					
	(Last, First)		Ticket(s)/ Pass(es)	periode and a	Identify one of the following:		
				Ceremonial Role	Other 🛛	Income [	
	Fung, Michael		2	(Z)	al Role" or "Other" describe below.		
		¥.	-	To provide incentive services to the Auth	es to City and County employees that provi		
	En Transcription of Assert Control of the Control o			Ceremonial Role	Other	Income [	
				The second secon	al Role" or "Other" describe below		
			2				
		to all our control of the	10.000				
	C. Name of Outside Organic (include address and desc		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to the agency's policy		
	(molate dutiess and desc		Pass(es)				
			-				
form our	- Constitution of the Cons						
	Verification						
	I have read and understand FPPC Regula	itions 18944.1 and	18942. I have ver	rified that the distribution set fo	rth above, is in accordance with the	e requirements.	
	1 Only Son		Barbara J. F		Attorney/OAACA Officia	04/24/2019	
	Signature of Agelicy Head or Designee		Print Name	9	Title	(Month, Day, Year)	
	Comment:						
	CONTINUENT.						

						MI UDITO DOCUITI	0111	
1.	Agency Name		Date Stamp	California Q	9			
	Oakland-Alameda County (	Coliseum Aut		Form 80	4			
	Division, Department, or Reg				-	For Official Use Only		
	Barbara J. Parker, City Atto	rnev/OAACA						
	Designated Agency Contact							
	J	(						
	Area Code/Phone Number	E-mail	Amendment (Must pi	rovide explanation in Part 3 )				
	(510) 238-3815	ماداه محامانا مطلع		Date of Original Filing:				
3		-	aklandcityatt	orney.org	Date of Original Filing: .	(Month, Day, Year)	NEW PLOTS	
۷.	Function or Event Infor		1000 Page 100			45.0	Ω	
	Does the agency have a ticke		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	40.00	_	
	Event Description Oakland A's v. Texas Rangers  Provide Title/Explanation  Date(s)				. , 22 , 19		-	
		27	olanation					
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of Sou	urce		
	Was ticket distribution made a	t the behest	N- V					
	of agency official?				Official's Name (L	ast, First)		
HORSE STATE	Recipients						rinters r	
,.	Use Section A to identify the agency	/'s department or	ial. • Use Section C to identi	ify an outside organization.				
6	A. Name of Agency, Departme	Number of		ic purpose made pursuant to the agency's policy				
- 54			Ticket(s)/ Pass(es)	Describe the publ	ne purpose made pursuant	to the agency's policy		
		2						
	D Name of Individua	Number of	all constant of the market state.					
	B. Name of Individual (Lest, First)		Ticket(s)/ Pass(es)		Identify one of the following:			
	0.1.			Ceremonial Role	Other 🛛	Income		
	Ortiz, Celso		2		al Role" or "Olher" describe below			
				services to the Auth	es to City and County e pority	employees that provid	le	
			-	Ceremonial Role	7 7		П	
					Other al Role" or "Other" describe below	Income	Ш	
			2					
(	Name of Outside Organi		Number of Ticket(s)/	Describe the publi	c purpose made pursuant t	o the agency's policy		
-	(include address and desc	ription)	Pass(es)			- the agency o policy		
	/erification		-				mestance	
1	have read and understand FPPC Regula	tions 18944 1 and	18942. I have ver	ified that the distribution set for	th above, is in accordance with	the requirements.		
	(Sand Alu		Barbara J. P	arker City	Attorney/OAACA Offic	ial 04/24/2019		
	Signature of Agrindy Head or Designee		Print Name	The state of the s	Title	(Month, Day, Year)	-	
172-								
(	Comment:							

