Α	Pı	ub	l	C	Do	CL	ım	e	n	t

erentziere	**************************************	The state of the s	**************************************	Contract of the Contract of th	COMPANY OF STREET, STR	
1.	Agency Name				Date Stamp	California 202
	Oakland Alameda County Co	-				Form 004
	Division, Department, or Region	on (if applicable)				For Official Use Only
	Ignacio De La Fuente, OACO	CA Commissioner				
	Designated Agency Contact (/	Name,Title)				
					Amendment (Must Pr	ravido Evplanation in Bort 2.)
	Area Code/Phone Number	E-mail				
	510.383.4801	Idelafuente2012@g	gmail.com		Date of Original Filing: _	(month, day year)
	Function or Event Inform	a a tilo y				(month, day, year)
۷.						4 75
	Does the agency have a tick				Each Ticket/Pass \$	
	Event Description: Banda M	S)ate(s) <u>8</u>	<u>, 10 , 19</u>	
		Provide Title/ Explai		·		
	Ticket(s)/Pass(es) provided by	by agency? Yes [□ No □ If	no:	Name of Source	
	Was ticket distribution made	at the behest yes r			Official's Name (Last, First)	
	of agency official?	.00[Official's Name (Last, First)	
-xx:00:e	ZANIO TANIO ZERIA ZE				ocanocamina con construction and constru	AND
3.	Recipients					
	• Use Section A to identify the agenc		T		ual. • Use Section C to identi	
	A. Name of Agency, Depar		Number of Ticket(s)/ Passes		e public purpose made purs	
					······································	,
	B. Name of Indiv		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	De La Fuente, Ignacio			Cerem	onial Role Other 🗵	Income 🔲
	De La Fuerite, ignació		8	If check	ing "Ceremonial Role" or "Other" des he Coliseum for use by	cribe below:
					to maximize revenues	general public auti
				Cerem	onial Role Other	Income 🗌
				If check	ing "Ceremonial Role" or "Other" desi	cribe below:
	C. Name of Outside Org		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
				}		
4	M 10 11 / 17		7.000 of the contract of the c			
	Verification					
	I have read and understand FPF with the requirements.	C Regulations 18944.	.1 and 18942. i	have verified t	hat the distribution set fo	rth above, is in accordance
	MIMMIN I	_				
	Sibbolida Ol Noodol Wood or Doci-		De La Fuente	<u>C</u>	OACCA Commissioner	8.8.19
	Signature of Agency Head or Designe	e Pr	m Name		Title	(month, day, year)
	Comment:					
1					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THE WAR I THE WAR IN T

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **FOIII** 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 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 \$ 305.55 Yes ☐ No ☐ Event Description: RAIDER Season 2019-20 Date(s) Self Attach Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔲 If no: 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 Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other ___ Income ___ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ C. Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes**

4. Verification

mment:

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.			non out rollin abovo,	io in accordance
////////////////////				

Signature of Agency Head or Designee	

Ignacio De La Fuente

OACCA Commissioner

8.8.19

4

Print Name

Title

(month, day, year)

Oakland Raiders

Ignacio De La Fuente

August 2019

Raiders v Rams

August 10, 2019

(2) tickets

Agency Name Oxidand Alameda County Colliseum Authority Oxidand Alameda County Colliseum Alameda County Colliseum Alameda County Colliseum Alameda County Colliseum Alameda Colliseum Collise	Agency Report of: Ceremonial Role Events and Ticket	/Pass Dist	<u>tributions</u> A Public Documen
Idelation Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Press \$ \frac{1}{2} \frac	Agency Name Oakland Alameda County Colliseum Authority Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner	Date Stamp (Salifornia (S)0)2	
Possible agency have a ticket policy? Yes □ No □ Face Value of Each Ticket/Prass \$ 15 € Event Description; Oakland A's 2019 Season Provide Title Explanation Ticket (s/Pass(cs) provided by agency? Yes □ No □ If no: Was ticket distribution made at the behost Yes □ No □ If no: Was ticket distribution made at the behost Yes □ No □ If yes; Oikel's Main (Last, Fact) Recipion (s) **Wes Exciton to Identify the agency's department or note. **Use Section 10 to Identify an individual. **Use Section Confedently an entitle organization.** A. Plance of Agency, Department or thick Passan Describe the public purpose made pursuant to the agency's policy Passan Describe the public purpose made pursuant to the agency's policy Passan Describe the public purpose made pursuant to the agency's policy Passan Concensate face □ Oard □ Income □ Excitor Consentation Order describe the general Describe the public purpose made pursuant to the agency's policy Passan Concensate face □ Oard □ Income □ Excitor Consentation Order describe the general Describe the public purpose made pursuant to the agency's policy Passan Concensate face □ Oard □ Income □ Excitor Consentation One of the College Concentration Order describe the general concentration Order the College Concentration Order the public purpose made pursuant to the agency of release of the public purpose made pursuant to the agency of release of the public purpose made pursuant to the agency of release of the public purpose made pursuant to the agency of release of the public purpose made pursuant to the agency of release of the public purpose made pursuant to the agency of release of the public purpose made pursuant to the agency of release of release of the public purpose made pursuant to the agency of release of release of the public purpose made pursuant to the agency of release of release of the public purpose made pursuant to the agency of release of release of the public purpose made pursuant to the agency of release of release of the public purpos		@gmail.com	Dain of Original Miles
Recipients	Event Description: Oakland A's 2019 Season. Provide Title / Exp Ticket(s)/Pass(es) provided by agency? Yes Was ticket distribution made at the behest. Yes	No D	Face Value of Each Ticket/Pass \$ 45°C Date(s) Stell Attactifed, If no: Name of Source
Manus of Agency, Department or Unit Passes Describe the public purpose made pursuant to the agency's policy		' Use Section B to	
Do La Fuente, Ignacio De La Fuente, Ignacio Reducting *Coremonial Role** or Other describe below** to promoto the Coliseum Complex for use by general public and businesses to maximize revenues Caremonial Role** Other** or Other describe below. Describe the public purpose made pursuant to the agency's policy Phases Phases Describe the public purpose made pursuant to the agency's policy Phases Have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ignacio De La Fuente OACCA Commissioner 3.22.19 Genetic Graphs and or Designes Point Hame Title OACCA Commissioner 3.22.19	13, 19mio Ol Agency, Department or trag		Describe the public purpose made pursuant to the agency's policy
Reflecting *Committed from or *Other *describe below* Income Department of the Colliseum Complex for use by general public and businesses to maximize revenues Caromental Red Other Income Income Under the colliseum Complex for use by general public and businesses to maximize revenues Caromental Red Other Income Income Under the committee of the agency's pulley of the committee of the		of Ticket(s)/	Identify one of the following:
Mainte of Ouiside Organization (include address and description) Merification 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 regularments. Ignacio De La Fuente OACCA Commissioner 3.22.19 Signature of Agency Head or Designee Point Hame Hills (month, day, year)	Do La Fuente, Ignacio		to promote the Coliseum Complex for use by general public and businesses to maximize revenues Caromonial Role Other Description Descrip
Have read and understand FPPC Regulations 18944.1 and 18942. Thave verified that the distribution set forth above, is in accordance with the regularments. Ignacio De La Fuente OACCA Commissioner 3.22.19 Signature of Agency Head or Designee Point Hame Title (month, etay, year)	ि Maine of Ouiside Organization (include address and description)	of Ticket(s)/	ff Cherking "Ceramonial Role" or "Office" describe Oaksu.
Have read and understand FPPC Regulations 18944.1 and 18942. Thave verified that the distribution set forth above, is in accordance with the regularments. Ignacio De La Fuente OACCA Commissioner 3.22.19 Signature of Agency Head or Designee Point Hame Title (month, etay, year)			
Signature of Agency Head or Designee Print Hame Title (anonth, day, year)			
V 41 47 43 1 1 10 - 51 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Signiature of Agonicy Hend or Designee Pdi	ot Hame	The second secon

