1	Agency Name						A STATE OF THE PARTY OF	ic Document
	Oakland-Alameda County (	Calicarum Arutha	uta			Date Stamp	100000000000000000000000000000000000000	ifornia 802
	Division, Department, or Reg	ion (if applicable)	пц			1	A STATE OF THE PARTY OF THE PAR	orm OUZ
	project, population, of Reg	поп (п аррисарів)					-	or Official Use Only
	Designated Agency Contact	(Namo Title)	-			1		
	Donna Ziegler	(Ivame, rule)						
	Area Code/Phone Number	E-mail				Amendment (Mus	st Provide Exp	lanation in Part 3.)
	0.5.0							
_	510-272-6706	donna.ziegler	@acg	ov.org		Date of Original Filing	g:(month	, day, year)
2.	Function or Event Information	mation						
	Does the agency have a tick	ket policy?	Yes D	₫ No 🗆	Face Value of	Each Ticket/Pass \$ .	100.00	
	Event Description: Big 3 Bas		100 [					
	Event Description.	Provide Title	/Explana	ation	Date(s) <u>07</u>	1 00 1 18		
	Ticket(s)/Pass(es) provided	¥			lf no:			
	March Charles					Name of Source		
	Was ticket distribution made	at the behest	Yes [	] No⊠	If yes:	Official's Name (Last, Firs	41	
	of agency official?					Omeiars Name (Last, Fils	ŋ	
3.	Recipients							
	• Use Section A to identify the agend	cy's department or u	nit. • U	se Section B to	identify an individu	ual. • Use Section C to ide	ntifu on outo	14
				Number				
	A. Name of Agency, Depar	rtment or Unit		of Ticket(s)/ Passes	Describe the	public purpose made p	ursuant to th	e agency's policy
	Office of the County Couns	sel			To provide in	continue to City and	Countrie	
				2	provide servi	centives to City and ces to the Authority	County e	mployees that
						· · · · · · · · · · · · · · · · · · ·		
			1					
	B. Name of Indiv	idual		Number	1			
	(Last, First			of Ticket(s)/ Passes		Identify one of the	following:	
					Ceremo	onial Role Other	X	Income
					If checkin	ng "Ceremonial Role" or "Other" d	lescribe below:	income [
					Ceremo	nial Role Other	7	Income [
					If checkin	g "Ceremonial Role" or "Other" d		meenie 🗀
	·							
	C. Name of Outside Org	anization		Number of Ticket(s)/	Describe the	public purpose made pu	rouget to the	
	(include address and d	lescription)		Passes		pasiio parpose made pu	rauant to the	agency's policy
*	I 200 48							
	/erification							
V	have read and understand FPP vith the requirements:	C Regulations 18	1944.1	and 18942. I	have verified the	at the distribution set fo	orth above,	is in accordance
**	1 July 1							
des	Signature of Agency Head or Designee	Do		l. Ziegler		County Counsel		09/08/2018
	greater or regerity freat or Designee		Print	Name		Title		(month, day, year)
(	Comment:							

A	D	1:-	Document
A	FUID	HC	Document

1.	Agency Name					Date Stamp	California	802
	Oakland-Alameda County C	oliseum Auth	nority			a	Form For Official	
	Division, Department, or Regi					,	For Official	Ose Only
	Barbara J. Parker, City Attor		Official					
1	Designated Agency Contact (	Name, Title)						
						Amendment (Must p	rovide explanation i	n Part 3.)
9	Area Code/Phone Number	E-mail			De	ite of Original Filing:		
	(510) 238-3815	bparker@o	aklandcityatto	rney.org	De	lite of Original Filling.	(Month, Day, Ye	ar)
2.	Function or Event Inform	nation		Name of the State				200.00
	Does the agency have a ticke	t policy?	Yes⊠ No[	☐ Face '	Value of Ea	ich Ticket/Pass \$ _		
	Event Description Jeff Lynne	's ELO	planation	Date(	s)/_	02 / 18		
	Ticket(s)/Pass(es) provided by		Yes⊠ No[	☐ If no:		. Name of So	nurce.	
							urce	
	Was ticket distribution made a of agency official?	it the behest	No⊠ Yes	☐ If yes:	·	Official's Name (	'Last, First)	
3.	Recipients  • Use Section A to identify the agence		it alloo Soo	tion B to identify a	n individual	Use Section C to iden	ntify an outside org	anization.
	Use Section A to identify the agence     Name of Agency, Department		Number of Ticket(s)/			urpose made pursuan		
			Pass(es)					
			1					
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		ld	entify one of the follow	ving:	
		al	Ticket(s)/	If checkin	nial Role	Other 🛛		Income C
	(Last, First)	al	Ticket(s)/ Pass(es)	If checkin	nial Role   g "Ceremonial Ro  ncentives	Other   Other   Other   Other describe below:		
	(Last, First)	al	Ticket(s)/ Pass(es)	To provide i services to	nial Role   "Ceremonial Role   incentives"  the Authorinal Role	Other   Other   Other   Other describe below:	/ employees tl	nat provide
	Ortiz, Celso  Name of Outside Organ	nization	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checkin To provide i services to 1 Ceremo If checkin	nial Role  graphy of the Authorial Role  nial Role  nial Role  nial Role  niar "Ceremonial Role"	Other   Other   Other   Other describe below:  to City and County  Other   Other	/ employees tl	nat provide
	Ortiz, Celso	nization	Ticket(s)/ Pass(es)	If checkin To provide i services to 1 Ceremo If checkin	nial Role  graphy of the Authorial Role  nial Role  nial Role  nial Role  niar "Ceremonial Role"	Other  Other  Other describe below:  to City and County  ity  Other  Other  Other describe below:	/ employees tl	nat provide
	Ortiz, Celso  Name of Outside Organ	nization	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checkin To provide i services to 1 Ceremo If checkin	nial Role  graphy of the Authorial Role  nial Role  nial Role  nial Role  niar "Ceremonial Role"	Other  Other  Other describe below:  to City and County  ity  Other  Other  Other describe below:	/ employees tl	nat provide
4.	Ortiz, Celso  C. Name of Outside Orga (include address and de	nization scription)	Number of Ticket(s)/ Pass(es)	If checkin To provide i services to t  Ceremo If checkin	nial Role	Other Dole" or "Other" describe below: to City and County ity  Other Dole" or "Other" describe below: Ourpose made pursuar	y employees th	Income C
4.	Ortiz, Celso  Name of Outside Organ (include address and de	nization scription)	Number of Ticket(s)/ Pass(es)	If checkin To provide is services to the services the services that the distribution of the services the services that the services the s	nial Role	Other Dole" or "Other" describe below: to City and County ity  Other Dole" or "Other" describe below: Ourpose made pursuar	y employees the	Income C

7	A NI					A Fublic D	ocumen
1	. Agency Name				Date Stamp	California	000
	Oakland-Alameda County C	Coliseum Aut	hority			Form	802
	Division, Department, or Reg	ion (If Applicab	ole)		1	For Official I	Jse Only
	Barbara J. Parker, City Attor	rnev/OAACA	Official				
	Designated Agency Contact (	(Name Title)	Official				
	- Indiana in general contact (	rvarrie, riliej					
	Area Code/Phone Number	E-mail			Amendment (Must p		
	(510) 238-3815	bparker@o	aklandcityat	torney.org	Date of Original Filing:	(Month Day V	
2.	Function or Event Inforr	nation				(Worth, Day, Year	7
	Does the agency have a ticket	t policy?	Yes ⊠ No	□ Face Value o	f Each Ticket/Pass \$ _		250.00
	Darvi Hall	& John Oate					
	Event Description Daryl Hall &	Provide Title/Exp	planation	Date(s)			/
	Ticket(s)/Pass(es) provided by						
	ricket(3)/i ass(es) provided by	agency?	Yes 🛛 No	lf no:	Name of Sou	UVCA	
	Was ticket distribution made at	t the behest	No ⊠ Yes			urce	
	of agency official?		NO 🔼 Tes	If yes:	Official's Name (L	ast First)	
3.	Recipients				omoraro rvarro (E	eust, r msty	
	Use Section A to identify the agency'	's department or	unif allea So	ction D to identify and in 17 to	ā <u>-</u>		
	A. Name of Agency, Departmen		Number of			PROBLEM STATE OF THE STATE OF T	A STATE OF THE PARTY OF THE PAR
	A. Name of Agency, Departmen	it or Unit	Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant	to the agency's pol	icy
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followin	ng:	
	Mulry, Brian		2		Role" or "Other" describe below: 5 to City and County e		Income   provide
				Ceremonial Role		ı	ncome
(	Name of Outside Organiza (include address and descri	ition ption)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	o the agency's polic	У
-	3					ALL STREET	
	/erification		2000-2000 2000				
	nave read and understand FPPC Regulatio	ns 18944.1 and 1	8942. I have verif	fied that the distribution set forth	above, is in accordance with the	he requirements.	
-	(All)	Street 10	Barbara J. Pa		ttorney/OAACA Officia		2018
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day	
						,onti, Day	
C	omment:						

1. Agency Name					A Public Documen
157 5				Date Stamp	California 802
Oakland-Alameda County (	Coliseum Aut	hority			101111 - 0 -
Division, Department, or Reg	Jion (If Applicab	le)		1	For Official Use Only
Barbara J. Parker, City Atto		Official			
Designated Agency Contact	(Name, Title)				
Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
(510) 238-3815	Control of the contro	aklandcityat	torney ora	Date of Original Filing: _	
2. Function or Event Infor		artiaridottyat	torriey.org	Date of Original Fining.	(Month, Day, Year)
Does the agency have a ticke		v 🗔	<b>5 5 1 1</b>		150.00
		Yes 🗵 No		f Each Ticket/Pass \$	150.00
Event Description AR Rahma	Dravida Title //		Date(s)08	<u> </u>	
	Provide Title/Exp	lanation		-	
Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	If no:		
Was ticket distribution made a	t the hehest	N. Ed. V	-	Name of Sou	
of agency official?	t the benest	No <b>☒</b> Yes	∃ If yes:	Official's Name (La	not First
3. Recipients				Official's Name (La	ast, FIRSt)
	's denartment or	unit alleo So	otion D to identify and the second		
Use Section A to identify the agency     Name of Agency, Department		Number of			
	A COLONIA	Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	o the agency's policy
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
Gill, Harveen		2		Role" or "Other" describe below:	Income ☐
			Ceremonial Role		Income
C. Name of Outside Organiz (include address and descr	ation iption)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
Verification (	all				
	ons 18944.1 and 1	8942. I have veri	fied that the distribution set forth	abovo io in ear	
			December 1970 The Co.		
Signature of Agency Head or Designee			arker City A		08/24/2018
and a second sec		rint Name		Title	(Month, Day, Year)
Verification I have read and understand FPPC Regulation Signature of Agency Head or Designee  Comment:		8942. I have veri. Barbara J. Pi Print Name	December 1970 The Co.	ttorney/OAACA Officia	08/24/2018

## Agency Report of:

(	Ceremonial	Role	<b>Events</b>	and	Ticket/Pass	Distributions

1.	Agency Name			Date Stamp	California OOO
	Oakland-Alameda County Coliseum Au	uthority		Date Stamp	Form 802
	Division, Department, or Region (If Applica			-	For Official Use Only
	Barbara J. Parker, City Attorney/OAAC	A Official			
	Designated Agency Contact (Name, Title)	A Official		_	
	V				
	Area Code/Phone Number   E-mail			Amendment (Must pro	vide explanation in Part 3.)
		oaklandcityat	tornev ora	Date of Original Filing: _	
2.	Function or Event Information		territy.org	J	(Month, Day, Year)
	Does the agency have a ticket policy?	Yes ⊠ No	√□ Face Value o	of Each Ticket/Pass \$	200.00
	Event Description Smashing Pumpkins	100 🔼 110			
	Provide Title/Ex	xplanation	Date(s)	3 , 27 , 18	
	Ticket(s)/Pass(es) provided by agency?	Yes ⊠ No	□ If no:		
			_	Name of Source	
	Was ticket distribution made at the behest of agency official?	No 🛛 Yes	☐ If yes:	Official's Name (Las	
				Official's Name (Las	st, First)
	Recipients  • Use Section A to identify the agency's department of	arumit - U O-			
	Use Section A to identify the agency's department of Unit      Name of Agency, Department or Unit	Number of		The Hopping and the Control of the C	ACTUAL CONTRACTOR OF THE PARTY
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
				· 中央主义的 (1997)	2012年6月4日 12年 18日
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following	
-	ILaut, Fray	Pass(es)		identity one of the following	
	Roe, Adrian		Ceremonial Role	Other X  al Role" or "Other" describe below:	Income
		2	5 4	es to City and County en	onlovees that provide
_			services to the Auth	ority	iipioyees triat provide
			Ceremonial Role	Other	Income
			If checking "Ceremonia	I Role" or "Other" describe below:	
-	Name of Outside Organization	Number of			III TO THE COLUMN TO THE COLUM
•	(include address and description)	Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to t	he agency's policy
) is a second					
V	erification				
	ave read and understand FPPC Regulations 18944.1 and	18942. I have veri	fied that the distribution set forti	h above, is in accordance with the	requirements
_		Barbara J. Pa			
Manage	Signature of Agency Head or Designee	Print Name		Attorney/OAACA Official	
_	The last of			MORROSTA	(Month, Day, Year)
C	omment: Alban Jay				

