Comment: _

Agency Report of: Ceremonial Role Events and Tic	ket/Pass Distr	ibutions A Public Documer
1. Agency Name	211 B. 1882 1882	
Oakland Alameda County Coliseum Autho	ority	Date Stamp California Form 802
Division, Department, or Region (if applicable		For Official Use Only
Ignacio De La Fuente, OACCA Commissi	oner	
Designated Agency Contact (Name, Title)		
Area Code/Phone Number E-mail		Amendment (Must Provide Explanation in Part 3.)
	012@gmail.com	Date of Original Filing:(month, day, year)
2. Function or Event Information		(month, day, year)
Does the agency have a ticket policy?	Yes⊠ No□ F	Face Value of Each Ticket/Pass \$ 100.00
Event Description: WWE Holiday Tour		Date(s) 12 / 15 / 18
Provide Til	tle/Explanation	
Ticket(s)/Pass(es) provided by agency?	Yes ☑ No ☐ I	f no:
Was ticket distribution made at the behest	Voo El No El	f yes:
of agency official?	tes∐ No⊠ .	Official's Name (Last, First)
3. Recipients • Use Section A to identify the agency's department or	unit. • Use Section B to	identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
De La Fuente, Ignacio	2	Ceremonial Role Other IX Income If checking "Ceremonial Role" or "Other" describe below: to investigate the efficiencies of operations of various sporting and other events at Coliseum Complex
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
l. Verification		
I A	18944.1 and 18942. I	have verified that the distribution set forth above, is in accordanc
	nacio De La Fuente	OACCA Commissioner 11.30.18
Signature of Agency Head or Designee	Print Name	Title (month, day, year)

(month, day, year)

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

	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Ignacio De La Fuente, OAC					
	Designated Agency Contact					
						
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)
**********	510.383.4801	Idelafuente2012@	gmail.com		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	⊠ No 🗆 📑	ace Value of I	Each Ticket/Pass \$ 150	0.00
	Event Description: Travis S	cott	Г	Date(s)12/	, 16 , 18	, ,
		nation	. ,	-		
	Ticket(s)/Pass(es) provided	X No □ I	f no:	Name of Source		
	Was ticket distribution made		f yes:			
	of agency official?	103	140 [2]	,	Official's Name (Last, First)	
· ·	Recipients	Approximation and the second and the	essential de la company de	manuscon appropriate the construction of the c	Management of the second secon	
	Use Section A to identify the agen	cy's department or unit. •	Use Section B to			
	A. Name of Agency, Depa	urtment or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose made pursi	uant to the agency's policy
						·
			N			
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the fol	
	De La Fuente, Ignacio				onial Role Other 🗵	Income 🗌
			2	to investigate	ng "Ceremonial Role" or "Other" descr e the efficiencies of ope other events at Coliseu	rations of various
				Ceremo	onial Role Other	Income
				If checkii	ng "Ceremonial Role" or "Other" descri	ibe below:
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
		SPACE CONTRACTOR OF THE PROPERTY OF THE PROPER				
	Verification /	7			and the second s	NE
1	I have read and understand Fift with the requirements.	PC Regulations 18944.	1 and 18942. I	have verified th	at the distribution set fort	h above, is in accordance
	IIIIIIAA X	Ignacio D	e La Fuente	<u> </u>	ACCA Commissioner	11 20 40
-	Signature of Agency Head or Designe	e Pri	nt Name		Title	11.30.18 (month, day, year)
	Comment:					
l	MODITION .					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510.383.4801 idelafuente2012@gmail.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass Yes X No Event Description: Oakland Raider Season 2018-19 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ If no: Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: . Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Number Name of Individual of Ticket(s)/ Identify one of the following: Passes Dobbins, Chris Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below; 2 to investigate the efficiencles of operations of various sporting and other events that occur at coliseum complex Ceremonial Role Other 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 (include address and description) of Ticket(s)/ 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 regulréments. Ignacio De La Fuente OACCA Commissioner 08.07.18 Print Name (month, day, year)

Comment:

Raiders Football

December 2018

Ignacio De La Fuente

Raiders v Chiefs	12.2.18	(2) tickets
Raiders v Broncos	12.24.18	(2) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 chrisdobbinslaw@yahoo.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Event Description: Oakland Ralder Season 2018-19 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 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: Passes Ceremonial Role Other X 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 It 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 Mave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements: Chris Dobbins OACCA Commissioner 08.07.18

Print Name

Signature of Agency Head or Designee

Comment:

(month, day, year)