d,

Oakland A's

Ignacio De La Fuente

August 2019

•	A's v Brewers	8.1.19	(4) tickets
•	A's v Astros	8.15.19	(4) tickets
•	A's v Yankees	8.20.19	(2) tickets
•	A's v Yankees	8.22.19	(2) tickets
•	A's v Giants	8.25.19	(2) tickets

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

1. Agency Name **A Public Document**

Ockland Alemada County Col	Itaanisma Aisati sista			Date Stamp	Form 802
Oakland-Alameda County Col Division, Department, or Region				·	For Official Use Only
OACCC Commissioner	··· (·· wpprisseure)				
Designated Agency Contact (Na	ame, Title)				•
Leah Doyle-Stevens, Ticket A	•				
	-mail			Amendment (Must P.	rovide Explanation in Part 3.)
510-272-6691	_eah.Doyle-Steven	ns@acgov.org		Date of Original Filling:	(month, day, year)
Function or Event Inform	ation	anne ann an Aireann an			
Does the agency have a ticker	t policy? Yes i	⊠ No□ Fa	ace Value of	Each Ticket/Pass \$ 45	5.00
Event Description: Oakland A				, 03 , 19	_
•	Provide Title/ Explai	nation	are(3)		
Ticket(s)/Pass(es) provided by	/ agency? Yes [⊠ No□ If	no:	Name of Source	THE OF THE PROPERTY OF THE PRO
Man tinket distribution med	i iha bahasi		yes: Haggeri		•
Was ticket distribution made a of agency official?	tine benest Yes	¥ No□ "	yes	Official's Name (Last, First)	A CONTRACTOR OF THE CONTRACTOR
or agency officials				•	
Recipients	THE STATE OF THE S		and the state of t	territoria (il territoria) del primero	oostoonittiinistä liitiitiin kaantaan on on talaan on
• Use Section A to identify the agency'	's department or unit. •	Use Section B to id	lentify an individ	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departs	nent or Unit	Number of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy
* ***		Passes		, par	
		.			
		Bhau-t			
B. Name of Individ	lual	Number of Ticket(s)/	,	Identify one of the fe	ollowing:
(Last, First)		Passes -	·••		
Ismail, Patricia (4); Eddy, Rh] ,		omote attendance at	• •
Krause, Paul (3); Benedetti,	reresa (3)	14		ent in or to maximize renue for concession	-
•				ionial Role Other ing "Ceremonial Role" or "Other" des	
Name of Autolds Asse	potration	Number			
C. Name of Outside Orga	scription)	of Ticket(s)/ Passes	Describe th	e bnplic bribose wade brit	suant to the agency's policy
	* '				
HAMA MARKET AND ASSESSMENT OF THE PROPERTY OF					
Varification	201120247955520002500000000000000000000000000000				
Verification	2 Boardollone 48044	4 and 40040 1	hous varies of	hat the distribution ==1.5-	with about to in a secretary
I have read and understand FAPO	, rxeguiations 18944.	. i and 18942. i	nave venned t	nai ine distribution set fo	ırın adove, is in accordanı
	111 / 100	oyle-Stevens		Ticket Administrator	08/29/19
Signature of Agency Headlor Designates	1 ×	oyle-Stevens int Name		Title	(month, day, year)
, , , , , , , , , , , , , , , , , , , ,	• •				,, , , , , , ,

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland-Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) **OACCC Commissioner** Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-272-6691 Leah.Doyle-Stevens@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45.00 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Oakland A's game Date(s) _08 04 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes⊠ No 🗆 Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy À. Passos Number ٨. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes To promote attendance at a county sponsored Silva, Tom (4); Shannon, Gregory (2); Chandler, Chris (4); Rudolph, Sandy (3) event in or to maximize potential county 13 revenue for concession and parking sales Ceremonial Role Other L if checking "Ceremonial Role" or "Other" describe below: Number Name of Cutside Organization

(linclude address and description)	of Ticket(s)/ Passos	nescripe the bribit bribose made brushaut	to the agency's policy
2			
Verification I have read and understand fifthet/Regulations 1 with the legicularients.	8944.1 and 18942. I hav	re verified that the distribution set forth a	bove, is in accordance
Les	h Doyle-Stevens	Ticket Administrator	08/29/19
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:	-		
			FPPC Form 802 (2/2016
		FPPC Toll-Free Helpline: 866/AS	3K.FPPC