Date Stamp  California Form  For Official Use Only  Amendment (Must provide explanation in Part 3.)  Date of Original Filing:
For Official Use Only  Amendment (Must provide explanation in Part 3.)  Date of Original Filing:(Month, Day, Year)  The of Each Ticket/Pass \$
Amendment (Must provide explanation in Part 3.)  Date of Original Filing:(Month, Day, Year)  The of Each Ticket/Pass \$
Date of Original Filing:
08
08
08 _ 29 _ 18
08 _ 29 _ 18
Name of Source
Official's Name / not First
Cinicia's Name (East, Filst)
vidual. • Use Section C to identify an outside organization.
public purpose made pursuant to the agency's policy
Identify one of the following:
e Other Monial Role" or "Other" describe below:
tives to City and County employees that provide uthority
e Other Income nonial Role" or "Other" describe below:

4	A				Date Stamp	California Ong
1.	Agency Name				Date Stamp	Form 802
	Oakland-Alameda County C					For Official Use Only
	Division, Department, or Regi	ion (If Applicable)				
	Barbara J. Parker, City Attor	rney/OAACA C	Official			
	Designated Agency Contact (	(Name, Title)				
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 238-3815	bparker@oal	klandcitvatto	rnev.org	Date of Original Filing:	(Month Day Year)
0	Function or Event Infor			, ,		(Monan, Bay, Today
2.			V VI Nel	□ Face Value o	of Each Ticket/Pass \$ _	100.00
	Does the agency have a ticke		Yes⊠ No		04 10	
	Event Description Oakland A	Provide Title/Expla	gers	Date(s)	1 04 / 18	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	anation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🛛 No	☐ If no:	Name of So	ource
	Was ticket distribution made a	at the beheet	Na 🔽 Vaal			
	of agency official?	at the benest	No ☒ Yes	□ If yes:	Official's Name (	(Last, First)
2000						
3.	Recipients  • Use Section A to identify the agence	v's denartment or u	ınit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
			Number of		olic purpose made pursuan	
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	one purpose made pursuan	t to the agency a policy
		VALUE OF STREET				
			Number of			
	B. Name of Individual	ai	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
	( The second sec			Ceremonial Role	Other 🛛	Income
	Gill, Harveen		,	- 70	nial Role" or "Other" describe below:	
			2			employees that provide
	***************************************			services to the Aut		
				5.50 St. 102 St. 50 St.	Other	Income
			l	if checking Geremor	nial Role" or "Other" describe below:	
			Ĭ			
			Number of			
	C. Name of Outside Organ (include address and des	nization scription)	Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy
	(11111111111111111111111111111111111111		Pass(es)			
4.	Verification					
	I have read and understand FPPC Regu	ılations 18944.1 and	18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.
	Aubi Ital		Barbara J. I	Parker Cit	y Attorney/OAACA Of	ficial 08/24/2018
1	Signature of Agency Head or Designed	,	Print Nam		Title	(Month, Day, Year)

TO NOT 121 THE 1222 S. S. T. T.				California C.C.
l. Agency Name			Date Stamp	California 802
Oakland-Alameda County Colised				For Official Use Only
Division, Department, or Region (If	Applicable)			(8) (8) (8) (8) (8) (8)
Barbara J. Parker, City Attorney/Contact (Name,				
Designated Agency Contact (Name,	Thio			
	-		Amendment (Must provi	ide explanation in Part 3.)
Area Code/Phone Number E-ma			Date of Original Filing:	
	rker@oaklandcityatto	rney.org	2000	(Month, Day, Year)
2. Function or Event Information				100.00
Does the agency have a ticket police	cy? Yes⊠ No[		of Each Ticket/Pass \$	
Event Description Oakland A's v. I	Los Angeles Dodgers de Title/Explanation	Date(s)	3 , 07 , 18	
Ticket(s)/Pass(es) provided by age	ncy? Yes⊠ No[	] If no:	Name of Source	е
Was ticket distribution made at the of agency official?	behest No⊠ Yes[	If yes:	Official's Name (Las	st, First)
3. Recipients				
Use Section A to identify the agency's dep	artment or unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identify	an outside organization.
A. Name of Agency, Department or U	Jnit Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant to	the agency's policy
Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	
Hartfield, Rolanda		Ceremonial Role	Other X  nial Role" or "Other" describe below:	Income
nartilelu, nolariua	2	N-SC	ves to City and County e	mployees that provide
		Ceremonial Role	Other	Income [
			nial Role" or "Other" describe below:	
Name of Outside Organizatio		Describe the pu	blic purpose made pursuant to	o the agency's policy
(include address and description	on) Pass(es)			
4. Verification	1001111 110010	wified that the distribution	forth above is in accordance with	the requirements
I have read and understand FPPC Regulations				
July Sarl	Barbara J.		ty Attorney/OAACA Offic	
Signature of Agency Head or Designee	Print Nam	ne	Tille	(Month, Day, Year)
Comment:				EDBC Form 902 /4/42

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

1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	oliseum Auth	ority			Form
	Division, Department, or Regi		57/			For Official Use Only
	Barbara J. Parker, City Attor	ney/OAACA	Official			
	Designated Agency Contact (					
					Amandment (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Fart 5.)
	(510) 238-3815	bparker@oa	klandcityatto	rney.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				100.00
	Does the agency have a ticke	t policy?	Yes⊠ No[		of Each Ticket/Pass \$ -	
	Event Description Oakland A	's v. Los Ango Provide Title/Expl	eles Dodgers anation	Date(s)	8 , 08 , 18	
	Ticket(s)/Pass(es) provided b	y agency?	Yes⊠ No[	If no:	Name of S	ource
	Was ticket distribution made a of agency official?	at the behest	No⊠ Yes	☐ If yes:	Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agence	y's department or	unit. • Use Sec			
	A. Name of Agency, Department	ent or Unit	Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursua	nt to the agency's policy
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
	(Last, First)	al	Ticket(s)/	Ceremonial Role	Other 🛛	Income
		al	Ticket(s)/	If checking "Ceremo	Other   Other   Other   Other describe below  Other describe below  Other describe below  Other describe below	Income
	(Last, First)	al	Ticket(s)/ Pass(es)	To provide incentive services to the Auto	Other   Other   Other   Other describe below  Other describe below  Other describe below  Other describe below	Income Uncome Income Income Income Income
	Diep, Kevin  Name of Outside Organ	nization	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremo To provide incentive services to the Auto Ceremonial Role If checking "Ceremo	Other	Income of the In
	Diep, Kevin	nization	Ticket(s)/ Pass(es)	If checking "Ceremo To provide incentive services to the Auto Ceremonial Role If checking "Ceremo	Other  Other  or "Other" describe below  res to City and Count  chority  Other   Other   nial Role" or "Other" describe below	Income C y employees that provide Income C
	Diep, Kevin  Name of Outside Organ	nization	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremo To provide incentive services to the Auto Ceremonial Role If checking "Ceremo	Other  Other  or "Other" describe below  res to City and Count  chority  Other   Other   nial Role" or "Other" describe below	Income C y employees that provide Income C
4.	Diep, Kevin  C. Name of Outside Organ (include address and detection)	nization scription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremo To provide incentive services to the Automorphism of the Ceremonial Role If checking "Ceremo  Describe the pu	Other  Other  or "Other" describe below yes to City and Count thority  Other  nial Role" or "Other" describe below hid Role" or "Other" describe below blic purpose made pursua	y employees that provide
4.	Diep, Kevin  Name of Outside Organ (include address and det	nization scription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremo To provide incentive services to the Autorities to the Autorities of the Autoritie	Other  Other  or "Other" describe below yes to City and Count thority  Other  nial Role" or "Other" describe below hid Role" or "Other" describe below blic purpose made pursua	y employees that provide  Income  Income  Income  with the requirements.

A	D	1.		Dealimon	.4
Α	PU	ıbı	IIC	Documer	H

1	Agency Name		Date Stamp	California	202				
	Oakland-Alameda County C	oliseum Autho		Form	002				
	Division, Department, or Regi					For Official	Use Only		
							2		
	Barbara J. Parker, City Attor		Official		× .				
	Designated Agency Contact (	Name, Litle)							
					Amendment (Must pro	vide explanation in	Part 3.)		
	Area Code/Phone Number	E-mail			Date of Original Filing:				
	(510) 238-3815	bparker@oa	klandcityatto	rney.org	Date of Original Filing:(Month, Day, Year)				
2.	Function or Event Inform	mation					90.00		
	Does the agency have a ticke	t policy?	Yes⊠ No[		of Each Ticket/Pass \$				
Event Description Oakland A's v. Houston Astros Date(s) 08 17 18									
	Provide Title/Explanation								
	Ticket(s)/Pass(es) provided b	v agency?	Yes⊠ No[	☐ If no:	Name of Sou				
	Honor(o)/1 doo(oo) provided a	,3,	100 🖂 110	_	Name of Soul	rce			
	Was ticket distribution made a	at the behest	☐ If yes:		ast. First)				
	of agency official?				Omorare reame (2)				
3.	Recipients					f. an autaida ara	anization		
	Use Section A to identify the agence	y's department or				The state of the s			
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pul	blic purpose made pursuant	to the agency's p	oolicy		
	-7 1 1-7		Pass(es)						
			Number of						
	B. Name of Individu	al	Ticket(s)/	Identify one of the following:					
		**************************************	Pass(es)	Ceremonial Role	Other 🛛		Income		
	Forte, Mark			If checking "Ceremo	nial Role" or "Other" describe below:				
			2		ves to City and County	employees th	at provide		
				services to the Au					
				Ceremonial Role			Income		
				If checking "Ceremo	nial Role" or "Other" describe below:				
			Number of						
	Name of Outside Orga (include address and de		Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's	policy		
	(morade address and as		Pass(es)						
4.	Verification								
	I have read and understand FPPC Reg	ulations 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance wit	th the requirements	1.		
	Coul Starl		Barbara J.	Parker Ci	ty Attorney/OAACA Offi	icial 08	/24/2018		
	Signature of Agency Head or Designe	e	Print Nan	ne	Title	(Mo	nth, Day, Year)		
	Comment:								

1	Agency Name				Date Stamp	California On 2			
		olicoum Autho	Wilderholds of State Historia	Form OUZ					
	Oakland-Alameda County C Division, Department, or Regi				-	For Official Use Only			
	•								
	Barbara J. Parker, City Attor		Official						
	Designated Agency Contact (	Name,Title)							
					Amendment (Must provide explanation in Part 3.)				
	Area Code/Phone Number	E-mail							
	(510) 238-3815	bparker@oa	klandcityatto	rney.org	Date of Original Filing:(Month, Day, Year)				
2.	Function or Event Infor	mation				90.00			
	Does the agency have a ticke	t policy?	Yes⊠ No[	Face Value	of Each Ticket/Pass \$				
	Oakland A	's v. Houston	Astros	Data(a)	08 , 18 , 18	1 1			
	Event Description Oakland A's v. Houston Astros  Provide Title/Explanation  Date(s) 08 / 18 / 18 / 19								
	Ticket(s)/Pass(es) provided b	v agency?	Yes⊠ No[	□ If no:	Name of Sou				
	ricket(s)/Fass(es) provided b	y agency:	Name of Sou	urce					
	Vas ticket distribution made at the behest No ⊠ Yes ☐ If yes:								
	of agency official? Official's Name (Last, First)								
3.	Recipients								
	Use Section A to identify the agence	y's department or							
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the p	blic purpose made pursuant to the agency's policy				
		The second	Pass(es)			2. 五元 图 16 FT 15 FT A 15 (2)			
			Number of			When the same of the same			
	B. Name of Individu	al	Ticket(s)/ Pass(es)		Identify one of the following:				
		ENCHARD E	1 433(03)	Ceremonial Role	e Other 🛛	Income			
	Butler, Eric			AUTO 100 100 100 100 100 100 100 100 100 10	nonial Role" or "Other" describe below:				
			2			employees that provide			
				services to the Au					
					e Other	Income			
				If checking "Cerem	nonial Role" or "Other" describe below:				
			Number of	Sant Market Range		water the second of the			
	Name of Outside Organ		Number of Ticket(s)/	Describe the p	public purpose made pursuant to the agency's policy				
	(include address and de-	scription,	Pass(es)						
			I	I					
4.									
4.	Verification I have read and understand FPPC Regu	ulations 18944.1 and	d 18942. I have ve	erified that the distribution se	et forth above, is in accordance wi	th the requirements.			
4.	Verification I have read and understand FPPC Regulation	ulations 18944.1 and	d 18942. I have ve Barbara J.		et forth above, is in accordance wi				