Raiders Football December 2018

Chris Dobbins

fs
1

12.2.18

(2) tickets

> Raiders v Broncos

12.24.18

(2) tickets

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 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 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Warriors Season 2018-19 Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No No If no: Name of Source Was ticket distribution made at the behest Yes ☐ No ☐ If yes: Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Passes Identify one of the following: (Last, First) Ceremonial Role Other | Income If checking "Ceremonial Role" or "Other" describe below: Dobbins, Chris Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of the operations of various sporting and other events occurring at Coliseum Complex Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Chris Dobbins OACCA Commissioner 10.27.18 Signature of Agency Head or Designee Print Name (month, day, year)

Comment: _

Warriors

December 2018

Chris Dobbins

Warriors v Timberwolves	12.10.18	(2) tickets
Warriors v Grizzlies	12.17.18	(2) tickets
Warriors v Mavericks	12.22.18	(2) tickets
Warriors v Clippers	12.23.18	(2) tickets
Warriors v Lakers	12.25.18	(2) tickets
➤ Warriors v Trailblazers	12.27.18	(2) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Ignacio De 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 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: Warriors Season 2018-19 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes X No I Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Other X Income Ceremonial Role De La Fuente, ignacio If checking "Ceremonial Role" or "Other" describe below. 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, **OACCA** Commissioner Ignacio De La Fuente 9.27.18 Signature of Agency Head or Designee Print Name (month, day, year)

Cómment:

Warriors

December 2018

Ignacio De La Fuente

Warriors v Timberwolves	12.10.18	(2) tickets
Warriors v Grizzlies	12.17.18	(2) tickets
➤ Warriors v Mavericks	12.22.18	(2) tickets
➤ Warriors v Clippers	12.23.18	(2) tickets
Warriors v Lakers	12.25.18	(2) tickets
➤ Warriors v Trailblazers	12.27.18	(2) tickets

1. Agency Name	AND STREET, ST	A CONTRACTOR OF THE PROPERTY O	Date Stamp	California 000
Oakland Alameda County Coliseum Authority				Form OU/4
Division, Department, or Region (if applicable)				For Official Use Only
Scott McKibben, OACCA Executive Director				
Designated Agency Contact (Name, Title)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			Amendment (Must Pi	rovide Explanation in Part 3.)
Area Code/Phone Number E-mail				
510.383.4801 smckibben1@gma	ail.com		Date of Original Filing: .	(month, day, year)
2. Function or Event Information		· · · · · · · · · · · · · · · · · · ·		
Does the agency have a ticket policy? Yes	⊠ No □ F	ace Value of I	Each Ticket/Pass \$ <u>30</u>)4.80
Event Description: Warriors Basketball		Date(s)		
Provide Title/ Expl	anation	, u(c) ————		
Ticket(s)/Pass(es) provided by agency? Yes	⊠ No □ I	f no:	Name of Source	
Was ticket distribution made at the behest Yes	ren Nam I	f yes: McKibbe	en, Scott	
of agency official?	™ NO□ '	. ,	Official's Name (Last, First)	
	VALUE SERVICE	944		
3. Recipients				
• Use Section A to identify the agency's department or unit.		identify 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 the	e public purpose made purs	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	
		Cerem	onial Role Other	Income
			ing "Ceremonial Role" or "Other" des	· —
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy
100 Black Men of Oakland 1632 12th Street	2	to provide op facility	portunities to commur	nity groups to utilize the
Oakland, CA 94607				
	,			
1. Verification				
I have read and understand FPPC Regulations 1894-	4.1 and 18942.	l have verified ti	hat the distribution set fo	rth above, is in accordance
with the requirements				
	t McKibben	OA	CCA Executive Direct	or 1.7.19
Signature of Agency fleather Designee F	rint Name		Title	(month, day, year)
Comment:				