1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda Count	-				
Ī	Division, Department, or R	legion (if applicable)		For Official Use Only		
_	OACCC Commissioner					
	Designated Agency Conta	• •				
	Leah Doyle-Stevens, Ticl				Amendment (Must	Provide Explanation in Part 3.)
•	Area Code/Phone Number	E-mail				
	510-272-6691	Leah.Doyle-Stev	ens@acgov.or	9	Date of Original Filing	(month, day, yeer)
2.	Function or Event Inf	ormation	orazona orazona a sanara de la composito de la			
	Does the agency have a	ticket policy? Ye	s⊠ No□ I	ace Value of	Each Ticket/Pass \$ _	1500.00
	Event Description: Oakla	nd A's game		Date(s) <u>09</u>		1 1
		Provide Title/ Ex	planation	Juio(0) ************************************		
	Ticket(s)/Pass(es) provid	ed by agency? Ye	s⊠ No□ I	f no:	Name of Source	TO COLOR DE LA COL
	184	ado at the behavit	ron	f yes: Hagger	y, Scott	
	Was ticket distribution ma					
- manusconida	Was ticket distribution ma of agency official?	ade at the beliest Ye	s⊠ No∐ '		Official's Name (Last, First)
3.		ade at the benest Ye	s⊠ No∐ '		Official's Name (Last, First)
nazamenik	of agency official?	s annun marin s ssan ar annun ann ag ag san a cag ag sag sag sag ag	• Use Section B to	and the second s	Official's Name (Last, First	
nazamenik	of agency official? Recipients Use Section A to identify the a	s annun marin s ssan ar annun ann ag ag san a cag ag sag sag sag ag a		identify an individ	Official's Name (Last, First	
name in the last of the last o	of agency official? Recipients Use Section A to identify the a	gency's department or unit.	• Use Section B to Number of Ticket(s)/	identify an individ	Official's Name (Last, First	ntify an outside organization.
nazamenik	of agency official? Recipients • Use Section A to identify the a	gency's department or unit. Opartment or Unit	Use Section B to Number of Ticket(s)/ Passes	identify an individ	Official's Name (Last, First	ntify an outside organization. ursuant to the agency's policy
asseriani) d	of agency official? Recipients Use Section A to identify the a	gency's department or unit. Opartment or Unit	• Use Section B to Number of Ticket(s)/ Passes	identify an individ	Official's Name (Last, First	ntify an outside organization. ursuant to the agency's policy
asseriani) d	of agency official? Recipients Use Section A to identify the a	gency's department or unit. Opartment or Unit	• Use Section B to Number of Ticket(s)/ Passes Number of Ticket(s)/	identify an individ	Official's Name (Last, First	ntify an outside organization. ursuant to the agency's policy following:
asseriani) d	of agency official? Recipients Use Section A to identify the a	gency's department or unit. Opartment or Unit	• Use Section B to Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	Official's Name (Last, First ual. • Use Section C to ide public purpose made pu Identify one of the	ntify an outside organization. ursuant to the agency's policy following: Income
name in the last of the last o	of agency official? Recipients Use Section A to identify the a	gency's department or unit. epartment or Unit Individual First)	• Use Section B to Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe the	Identify one of the long "Ceremonial Role Other ing "Ceremonial Role" or "Other ing "Ceremonia	ntify an outside organization. ursuant to the agency's policy following: Income

			<u>-</u>
ification			
Metronicker	Leah Doyle-Stevens	rerified that the distribution set forth a	08/26/19
gnature of Agency (Hydad of Designee mment: EVUT PTU	eds suppro No	thern Cuifrai	(month, day, year)
with life-th	extendy & chron	FPPC Toll-Free Helpline: 866/A	FFFG FUIRI 602 (2)2016)

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 **OACCC Commissioner** Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-272-6691 Leah.Doyle-Stevens@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Oakland A's game Date(s) . Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(e)/ A. Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes To promote attendance at a county sponsored I Richardson, Bryan 2 event in or to maximize potential county revenue for concession and parking sales Ceremonial Role Other ___ Income 1 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(e)/ C. (include address and description) Passos McGrail Vineyards To promote attendance at a county sponsored 10 5600 Greenville Rd/ Livermore, CA 94550 event in or to maximize potential county **Dublin Chamber of Commerce** revenue for concession and parking sales 4 7080 Donlon Way #110/ Dublin, CA 94568 4. Verification Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Comment:

Leah Doyle-Stevens Ticket Administrator 08/29/19
Print Name Title (month, day, year)

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) **OACCC Commissioner** Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: Leah.Doyle-Stevens@acgov.org (month, day, year) 510-272-6691 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45.00 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 08 / 18 / Event Description: Oakland A's game Provide Title/ Explanation If no: _ Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☑ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Identify one of the following: ~ Name of Individual of Ticket(s)/ (Last, First) Passes Income 🔲 Other 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 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 Livermore Valley Wine Growers To reward a Community volunteer for his or her 6 3585 Greenville Road Ste 4/ Livermore 94550 service to the public. Verification PC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance anti understand £ 08/26/19 Ticket Administrator Leah Doyle-Stevens (month, day, year) Tilla Print Name

Comment:

Δ		ıhl	ic	Doc	ilm	ant
<i>F</i> -3.	8 L	9 L F I		L.FL JE.		ء ا ا ب

Oz Div O/ De: Le Arc 51 2. Fu	gency Name akland-Alameda County C vision, Department, or Reg ACCC Commissioner signated Agency Contact (ah Doyle-Stevens, Ticket a Code/Phone Number 10-272-6691 unction or Event Inform	ion (if applicable) (Name, Title)			Date Stamp	For Official Use Only
Div OA De: Le Are 51 2. Fu	vision, Department, or Reg ACCC Commissioner signated Agency Contact (ah Doyle-Stevens, Ticket ea Code/Phone Number 10-272-6691	ion (if applicable) (Name, Title) Administrator E-mail		•		i i i i i i i i i i i i i i i i i i i
O/Dec Le Arc 51 2. Fu	ACCC Commissioner signated Agency Contact (ah Doyle-Stevens, Ticket ea Code/Phone Number 10-272-6691	(Name, Title) Administrator E-mail	·	•		For Official Use Only
De Le Are 51 2. F u Do	signated Agency Contact (ah Doyle-Stevens, Ticket ea Code/Phone Number 0-272-6691	Administrator E-mail	-	•		
51 2. F u	ah Doyle-Stevens, Ticket ea Code/Phone Number 0-272-6691	Administrator E-mail				
51 2. Fu	ea Code/Phone Number 0-272-6691	E-mail				
51 2. F u Do	0-272-6691	1			Amendment (Musi Provide	a Evalenation in Dart 2)
2. Fu Do		Leah.Doyle-Steven		***	End Principalitation (Manager 104)	a Explanation in Fan 3.7
Do	inction or Event Infor	1	is@acgov.org	3	Date of Original Filing:	monih, day, year)
		mation				
E.,	es the agency have a ticl	ket policy? Yes [⊠ No 🗆 F	ace Value of I	Each Ticket/Pass \$ <u>45.00</u>	
	rent Description: A'S			Date(s)07		
	- Fire in Education	Provide Title/Exple	nation	Jaio(0)		
Tic	cket(s)/Pass(es) provided	by agency? Yes [No □ H	f no:	- Wilder	
144	61_1_6_6_11_6_11_11_11			f yes: <u>Haggert</u>	Name of Source v. Scott	
	as ticket distribution made	e at the benest Yes	× No□ "	i yes.	Official's Name (Last, First)	
O	f agency official?					
	Recipients Use Section A to identify the agen	cy's department or unit. •		identify an individ	ual. • Use Section C to identify ar	n outside organization.
A	Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	s public purpose made pursuan	t to the agency's policy
		A1003900				
B	Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the follow	ing:
	abral, Renee		6	ever	mote attendance at a count in or to maximize pote nue for concession and p	ential county
L:	arock, Scott		4	even	note attendance at a cou t in or to maximize poter nue for concession and p	ntial county
C	Name of Outside Or (include address and	ganization description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pursuant	to the agency's policy
	eamsters Local 70 00 Roland Way/ Oakland,	CA 94621	8	even	note attendance at a cou t in or to maximize poter nue for concession and p	ntial county
######################################						
. /	rification whe read and understand FPI Wish regular company.	I_{I}	1 and 18942. I		nat the distribution set forth a	
(/ \{	Signature of Agendy Head or Designature	*****	int Name		Title	08/23/19 (month, day, year)
V						fulanta and same