1.					Date Stamp	California Q 0 2				
	Agency Name		Date Stamp	Form 802						
	Oakland-Alameda County C				_	For Official Use Only				
	Division, Department, or Regi	ion (If Applicable	e)			N 900 1000000000000000000000000000000000				
	Barbara J. Parker, City Attor		Official		_					
	Designated Agency Contact (	Name, Litle)								
					Amendment (Must provide explanation in Part 3.)					
	Area Code/Phone Number	E-mail			Date of Original Filing:					
	(510) 238-3815	bparker@oa	aklandcityatto	rney.org	Date of Original Filing	(Month, Day, Year)				
2.	Function or Event Infor	Function or Event Information  90.00  Poes the agency have a ticket policy?  Yes 🛛 No 🗍 Face Value of Each Ticket/Pass \$								
	Does the agency have a ticke	t policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$					
	Event Description Oakland A	's v. Houston	Date(s)	8 , 19 , 18						
	Ticket(s)/Pass(es) provided b	y agency?	Name of S	Source						
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes:Official's Name (Last, First)									
3.	Recipients  • Use Section A to identify the agence	v's department o	lual. • Use Section C to ide	entify an outside organization.						
	A. Name of Agency, Departmen		Number of Ticket(s)/ Pass(es)	THE REPORT OF SECURITION AND ASSESSMENT OF SECURITION ASSESSMENT ASSESSMENT OF SECURITION ASSESSMENT ASSE	blic purpose made pursua					
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo					
	(Last, First)	al	Ticket(s)/	Ceremonial Role	Other 🛛	Income _				
		al	Ticket(s)/	If checking "Ceremo	Other  onial Role" or "Other" describe below ves to City and Coun	Income _				
	(Last, First)	al	Ticket(s)/ Pass(es)	To provide incenti services to the Au	Other  onial Role" or "Other" describe below ves to City and Coun	Income ty employees that provide				
	Smith, Jamie  Name of Outside Organ	nization	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremonial Role	Other  onial Role" or "Other" describe belowes to City and Counthority  Other  Other	Income ty employees that provide				
	Smith, Jamie	nization	Ticket(s)/ Pass(es)	If checking "Ceremonial Role	Other  Ot	Income ty employees that provide				
	Smith, Jamie  C. Name of Outside Organ (include address and determine)	nization	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremonial Role	Other  Ot	Income ty employees that provide				
4.	Smith, Jamie  C. Name of Outside Organ (include address and decomposition)	nization scription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To provide incenti services to the Au  Ceremonial Role  If checking "Ceremon Ceremon Cere	Other Donial Role" or "Other" describe belowes to City and Counthority  Other Donial Role" or "Other" describe belowerial Role" or "Other" describe purpose made pursual Role" or "Other" describe Role Role Role Role Role Role Role Rol	Income ty employees that provide Income that provide Income that provide the income that provide the income that provide income the income that provide income the provide income that provide income the provide income the provide income the provide income the provide incom				
4.	Smith, Jamie  C. Name of Outside Organ (include address and determine)	nization scription)	Number of Ticket(s)/ Pass(es)	If checking *Ceremonian Services to the Au  Ceremonial Role If checking *Ceremonian Services to the Au  Ceremonian Role If checking *Ceremonian Services to the Au  Ceremonian Role If checking *Ceremonian Services to the Au  Describe the publication services the Au  Ceremonian Role If checking *Ceremonian Services to the Au  Describe the publication Services the Au  Ceremonian Role If checking *Ceremonian Services to the Au  Describe the publication Services to the Au  Describe	Other Donial Role" or "Other" describe belowes to City and Counthority  Other Donial Role" or "Other" describe belowerial Role" or "Other" describe purpose made pursual Role" or "Other" describe Role Role Role Role Role Role Role Rol	ty employees that provide  Income  Income  w:  unt to the agency's policy  with the requirements.				

	Docui	

The state of the s				Data 04	Colifornia O O		
<ol> <li>Agency Name</li> </ol>		Date Stamp	California 802				
Oakland-Alameda Co	unty Coliseum Author	ority			For Official Use Only		
Division, Department,	or Region (If Applicable	)					
Barbara J. Parker, Ci	tv Attornev/OAACA	Official					
Designated Agency Co							
,	an and a second to the second						
				Amendment (Must provide explanation in Part 3.)			
Area Code/Phone Num				Date of Original Filing:			
(510) 238-3815	bparker@oa	kiandcityatto	orney.org	Date of original mily	(Month, Day, Year)		
<ol><li>Function or Event</li></ol>	Information		78.00				
Does the agency have	a ticket policy?	Yes 🗵 No		of Each Ticket/Pass \$	82 (32 CARDON )		
Event Description Oak	land A's v. Texas Ra	angers	Date(s) 0	08			
Event Description	Provide Title/Expl	anation					
Ticket(s)/Pass(es) prov	ided by agency?	Yes⊠ No	☐ If no:	Name of Sou			
ricket(s/ri ass(cs) pro-	nada by agentey.	163 🔼 110		Name of Soul	rce		
Was ticket distribution	made at the behest	No <b>☒</b> Yes	☐ If yes:	Official's Name (La	and Figure		
of agency official?		Official's Name (La	ast, First)				
3. Recipients							
<ul> <li>Use Section A to identify the</li> </ul>	ne agency's department or	unit. • Use Sec	ction B to identify an indivi	dual. • Use Section C to identi	fy an outside organization.		
A. Name of Agency, D	Department or Unit	Number of Ticket(s)/	Describe the pu	Describe the public purpose made pursuant to the agency's policy			
		Pass(es)					
D Name of	Individual	Number of		Identify one of the following:			
	First)	Ticket(s)/ Pass(es)		identity one of the following			
			Ceremonial Role	e Other 🛛	Income		
Flanders, Jordan		2		onial Role" or "Other" describe below:			
			To provide incentives to City and County employees the services to the Authority		employees that provide		
			SELECTION OF THE PROPERTY OF THE SELECTION OF THE				
			No. of the Contract of the Con	Other 🗆	Income		
		2	If checking "Cerem	onial Role" or "Other" describe below:			
	de Organization and description)	Number of Ticket(s)/	Describe the p	ublic purpose made pursuant	to the agency's policy		
(include address	and description)	Pass(es)					
4 M-16 - 11							
4. Verification	PPC Regulations 18944 1 and	d 18942. I have ve	erified that the distribution se	et forth above, is in accordance with	h the requirements.		
I have read and understand Fr	))						
1 and	Har	Barbara J.		ity Attorney/OAACA Offi	cial 08/24/2018 (Month, Day, Year)		
Signature of Agency Head	or Designee	Print Nan	ne	Title	(Monus, Day, Tear)		
Comment:							

O Di B	gency Name Dakland-Alameda County C ivision, Department, or Regi Barbara J. Parker, City Attol	on (If Applicable			Date Stamp	Form 802 For Official Use Only		
Di B	ivision, Department, or Regi	on (If Applicable						
В	2 (2)		)			Poi Official Ose Offiy		
	arbara J. Parker, City Attor		Division, Department, or Region (If Applicable)					
De		ney/OAACA (						
	esignated Agency Contact (	Name, Title)						
					Amendment (Must provide explanation in Part 3.)			
A	rea Code/Phone Number	E-mail			Amendment (Wast pro	ovide explanation in Fait 3.)		
(5	510) 238-3815	bparker@oa	klandcityatto	rney.org	Date of Original Filing: _	(Month, Day, Year)		
2. F	unction or Event Infor	mation				00.00		
D	oes the agency have a ticke	t policy?	Yes⊠ No[		of Each Ticket/Pass \$			
_	vent Description Oakland A	's v. Seattle N	Mariners	Date(s) 08	3 , 30 , 18			
E	vent Description	Provide Title/Expl	anation	Date(3)				
Ti	icket(s)/Pass(es) provided by	y agency?	Yes⊠ No[	lf no:	Name of Sou	irce		
	/ /:   -   -   -   -   -   -   -   -   -	t the beheat	No⊠ Yes[					
	las ticket distribution made a of agency official?	it the benest	If yes:	Official's Name (L	ast, First)			
3. K	Recipients Use Section A to identify the agenc	y's department or	ual. • Use Section C to ident	ify an outside organization.				
_	Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		olic purpose made pursuant			
-								
В	Name of Individue	Number of Ticket(s)/	Identify one of the following:					
_	[23, 1737		Pass(es)	Ceremonial Role	Other 🛛	Income _		
E	Dibley, Allison			If checking "Ceremon	nial Role" or "Other" describe below:			
			2	To provide incentives to City and County employees that provide services to the Authority				
				1 00 00	Other Inial Role" or "Other" describe below:	Income		
_	Name of Outside Organization		Number of Ticket(s)/	Describe the pu	Describe the public purpose made pursuant to the agency's policy			
_	(include address and de	scription)	Pass(es)					
_								
	/erification		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	prified that the distribution	forth above is in accordance with	th the requirements		
4. V			et forth above, is in accordance with the requirements.					
4. V	have read and understand FPPC Regu	ulations 18944.1 an	Barbara J. I		y Attorney/OAACA Off			

Oa Divi Ban Des Are (51 Does Eve	Jency Name  Ikland-Alameda County Counting ision, Department, or Reg  Irbara J. Parker, City Attorated Agency Contact (1986)  Rea Code/Phone Number  10) 238-3815  Inction or Event Information or Eve	ion (If Applicable rney/OAACA (Name, Title)  E-mail bparker@oa	9)		Date Stamp  Must provide	Form 802 For Official Use Only		
Are (51  2. Fu Doe	rbara J. Parker, City Attorsignated Agency Contact of the Code/Phone Number 10) 238-3815  Inction or Event Information agency have a ticket	ion (If Applicable rney/OAACA (Name, Title)  E-mail bparker@oa	e) Official		☐ Amendment (Must provide	FORM COL		
Are (51  Dos  Eve	rbara J. Parker, City Attorsignated Agency Contact (ea Code/Phone Number 10) 238-3815  Inction or Event Information agency have a ticke	rney/OAACA (Name, Title) E-mail bparker@oa	Official		☐ Amendment (Must provide	For Official Use Offiy		
Are (51  2. Fu Doe Eve	ea Code/Phone Number 10) 238-3815 Inction or Event Informes the agency have a ticke	Name, Title)  E-mail  bparker@oa			☐ Amendment (Must provide			
Are (51  2. Fu Doe Eve	ea Code/Phone Number 10) 238-3815 Inction or Event Informes the agency have a ticke	E-mail bparker@oa	aklandcityattorn		Amendment (Must provide			
(51 <b>2. Fu</b> Doe Eve	10) 238-3815 Inction or Event Informuses the agency have a ticke	bparker@oa	aklandcityattorn		Amendment (Must provide			
(51 <b>2. Fu</b> Doe Eve	10) 238-3815 Inction or Event Informuses the agency have a ticke	bparker@oa	aklandcityattorn			e explanation in Part 3.)		
2. Fu Doe	inction or Event Information or Event Information and ticke		aklandcityattorn		Date of Original Fillings			
Doe Eve	es the agency have a ticke	mation		ney.org	Date of Original Filing:	Vionth, Day, Year)		
Eve					00.00			
	0 11 14		Yes⊠ No□	Face Value o	f Each Ticket/Pass \$	90.00		
Tiel	ent Description Oakland A	N's v. Seattle N	Mariners	Date(s)08	3118			
HC	ket(s)/Pass(es) provided b	55	Yes⊠ No□	If no:				
\\/a	s ticket distribution made a	at the behest	No X Yes □	If yee				
	agency official?	it the beneet	Official's Name (Last,	First)				
3. Re	Recipients							
	se Section A to identify the agenc	y's department or	ual. • Use Section C to identify a	n outside organization.				
A.			Number of Ticket(s)/ Pass(es)	et(s)/ Describe the public purpose made pursuant to the agency				
-								
B.	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following:			
Ma	acias, Anthony				ial Role" or "Other" describe below:	Income		
			1	To provide incentives to City and County employees that provide services to the Authority				
				Ceremonial Role If checking "Ceremon	Other lal Role" or "Other" describe below:	Income		
C.	Name of Outside Orgar (include address and des	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy				
	rification	J-12	1 100 10 11	and that the distribution	adh abaya ia ir	rogulromo-te		
I hav	We read and understand FPPC Regulation	lations 18944.1 and	d 18942. I have verific Barbara J. Pa		orth above, is in accordance with the  Attorney/OAACA Official			
1	Signature of Agency Head or Designee	E.	Print Name		Title	(Month, Day, Year)		
	mment:							