### Agency Report of:

### Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name		Date Stamp	California 802		
	Oakland-Alameda County C			Form 002		
	Division, Department, or Reg	ion (If Applicab	le)	Control of Artificial Control of		For Official Use Only
	Barbara J. Parker, City Attor	rnev/OAACA				
	Designated Agency Contact (		-			
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(510) 238-3815	bparker@oa	aklandcityatt	orney.org	Date of Original Filing:	(Month Day Yoar)
2.	Function or Event Inform	nation				(World), Day, Tear)
	Does the agency have a ticket	t policy?	Face Value o	of Each Ticket/Pass \$	45.00	
	Event Description Oakland A	's v. Texas F	langers	Data(s) 04	23 , 19	, ,
	Event Becompiler	Provide Title/Exp				
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Source	
	Was ticket distribution made a	t the beheat	No ⊠ Yes			
	of agency official?	t the benest	Official's Name (Las	st First)		
3.	Recipients					
P.A.	Use Section A to identify the agency	's department or	ual. • Use Section C to identify	an outside organization.		
	A. Name of Agency, Departmen	Number of Ticket(s)/		ic purpose made pursuant to the agency's policy		
			Pass(es)	The control of the second		
			-			
Ī	B, Name of Individual	Number of	7 (1971)	The The Report of the Control of the		
3	(Lost, First)		Ticket(s)/ Pass(es)		Identify one of the following	
	Ferrell, Elizabeth			Ceremonial Role		Income
	refreii, Elizabetti		2	20-00-A000-A000-A000-A00-A000-A00-A000-A00-A000-A000-A000-A000-A000-A000-A000-A000-A000-A000-A000-A000-A000-A0	al Role' or "Other" describe helow.	
				services to the Auth	es to City and County er pority	nployees that provide
				Ceremonial Role	Other	Income 🔲
			2	W W DOA 2000	al Role" or "Other" describe below.	meente [_]
			_			
2 <del>0</del>			Number of			
-	Name of Outside Organiz (include address and desc	ription)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
•			1 435(65)	Marine San Carlot San		
٠						
1	Verification					
	have read and understand FPPC Regulat	tions 18944.1 and	18942. I have ver	rified that the distribution set for	th above, is in accordance with th	e requirements.
	Smf (R		Barbara J. F		Attorney/OAACA Officia	
	Signature of Agency Head or Designee	- Section - Control	Print Name		Title	(Month, Day, Year)
ش						
(	Comment:					

1.	Agency Name	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			. Date Stamp	California 802
	Oakland-Alameda County C Division, Department, or Reg					For Official Use Only
	Barbara J. Parker, City Atto		,			
	Designated Agency Contact	(Name, Title)				
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3 )
	(510) 238-3815	1	aklandcityatt	orney.org	Date of Original Filing:	(Month Day Year)
2.	Function or Event Infor	-				(Monti), Day, Year)
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$	45.00
	Event Description Oakland A	's v. Texas P	Rangers	Date(s)04	24 , 19	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	☐ If no:	Name of Source	се
	Was ticket distribution made a of agency official?	t the behest	No ⊠ Yes	☐ If yes:	Official's Name (Las	st. First)
3.	Recipients					
	Use Section A to identify the agency	's department or	STREET, SQUARE, STREET, SQUARE, SQUARE	ction B to identify an individu	ıal.     • Use Section C to identify	an outside organization.
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy	
	B. Name of Individua	Number of Ticket(s)/		Identify one of the following:		
	Li, Sophia		Pass(es)	Ceremonial Role		Income [
	сі, зорпіа		2	- 20	al Role" or "Other" describe helow es to City and County er nority	mployees that provide
			2	Ceremonial Role [	Other all Role" or "Other" describe below	Income
	C. Name of Outside Organia (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	the agency's policy
ratteres 1	Verification					
	Verification have read and understand FPPC Regula	tions 18944.1 and	18942. I have ver	ified that the distribution set for	rth above, is in accordance with th	e requirements
	Signature of Agency Head or Designee		Barbara J. P	arker City	Attorney/OAACA Officia	04/24/2019
	agriculture of agentry fread of Designee		Print Name		Title	(Month, Day, Year)
(	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$78.00 4500 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's Date(s) \_\_04 / 01 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other X Dunston, Daryel Income If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth

Print Name

Signature of Agency Head or Designee

Comment:

4/ 30 /2019

(month, day, year)

City Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$78.00 4500 Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: A's 04 / 02 / Date(s) \_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: \_ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Wang, Mailee If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification

Comment:

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

	<b>X</b>
	-
Signature of Agency Hes	ad or Designee

Sabrina B. Landreth

City Administrator

4/ 30 /2019

Print Name

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$78.00 45 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's Date(s) \_\_04\_\_/ 03 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ☑ No ☐ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Curtis, Kirke If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

### 4. Verification

Comment:

I have read and understand FPPC Regulations 18944.1 and 189	942. I have verified that the distribution set forth above, is in accordance
with the requirements.	