Agency Report of Ceremonial Rol	of: e Event	s and Ticket/Pa	ss Distrib	utions		A Public D	
1. Agency Name		ден жанан шуулган на казан Түрөгө күн казан дүү поэл и казан Ад Шалан казандар.).			Date Stamp	Californ	ia 802
Oakland-Alameda	County Co	oliseum Authority					dal Use Only
Division, Departme	nt, or Regi	on (if applicable)				1 70,0,0	,,
OACCC Commiss	ioner	•					
Designated Agency		Vame, Title)	***************************************				
Leah Doyle-Steve					□ Amendment (Ma	ust Provide Explanatio	on in Part 3.)
Area Code/Phone N		E-mail	<u>,</u>		,		ļ
510-272-6691		Leah.Doyle-Stevens	@acgov.org		Date of Original Fill	ng:(month, day,	year)
2. Function or Eve				en Voluo of	Each Ticket/Pass \$	45.00	
Does the agency		•				<i>y</i>	
Event Description	Oakland	A's game Provide Title/ Explana	Da	ate(s)	<u>, 24 , 19</u>		
Ticket(s)/Pass(es	provided	by agency? Yes ⊠	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10:	Name of Source		<u>.</u>
Was ticket distribu		e at the behest Yes 🛚] No [] If	yes: <u>Hagger</u>	ty, Scott Official's Name (Last, F	-irst)	
3. Recipients • Use Section A to ide	ntify the age	ncy's department or unit. • L	Jse Section B to id	ientify an indivi	dual. • Use Section C to	identify an outside	organization.
A. Name of	Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe t	he public purpose mad	e pursuant to the a	gency's policy
B.	Name of Individual				Identify one of	f the following:	
	(Last, F	rst)	Passes	Tonr	omoto attendance	at a county su	nonsored]
Dominic Tramp Turner (2); Ana	etti (4); Ka Burns (4):	ylie Burkett (4); Eric Garth Krause (4)	18	ev	promote attendance at a county sponsored event in or to maximize potential county revenue for concession and parking sales		
		·		Cere If che	emonial Role Ot ecking "Ceremonial Role" or "O	ther Land the below:	Income
C- Nam (Includ	of Outside o addross a	Organization nd description)	Number of Ticket(s)/ Passos	Describe	the public purpose mad	de pursuant to the	agency's policy
			the language constraints and the constraints of the				
4. Verification	nderstand (PPC Regulations 1894	4.1 and 18942.	I have verifie	d that the distribution	ı set forth above,	, is in accordance
Signature of Agence	y Hedd oil Des	V V	Ooyle-Stevens Print Name)	Ticket Administ	rator	08/26/19 (month, day, year)
Comment:							

diaman		ito aire ilongui	daa Mian	INGUIO	_ AP	ubiic Document	
1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County (Form OUZ	
	Division, Department, or Reg	ion (if applicable)			i	For Official Use Only	
	OACCC Commissioner						
	Designated Agency Contact	(Name, Title)			<u> </u>		
	Leah Doyle-Stevens, Ticket	•					
	Area Code/Phone Number	IE-mail			Amendment (Must Provi	de Explanation in Part 3.)	
					S. 4 . 7 . 8 . 1 . 4 . 7 . 11		
CONNECTO	510-272-6691	Leah.Doyle-Steven	is@acgov.or	g	Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tic	ket policy? Yes [⊠ No □	Face Value of	Each Ticket/Pass \$ <u>45.0</u>	0	
	Event Description: Oakland	A's game		Date(s) 08			
	Everit Description.	Provide Title/ Explai	nation	Date(s)			
	Ticket(s)/Pass(es) provided			lf no:			
					Name of Source		
	Was ticket distribution made	e at the behest Yes	⊠ No 🗆	lf yes: <u>Haggerl</u>	ly, SCOπ Official's Name (Last, First)		
	of agency official?	•		Onicials Name (Last, First)			
annorm es	P3 I I	en grandelikii milaanii sellaanii sellaanii sellaanii saasaanii sellaanii saasaanii sellaanii sellaanii sellaa	O HILLO CON PORTO DE LA CONTRACTOR DE LA C	MAIN ALLER MANNES AND AND ALLER MANNES A			
3.	Recipients						
	 Use Section A to identify the ager 	icy's department or unit.	ual. * Use Section C to identify:	an outside organization.			
	A. Name of Agency, Dep	ertment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursua	nt to the agency's policy	
	—						
	B. Name of Ind	lviduat	Number		1.0-41£1 54L - 5-U-1		
	(Lest, Fir		of Ticket(s)/ Passes	÷	Identify one of the following:		
	A Commission of the Commission	404 04-4 (Social Inc.)		Cerem	onial Role 🔲 Other 🔲	Income	
					ing "Caremonial Role" or "Other" describ		
	<u> </u>			Cerem	onial Role 🔲 Other 🔲	Income [
					ing "Ceremonial Role" or "Other" describ		
		;					
	· Name of Control of		Number				
	C. Name of Outside O (Include address and		of Ticket(s)/ Passes	· Describe the	e public purpose made pursua	nt to the agency's policy	
	Frie leves and Associates		1 43303			<u>, , , , , , , , , , , , , , , , , , , </u>	
	Eric Jones and Associates		.4		note attendance at a co	* *	
	BOKE-UL PROBECTIONS - LEGAL - LAND				nt in or to maximize pot	• •	
	Heritage Bank	04550	8	reve	nue for concession and	parking sales	
	1987 1st St/ Livermore, C/	¥ 94550					
4.	Verification , M						
المد	//hayp/read and understand FF	PPC Regulations 18944.	.1 and 18942.	I have verified t	hat the distribution set forth	above, is in accordance	
Л	with the place of the property of the control of th	AA					
1	1887/W N 7041 42N	ルレレ Leah Do	yle-Stevens	;	Ticket Administrator	08/26/19	
	Signature of Agency Head or Designee Print Nam			· · · · · · · · · · · · · · · · · · ·	Title	(month, day, year)	
						•	
	Comment:						