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: . chrisdobbinslaw@yahoo.com (month, day, year) 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: J. Cole Date(s) \_\_8\_\_/ Provide Title/ Explanation If no: \_ Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: \_ 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) **Passes** Other 🔀 Ceremonial Role Dobbins, Christopher If checking "Ceremonial Role" or "Other" describe below. 2 to investigate efficiencies of operations of the various sporting and other events that occur at Coliseum Complex Income \_\_\_ Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 08.01.18 **OACCA Commissier** Christopher Dobbins (month, day, year) Signature of Agency Head or Designee Print Name

Comment: \_

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: .. chrisdobbinslaw@yahoo.com (month, day, year) 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 200.00 Does the agency have a ticket policy? Yes⊠ No□ Date(s) 8 \_ 27 \_ Event Description: Smashing Pumpkins Provide Title/ Explanation If no: \_ Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Identify one of the following: Name of Individual of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗵 Dobbins, Christopher If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of the various sporting and other events that occur at Coliseum Complex Income Other 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes 4. Verification Thave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. **OACCA Commissier** 08.01.18 Christopher Dobbins Title (month, day, year) Print Name Signature of Agency Head or Designee

Comment: \_\_\_

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: chrisdobbinslaw@yahoo.com 510.383.4801 (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: Bad Bunny 26 Date(s) -Provide Title/ Explanation If no: Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes. . Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) Passes Income Other 🛛 Ceremonial Role Dobbins, Christopher If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of the various sporting and other events that occur at Coliseum Complex Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 08.01.18 **OACCA Commissier** Christopher Dobbins (month, day, year) Print Name Signature of Agency Head or Designee

Comment: \_

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: chrisdobbinslaw@yahoo.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: AR Rahman Provide Title/ Explanation If no: Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: . 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit Α. Passes Number Name of Individual Identify one of the following: of Ticket(s)/ В. (Last, First) **Passes** Other 🗵 Ceremonial Role Income \_\_\_ Dobbins, Christopher If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of the various sporting and other events that occur at Coliseum Complex Income Other 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Christopher Dobbins

Signature of Agency Head or Designee

Comment: \_

08.01.18 (month, day, year)

**OACCA Commissier** 

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: chrisdobbinslaw@yahoo.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Hall & Oats Provide Title/Explanation If no: \_ Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: \_ 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual Identify one of the following: of Ticket(s)/ В. (Last, First) Passes Other 🗵 Ceremonial Role Dobbins, Christopher If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of the various sporting and other events that occur at Coliseum Complex Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes 4. Verification

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

Christopher Dobbins
OACCA Commissier
08.01.18
(month, day, year)

Signature of Agency Head or Designee

Comment:

	gency Report of: eremonial Role Even	its and Ticket/P	ass Dist	ributions	Δ	Public Document
RESISTAN	Agency Name Oakland Alameda County O Division, Department, or Reg Chris Dobbins, OACCA Coo Designated Agency Contact	Coliseum Authority lion (if applicable) mmissioner	Date Stamp	California 802 Form 801		
	Area Code/Phone Number	E-mail			Amendment (Must Pr	rovide Explanation in Part 3.)
	510.383.4801	chrisdobbinslaw@	yahoo.com		Date of Original Filing: _	(month, day, year)
۷.	Function or Event Information Does the agency have a ticket Event Description: Jelff Lynnicket(s)/Pass(es) provided Was ticket distribution made of agency official?	ket policy? Yes   nes Elo Provide Title/ Expla by agency? Yes	⊠ No 🗆	Date(s) 8	Each Ticket/Pass \$ 20  y 02 y 18  Name of Source  Official's Name (Last, First)	00.00
3.	Pecipients  • Use Section A to identify the agency's department or unit.  A. Name of Agency, Department or Unit  B. Name of Individual (Last, First)		Use Section B to Number of Ticket(s)/ Passes		ual. • Use Section C to identi	
			Number of Ticket(s)/ Passes		ollowing:	
	Dobbins, Christopher		2	to investigate sporting and	······································	cribe below:
			Number		onial Role  Other  ing "Ceremonial Role" or "Other" desc	
Salamovi (Salamovi (Salamo	C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy

Comment: \_\_\_

,	l Kave rejàd and underst	and FPPC	Regulations	18944.1 an	d 18942.	I have v	verified that t	he distri	bution se	f forth ab	ove is	s in acco	rdance
,	vith the requirements.		•							. , . , . ,	,	, ,,, ,,,,,,	, 44,,00
	The condition of the condition												

And the second second	Christopher Dobbins	OACCA Commissier	08.01.18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:

Agency Report of: Ceremonial Role Eve	nts and Ticket/F	Pass Distr	ibutions		A Public Documen
1. Agency Name				Date Stamp	G-1/6 :
Oakland Alameda County	<u>•</u>			,	Form 802
Division, Department, or Re	gion (if applicable)			]	For Official Use Only
Scott McKibben OACCA E				]	
Designated Agency Contac	t (Name,Title)				
Area Code/Phone Number	E-mail			. ☐ Amendment (Mu	ust Provide Explanation in Part 3.)
510.383.4801	smckibben1@gma	il.com		Date of Original Filir	ng: (month, day, year)
2. Function or Event Info	rmation	egiptemis i i i i i i i i i i i i i i i i i i	egypone et 1864 i 1		
Does the agency have a ti	cket policy? Yes	⊠ No 🗆	Face Value of	Each Ticket/Pass \$	78.00
Event Description: Oaklan	d A's Game		Date(s)		
Tielret/e)/Dese/es) masside	Provide Title/ Expla				· · · · · · · · · · · · · · · · · · ·
Ticket(s)/Pass(es) provide	a by agency? Yes	⊠ No 🗆	If no:	Name of Source	
Was ticket distribution mad	le at the behest Yes	f yes:	Official's Name (Last, Fi	rst)	
of agency official?				γ-10,, , ,	, 2, 7
A. Name of Agency, De	partment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made	pursuant to the agency's policy
B. Name of Inc. (Last, F		Number of Ticket(s)/ Passes		Identify one of th	ne following:
McKibben, Scott		4	to promote th	onial Role  Other ing "Ceremonial Role" or "Other he Coliseum compl- usinesses to maxim	r describe below: ex for use by the general
		TO PARAMETERS AND ADDRESS AND		onial Role  Other ing "Ceremonial Role" or "Other	
C. Name of Outside (include address an		Number of Ticket(s)/ Passes	Describe the	e public purpose made p	pursuant to the agency's policy
Vaniti a sti a u					
. Verification  (have read and understand F, with the reduitaments)	$\Lambda / \Lambda$	.1 and 18942. McKibben		hat the distribution se	

Print Name

08.01.18

(month, day, year)

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name Form Oakland/Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) **OACCA** Commissioner Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (month, day, year) leeann.fergerson@acgov.org 510-272-6691 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$250 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Train, Hall & Oats Concert 7 , Provide Title/ Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes Board of Supervisors District 1 To reward a county employee for his or her 2 exemplary service to the public Number Identify one of the following: of Ticket(s)/ Name of Individual B. Passes (Last, First) Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (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

Lee Ann Fergerson Ticket Administrator 8/6/18

Print Name Title (month, day. year)

Signature of Agency Head or Designee

with the requirements.

Comment:

## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name 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.) E-mail Area Code/Phone Number Date of Original Filing: idelafuente2012@gmail.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Jeff Lynne's Elo Provide Title/ Explanation If no: Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: . 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other 🔀 De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of the various sporting and other events that occur at Coliseum Complex Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes

7. VC:		A PART OF THE PART		
l have	e read and understa	and FP#C Regu	ılations 18944.	1 and 1894

ulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Ignacio De La Fuente

OACCA Commissier

08.01.18 (month, day, year)

Comment:

Varification

with the requirements

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name 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: idelafuente2012@gmail.com (month, day, year) 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Hall & Oats Date(s) \_\_8\_\_/\_ Provide Title/ Explanation If no: \_ Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: . 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes Ceremonial Role Other 🗵 Income De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of the various sporting and other events that occur at Coliseum Complex Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 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 OACCA Commissier 08.01.18 Ignacio De La Fuente (month, day, year) Print Name Signature of Agency Head or Design

Comment:

	100			_		
Δ		ıhı	10	<b>ነ</b> ስሶ	um	ent

	nanada. Maaraa aaraga ga ga ah	on and a second and		
. Agency Name			Date Stamp	California 802
Oakland Alameda County Coliseum Authority				For Official Use Only
Division, Department, or Region (if applicable)				1 of Official cod Only
Ignacio De La Fuente, OACCA Commissioner	" · · · · · · · · · · · · · · · · · · ·			
Designated Agency Contact (Name, Title)				M4450
Area Code/Phone Number   E-mail			Amendment (Must	Provide Explanation in Part 3.)
	9		Date of Original Filing	·
510.383.4801 idelafuente2012@g	gmail.com			(month, day, year)
2. Function or Event Information				1600
Does the agency have a ticket policy? Yes [	⊠ No ☐ Fa	ace Value of	Each Ticket/Pass \$ _	1.00
Event Description: AR Rahman	D	ate(s) 8	<u>/ 18 / 18</u>	
Provide Little/ Explai	nation			
Ticket(s)/Pass(es) provided by agency? Yes	XI No □ If	no:	Name of Source	
Was ticket distribution made at the behest Yes [	T No⊠ If	yes:	Official's Name (Last, Firs	
of agency official?			Official's Name (Last, First	<i>t</i> )
<ul><li>Recipients</li><li>Use Section A to identify the agency's department or unit.</li></ul>	Hea Saction P to it	lentify an individ	dual • Use Section C to ide	entify an outside organization
Use Section A to identify the agency's department of unit.	Number	The second of the		
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy
	1 40000			1-10-2-10-10-10-10-10-10-10-10-10-10-10-10-10-
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	e following:
De La Fuente, Ignacio	2	if chec to investigat	nonial Role Other king "Ceremonial Role" or "Other" te efficiencies of ope	describe below: rations of the various
				ccur at Coliseum Complex
		1	monial Role Other	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe ti	ne public purpose made p	ursuant to the agency's policy
		1		
I. Verification				ADMICOCOCCEDANIC CREEK CANDEL CANDEL CONTROL C
I have read and understand FPPC Regulations 18944 with the requirements	1.1 and 18942.	l have verified	that the distribution set	t forth above, is in accordanc
	De La Fuente		OACCA Commissie	er 08.01.18
	Print Name		Title	(month, day, year)
Comment:				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** California Date Stamp 1. Agency Name 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: idelafuente2012@gmail.com (month, day, year) 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 100.00 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: Bad Bunny Date(s) \_\_\_\_\_/ 26 / Provide Title/Explanation If no: \_ Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 Name of Source 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Identify one of the following: Name of Individual of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗵 De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below. 2 to investigate efficiencies of operations of the various sporting and other events that occur at Coliseum Complex Income Other 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. **OACCA** Commissier 08.01.18 Ignacio De La Fuente (month, day, year) Print Name

Cømment:

Δ	Pι	ıhl	lic	Doci	iment

~	Cicinoma itole Even	ito ana nonosi			1				
1.	Agency Name				Date Stamp	California 202			
	Oakland Alameda County 0	Coliseum Authority				Form 994			
	Division, Department, or Reg	jion (if applicable)				For Official Use Only			
	Ignacio De La Fuente, OAC	CCA Commissioner							
	Designated Agency Contact				<b>-</b>  -				
	•								
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)			
			''		Date of Original Filing:				
	510.383.4801	idelafuente2012@g	ımaıı.com			(month, day, year)			
2.	Function or Event Infor	mation							
	Does the agency have a tic	ket policy?	No□ F	ace Value of	Each Ticket/Pass \$ <sup>2</sup>	200.00			
	<del>-</del> •	· · ·							
	Event Description: Smashin	Provide Title/ Explai	D	ate(s) <del></del>	<u>, 27 , 18</u>				
	Ticket(s)/Pass(es) provided	•		no.					
	ricket(s)/r ass(es) provided	rby agency: Test	ZI 140 [] 11		Name of Source				
	Was ticket distribution mad	e at the behest Yes [	⊓ Nol⊠l If	yes:	Official's Name (Last, First)				
	of agency official?	.001	• 🗀		Official's Name (Last, First)	)			
3.	Recipients								
	<ul> <li>Use Section A to identify the age</li> </ul>	ncy's department or unit. •	Use Section B to i	dentify an individ					
	A. Name of Agency, Dep	partment or Unit	Number of Ticket(s)/ Passes	Describe th		ırsuant to the agency's policy			
			1-05505						
	B. Name of Inc (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the	following:			
	De La Fuente, Ignacio		2	Ceremonial Role Other I Income I It checking "Ceremonial Role" or "Other" describe below: to investigate efficiencies of operations of the various sporting and other events that occur at Coliseum Complex					
					nonial Role Other				
					king "Ceremonial Role" or "Other" o				
						•			
	C. Name of Outside (include address an		Number of Ticket(s)/ Passes		ne public purpose made pu	ırsuant to the agency's policy			
						···			
		, <u>, , , , , , , , , , , , , , , , , , </u>							
4.	Verification I have read and understand F	PP Regulations 18944	.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance			
	with the requirements.	1/.							
		Ignacio	De La Fuente		OACCA Commissier	r08.01.18			
	Signature of Agency Head or Design	nee P	rint Name		Title	(month, day, year)			
1	/ Comment:								
/									

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name 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 Date of Original Filing: . idelafuente2012@gmail.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ -Does the agency have a ticket policy? Yes⊠ No□ Event Description: J. Cole Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⋈ No 🗆 Name of Source If yes: . 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. **Passes** Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Other X Income \_\_\_ Ceremonial Role De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of the various sporting and other events that occur at Coliseum Complex Other Income \_\_\_ Ceremonial Role 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Ignacio De La Fuente

Print Name

with the requirements,

Comment:

Signature of Agency Head or Designee

OACCA Commissier

08.01.18

(month, day, year)

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Scott McKibben, OACA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 smckibben1@gmail.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 \$ 305.55 Event Description: Raider game Date(s) \_\_08 / 10 , 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: McKibben,Scott of agency official? Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \_\_\_ Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** Linda Fries to promote the Coliseum Complex for use by general 4 5700 Stoneridge Mall Rd public and businesses to maximize revenues Pleasanton, CA 94588 4. Verification l have read and understand F₱ CRegulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Scott McKibben OACCA Executive Director 08.16.18 Print Name (month, day, year)

**Agency Report of:** 

Comment:

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: smckibben1@gmail.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 90.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: A's game 17 / Provide Title/ Explanation If no: Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: McKibben,Scott Was ticket distribution made at the behest Yes ☒ No ☐ 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: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🔲 Income \_\_ If checking "Ceremonial Role" or "Other" describe below: Other  $\square$ Income 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 of Ticket(s)/ C. (include address and description) Passes Pleasanton Partnership in Education 4 33 Division St Pleasanton, CA 94566 4. Verification

Prave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the/rela OACCA Executive Director 08.16.18 Scott McKibben (month, day, year) Title Print Name Comment: FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

## **Agency Report of:**

	Ticket/Pass	Distributions

1. Agency Name				Date Stamp	California 000		
Oakland Alameda County Coliseum Aut	hority				Form 302		
Division, Department, or Region (if applicable					For Official Use Only		
Scott McKibben OACCA Executive Dire	ctor						
Designated Agency Contact (Name, Title)							
				proces			
Area Code/Phone Number   E-mail				Amendment (Must Pi	rovide Explanation in Part 3.)		
510.383.4801 smckibben	1@gmail.co	om		Date of Original Filing: _	(month, day, year)		
					(month, day, year)		
2. Function or Event Information				4.0	0.00		
Does the agency have a ticket policy?	Yes 🛚	No 🔲 📑	ace Value of E	Each Ticket/Pass \$ <u>10</u>	0.00		
Event Description: Oakland A's game			Date(s)08/	7 / 18	1 1		
Provide	Title/Explanation	7					
Ticket(s)/Pass(es) provided by agency?	Yes 🗵	No 🔲 📗	f no:	Name of Source			
Was ticket distribution made at the hole	of vertical	— H	rves. McKibbe	Name of Source en, Scott			
Was ticket distribution made at the behe of agency official?	si Yes 🔼	No∐ "	yes	en, Scott  Official's Name (Last, First)			
or agency official:							
3. Recipients							
• Use Section A to identify the agency's department	or unit. • Use S	Section B to i	dentify an individu	ıal. • Use Section C to identi	fy an outside organization.		
A. Name of Agency, Department or Unit		Number f Ticket(s)/ Passes			uant to the agency's policy		
<u> </u>							
B. Name of Individual		Number					
(Last, First)	of	Ticket(s)/ Passes		Identify one of the following:			
			Ceremonial Role Other Income				
				ng "Ceremonial Role" or "Other" desc			
			-				
			Ceremo	nial Role Other	Income 🔲		
				ng "Ceremonial Role" or "Other" desc	<del></del>		
C. Name of Outside Organization (include address and description)	of	Number Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy		
Mike Conners		. 4000	ta promoto th	o Colinoum acceptant	or upo by the		
Haps - 122 West Neal Street		4	public and bu	e Coliseum complex for sinesses to maximize	or use by the general revenues		
Pleasanton, CA 94566					· OTOTICO		
Fleasamon, CA 94500							
Vorification	and the second s	diameter and the second		The state of the s	and National Control of the Control		
. Verification	- 40044		-د معنار				
I have read and understand FPPC Regulation with the legitivements.	s 18944.1 an	ia 18942. I	nave verified th	at the distribution set for	th above, is in accordance		
WIM MINM	0	Z:1. L	£ .				
Signature of gandy Hear or Designee	Scott McK		OAC	CCA Executive Directo			
Canada offean i to the broaduse	Print Nai	in <del>e</del>		Title	(month, day, year)		
Comment:							

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Scott McKibben OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: smckibben1@gmail.com (month, day, year) 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 250.00 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Hall & Oats Concert Date(s) 08 / 7 / Provide Title/ Explanation Yes ⊠ No □ If no: \_ Ticket(s)/Pass(es) provided by agency? Name of Source 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Identify one of the following: Name of Individual of Ticket(s)/ Passes (Last, First) Ceremonial Role Other McKibben, Scott If checking "Ceremonial Role" or "Other" describe below: 4 to promote the Coliseum complex for use by the general public and businesses to maximize revenues Income \_\_\_ Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Verification Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Scott McKibben

Print Name

have read a

Comment: \_

d understand

08.01.18

(month, day, year)

OACCA Executive Director

Δ	p,	ıhi	lic	$\Box$	ci	ım	ent

Agency Name				Date Stamp	California OOS
Oakland Alameda County (	•				Form OU2
Division, Department, or Reg	jion (if applicable)				For Official Use Only
Scott McKibben, OACCA E					
<b>Designated Agency Contact</b>	(Name, Title)				
	·			Amendment (Mus	st Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail			Date of Original Filin	en.
510.383.4801	smckibben1@gma	il.com		Date of Original Filin	(month, day, year)
Function or Event Info	rmation				1009 /1000
Does the agency have a tic	ket policy? Yes	⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$	100- / 100-
Event Description: Oakland	l A's games	Γ	ate(s)08	08 / 18	09 / 05 / 18
	Provide Title/Expla	nation	. ,		
Ticket(s)/Pass(es) provided	by agency? Yes		no:	Name of Source	
Was ticket distribution mad	e at the behest Yes	XI No IT If	yes: McKibb	en, Scott	
of agency official?	100			Official's Name (Last, Fir	st)
— A B	HANNON DESCRIPTION OF THE PROPERTY OF THE PROP		***************************************		polymprocessial techniques
Recipients • Use Section A to identify the age	u ark dangetmant av mit - •	Hos Castian D to :	dantify an individ	ual A Hag Saction C to id	lantify an autoida avannination
· Ose Section A to identity the age	ncy s department or unit.	Number	dentity an individ	uai. * Use Section C to id	entity an outside organization.
A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made į	pursuant to the agency's policy
	• • • • •	1 44363			
		1			
B. Name of Inc		Number of Ticket(s)/ Passes		Identify one of th	ne following:
firm? »		of Ticket(s)/		Identify one of the contact Role ☐ Other ing "Ceremonial Role" or "Other	Income
firm? »		of Ticket(s)/	If checi	onial Role  Other	Income
firm? »		of Ticket(s)/	If checi	onial Role  Other	Income for the following for t
firm? »	orst) Organization	of Ticket(s)/	If checi Ceren If checi	ionial Role	Income
(Last, Fi	orst) Organization d description)	of Ticket(s)/ Passes Number of Ticket(s)/	Ceren If check Describe th	onial Role  Other ing "Ceremonial Role" or "Other onial Role  Other ing "Ceremonial Role" or "Other	Income for describe below:
C. Name of Outside C (include address an	orst) Organization d description)	of Ticket(s)/ Passes  Number of Ticket(s)/ Passes	Ceren If check Describe th	onial Role  Other ing "Ceremonial Role" or "Other onial Role  Other ing "Ceremonial Role" or "Other	Income describe below:  Income describe below:
C. Name of Outside C (include address and Taylor Family Foundation 5555 Arroyo Rd.  Livermore, CA 94550  Verification	Organization d description)  PPC/Regulations 18944	of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  8/4 per  game	Ceren If check  Describe th  to provide of facility	onial Role  Other ing "Ceremonial Role" or "Other onial Role  Other ing "Ceremonial Role" or "Other e public purpose made poportunities to comm	Income describe below:

## **Agency Report of:**

•		•									
3	erem	ionia	ı	Role	Εv	ents	and	Ticket/P	ass	Distribut	tions

	P <sup>2</sup>			Pine.					- 4
Δ	$\boldsymbol{\nu}$	ını	10	1 1	OC	11	m	$\alpha$	nt.

1. Agency Name			Date Stamp	California 802
Oakland Alameda County Coliseum Authority				Form GU4
Division, Department, or Region (if applicable)				For Official Use Only
Scott McKibben, OACCA Executive Director				
Designated Agency Contact (Name, Title)				
Area Code/Phone Number   E-mail			Amendment (Must Pi	rovide Explanation in Part 3.)
			Date of Original Filing: ـ	
510.383.4801 smckibben1@gmai	I.com		Date of Original Fining.	(month, day, year)
2. Function or Event Information			70	2.00
Does the agency have a ticket policy? Yes [			Each Ticket/Pass \$ $\frac{78}{}$	3.00
Event Description: A's Baseball		)ate(s) <u>08</u>	05 / 18	1 1
Provide Title/ Explai	nation			
Ticket(s)/Pass(es) provided by agency? Yes	X No ☐ If	no:	Name of Source	
Was ticket distribution made at the behest Yes		yes: McKibbe	en, Scott	
of agency official?	J 140 []	•	Official's Name (Last, First)	
3. Recipients  • Use Section A to identify the agency's department or unit.	dentify an individ	ual. • Use Section C to ident.	ify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e 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	ollowing:
			onial Role Other ing "Ceremonial Role" or "Other" des	
		1	onial Role Other cing "Ceremonial Role" or "Other" des	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
Gratitude Network 349 Main Street	4		Coliseum Complex for ses to maximize rever	
Pleasanton, CA 94566				
1. Verification I have lead and understand IIPPC Regulations 18944	.1 and 18942.	l have verified t	hat the distribution set fo	orth above, is in accordance
	McKibben	OA	CCA Executive Direct	or 06.06.18 (month, day, year)
Comment:	me nome	· • • • • • • • • • • • • • • • • • • •	riiQ	(monar, day, year)