Signature of Agency H	lead or Designee

Sabrina B. Landreth

City Administrator

4/ 30 /2019

Print Name

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** 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 Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$150.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Michael Buble' 04 03 Date(s)\_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☑ No ☐ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients \* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income Salas, Ricardo If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other Income | If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) 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

Print Name

Signature of Agency Head or Designee

Comment: \_

4/ 29 /2019

(month, day, year)

City Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$78.00 4500 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) \_\_04\_\_/ Event Description: A's 04 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: \_ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Income | Other X Coopan, Deveena If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other \_\_\_ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

### 4. Verification

Comment:

I have read and underst	and FPP	C Regulations	18944.1 and 18942.	I have verified that the	distribution set forth above	. is in accordance
with the requirements.	0				*	,

	Sabrina B. Landreth	City Adr
Signature of Agency Head or Designee	Print Name	

ministrator

4/ 30 /2019

Print Name

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors 05 / 04 / Date(s) \_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: . Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients \* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Johnson, Milton If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification

with the requirements.

Sabrina B. Landreth

City Administrator

4/ 29 /2019

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

Signature of Agency Head or Designee

Comment:

Print Name

Title

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority 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 ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$ 100.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Arijit Singh 04 06 Date(s) \_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: . Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income | Kumar, Madhukar If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other \_ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 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 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Date(s) \_\_04\_\_/ 07 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: . Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other X Income Benson, Adam If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) 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

Print Name

Signature of Agency Head or Designee

Comment:

(month, day, year)

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** 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 ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$ 150.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Weezer Pixiesh Date(s) \_\_04\_\_/\_ 10 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: \_ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients \* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other X Income Sawicki, Mark If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other Income | If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification

Comment:

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

	-
Signature of Agency Hea	ad or Designee

Sabrina B. Landreth

City Administrator

4/ 30 /2019

Print Name

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$ 100.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Millennium Tour Date(s) \_ 04 / 12 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other X Income Hines, Brittany If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other | Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) 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

Print Name

Signature of Agency Head or Designee

Comment: \_

4/ 30 /2019

(month, day, year)

City Administrator

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$78.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's Date(s) \_\_04 16 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: \_ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Income \_\_\_ Frazier, Redell If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other Income | If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) 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 Date Stamp California **Form** Oakland Alameda County Coliseum Authority 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 Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$ 78.00 \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's 04 / 17 , Date(s) \_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: \_ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other X Income Harvey, Camille If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) 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 4/ 30 /2019 City Administrator Signature of Agency Head or Designee Print Name

Comment:

(month, day, year)

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority 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 Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$ 78.00 4/3 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) \_\_04\_\_/\_ Event Description: A's 19 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: . Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income | Hunt, Michael If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other \_\_\_ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

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Comment:

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 Agenc	y Head or Designee

Sabrina B. Landreth

City Administrator

4/ 30 /2019

Print Name

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$250.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Snoop Dogg Date(s) \_ 04 / 19 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: \_ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other X Warwick, Brian Income If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other 🗌 Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand EPPC 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 (month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-3301 **Date of Original Filing:** slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$ 100.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's Date(s) \_\_04\_\_/ 20 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income Espinoza, Marcie If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

### 4. Verification

Comment:

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

		Sabrin
Signature of Agency Head	or Decignos	

Sabrina B. Landreth

City Administrator

4/ 30 /2019

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** 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 Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 **Date of Original Filing:** slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$ 100.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: A's 04 21 / Date(s)\_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: . Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income \_\_\_ Torres, Eddie If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other Income | If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sabrina B. Landreth

Print Name

Signature of Agency Head or Designee

Comment:

4/ 30/2019

(month, day, year)

City Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$ 100.00 Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: A's Date(s) \_\_04\_\_/ 22 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Income \_ Patterson, Michael If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other  $\square$ Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator 4/ 30 /2019 Signature of Agency Head or Designee Print Name (month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$100.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's Date(s) \_\_04 23 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: \_ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Womack, James Income If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other  $\square$ Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description)

4. V	erifi	cation	
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Comment:

I have read and unders	tand FPPC Regulations	18944.1 and 18942.	I have verified that t	he distribution set forth abo	ve is in accordance
with the requirements.			A CONTRACTOR OF THE PROPERTY O		, o, io iii accordanoc

		Sak
Signature of Agency	Head or Designee	

orina B. Landreth

City Administrator

4/ 30 /2019

Print Name

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$ 100.00 Does the agency have a ticket policy? Yes ☒ No ☐ Date(s) 04 / 24 / Event Description: A's Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ☑ No ☐ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income Pellum, Khelsey If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other \_ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator 4/ 30 /2019 Signature of Agency Head or Designee Print Name (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Loren Taylor, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: LTaylor@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 250.00 Yes⊠ No 🗆 Event Description: Snoop Dog Concert Date(s) 4 / 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 Yes ☐ No ☒ If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Taylor,Loren Ceremonial Role Other  $\square$ Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification

I nave read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the distribution set forth above,	is in asserdance
with the requirements.		The service and the didination act form apove,	is in accordance
\/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			

Signature of Agency Head or Designee	Loren Taylor	OACCA Commisioner	
Comment:	Print Name	Title	

3.22.19 (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Loren Taylor Designated Agency Contact (Name, Title) Renee Savage- OACCA Commission Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-383-4801 Rsavage@coliseum Date of Original Filing: (month, day, year) 2. Function or Event Information Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Event Description: Warriors Vs. Cavs Date(s) 4 5 / Provide Title/ Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ Name of Source If yes: Taylor, Loren Was ticket distribution made at the behest Yes ☑ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy. Number Name of Individual of:Ticket(s)/ Identify one of the following: (Last, First) Passes Taylor, Loren Ceremonial Role Investigate efficiencies of the various sporting and other 4 events that occour at the Coliseum Complex Ceremonial Role Other \_\_\_ If checking "Ceremonial Role" or "Other" describe below. Number of Ticket(s)/ Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (Include address and description) 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 regultements. Loren Taylor **OCACCA Commissioner** 3/15/19 Signature of Agency Head or Designee Print Name Title (month, day, year)

Commeht:

#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510.383.4801 Idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 150.00 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Michael Buble Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ☑ No ☐ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: . Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below:

-			_
4.	Verification	/	

C.

Name of Outside Organization

(include address and description)

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.

Number

of Ticket(s)/

Passes

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

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

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Idelafuente2012@gmail.com Date of Original Filing: (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 100.00 Does the agency have a ticket policy? Yes No No Event Description: Arijit Singh Date(s)\_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes No 🗆 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: \_ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other | De La Fuente, Ignacio Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: 2 to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ignacio De La Fuente **OACCA Commissioner** 3.22.19 Print Name

Signature of Agency Head or Designee

Comment:

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

Δ	Pu	bl	ic	Documei	nt
	11 10-01		1100		

1. Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable)					Date Stamp	California 802 Form 809
	Ignacio De La Fuente, OAC Designated Agency Contact	CA Commissioner				
	3.00				Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number 510.383.4801	E-mail Idelafuente2012@	gmail.com		Date of Original Filing: _	
2.	Function or Event Infor	mation				, -3,,,,
	Does the agency have a ticl	ket policy? Yes	□ No□`F	ace Value of I	Each Ticket/Pass \$ 150	0.00
	Event Description: Weezer	Pixies		Date(s)4/		1 1
	Ticket(s)/Pass(es) provided	Provide Title/ Expla	anation			
		,		no:	Name of Source	
	Was ticket distribution made	at the behest Yes	□ No⊠ <sup>If</sup>	f yes:	Official's Name (Last, First)	
	of agency official?				,,	
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit.	7	identify an individ	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy
	B. Name of Indiv		Number of Ticket(s)/ Passes		Identify one of the foll	lowing:
	De La Fuente, Ignacio		2	to promote th	onial Role Other Onial Role Other Other Other Other Other describe Coliseum Complex for usinesses to maximize	or use by general
					onial Role Other Onial Role" or "Other" descri	Income In
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
						-
	Verification	20 D	4 1 400 45 3	n 220 0-02	V	š
V	have read and understand FPF with the requirements.	~C Regulations 18944	. ī and 18942. l	nave verified th	at the distribution set forti	h above, is in accordance
8:=	Willer	Ignacio I	De La Fuente	O	ACCA Commissioner	3.22.19
-	Signature of Agency Head or Designe  Comment:		int Name		Title	(month, day, year)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: Idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 100.00 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Millennium Tour Date(s) \_\_4 12 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗆 If no: Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: \_ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other | De La Fuente, Ignacio Income If checking "Ceremonial Role" or "Other" describe below: 2 to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other Income | If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Verification

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

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

with the requirements.