Ceremonial Role Events and Ticket/Pass Distributions

						A Fublic Document			
1.	Agency Name				Date Stamp	California 202			
	Oakland-Alameda County C	Coliseum Auth	nority			Form OUZ			
	Division, Department, or Reg	ion (If Applicable	e)		1	For Official Use Only			
	Barbara J. Parker, City Atto	rnev/OAACA	Official						
	Designated Agency Contact (Omolai		-				
	, ,	, ,							
	Area Code/Phone Number	le			Amendment (Must pro	ovide explanation in Part 3.)			
		E-mail	aldon doite ott	OFDO! OFO	Date of Original Filing: _				
_	(510) 238-3815	bparker@oa	akianocityatti	orney.org	Date of Original Filling.	(Month, Day, Year)			
2.	Function or Event Infor		William I	English Mark State		85.50			
	Does the agency have a ticke		Yes⊠ No		of Each Ticket/Pass \$				
	Event Description JoJo Siwa	D.R.E.A.M.	The Tour	Date(s)08	14 , 19				
		Provide Title/Exp	lanation						
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗵 No	☐ If no:	Name of Sour	roo			
	Was ticket distribution made a	t the beheat							
	of agency official?	it the benest	No ⊠ Yes	☐ If yes:	Official's Name (La	ast, First)			
2		Recipients							
3.	Use Section A to identify the agency	s department or	ual • Use Section C to identif	iv an outside organization					
			Number of						
	A. Name of Agency, Department or Unit Ticket			Describe the pub	lic purpose made pursuant to	o the agency's policy			
n!	B. Name of Individua	ľ	Number of						
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following:				
	6 W 1			Ceremonial Role	Other 🛛	Income			
	Smith, Jamie		3	Marian American Ameri	al Role" or "Other" describe below:				
				services to the Auth	ntives to City and County employees that provide				
			-	-					
				Ceremonial Role	Other al Role" or "Other" describe below:	Income L			
				500 (400 (500 (400 (400 (400 (400 (400 (
9	C. Name of Outside Organi	zation	Number of	Describe the mobile					
	(include address and desc	cription)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	tne agency's policy			
	Vaulti andi								
	Verification I have read and understand FPPC Regula	ations 18944 1 and	18942 I have ve	rified that the distribution set to	rth above is in accordance with	the requirements			
	Be and	1.5110 1.0574.1 allu							
27	Signature of Agency Head or Designee		Barbara J. F		Attorney/OAACA Offici				
	Signature of Againsy Fleati of Designee		Print Name	5	Title	(Month, Day, Year)			
ì	Comment:								
30.5									

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) For Official Use Only Nate Miley, OACCA V. Chair 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 nate.miley@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45.00 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: Oakland A's Date(s) __8 / 21 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Α. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Miley, Nate If checking "Ceremonial Role" or "Other" describe below: 18 to provide opportunities for community groups to utilize the facility Other 🔲 Ceremonial Role Income ___ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

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. Renee Savage OACCA Ticket Administrator 10.1.19 Signature of Agency Head or Designee Print Name Title (month, day, year) Comment: form not received from office

Α	P	ωŁ)li	C	D	a	1:	ım	er	۱í

1.	Agency Name		OHORESTON AND STANCE ST	Date Stamp California 802			
	Oakland Alameda County C	oliseum Authority				. 01111	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Henry Gardner, Interim Exe						
	Designated Agency Contact (Name,Title)				,	
	, , , , , , , , , , , , , , , , , , ,				Amendment (Must	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	510.383.4801	rsavage@coliseum	.com		Date of Original Filing	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Yes [⊠ No □ F	ace Value of	Each Ticket/Pass \$ 🕹	48.00	
	Event Description: Oakland				<u>, 20 , 19</u>		
	Event Description.	Provide Title/Explai	nation	Jale(S)	/		
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🗆 🖽	no:	Name of Source		
	Was ticket distribution made of agency official?	e at the benest Yes [」No⊠ "	yes:	Official's Name (Last, First)	
	or agency official?						
3.	Recipients						
	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	identify an individ	lual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy	
			1 03363				

	B. Name of Indi		Number of Ticket(s)/ Passes		· following:		
	Gardner, Henry			Cerem	nonial Role Other	Income ☐	
	Gardner, Floring		4	If checking "Ceremonial Role" or "Other" describe below: to investigate the efficiencies of operations of various			
			,			ccur at Coliseum Complex	
				Cerem	nonial Role 🔲 Other	Income	
				If check	king "Ceremonial Role" or "Other" o	Jescribe below:	
	C. Name of Outside Or		Number of Ticket(s)/	Describe th	e public purpose made pu	ursuant to the agency's policy	
		description)	Passes				
				MICCOMMISSION - 111-1			
4	Verification	(1.50k) ald medicine com a mission com medicine com a mission com a mis					
т.	I have read and understand FP	PC Regulations 18944	.1 and 18942	I have verified f	that the distribution set	forth above is in accordance	
	with the requirements.	. Trogulations roots	10012.	roimou i	oro aroundation oot	.o.a. abovo, io in accordance	
	7 km I Vare	Henr	y Gardner	[nt	erim Executive Direc	otor 8.20.19	
	Signature of Agency Head or Designation		int Name		Title	(month, day, year)	
	Comment:						

Ceremonial Role Events and Ticket/Pass Distributions

					A rabile becament					
1. Agency Name				Date Stamp	California 802					
Oakland-Alameda County C	Coliseum Auth	nority			rom					
Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only					
Barbara J. Parker, City Atto	rnov/OAACA	Official								
Designated Agency Contact		Official								
Designated Agency Contact (rvame, mej									
		W		Amendment (Must prov	vide explanation in Part 3.)					
Area Code/Phone Number	E-mail				COLO CONTROL C					
(510) 238-3815	bparker@oa	aklandcityatto	rney.org	Date of Original Filing:	(Month, Day, Year)					
2. Function or Event Infor	mation									
Does the agency have a ticke	t policy?	Yes⊠ No[☐ Face Value o	f Each Ticket/Pass \$	45.00					
Event Description Oakland A	ee Brewers	D=4=(a) 08	08 , 01 , 19							
Event Description	Provide Title/Exp	lanation	Date(s)							
Ticket(s)/Pass(es) provided b	v agency2	Vac IVI Na I	If no:							
ricket(s)/r ass(es) provided b	y agency:	Yes⊠ No [11110.	Name of Source	ce					
Was ticket distribution made a	at the behest	No⊠ Yes[If ves:							
of agency official?				Official's Name (Las	st, First)					
3 Recipients	Recipients									
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.										
A. Name of Agency, Departme	A. Name of Agency, Department or Unit			lic purpose made pursuant to	the agency's policy					
		Pass(es)			2011/10/19 (20)					
B. Name of Individua	Name of Individual			Identify and of the following						
(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following:						
			Ceremonial Role	Other 🗵	Income					
Fung, Michael		2	If checking "Ceremonial Role" or "Other" describe below:							
		-	To provide incentives to City and County employees that provi services to the Authority							
		+								
		1 1	Ceremonial Role	Other Garage Of the Company of the C	Income L					
			in checking Geremoni	arride of other describe below.						
Name of Outside Oregon	Ineklen	Number of			20.75					
C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy					
		1 435(55)			1, 1500,1001,100,500					
		1 1								
4. Verification										
I have read and understand FPPC Regu	lations 18944.1 and	d 18942. I have ver	rified that the distribution set fo	orth above, is in accordance with t	he requirements.					
Barbart Shit		Barbara J. F	arker City	Attorney/OAACA Offici	al 07/29/2019					
Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)					
Comment:										