1.	Agency Name	annes anno ann ann an Airiceán Maistean ann an Airiceán ann an Airiceán ann ann an Airiceán ann ann ann an Air			en a manus a manus a ra se manus de demondrad e del medido del MAS (ES MAS ELES	Date Stamp	California 🙎 🖺	(0)
	Oakland Alameda County C						Form O.	
	Division, Department, or Reg	ion (if applicable)				]	For Official Use Only	y
	Scott McKibben, OACCA E	xecutive Direct	or					
	Designated Agency Contact	(Name, Title)						
	Area Code/Phone Number	E-mail				Amendment (Must I	Provide Explanation in Part 3.)	
				l		Date of Original Filing:		
	510.383.4801	smckibben1@	<u>wg</u> mai	I.com		3	(month, day, year)	шинаризмана
2.	Function or Event Infor	mation				2	OE EE	
	Does the agency have a tic	ket policy?	Yes [	⊠ No 🗆	Face Value of	Each Ticket/Pass \$ $\frac{3}{2}$		-
	Event Description: Raider g	jame		· · · · · · · · · · · · · · · · · · ·	Date(s)08_	<u>, 24 , 18</u>		-
		Provide Iiti	•	nation				
	Ticket(s)/Pass(es) provided	by agency?	Yes b	⊠ No 🗆	If no:	Name of Source		-
	Was ticket distribution made	e at the behest	Yes P		If yes: McKibb	oen,Scott Official's Name (Last, First)		_
	of agency official?		,00_	_ ,,,,		Official's Name (Last, First)	1	
		<u></u>						
3.	Recipients  • Use Section A to identify the ager	acy's depostment or	nnit e	Use Section B to	o idantify an indivi	idual • Lice Section C to iden	ntify an outside organization	,
	· Ose Section A to identify the ager	icy s department or	um.	Number	o identity all indivi	dual Ose Section C to idea	itiry an outside organization	
	A. Name of Agency, Dep	artment or Unit		of Ticket(s)/ Passes	Describe t	he public purpose made pu	rsuant to the agency's pol	icy
				1 23363	***************************************			
						,		
	B. Name of Ind	ividual		Number of Ticket(s)/		Identify one of the	following:	
	(Last, Fi	化阿尔比特 医乳腺性 医二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基		Passes				
						monial Role Other		me 🗌
					if che	cking "Ceremonial Role" or "Other" d	е\$спве веюж:	
						monial Role Other Cocking "Ceremonial Role" or "Other" d	<del></del>	me
			Sanger,	Number				Halidaya.
	C. Name of Outside C			of Ticket(s)/ Passes	Describe t	he public purpose made pu	rsuant to the agency's pol	licy
		-						
				4		立4		
		•	••••					
4.	Verification		***	***************************************				
	I have read and understand FF	PC Regulations	18944	.1 and 18942	2. I have verified	I that the distribution set	forth above, is in accord	dance
	with the requirements.							
	X / NIAM	<u>WM</u>		McKibben	O	ACCA Executive Direct		
	Signature of Agency (Heb): of Period	ře /	Pi	rint Name		Title	(month, day, )	/ear)
	Comment:							

<b>.</b>	eremonial Role Event	s and lickeve	'ass distrii	butions		A Public Document	
	Agency Name				Date Stamp	California 802	
	Oakland/Alameda County Co	oliseum Authority				Secretarion of the second seco	
	Division, Department, or Regi	on (if applicable)	- 4400kg s - 1 -			For Official Use Only	
	OACCA Commissioner						
	Designated Agency Contact (	Name, Title)					
	Lee Ann Fergerson, Ticket A	dministrator		, .	☐ Amendment (Mus	st Provide Explanation in Part 3.)	
	Area Code/Phone Number E-mail						
	510-272-6691	leeann.fergerson@	)acgov.org		Date of Original Filin	g:(month, day, year)	
2.	Function or Event Inform	nation				An	
	Does the agency have a tick	et policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$	305.55	
	Event Description: Raiders I	D		<u>, 24 , 18</u>			
	Ticket(s)/Pass(es) provided	Provide Title/ Expla		no: GSW			
	Ticket(s)/Fass(es) provided	by agency: tes	***************************************		Name of Source		
	Was ticket distribution made	at the behest Yes	⊠ No□ If	yes: Hagger	ty, Scott Official's Name (Last, Fir		
	of agency official?				Official's Name (Last, 1 ii	3.17	
3.							
	• Use Section A to identify the agen	cy's department or unit.	Use Section B to i	dentify an individ	dual. • Use Section C to id	lentify an outside organization.	
A. Name of Agency, Department or Unit		rtment or Unit	Number of Ticket(s)/ Describe t Passes		the public purpose made pursuant to the agency's policy		
			Number	hor			
	B. Name of Indi (Last, Fire		of Ticket(s)/ Passes  To promote atter event in order		Identify one of the	e of the following:	
	Perez, Sonia				promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.		
	(2007)114				monial Role Othe king "Ceremonial Role" or "Othe	r L tncome (	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe t	he public purpose made	pursuant to the agency's policy	
4.	Verification	PPC Regulations 1894	4.1 and 18942	I have verified	that the distribution s	et forth above, is in accordance	
n	with the requirements.	, Criogananono 1004					
1	Signature of Agency Heat or Design		nn Fergerson Print Name	do London	Ticket Administrat	Or 8/23/18 (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 \$ 90.00 Does the agency have a ticket policy? Yes X No □ Date(s) 08 Event Description: A's 03 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 \_\_\_ Hang, Sophany If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority. Other Ceremonial Role 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	4. V	'erit	ıcat	ion
-----------------	------	-------	------	-----

Comment:

I have read and unders	tand FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth above,	, is in accordance
with the requirements.	-			The Control of the Control of Con	

	Sabrina B. Landreth	City Administrator	08/ 28 /2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

FPPC Form 802 (2/2016)

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 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) \_\_08\_\_/\_\_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 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 \_\_\_ Darensburg, Shelley 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	d FPPC Regulations	18944.1 and 18942.	I have verified that the	he distribution set forth above,	is in accordance
with the requirements.					

	Sabrina B. Landreth	City Administrator	08/ 28 /2018
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 **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 \$ 100.00 Does the agency have a ticket policy? Yes⊠ No□ Date(s) \_\_08\_\_/ 07 / 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income Argueta, Jennifer If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority. Other \_ Income Ceremonial Role 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 C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator 08/ 28 /2018 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 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 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) \_\_08\_\_/ 08 / 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 A. 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 Berens, Matt 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 City Administrator 08/ 28 /2018 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 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 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) \_\_08\_\_/ Event Description: A's 13 / 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Passes Identify one of the following: (Last, First) Ceremonial Role Other X Munoz, Dasco Income If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority. Other Ceremonial Role 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 distribut	tion set forth above.	is in accordance
with the requirements.			· · · · · · · · · · · · · · · · · · ·	

8	Sabrina B. Landreth	City Administrator	08/ 28 /201	
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 California 1. Agency Name Date Stamp **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: slandreth@oaklandca.gov 510-238-3301 (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 □ Date(s) \_\_08\_\_/ 14 / 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 Describe the public purpose made pursuant to the agency's policy A. 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 | Bedford, Sara If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority. Other  $\square$ Income 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 I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Sabrina B. Landreth

Print Name

with the requirements.

Comment:

Signature of Agency Head or Designee

08/ 28 /2018

(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 \$ 90.00 Does the agency have a ticket policy? Yes ⊠ No □ 08 / 15 , Event Description: A's 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Other X Ceremonial Role Griffin, Bendu 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 of Ticket(s)/ C. (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:

08/ 28 /2018

(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 \$  $\frac{90.00}{}$ Does the agency have a ticket policy? Yes⊠ No□ Date(s) 08 / 17 / Event Description: A'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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Other X Ceremonial Role Income Warner, Jessie 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

Sabrina B. Landreth

with the requirements.

Comment:

Signature of Agency Head or Designee

Print Name Title (month, day, year)

City Administrator

08/ 28 /2018

**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 \$  $\frac{90.00}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Date(s) \_\_08\_\_/ Event Description: A's 18 , 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 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 Other X Income Ceremonial Role Dixon, Kayla If checking "Ceremonial Role" or "Other" describe below:
City Administrator's 2018 Open House Raffle. 2 Ceremonial Role Other Income \_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 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 Signature of Agency Head or Designee Print Name Title (month, day, year)

Agency Report of:

Comment: \_

**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 \$ 90.00 Does the agency have a ticket policy? Yes ⊠ No □ 08 / 19 , Event Description: A's 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? 3. Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Income Uriarte, Jaime If checking "Ceremonial Role" or "Other" describe below: City Administrator's 2018 Open House Raffle. 2 Other \_ Income \_\_\_ 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 of Ticket(s)/ C. (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 08/ 28 /2018 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 □ Date(s) \_\_08\_\_/ Event Description: A's 20 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? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number 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 Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income Levy, Sid If checking "Ceremonial Role" or "Other" describe below:
City Administrator's 2018 Open House Raffle. 2 Ceremonial Role Other \_ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

## 4. Verification

riave read and unders	tand PPPC Regulations	10944.1 and 10942.	i nave vermed that the dist	mbulion sel forth above,	is in accordance
with the requirements.					

	Sabrina B. Landreth	City Administrator	08/ 28 /2018
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 California 1. Agency Name Date Stamp 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 08 , 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 I 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)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Other X Income | Ceremonial Role Wright, Lisa If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority. Other Income \_\_\_ 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 of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Sabrina B. Landreth

Print Name

with the requirements.

Comment: \_

Signature of Agency Head or Designee

08/ 28

(month, day, year)

City Administrator

Title

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document Date Stamp California 1. Agency Name **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 ☐ Date(s) \_\_08\_\_/\_ 22 / Event Description: A'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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Income Silva, Walter If checking "Ceremonial Role" or "Other" describe below: City Administrator's 2018 Open House Raffle. 2 Other Income 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 of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. City Administrator 08/ 28 /2018 Sabrina B. Landreth (month, day, year) Title Signature of Agency Head or Designee Print Name

### 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 \$ 90.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's 80 30 / 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 B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Ferrel, Elizabeth Income lf checking "Ceremonial Role" or "Other" describe below: City Administrator's 2018 Open House Raffle. 2 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 unders	tand FPPC Regulations	18944.1 and 18942	. I have verified that the	distribution set forth above.	is in accordance
with the requirements.					is iii accordanoo
	4				

	Sabrina B. Landreth	City Administrator	08/ 28	/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				

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 \$ 90.00 Does the agency have a ticket policy? Yes ☒ No ☐ 08 / 31 , Event Description: A's 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 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** Other X Ceremonial Role Income Shahzada, Irfan If checking "Ceremonial Role" or "Other" describe below:
City Administrator's 2018 Open House Raffle. 2 Income Ceremonial Role Other \_\_\_ 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 C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator Signature of Agency Head or Designee Print Name Title (month, day, year)

Agency Report of:

Comment: \_

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 \$ 200.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Jeff Lynne's Elo Date(s) \_\_08 / 02 / 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 Income Hicks, Kathy 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 City Administrator 08/ 28 Signature of Agency Head or Designee Print Name (month, day, year)

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp **Form** Oakland Alameda County Coliseum Authority 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: slandreth@oaklandca.gov 510-238-3301 (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: Daryl Hall & John Oates & Train 08 / 07 / 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? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Number Identify one of the following: Name of Individual B. of Ticket(s)/ (Last, First) **Passes** Other X Income Ceremonial Role Lawson, Suzie If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 2 services to the Authority. Other 🗌 Income 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 of Ticket(s)/ C. (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. 08/ 22 /2018 City Administrator Sabrina B. Landreth Signature of Agency Head or Designee Title (month, day, year) Print Name Comment: \_

A Public Document Ceremonial Role Events and Ticket/Pass Distributions Date Stamp California 1. Agency Name **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 \$ 150.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: AR Rahman Date(s) \_\_08 / 18 / 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income Dholakia, Sagar If checking "Ceremonial Role" or "Other" describe below:
City Administrator's 2018 Open House Raffle 2 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)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator 08/ 22 /2018 Print Name Title (month, day, year) Signature of Agency Head or Designee Comment:

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions Date Stamp California 1. Agency Name 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 \$ Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: Bad Bunny 08 / 26 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Ruan, Stephanie If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 2 services to the Authority. Other Income | 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 of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sabrina B. Landreth

Print Name

Signature of Agency Head or Designee

Comment:

08/ 22

/2018

(month, day, year)

City Administrator

**Ceremonial Role Events and Ticket/Pass Distributions** A Public Document Date Stamp California 1. Agency Name **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 \$ 200.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: The Smashing Pumpkins Date(s) 08 , 27 , 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 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 X Income Colata, Nicole If checking "Ceremonial Role" or "Other" describe below: City Administrator's 2018 Open House Raffle 2 Income \_\_\_ Ceremonial Role Other \_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 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 08/ 22 /2018 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 510-238-3301 slandreth@oaklandca.gov **Date of Original Filing:** (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 200.00 Yes ☒ No ☐ Event Description: J Cole Date(s) \_ 08 / 29 , 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 Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Garcia, Mai Ling Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 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 unders	and FPPC Regulations	18944.1 and 18942	I have verified that the	distribution set forth above,	in in accordance
with the requirements.			. Have vermed that the	distribution set forth above,	is in accordance