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: Idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 250.00 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Snoop Dog Date(s) \_\_4\_\_/\_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: \_ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes De La Fuente, Ignacio Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2 to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other \_ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Verification

I have 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

Signature of Agency Head or Designee

Comment:

Print Name

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name **Date Stamp** California Alameda County Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson/Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-272-6691 Date of Original Filing: leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Date(s) \_\_4 \_ / \_2 \_ / Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗆 Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? Recipients \* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income \_\_ If checking "Ceremonial Role" or "Other" describe below: Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes The Network of Care 2 PO Box 5163 Concord, CA 94524 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 Fergerson Ticket Administrator 2/14/19

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** 

1.	Agency Name					Date Stamp	California 802
	Oakland Alameda County C						1 01111
	Division, Department, or Reg	ion (if applicable	)			1	For Official Use Only
	Chris Dobbins, OACCA Cor	mmissioner					
	Designated Agency Contact	(Name, Title)					
	Area Code/Phone Number	IE-mail				Amendment (Must P	rovide Explanation in Part 3.)
						Data of Original Filings	
	510.383.4801	chrisdobbins	law@ya	ahoo.com		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation				4.6	-0.00
	Does the agency have a tick	ket policy?	Yes 2	No □ F	ace Value of	Each Ticket/Pass \$ _ <sup>15</sup>	0.00
	Event Description: Michael	Buble			Date(s)	<i></i>	
		Provide Ti		ation			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗵	I No □ I	f no:	Name of Source	
	Was ticket distribution made	at the behest	Yes			Official's Name (Last, First)	
	of agency official?		100 [	NOE		Official's Name (Last, First)	
PERSON			8-30 SH 831				
3.	Recipients		·				
	Use Section A to identify the agent	icy's department of	unit. * C	Number	Identify an individ	lual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	artment or Unit		of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
					<del> </del>		
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	Dobbins, Chris				to promote t	nonial Role Other King "Ceremonial Role" or "Other" des he Coliseum Complex usinesses to maximize	for use by general
	( mining many many many many many many many many				Cerem	nonial Role Other ding "Ceremonial Role" or "Other" des	Income 🗌
	C. Name of Outside O (include address and			Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	1						
4	Verification						
**	I have read and understand FP	PC Regulations	18944.	1 and 18942.	I have verified t	that the distribution set fo	orth above, is in accordance
	with the requirements.						
				Dobbins		DACCA Commissioner	
	Signature of Agency Head or Design	iee	Prii	nt Name		Title	(month, day, year)
	Comment:						

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

**A Public Document** 

1.	Agency Name					Date Stamp	California 802
	Oakland Alameda County C	oliseum Autho			Form OUZ		
	Division, Department, or Reg	ion (if applicable)					For Official Use Only
	Chris Dobbins, OACCA Cor	nmissioner					
	<b>Designated Agency Contact</b>	(Name, Title)				1	
						Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Amendment (Mast Fit	vide Explanation in Falt 3.)
	510.383.4801	chrisdobbinsl	aw@y	ahoo.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				100	
	Does the agency have a tick	ket policy?	Yes 2	No□ F	ace Value of	Each Ticket/Pass \$ 100	).00
	Event Description: Arijit Sing	gh Provide Title	e/ Explan	D	ate(s)4	<u>, 6 , 19</u>	
	Ticket(s)/Pass(es) provided				no:	Name of Source	
	The second secon						
	Was ticket distribution made	at the behest	Yes [	] No⊠ <sup>If</sup>	yes:	Official's Name (Last, First)	
	of agency official?						
3.	Recipients		2 - V - V				
	Use Section A to identify the agen	cy's department or	unit. ° (		dentify an individ •	lual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Depart	artment or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursi	uant to the agency's policy
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
	Dobbins, Chris					nonial Role Other X	Income
	Dobbins, omis				If check to promote t	king "Ceremonial Role" or "Other" desc he Coliseum Complex f	ribe below: for use by general
						usinesses to maximize	
						nonial Role  Other	Income
					If check	king "Ceremonial Role" or "Other" desc	ribe below:
	C. Name of Outside O			Number of Ticket(s)/	Describe th	e public purpose made pursu	uant to the agency's policy
	(include address and	description)		Passes			
			İ				
4	V 181 - 41				L		
4.	Verification 65	DO D	10011	4 and 400 40	boveE. I	that the distribution tr	th above is in assertance
/	I have read and understand FP with the requirements.	rc Regulations	18944.	i and 18942. I	riave verified t	ınaı ine distribution set tor	ui above, is in accordance
			Chala	Dobbins	,	DACCA Commission	2 22 40
1	Signature of Agency Head or Design	ee		Dobbins nt Name		DACCA Commissioner Title	3.22.19 (month, day, year)
	20	2004	at 83	V 80 - 100 -		7	** 5 to 788 K 7 TOK
	Comment:						