1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County Co	oliseum Auth	ority			Form 002	
	Division, Department, or Region	on (If Applicable	e)		1	For Official Use Only	
	Barbara J. Parker, City Attor	nev/OAACA	Official				
	Designated Agency Contact (/	•					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
	(510) 238-3815	bparker@oa	klandcitvatto	ornev ora	Date of Original Filing: _		
2.	Function or Event Inforn					(Month, Day, Year)	
	Does the agency have a ticket		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	305.55	
	Event Description Oakland Ra	Provide Title/Expl	anation	Date(s)	, 10 , 19		
		.,,		If no:			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No		Name of Source		
	Was ticket distribution made at	the behest	No ⊠ Yes	☐ If yes:			
	of agency official?			200 P. Carlo Code Communication Code Code Code Code Code Code Code Code	Official's Name (La	ast, First)	
3.	Recipients						
	 Use Section A to identify the agency 	s department or	ial. • Use Section C to identif	y an outside organization.			
	A. Name of Agency, Departmen	it or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy	
			Pass(es)				
	B. Name of Individual Ti				· · · · · · · · · · · · · · · · · · ·		
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followin	g:	
				Ceremonial Role	Other 🛛	Income	
	Andrada, Cynthia		2		al Role" or "Other" describe below:	STATE OF THE RESERVE	
				services to the Auth		employees that provide	
				Ceremonial Role	Other	Income \square	
				(-	al Role" or "Other" describe below:	income	
			2				
	C. Name of Outside Organiz		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	o the agency's policy	
	(include address and desc	ription)	Pass(es)				
	Verification						
1	have read and understand FPPC Regula	tions 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.	
	Sarbary Saik	e ,	Barbara J. F	Parker City	Attorney/OAACA Offic	ial 09/04/2019	
1	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)	
	0						
- 1	Comment:						

Ceremonial Role Events and Ticket/Pass Distributions

						A Fublic Document	
1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C	oliseum Auth	ority			TOTTI	
	Division, Department, or Regi	ion (If Applicable	e)		1	For Official Use Only	
	Barbara J. Parker, City Attor	rnev/OAACA	Official				
	Designated Agency Contact (Onloid		-		
	A 0 1 101 N 1				Amendment (Must pro	ovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail	. [.]		Date of Original Filing: _		
	(510) 238-3815		aklandcityatto	orney.org	Date of Original Filling.	(Month, Day, Year)	
2.	Function or Event Inform					45.00	
	Does the agency have a ticker	350 S50	Yes 🗵 No		f Each Ticket/Pass \$		
	Event Description Oakland A	Astros	Date(s)08	15 , 19			
	Ticket(s)/Pass(es) provided by	The Author was been refused to the control of the c		□ If no:			
	Ticket(s)/Fass(es) provided by	agency:	Yes ⊠ No		Name of Sour	се	
	Was ticket distribution made a	t the behest	No ⊠ Yes	☐ If yes:	Official's Name (La		
	of agency official?				Official's Name (La	st, First)	
3.	Recipients						
	Use Section A to identify the agency	r's department or	ial. • Use Section C to identif	y an outside organization.			
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy	
	B. Name of Individua	Name of Individual					
	(Lest, First)		Ticket(s)/ Pass(es)		Identify one of the following	g:	
	Fernandez, Ubaldo			Ceremonial Role [Other A	Income	
			2	To provide incentive services to the Auth	ves to City and County employees that provide thority		
				Ceremonial Role	Other al Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy	
2							
	Verification						
I	have read and understand FPPC Regula	ations 18944.1 and				**************************************	
9	Jaly Jal		Barbara J. F		Attorney/OAACA Offic		
	Signature of Agency Head or Designee		Print Name	e	Title	(Month, Day, Year)	
	Comment:						

1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C	oliseum Auth	ority			Form OUZ	
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only	
	Barbara J. Parker, City Attor	nev/OAACA	Official				
	Designated Agency Contact (Official				
	3 3 , .						
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)	
	(510) 238-3815	bparker@oa	klandcitvatto	ornev ora	Date of Original Filing:		
2	Function or Event Infor		Maridonyano	omey.org	Annual Control of the	(Month, Day, Year)	
۷.	Does the agency have a ticker		V. V. N.	□ Face Value o	f Each Ticket/Pass \$	45.00	
		(5)	Yes 🗵 No				
	Event Description Oakland A	Provide Title/Expl	K Yankees	Date(s)			
		10 W 1100 M 10 P 20 0 10 M 10 P 20 M 10 M					
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗵 No	lf no:	Name of Source		
	Was ticket distribution made a	t the behest	No ⊠ Yes				
	of agency official?		140 🖂 100	П усз	Official's Name (Las	st, First)	
3.	Recipients						
	Use Section A to identify the agency	's department or	al. • Use Section C to identify	/ an outside organization.			
	A. Name of Agency, Department or Unit Number of Ticket(s)/			Describe the pub	lic purpose made pursuant to	the agency's policy	
	\$1 B 1 A		Pass(es)				
			Number of				
	B. Name of Individua	I	Ticket(s)/ Pass(es)		Identify one of the following	j:	
			1 433(63)	Ceremonial Role	Other X	Income	
	Early, Shavonda			20-	al Role" or "Other" describe below:		
			2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	es to City and County e	mployees that provide	
				services to the Auth			
				Ceremonial Role		Income	
				ir cnecking "Geremonia	al Role" or "Other" describe below:		
-	C. Name of Outside Organi	zation	Number of				
	(include address and desc		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy	
			†				
9	\						
	Verification have read and understand FPPC Regula	ations 18944 1 and	l 18942. I have ve	rified that the distribution set fo	rth above is in accordance with t	he requirements	
,	Ballon	and the second street	Barbara J. F				
	Signature of Agency Head or Designee		Barbara J. F		Attorney/OAACA Offici	al 09/04/2019 (Month, Day, Year)	
	e.ga.s. gorngring roud of boulgiles		, rome	not		(maning 205) (2007)	
	Comment:						

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California 202	
	Oakland-Alameda County C	Coliseum Auth	ority		-	Form OUZ	
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only	
	Barbara J. Parker, City Atto	rnev/OAACA	Official				
	Designated Agency Contact (- Inolai				
		to 350					
	Area Code/Phone Number	E-mail			Amendment (Must prov	vide explanation in Part 3.)	
	(510) 238-3815	bparker@oa	klandcitvatt	ornev ora	Date of Original Filing:		
2.	Function or Event Infor			omey.org		(Month, Day, Year)	
£.	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	45.00	
	1. T. C.						
	Event Description Oakland A	Provide Title/Expl	anation	Date(s)	3 , 20 , 19		
	Ticket(s)/Pass(es) provided by	40 September 20 Se		□ If no:			
	ricket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	☐ If no:	Name of Source	ce	
	Was ticket distribution made a	t the behest	No ⊠ Yes	☐ If yes:	Official's Name (Las		
	of agency official?			•	Official's Name (Las	st, First)	
3.	Recipients						
	Use Section A to identify the agency	y's department or		ction B to identify an individu	ial. • Use Section C to identify	an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy	
			Pass(es)				
	B. Name of Individua	ıl	Number of Ticket(s)/		Identify one of the following		
	(Last, First)		Pass(es)				
	Fernandez, Ubaldo			Ceremonial Role	and Berenten I stant	Income	
	remandez, Obaldo		2	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that provide			
				services to the Authority			
				Ceremonial Role	Other	Income	
				If checking "Ceremonia	al Role" or "Other" describe below:		
			Numbered				
	C. Name of Outside Organi (include address and des		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to	the agency's policy	
			Pass(es)				
	Verification	ations 10011 1 and	10010 house us	rified that the distribution set to	arth about is in assardance with th	ha raquiramanta	
,	have read and understand FPPC Regula					*	
	Signature of Adendu Hand or Designation		Barbara J. F		Attorney/OAACA Officia		
	Signature of Agency Head or Designee		rint Name	C	Title	(Month, Day, Year)	
	Comment:						