	Sabrina B. Landreth	City Administrator	08/ 22 /2018
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 **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 \$ 312.55 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Raiders Date(s) \_\_08\_\_/ 24 , 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 A. 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 \_\_ Granados, Brian "Tino" If checking "Ceremonial Role" or "Other" describe below:
City Administrator's 2018 Open House Raffle. 2 Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ C. 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 08/ 28 /2018 Print Name Signature of Agency Head or Designee Title (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Tille) Amendment (Musi Provide Explanation in Part 3.) Area Code/Phone Number Date of Orlginal Filing: chrisdobbinslaw@yahoo.com (month, day, year) 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ Yes No No Does the agency have a ticket policy? Event Description: Oakland A's 2018 Season Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🗵 No 🗌 If yes: Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients \* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization. Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. Passes Number of Ticket(s)/ Name of Individual Identify one of the following: (Last, First) Passes Ceremonial Role Other [ Dobbins, Chris If checking "Ceremonial Role" or 'Other" describe below: to promote the coliseum complex for use by the general public and businesses to maximize revenues Other | Income 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 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 regulrements. Chris Dobbins **OACCA Commissioner** 4.30.18 (month, day, year) Print Name Title Signature of Agency Head or Designee

A.	gency Report or: eremonial Role Even	its and Ticket/F	'ass Distr	ibutions	А	Public Document
	Agency Name		~n- <u></u> :		Dale Stamp	Calibrata (30)2
	Oakland Alameda County C Division, Department, or Reg		magnada — — — — — — — — — — — — — — — — — —	the second secon		For Official Use Only
	Ignacio De La Fuente, OAC	,				
	Designated Agency Contact		agree		-	
					T Amendment Otast 6	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail	7	***	1	
	510.383.4801	idelafuente2012@	gmáil.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a lic	-	図 No []	Face Value of	Each Ticket/Pass \$	
	Event Description: Oakland	A's 2018 Season  Provide Tille/ Expla	mation	. ,	Line Land	
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No□ I	f no:	Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes	□ No⊠ <sup> </sup>	f yes;	Oliicial's Name (Lost, First)	the state of the s
3.	Recipients  • Use Section A to identify the ager  A. Name of Agency, Department		Use Section II to  Number  of Yickei(s)	1		lify an outside organization.
			Number			
	B. Name of Indi (Last, Fir		of Yickel(s)/ Passes		identify one of the l	ollowing:
	De La Fuente, Ignacio			to promote t	nonial Role ( Other D Man "Ceremonial Role" or Other de the colliseum complex rusinesses to maximiz	for use by the general
					nonial Role Olher C Ming Ceremonial Role" or 'Other' de	
	C. Hame of Outside O. (include address and		Number of Tickel(c)/ Passes	Describe th	e bupije barboze woge bar	suant to the agency's policy
		and any and the street of the				u dalari Magagaga — — — — — — — — — — — — — — — —
4.	/erification		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u>and the state of </u>	The second secon
	have read and understand FP vith the requirements.	PG Regulations 18944	.1 and 18942.	I have verified i	that the distribution set fo	orth above, Is in accordance
			De La Fuente		DACCA Commissioner	
,	Signature of Agency Head or Dusigni	ea Pi	int Mame		TiUe	(month, day, year)
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp Callifornia 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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Event Description: Oakland A's 2018 Season Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? 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 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) Ceremonial Role De La Fuente, Ignacio Other X If checking "Ceremonial Role" or "Other" describe below. to promote the coliseum complex for use by the general public and businesses to maximize revenues Ceremonial Role Olher 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 FIPC 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 4.30.18 Signature of Agency Head or Designee Print Name Tilla (month, day, year) Comment:

# Oakland A's August 2018 Ignacio De La Fuente

•	A's v Toronto	8.1.18	(4) tickets	\$90.00
•	A's v Tigers	8.3.18	(4) tickets	\$90.00
•	A's v Tigers	8.4.18	(4) tickets	\$100.00
•	A's v Tigers	8.5.18	(4) tickets	\$78.00
8	A's v Dodgers	8.7.18	(4) tickets	\$100.00
8	A's v Dodgers	8.8.18	(4) tickets	\$100.00
•	A's v Mariners	8.13.18	(4) tickets	\$78.00
•	A's v Mariners	8.14.18	(4) tickets	\$78.00
•	A's v Mariners	8.15.18	(4) tickets	\$90.00
•	A's v Astros	8.17.18	(4) tickets	\$90.00
•	A's v Astros	8.18.18	(4) tickets	\$90.00
•	A's v Astros	8.19.18	(4) tickets	\$90.00
•	A's v Rangers	8.20.18	(4) tickets	\$78.00
8	A's v Rangers	8.21.18	(4) tickets	\$78.00
•	A's v Rangers	8.22.18	(4) tickets	\$90.00
•	A's v Mariners	8.30.18	(4) tickets	\$90.00
6	A's v Mariners	8.31.18	(4) tickets	\$90.00

### 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 Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No 🗌 Event Description: Oakland Raider Season 2018-19 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 Α. of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below. 2 to investigate the efficiencies of operations of various sporting and other events that occur at coliseum complex Ceremonial Role Other \_\_\_ Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

## 4. Verification

I have read and understand FPPC Regulation	s 18944.1 and 18942.	. I have verified that the	distribution set forth a	bove, is in accordance
with the regulirements.				,
Mana S				

	Ignacio De La Fuente	OACCA Commissioner	08.07.18
Signature of Agency Head or Designee	Print Name	TitJe	(month, day, year)
Comment:			

# Oakland Raiders August 2018 Ignacio De La Fuente

<ul><li>Raiders v Lion</li></ul>	S
----------------------------------	---

8.10.18

(2) tickets

\$305.55

Raiders v Packers

8.24.18

(2) tickets

\$305.55

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) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No 🗌 Event Description: Oakland Raider Season 2018-19 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ Name of Source If yes: \_ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Identify one of the following: Name of Individual of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of operations of various sporting and other events that occur at coliseum complex 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)/ C. (include address and description) Passes

### 4. Verification

I have read and understand FPPC Regula	tions 18944.1 and 18942. I hav	e verified that the distribution set forth at	oove, is in accordance
with the requirements	Chris Dobbins	OACCA Commissioner	08.07.18
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:			

## Oakland Raiders

# August 2018

# **Chris Dobbins**

0	Raiders v Lions	8.10.18	(2) tickets	\$305.55
•	Raiders v Packers	8.24.18	(2) tickets	\$305.55

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: RSavage@coliseum.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 200.00 Does the agency have a ticket policy? Yes⊠ No 🗆 Date(s) \_\_08\_\_/\_ 02 / Event Description: ELO Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: \_ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☑ No ☐ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department of Unit identify one of the following Name of Individual Ceremonial Role Other 🗵 Income None If checking "Ceremonial Role" or "Other" describe below: 2 Did not Use Income . Other 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's policy 4. Verification FPPC\_Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I have read and undergrapd with the regularement 8/30/18 OACCA Commissioner Tynette McElhaney (month, day, year) Print Name Comment:

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 90.00 Does the agency have a ticket policy? Yes⊠ No □ Event Description: A's vs Yankees Date(s) \_\_08\_\_/ 01 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☑ No ☐ Name of Source If yes: Lynette McElhaney 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Number of Ticket(s)/ Name of Individual Identify one of the following: Other 🗵 Income [ Ceremonial Role 🔲 Did Not Use If checking "Ceremonial Role" or "Other" describe below: 2 Tickets were not issued Ceremonial Role Other  $\square$ Income ... If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (Include address and Description) Describe the public purpose made pursuant to the agency's policy 4. Verification Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I have reasond und OACCA Commissioner 08/30/18 Lynette McElhaney (month, day, year) Signature of Agency Head or Designee Print Name

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document California 1. Agency Name Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 90.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's vs Tigers 08 03 Date(s) \_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ☑ No ☐ Name of Source If yes: Lynette McElhaney 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. Describe the public purpose made pursuant to the agency's polic Name of Agency, Department or Unit Name of Individual Identify one of the following: Ceremonial Role Other X Income Did Not Use If checking "Ceremonial Role" or "Other" describe below. 2 Tickets were not issued Income 🔲 Other [ Ceremonial Role If checking "Ceramonial Role" or "Other" describe below. Number of Ticket(s)/ Name of Outside Organization Include address and description Describe the public purpose made pursuant to the agency's policy 4. Verification FPP Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I have read and understand with the regainemen Lynette McElhaney OACCA Commissioner 08/30/18 Print Name (month, day, year)

**Ceremonial Role Events and Ticket/Pass Distributions** A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . RSavage@coliseum.com 510,383,4801 (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 vs Tigers Date(s) \_\_08 Provide Title/ Explanation If no: \_ Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Lynette McElhaney 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. Describe the public purpose made pursuant to the egency's policy Name of Agency, Department or Unit. Number of Ticket(s)/ Passes Name of Individual (Last, First) identify one of the following: Ceremonial Role 🔲 Other X Income Did Not Use If checking "Ceremonial Role" or "Other" describe below: Tickets were not issued Income Other \_\_\_ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy Name of Outside Organization: (Include address and description 4. Verification I have read and understand FPPT Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the Leguire and 08/30/18 **OACCA Commissioner** Lynette McElhaney (month, day, year) Print Name Comment: \_

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: A's vs Tigers Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ☑ No ☐ Name of Source If yes: Lynette McElhaney 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department of Unit identify one of the following: Other 🗵 Income \_\_ Ceremonial Role Did Not Use If checking "Ceremonial Role" or "Other" describe below: 2 Tickets were not issued Ceremonial Role Other 🔲 Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Passes Name of Gutside Organization (include address and description) Describs the public purpose made pursuant to the agency

	÷		
Verification I have read and uniferstance fiffic Regu	ulations 18944.1 and 18942. I hav	e verified that the distribution set forth ab	ove, is in accordanc
William His Millian	Lynette McElhaney	OACCA Commissioner	08/30/18
			00/00/10
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510.383.4801 RSavage@coliseum.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 □ Date(s) 08 / 07 / Event Description: A's vs Dodgers Provide Title/ Explanation ·Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: \_\_\_ Name of Source If yes: Lynette McElhaney 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 Describe the public purpose made pursuant to the agency's policy Name of Individual identify one of the following: Ceremonial Role Other X Income Hall, Phillip If checking "Ceremonial Role" or "Other" describe below. Rewarding a City of Oakland student income  $\square$ Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (include address and description) 4. Verification FPP Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I have read and under **OACCA Commissioner** 08/30/18 Lynette McElhaney (month, day, year) . Print Name

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: RSavage@coliseum.com (month, day, year) 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 250.00 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 08 / 07 / Event Description: Hall & Oates Provide Title/ Explanation If no: \_ Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Lynette McElhaney 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department of Unit of Ticket(s)/ Passes Number of Ticket(s)/ Passes Name of Individual (Lest First) Identify one of the following: Ceremonial Role Wilson, Vanessa If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a community activist for his/her service to the City of Oakland Income ... Ceremonial Role 🔲 Other If checking "Ceremonial Role" or "Other" describe below. Number of Ticket(s) Describe the public purpose made purguent to the agency's policy. Name of Outside Organization (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 8/30/18 **OACCA Commissioner** tynette McElhaney (month, day, year) Print Name

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: RSavage@coliseum.com (month, day, year) 510.383.4801 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 vs Dodgers Date(s) \_\_08\_\_/ Provide Title/Explanation Yes ☑ No □ If no: \_ Ticket(s)/Pass(es) provided by agency? Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Ticket(e)/ Describe the public purpose made pursuant to the agency/s policy Name of Agency, Department or Unit Name of Individual ldentify one of the following: Ceremonial Role Other 🗵 Income ... Did Not Use If checking "Ceremonial Role" or "Other" describe below 2 Tickets were not issued Income 🔲 Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Name of Outside Organization include address and description) 4. Verification Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I have read and und

Lynette McElhaney

Print Name

Comment: \_

08/30/18

(month, day, year)

**OACCA Commissioner** 

**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) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 305.55 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Raiders vs Lions 08 , 10 / Date(s) \_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ☑ No □ Name of Source If yes: Lynette McElhaney 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. of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy. Name of Agency, Department or Unit Name of Individual (Last First) Identity one of the following: Ceremonial Role Other 🗵 Miller, Annette If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a community activist for his/her service to the City of Oakland Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's policy 4. Verification Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I have read and und OACCA Commissioner 8/30/18 Lynette McElhaney Print Name (month, day, year) Signature of Agency Head or Designe

**Agency Report of:** Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: RSavage@coliseum.com 510:383.4801 (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 vs Dodgers Date(s) \_\_\_\_\_/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ☑ No ☐ Name of Source If yes: Lynette McElhaney 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 Name of individual (identify one of the following Other 🗵 Income Ceremonial Role Did Not Use If checking "Ceremonial Role" or "Other" describe below: 2 Tickets were not issued Income 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (include address and description) 4. Verification FPP (Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I have read and und **OACCA** Commissioner 08/30/18 Lynette McElhaney (month, day, year) Print Name