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 chrisdobbinslaw@yahoo.com Date of Original Filing: (month, day, year) 2. Function or Event Information Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 150.00 Does the agency have a ticket policy? Event Description: Weezer Pixies Date(s) \_\_4\_\_/\_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: \_ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: \_\_\_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Dobbins, Chris 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 Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

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have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the distribution set forth	ahove is in accordance
with the equirements.		The state of the distribution out forth	above, is in accordance

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

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 chrisdobbinslaw@yahoo.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: Millennium Tour Date(s) \_\_4\_\_/ 12 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: \_ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Dobbins, Chris Ceremonial Role Other X Income 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 Other Income If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Verification

Comment:

I have read and understa	and FPPC Regulations	18944.1 and 18942.	I have verified that the	ne distribution set forth above,	is in accordance
with the requirements.				, a constitution bet form above,	is in accordance

Signature of Agency	Head or Designee

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**OACCA Commissioner** 

3.22.19

Title

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: Snoop Dog 19 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 Yes ☐ No ☒ If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Dobbins, Chris Other X Income 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 Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

Comment:

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.

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OACCA Commissioner

3.22.19

Print Name

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Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510.383.4801 chrisdobbinslaw@yahoo.com **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 \$ Event Description: Oakland A's 2019 Season 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 Yes ☐ No ☒ If yes: \_ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Dobbins, Chris Ceremonial Role Other X Income | 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 Other \_ Income \_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Chris Dobbins OACCA Commissioner 3.22.19 Signature of Agency Head or Designee Print Name Title (month, day, year)

Agency Report of:

### 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

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Idelafuente2012@gmail.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass Yes No Event Description: Oakland A's 2019 Season 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 Yes ☐ No ☒ If yes: Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other | De La Fuente, Ignacio Income | 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 Other Income | If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 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)

Agency Report of:

## 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

A	lgency Report of: Seremonial Role Events and Tid	cket/Pass Dist	irilarrikaracı		[ <sup>6</sup> λ
1,	Agency Name Oakland Alameda County Colliseum Auth Division, Department, or Region (if applicab) Chris Dobbins, OACCA Commissioner	ıority	3 413 (41.167)	Date Stamp	A Public Document Genicones (8,0)22 For Official Use Only
	Designated Agency Contact (Name, Title)				
	Area Code/Phone Number   E-mail   510.383.4801	de angeleta anno 17 a chairte de la companya de la		Date of Original Filling:	Provide Explanation in Part 3.)  (month, day, year)
2.	Function or Event Information  Does the agency have a ticket policy?  Event Description: Warriors Season 2018  Provide T.  Ticket(s)/Pass(es) provided by agency?  Was ticket distribution made at the behes of agency official?	3-19 ille/Explanation Yes [] No []		Name of Source	04.80
3,	Recipionts - Use Section A to identify the ngeneral department of	r usit. * Use Section R fo	identify na individu	ial. • Use Section C to ident	ify an outstile organization.
	A Name of Agency, Department or Unit	of Ticket(s)/ Passos	Describe the	public purpose made pur	suant to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	
				nial Rols Diher Di y "Coromonial Role" or "Other" desc	
٠	Dobbins, Chris	2	ll checting to investigate	nial Role Other XI g 'Ceronovial Role' or 'Other' desc line efficiencies of the	Income of the control
	C. Name of Outside Organization (include address and description).	Number of Ticket(s)/ Passes	1		vant to the agency's policy
-					
11	lerification have read and understand FPPC Regulations ; jith the requirements.	18944.1 and 18942. I	have verified tha	t the distribution set for	lh above, is in accordance
<u>(</u> _	Signature of Agency Head or Designee	Chris Dobbins Print Name	OA	CCA Commissioner	10,27,18 (moeth, day, year)
C	Comment:				

### GSW

### April 2019

#### Chris Dobbins

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

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Dale Stamp	Public Document Galffornia (20)2 For Official Use Only
☐ Amendment <i>(Host Pro</i> Date of Orlginal Filing:	) vids Explanation in Parl 3.) (manth, day, year)
Ach Tickel/Pass \$	304 8°
i. • Use Section C to identify	
Identify one of the follo	Income [
Ceremonial Role" or "Other" describ al Role   Other   Ceremonial Role" or Other describe	Jacome   ]
ıblic purpose made pursua	nt to the agency's policy
the distribution set forth CA Commissioner	above, is in accordance 9.27.18 (month, day, year)
	Date of Original Filing:

#### GSW

### April 2019

### Ignacio De La Fuente

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