Ceremonial Role Events and Ticket/Pass Distributions

_						A rabiic bocamen		
1.	Agency Name				Date Stamp	California 802		
	Oakland-Alameda County C	Coliseum Auth	ority			1 01111		
	Division, Department, or Reg	ion (If Applicable	e)		1	For Official Use Only		
	Barbara J. Parker, City Atto	rnov/OAACA	Official					
	Designated Agency Contact		Unicial					
	Designated Agency Contact (rvarrie, rilie)						
					Amendment (Must pro	vide explanation in Part 3.)		
	Area Code/Phone Number	E-mail				eran de la comita esta esta de la comita de l		
	(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Infor	mation			u u			
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	45.00		
	Event Description Oakland A	's v New Yor			3 , 22 , 19			
	Event Description	Provide Title/Expl	lanation	Date(s)	7 22 15			
	- 1 // VB / / V · · · · · · · · · · · · · · · · ·							
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	If no:				
	Was ticket distribution made a	t the behest	No ⊠ Yes					
	of agency official?		NO M 162	Li li yes	Official's Name (Las	st, First)		
2	Paginianta							
٥.	Recipients • Use Section A to identify the agence	/'s department or	ual • Use Section C to identify	an outside organization				
	A		Number of					
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy		
			1 400(00)					
	D. Norman Marketine		Number of					
	B. Name of Individua	l i	Ticket(s)/ Pass(es)		Identify one of the following	g:		
			1 400(00)	Ceremonial Role	Other 🛛	Income \square		
	Royal, Lenora		1	23	ial Role" or "Other" describe below:	income		
			2	To provide incentives to City and County employees that provide				
				services to the Auth	ces to the Authority			
				Ceremonial Role	Other	Income		
				If checking "Ceremoni	al Role" or "Other" describe below:			
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to	the agency's policy		
	(include address and des	cription)	Pass(es)		r			
	Verification				nan siyasa yaya sasadan waxa sasa s			
	I have read and understand FPPC Regul	ations 18944.1 and	l 18942. I have vei	ritied that the distribution set fo	orth above, is in accordance with t	ne requirements.		
	Tail fal	Barbara J. F	Parker City	Attorney/OAACA Offici	al 09/04/2019			
	Signature of Agency Head or Designee	,	Print Name	9	Title	(Month, Day, Year)		
	Comment:							

Ceremonial Role Events and Ticket/Pass Distributions

						A rubiic Document		
1.	Agency Name				Date Stamp	California 802		
	Oakland-Alameda County C	Coliseum Auth	nority			No. See Health		
	Division, Department, or Reg	ion (If Applicabl	le)		i	For Official Use Only		
	Barbara J. Parker, City Atto	rnev/OAACA	Official					
	Designated Agency Contact		Official					
	_ congression rigority contact (,,,,,,,,						
				Amendment (Must pro	vide explanation in Part 3.)			
	Area Code/Phone Number	E-mail	-111-9		Date of Original Filing:	⇒ vz		
	(510) 238-3815		aklandcityatto	orney.org	Date of Original Filling.	(Month, Day, Year)		
2.	Function or Event Infor					45.00		
	Does the agency have a ticke	(4) A	Yes⊠ No	Re-	DI Each TickerPass \$			
	Event Description Oakland A	's v. San Fra Provide Title/Exp	ncisco Giants	s Date(s) <u>08</u>	2519			
	Ticket(s)/Pass(es) provided by	Yes⊠ No	☐ If no:	Name of Sour	ce			
	Was ticket distribution made a	t the behest	No⊠ Yes					
	of agency official?		NO M Tes	es				
3	Recipients							
,,	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identify	y an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy		
	B. Name of Individua	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:			
	La, Nikki		rass(es)	Ceremonial Role		Income		
	La, Minn		2	To provide incentives to City and County employees that provide services to the Authority				
				Ceremonial Role	Other Dal Role" or "Other" describe below:	Income		
3	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy		
	Verification	eliana (004)	140040 15	without that the attack of the second	-thty			
	I have read and understand FPPC Regula	auons 18944.1 and						
	Jan Ja		Barbara J. F	1000 1000 1000 1000 1000 1000 1000 100	Attorney/OAACA Offici			
	Signature of Agency Head or Designee		Print Name	е	Title	(Month, Day, Year)		
- 19	Comment:							
- 11	O O I I I I I I I I I I I I I I I I I I				The state of the s			

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County Coliseum Authority					TOIM CC
	Division, Department, or Region (if applicable) Office of the City Administrator				1	For Official Use Only
					8	
	Designated Agency Contact (Name, Title)				
	Sabrina B. Landreth, City Administrator				Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	hone Number E-mail			Amendment (Musit F10	vide Explanation III Fait 3.)
	510-238-3301	slandreth@oa	ıklandca.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	cet policy?	Yes⊠ No□ F	ace Value of I	Each Ticket/Pass \$ <u>^{\$ 3}</u>	05.55
	Event Description: Raiders	Provide Title	/Explanation	oate(s)08	<u>, 10 , 19</u>	
	Ticket(s)/Pass(es) provided			no:		
					Name of Source	56)
	Was ticket distribution made	at the behest	Yes⊠ No ☐ If	yes: Landret	n, Sabrina Official's Name (Last, First)	
	of agency official?				Official's Name (Last, 1 list)	
3.	Desirients					
).	Recipients • Use Section A to identify the agen	cv's department or u	mit • Use Section R to i	dentify an individ	ual • Usa Saction C to identif	y an outcide organization
	Ose Section A to identify the agen	cy's department of d	Number	T an individ	diai. • Ose Section C to identify	y an outside organization.
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/	Describe the	ant to the agency's policy	
			Passes			
			Number			
	B. Name of India (Last, Firs		of Ticket(s)/		Identify one of the following	owing:
	(Last, 1 IIs		Passes			
	Akinjo, James				ionial Role Other X	Income
			2		ing "Ceremonial Role" or "Other" descr ncentives to City employ	ees that provide
		Ti.		services to the		
					onial Role Other Other or "Other" descri	Income Income
			Number			
	C. Name of Outside Organization (include address and description)		of Ticket(s)/	Describe the	e public purpose made pursu	ant to the agency's policy
			Passes			
			*			
	A f = 161 = - 41					
	Verification	70.5				v v v v
	I have read and understand FPI with the requirements.	PC Regulations 1	8944.1 and 18942. I	have verified ti	hat the distribution set fort	h above, is in accordance
	the regulation onto	-				
	Signature of Agency Hood or Designa		brina B. Landreth		City Administrator	9/01/2019
	Signature of Agency Head or Designe	ie.	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 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 \$ \$ 154.75 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Banda MS 80 10 Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Passes Identify one of the following: (Last, First) Ceremonial Role Other X Income Olguin, Agustin If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority. Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