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) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 78.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: A's vs Dodgers Date(s) \_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: \_ Name of Source If yes: Lynette McElhaney 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 outside organization. Name of Agency, Department of Unit Describe the public purpose made pursuant to the agency's policy identify one of the following: Name of Individual Ceremonial Role Other X Income Did Not Use If checking "Ceremonial Role" or "Other" describe below: 2 Tickets were not issued Ceremonial Role Other 🔲 Income ... If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's polic 4. Verification gulations\_18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Lynette McElhaney OACCA Commissioner 08/30/18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

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

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

							•		om OUZ
	Oakland Alameda County C						-	000000000000000000000000000000000000000	or Official Use Only
	Division, Department, or Reg			_					•
	Lynette Gibson McElhaney  Designated Agency Contact	1	nmissio	<u> </u>	***************************************				
	Renee Savage - OACCA Ex		tant						<u> </u>
	Area Code/Phone Number	E-mail	lanı				☐ Amendment (#	∄ust Provide Exµ	olanation in Part 3.)
							Date of Original Fi	lina:	
	510.383.4801	RSavage@d	collseun	n.com			Date of Original I	(mont	h, day, year)
2.	Function or Event Infor	mation					AAA-2011		
	Does the agency have a tic	ket policy?	Yes [2	3 No □	Face	Value of	Each Ticket/Pass	\$ 90.00	
	Event Description: A's vs D	odgers					<u>, 15 , 18</u>		
	Lveiii Description.	Provide T	itle/ Explan	ation	Pate				
	Ticket(s)/Pass(es) provided	by agency?	Yes' <b>∑</b>	☑ No □	If no		Name of Source		· ·
	Add				lf vo	. Lynette	McElhaney		,
	Was ticket distribution made	e at the benes	≀ Yes 2	S No □	n ye:	>	Official's Name (Last,	First)	
	of agency official?						•		
3.	Recipients		na ee manaanaan ah ah ah ah						
	· Use Section A to identify the age	ncy's department o	runit, • 1	Use Section B	to ident	ify an individ	lual. • Use Section C to	identify an ou	tside organization.
	Δ Name of Agency, Deb	arment or Unit		Number of Ticketis		Describe ti	e public purpose mac	a Nureuant fo	ing aparcy's notice
	And the second s			Passes					
•			·						·
	B. Name of Ind			Number of Ticket(s			dentify one of	the following	
	Lest Fi	(S)		Passes					
	Did Not Use						nonial Role	her 🔀 her" describe belov	Income L
		0		2	Ti		e not issued		
	Contribution of the Contri	<u> </u>		ATT TOTAL CONTRACTOR OF THE PARTY OF THE PAR	_		<b></b>		
			,				nonial Role L. Oll king "Ceremonial Role" or "Ol	her 📙 her" describe belov	, Income L
	·								
				Number					
	C. Name of Outside C			ot Ticketis Passes	) III	Describe ti	ie public purpose mad	e pursuant to	the agency's policy
				D. W. C.		· · · · · · · · · · · · · · · · · · ·	·	With the second	
A	Varification			recommendation of the second	NAVORBANIA KARABISH KARA	- Alexandra de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición de la composición de la composición dela composi		<u>aggregation of Alberton International Annual An</u>	
<b>4</b> .	Verification I have read and understand FI	DDC Dogulation	o 19044	1 and 190	10: I ha	un unrifind	that the distribution	sat farth aha	vo is in papardano
	with the requirements	PC Regulation	S 10944.	, i anu 1094	· Z. 1 11a	ve vermeu	mat me distribution	set fortir abo	ve, is in accordanc
	Jul 116 118		Lines afta	McElhane	21/	4	OACCA Commiss	ioner	08/30/18
(	Signature o Agency Head or Design	vice 1		int Name	У		Tille	101161	(month, day, year)

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney , OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 90.00 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 08 / 17 / Event Description: A's vs Astros Provide Title/ Explanation If no: \_ Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ Name of Source If yes. Lynette McElhaney 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 Name of Individual identify one of the following Other X Ceremonial Role Income Did Not Use If checking "Ceremonial Role" or "Other" describe below: 2 Tickets were not issued Ceremonial Role Other Income 🔲 If checking "Ceremonial Role" or "Other" describe below: Name of Dutside Organization (include address and description Describe the public purpose made pursuant to the agency's polic of Ticket(s)/ 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 **OACCA Commissioner** 08/30/18 Cynette McElhaney (month, day, year) Print Name

Agency Report of:

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) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 90.00 Does the agency have a ticket policy? Yes⊠ No □ Event Description: A's vs Astros Date(s) \_\_08\_\_/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes⊠ No 🏻 Name of Source If yes: Lynette McElhaney 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 Describe the public purpose made pursuant to the agency's polic Number of Ticket(s) Other 🔀 Ceremonial Role Income ... Did Not Use If checking "Ceremonial Role" or "Other" describe below: Tickets were not issued Ceremonial Role Other 🔲 Income \_\_ If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (include address and description Describe the public purpose made pursuant to the agency's policy 4. Verification I have read and understand FPP Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the grading many and the secondary of the read and the secondary with the read and understand the secondary with the secondar Lynette McElhaney **OACCA** Commissioner 08/30/18 Signature of Agency Head & Designee Print Name (month, day, year)

Comment: \_

**Ceremonial Role Events and Ticket/Pass Distributions** A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510.383.4801 RSavage@coliseum.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 □ Date(s) 08 / 18 / Event Description: AR Rahman Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ☑ No ☐ Name of Source If yes: Lynette McElhaney 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Number of Ticketis)/ Passes identity one of the following: Name of Individual Ceremonial Role Other X Wilson, Vanessa If checking "Ceremonial Role" or "Other" describe below. 2 Rewarding a community activist for his/her service to the City of Oakland Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Name of Outside Organization (Include address and description Describe the public purpose made pursuant to the agency's policy 4. Verification I have read and understand TPC Regulations 18944.1 and 18942. I have venified that the distribution set forth above, is in accordance with the equipments Lynette McElhaney OACCA Commissioner 8/30/18 (month, day, year) Print Name

Agency Report of:

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions A Public Document** California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: RSavage@coliseum.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Date(s) \_\_\_\_\_/ Event Description: A's vs Astros Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: \_ Name of Source If yes: Lynette McElhaney 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Number of Ticket(s)/ Name of Individual identify one of the following: Ceremonial Role Other X Income ... Did Not Use If checking "Ceremonial Role" or "Other" describe below: 2 Tickets were not issued Ceremonial Role Other 🔲 Income ... If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Passes Name of Cutalde Organization (include address and description) Describe the public purpose made pursuant to the agency's policy

Verification (10)			unich der die komit er ist der verschaft der versche ter versche der versche versche versche versche der versch
I have read and understand FPF Regular with the requirement of	ntions 18944.1 and 18942. I have	verified that the distribution set forth at	oove, is in accordanc
Many Just Hotel	Lynette McElhaney	OACCA Commissioner	08/30/18
Signature of Agency Head of Designes	Print Name	Tille	(month, day, year)
Comment:	Address Addres		
		F FPPC Toll-Free Helpline: 866/AS	FPPC Form 802 (2/201) 5K-FPPC (866/275-377)

Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 78.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's vs Rangers Date(s) \_\_08\_\_/\_ Provide Title/ Explanation -Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ☑ No ☐ Name of Source If yes: Lynette McElhaney 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit. ldentify one of the following: Name of Individual Other 🗵 Ceremonial Role Income ... Did Not Use If checking "Ceremonial Role" or "Other" describe below: Tickets were not issued Ceremonial Role Other | income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (Include address and description) Describe the public purpose made pursuant to the agency's policy 4. Verification gulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance 08/30/18 OACCA Commissioner Lynette McElhaney (month, day, year) Print Name Signature of Agency Head or Designee

Agency Report of:

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) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510.383.4801 Date of Original Filing: RSavage@coliseum.com (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 vs Rangers Date(s) \_\_08\_\_/\_ 21 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: \_ Name of Source If yes: Lynette McElhaney 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 Describe the public purpose made pursuant to the agency's policy Name of Individual identity one of the following: Ceremonial Role Other X Income \_\_\_ Did Not Use If checking "Ceremonial Role" or "Other" describe below: 2 Tickets were not issued Ceremonial Role Other \_\_\_ Income If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (include address and deachiption) 4. Verification

I have read and understand FPPC Regulations 1	18944.1 and 18942. I have verified that the distribution set forth above, is in accordance
with the requirements.	,

Will de la	
This the Million	Lynette McElh
Signature of Agency Head of Drisigns	Print Name
C. Carrier	

te McElhaney

OACCA Commissioner

08/30/18

(month, day, year)

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name **Date Stamp** Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: RSavage@coliseum.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 90.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's vs Rangers 22 Date(s) -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: . Yes 🛛 No 🗌 Name of Source If yes: Lynette McElhaney 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit. Name of Individual identify one of the following: Income \_\_\_ Other X Ceremonial Role Did Not Use If checking "Ceremonial Role" or "Other" describe below: Tickets were not issued Income 🔲 Other \_\_\_ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Name of Outside Organization include address and description) Describe the public purpose made pursuant to the agency's policy 4. Verification I have read and understand FPD9 Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the degree of the contract of the 08/30/18 Eynette McElhaney **OACCA Commissioner** Print Name (month, day, year) Signature of Agency Head or Designee

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 305.55 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Raiders vs Packers Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes 🛛 No 🗌 Name of Source If yes: Lynette McElhaney 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Identity one of the following: Name of Individual Ceremonial Role Other 🗵 Income \_\_ Perez, Mike If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a community activist for his/her service to the City of Oakland Income \_\_\_ Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (include address and description Describe the public purpose made pursuant to the agency's polic 4. Verification I have read and unforctand FPDC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the equirements. **OACCA Commissioner** 8/30/18 Lynette McElhaney (month, day, year) Signature of Agency Head or Designee Print Name

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) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 200.00 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: Bad Bunny 26 , Date(s) \_ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No □ If no: . Name of Source If yes: Lynette McElhaney 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department of Unit Number of Ticket(s) Name of Individual Identify one of the following Other 🗵 Ceremonial Role Income None If checking "Ceremonial Role" or "Other" describe below. 2 Did not Use Ceremonial Role Other  $\square$ Income 🔲 If checking "Ceremonial Role" or "Other" describe below Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's policy

4. Verification

I have replications and uniquestand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the replications of the production of the pr

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) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 200.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Smashing Punmpkins Date(s) \_\_08 \_/\_27 \_/\_\_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No □ If no: \_\_\_ Name of Source If yes: Lynette McElhaney 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. Describe the public purpose made pureuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Name of Individual Identify one of the following (Last, First) Ceremonial Role Other X Income None If checking "Ceremonial Role" or "Other" describe below: Did not Use Ceremonial Role Other | Income . If checking "Ceremonial Role" or "Other" describe below: Numbe Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's policy of Ticket(s)/

4. Verification I have read and understand FDFA Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the require pures. Lynette McElhaney OACCA Commissioner 8/30/18 Print Name Tille (month, day, year) Comment: \_\_\_ FPPC Form 802 (2/2016)

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 Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 90.00 Does the agency have a ticket policy? Yes⊠ No □ Event Description: A's vs Mariners 30 Date(s) -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 If no: Name of Source If yes: Lynette McElhaney 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 Describe the public purpose made pursuant to the agency's policy Name of Individual Identify one of the following Ceremonial Role Sanchez, Craig Other X Income If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a City Staff member Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Name of Gutside Organization Describe the public purpose made pursuant to the agency's policy (Include address and description) 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 requirement Lynette McElhaney **OACCA Commissioner** 08/30/18 Print Name Tille (month, day, year) Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Lynette Gibson McElhaney , OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: RSavage@coliseum.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 90.00 Yes ⊠ No □ Event Description: A's vs Mariners 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: Lynette McElhaney 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 Describe the public purpose made pursuant to the agency a policy Number of Ticket(s)/ Passes Name of Individual identify one of the following: Ceremonial Role Nordquist, Cooper If checking "Ceremonial Role" or "Other" describe below. 2 Rewarding a City Staff member Ceremonial Role Other 🔲 Income | If checking "Ceremonial Role" or "Olher" describe below. / Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency

Verification			
I have read and understand FPPC Begu	lations 18944.1 and 18942. I have	venified that the distribution set forth al	bove, is in accordanc
Spring fee Affiliance	Lynette McElhaney	OACCA Commissioner	08/30/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:	·		