I have read and understand	FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth	above, is	in accordance
with the requirements.		50) - 1 (1) - 1 (1) - 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (

	Sabrina B. Landreth	City Administrator	9/01/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **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 \$ \$85.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: JoJo SIWA Date(s) __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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income Cooley, Detra If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority. Ceremonial Role Income 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)/ (include address and description) **Passes**

4. Verification

I have read and understa	nd FPPC Regulations	18944.1 and 18942.	I have verified that the distribution set forth above,	is in accordance
with the requirements.		20	27 DO-95 C. 27 SECHEROSE AND SECULOS SECUES SECUES SECUES SECUES SECUES SECULOS SECUES SECUE	

	Sabrina B. Landreth	City Administrator	9/01/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California 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: slandreth@oaklandca.gov 510-238-3301 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$45.00 Does the agency have a ticket policy? Yes ⊠ No □ 80 15 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? 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)/ Passes (Last, First) Ceremonial Role Other X Income McElroy, Darryl 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

-	l have read and unders	tand FPPC Regulations	18944.1 and	18942. I have	verified that the	distribution set f	orth above,	is in accordance
1	with the requirements.							
	40							

	Sabrina B. Landreth	City Administrator	9/01/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form 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 \$ \$45.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: A's 80 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 Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Passes Identify one of the following: (Last, First) Ceremonial Role Other X Teshome, Theodeross If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 4 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	tand FPPC Regulations	: 18944.1 and 18942	2. I have verified that the	distribution set forth	above, is in accordance
with the requirements.		20 20			

	Sabrina B. Landreth	City Administrator	9/01/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$45.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: A's 80 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. of Ticket(s)/ Passes Identify one of the following: (Last, First) Ceremonial Role Other X Pritchett, Jamie 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

Comment: _

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

	Sabrina B. Landreth	City Administrator	9/01/2019	
Signature of Agency Head or Designee Print Name		Title	(month, day, year)	

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: A's 80 Date(s) -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Ceremonial Role Other X Armas, Renee 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. 1	have verified that the	distribution set fort	h above, i	is in accordance
with the requirements.						

	Sabrina B. Landreth	City Administrator	9/01/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

	eremoniai Role Even	is and lickeur	ass Distri	ibutions	A	Public Document
*	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	Pakland Alameda County Coliseum Authority				Form OU/4
	Division, Department, or Region (if applicable)				For Official Use Only	
	Loren Taylor, OACCA Comi	missioner				
	Designated Agency Contact (Name, Title)			•	
					T A voca description	Davide Fueles Kenin Sed C
	Area Code/Phone Number	E-mail			Amendment (wast)	Provide Explanation in Part 3.)
	510.383.4801	LTaylor@oaklando	ca.gov		Date of Original Filing:	(month, day, year)
) 	Function or Event Infor	mation	til formale from the formal formal for the formal for the formal	milet (18 km) mil ist dekard (28 km) km) milet (18 km) km) en femiliera (1995),	THE CONTRACT OF THE CONTRACT O	
	Does the agency have a tick	ret policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ $\frac{3}{2}$	05.55
	Event Description: Oakland					
	Event Description:	Provide Title/ Expla	nation	Date(s)	<u>/ 10 / 19</u>	
	Ticket(s)/Pass(es) provided			f no:		
				_	Name of Source	
	Was ticket distribution made	at the behest Yes	□ No⊠ ^I	f yes:	Official's Name (Last, First)	
	of agency official?				, ,	
	Recipients		tamblattennig Citt. Hilliotakai Handellatta			Softlitzii
٠.	• Use Section A to identify the agen	cv's department or unit.	Use Section B to	identify an individ	lual. • Use Section C to iden	itify an outside organization.
	Note that the second second second second		Number		. This has been a selected as the selection of	
	A. Name of Agency, Depa	ırtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	5.0-CC-SUNDAYSION AND AND AND AND AND AND AND AND AND AN	Manage Commission of the Commi	1 43363			
			<u> </u>			
	Manager and the state of the st	المدادات	Number			
	B. Name of Indi (Last, Fir.		of Ticket(s)/ Passes	The state of the state of	Identify one of the	following:
	Toylor Loron			Ceren	nonial Role Other	X Income
	Taylor, Loren		2	If check	king "Ceremonial Role" or "Other" de	escribe below: ations of various sporting
					ents occurring at Col	
					nonial Role Other	······································
					king "Ceremonial Role" or "Other" de	
	C Name of Outside O	rganization	Number	Describe th	o public purposo mado pu	rsuant to the agency's policy
	C. (include address and	description)	of Ticket(s)/ Passes	Describe th	e public purpose made pu	redain to the agency's policy
					·	
	Verification					abutaanaan sa 2016 ka 1956 AA
	I have read and understand FP	PC Regulations 18944	1.1 and 18942.	I have verified t	that the distribution set f	orth above, is in accordance
	with the requirements.					
		Rene	ee Savage	OA	CCA Ticket Administra	ator 10.1.19
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)
	Comment: office did not sub	omit form				
	Comment: Office did not sur					

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) Loren Taylor, OACCA Commissioner Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 10 Noakbry CA. gov Date of Original Filing: 510.383.4801 (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: Oakland Raiders Date(s) __8__/ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No 🗆 If no: Was ticket distribution made at the behest Yes ☐ No ☑ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Taylor, Loren If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events occurring 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

ACHINCATION			
I have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the distribution set forth above	e is in accordance
with the requirements /	1		, 10 117 40007 441100
Kine Davage			
Mary Journey (Renee Savage	OACCA Ticket Administrator	10.1.19

Title

Comment: office did not submit form

Signature of Agency Head or Designee

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Loren Taylor, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: . LTaylor@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{45.00}{}$ Does the agency have a ticket policy? Yes⊠ No□ Event Description: Oakland A's Date(s) ___8 / 17 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: . Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Α. 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 of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Taylor, Loren If checking "Ceremonial Role" or "Other" describe below: 18 to provide opportunities to community groups to utilize the facility Ceremonial Role Other 🔲 Income ___ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

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

Signature of Agency Head or Designee	Renee Savage Print Name	OACCA Ticket Administrator	10.1.19 (month, day, year)
Comment: office did not submit forn	n		