and the same	AND THE PROPERTY OF THE PROPER	CALIFORNIA DE LA COMPANION DEL COMPANION DE LA	CHOOLING AND CONTROL OF THE PARTY OF THE PAR		NAME OF THE OWNER OWNER OF THE OWNER	
1.	Agency Name				Date Stamp	California 202
	Oakland Alameda County C	•			_	Form 902
	Division, Department, or Reg		•			For Official Use Only
	Scott McKibben, OACCA Ex				ļ	
	Designated Agency Contact	(Name, Title)				
		T			Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Data of Outside (Pitter	
	510.383.4801	smckibben1@gi	mail.com		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Υε	es⊠ No⊟ F	ace Value of	Each Ticket/Pass \$ 🖺	305.55
	Event Description: Raiders				<u>, 09 , 18</u>	
	Event Description.	Provide Title/ E	xplanation			
	Ticket(s)/Pass(es) provided	by agency? Ye	es⊠ No⊡ lf	f no:	Name of Source	
	NAIna tintent dintainin dina anna			fyes: McKibb	en, Scott	
	Was ticket distribution made of agency official?	e at the benest γ_6	es 🖾 No 🗌 🕕	yes	Official's Name (Last, First)
	or agency official:					
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit	t. • Use Section B to i	identify an individ		, ,
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th		rsuant to the agency's policy	
			1			
	B. Name of Indi		Number of Ticket(s)/		Identify one of the	following:
	(Lust,) n	30,	Passes		·	·
					nonial Role Other Other Other Other	
				Ceren	nonial Role Other	Income 🗌
				1	king "Ceremonial Role" or "Other" o	
	C. Name of Outside O		Number of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy
	·		Passes	to provide s	aportunities to some	unity groups to ville a the
	Boy & Girls Club 3300 High Street		2	facility	pportunities to comm	unity groups to utilize the
	Oakland, CA 94619					
	Oaklailu, CA 54015					
1	Verification			J		
• •	I have read and understand FP	PC Regulations 189	944.1 and 18942.	I have verified :	that the distribution set	forth above is in accordance
	with the requirements.	7/1/1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			iora, asovo, io iii accordanco
	Y (MAN)	///// So	ott McKibben	O.A	CCA Executive Dire	otor 1.7.19
	Signatura of Agency Head or Design	741 "	Print Name		Title	(month, day, year)
	Comment					
	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) 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: 510.383.4801 smckibben1@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Warriors Basketball Date(s) __12__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: Name of Source If yes: McKibben, 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 Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number В. Name of Individual of Ticket(s)/ identify one of the following: (Last, First) Ceremonial Role Other 🔲 Income [If checking "Ceremonial Role" or "Other" describe below: Other 🔲 Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below.

С.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Boy & Girls Club 3300 High Street		2	to provide opportunities to community groups to utilize the facility
Oakla	nd, CA 94619		

Have read and understand FRPC Regulations with the requirements.	18944.1 and 18942. I have ver	ified that the distribution set forth above	e, is in accordanc
X AND MILL OF THE STATE OF THE	Scott McKibben	OACCA Executive Director	1.7.19
Leignatule of Adency file an of Designee	Print Name	Title	(month, day, year)
Comment:			

1.	Agency Name Oakland/Alameda County Coliseum Authority Division, Department, or Region (if applicable)			Date Stamp	California 802 For Official Use Only
	OACCA Commissioner				
	Designated Agency Contact (Name, Title)		<u> </u>		
	Lee Ann Fergerson, Ticket Administrator			F-1 a	
	Area Code/Phone Number E-mail	way on the state of the state o		Amendment (Must	Provide Explanation in Part 3.)
	510-272-6691 Leeann.fergersor	@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	⊠ No 🗀 📑	ace Value of	Each Ticket/Pass \$ _	1500
	Event Description: TRAVIS SCOTT: ASTROW	ORLD D		<u>, 16 , 18</u>	
	•		no: GSW		
	Was ticket distribution made at the behest Yes		yes: <u>Haggerl</u>	Name of Source ty, Scott Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agency's department or unit.	• Use Section B to le	lentify an individ	Jual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	following:
	Versoza, Anna	2	eve	romote attendance at ent in order to maximizenue for concession	ze potential county
				nonial Role Other king "Ceremonial Role" or "Other" d	
	C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
anore					
4.	Verification I have read and understand FPPC Regulations 189- with the requirements.	14.1 and 18942. I	have verified t	that the distribution set	forth above, is in accordance
	Signature of Agency Mead or Designee Lee A	Ann Fergerson Print Name		Ticket Administrator	12/12/19 (month, day, year)
	Comment:				

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ı	F-N	ru	u	III	UU	·Ci	4111	CI:	ıŁ

	Agency Name				Date Stamp	California 802
	Oakland/Alameda County C	oliseum Authority				1.000
	Division, Department, or Reg					For Official Use Only
	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			Mile Manual (Moor)	TOTAL EXPIDITATION IN 1 21 0.7
	510-272-6691	Leeann.fergerson@	acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy? Yes] No ☐ Fa	ce Value of	Each Ticket/Pass \$ 3	304.80
	Event Description: Warriors	vs. Timberwolves			<u>, 10 , 18</u>	1 1
	Lveik Description.	Provide Title/ Explan	ation			Secretary Control Secretary
	Ticket(s)/Pass(es) provided	by agency? Yes ∑	No□ Ifr	no: <u>GSW</u>	Name of Source	
	A R. F		n Ifi	_{/es:} <u>Hagger</u>	ty, Scott	
	Was ticket distribution made	e at the benest Yes	Y No L ''`	/es. <u> </u>	Official's Name (Last, First)	**************************************
	of agency official?					
3.	Recipients					
	• Use Section A to identify the ager	ncy's department or unit. • t	Jse Section B to id	entify an individ	dual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy

	B. Name of Ind (Last, Fil	Market Contract of the Contrac	Number of Ticket(s)/ Passes		Identify one of the	following:
	Gordon, Joe		2		romote attendance at ent in order to maxim venue for concession	ize natelliai coons
					monial Role Other othing "Ceremonial Role" or "Other" of	
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe t	he public purpose made pi	ursuant to the agency's policy
					en e	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Verification	With Market West, and the second seco				
٠.	I hawe read and understand Fl	PPC Regulations 18944	.1 and 18942. I	have verified	that the distribution set	forth above, is in accordance
	with the requirements.	\	,, ona , oo im.			
	HOOLL XICAS	Lee An	n Fergerson		Ticket Administrator	r 12/12/19
	Signature of Agency Head or Desig	1)	int Name	<u> </u>	Title	(month, day, year)
	Comment:					

Comment:

~	elemonial Role Events and TicketPass Distributions	<u> p</u>	\
	Agency Name	Date Stamp	California ooo
	Oakland/Alameda County Coliseum Authority		California 802
	Division, Department, or Region (if applicable)		For Official Use Only
	OACCA Commissioner		i

	Oakland/Alameda County C	Coliseum Autho			Form 6UZ		
	Division, Department, or Reg	ion (if applicable)		For Official Use Only			
	OACCA Commissioner						
	Designated Agency Contact	(Name, Title)		tt (Antoniatistaine läinen ma <u>nnen pengunanna m</u>	A STATE OF THE STA	×	
	Lee Ann Fergerson, Ticket	Administrator				[] A see a seed on a mile (f. 6. o. 4. f. 6. o. 4.	
	Area Code/Phone Number	E-mail			Control of the contro	. Amendment (Must Prov	ide Explanation in Part 3.)
E8884V	510-272-6691	leeann.ferger	rson@	acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation					
	Does the agency have a tic	ket policy?	Yes [2	No □	Face Value of	Each Ticket/Pass \$ 100	.00
	Event Description: WWE Li	ve Holiday Tou	r		Date(s) 12		1 1
		Provide Title	e/Explan			essed.	BRIENDER ARTER STATE STA
	Ticket(s)/Pass(es) provided by agency? Yes ⊠			☑ No ☐ If no: GSW		Name of Source	A STATE OF THE STA
	Was ticket distribution made	Voc 18	If yes: Hagger	ty, Scott			
	of agency official?	o de tito bolloge	ies E	3 140	,	Official's Name (Lest, First)	
3.	Recipients				,		
	• Use Section A to identify the agen	cy's department or	unit. • T	Use Section B	to identify an individ	lual. • Use Section C to identify	an outside organization.
	A. Name of Agency, Depa	artment or Unit		Number of Ticket(s) Passes	/ Describe th	e public purpose made puraus	ant to the agency's policy
	erEtrischerEttleCitet.SchOolsforterrenzummann zussenschaftliche Schoolsforterrenzummann zu der Schoolsforterrenzummann zu de						da antika kana kana kana kana kana pangan panjangan pangan pangan bana da menumbuhan bana da kana kana kana ka
•							
	B. Name of Indi			Number of Ticket(s) Passes	<i>j</i>	Identify one of the folio	owing:
	Tiexeira, Elton			2	ever	omote attendance at a cont in order to maximize penue for concession and	otential county
					1	noniel Role Other describ	Income I
	C. Name of Outside O			Number of Ticket(s) Passes	Describe th	e public purpose made pursus	int to the agency's policy
	*************************************			000 M			
4.	Verification I have read and understand FP with the sequirence of s.	PC Regulations	18944.	1 and 18942	2. I have verified t	hat the distribution set forth	above, is in accordance
	MILLERA	Ď Le	ee Ann	ı Fergersoı	n	Ticket Administrator	1/15/19
	Signature of Agency Head or Design	the control of the co	wm////	nt Name		Tille	(month, day, year)

1. Agency Name	THE PART WHEN SHOW	Control of the second s	Date Stamp	California 0.05	
Oakland Alameda County Col:	isium Auth	nority		Form 802	
Division, Department, or Region (If Application)				For Official Use Only	
Yui Hay Lee, Commissioner					
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)				
			Contract of the Contract of th		
Area Code/Phone Number [E-mail			Amendment (Must p	provide explanation in Part 3.)	
	Hay@YHLA.r	iet	Date of Original Filing:		
2. Function or Event Information		and the second s	THE RESERVE TO BE STORY OF THE PERSON OF THE	(Month, Day, Year)	
Does the agency have a ticket policy?	Yes ☐ No	☐ Face Value o	f Each Ticket/Pass \$ _		
Event Description ROTDERS	GAN	1E Date(s) 13	2,02,18		
(CHEFS))	and the same of th			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	ff no:	Name of So	urce	
Was ticket distribution made at the behest	No 🗌 Yes	☐ If yes:			
of agency official?	the man () and	11 you.	Official's Name (I	ast, First)	
3. Recipients	Course to A Conference in Constitution of the	COLUMN CO			
 Use Section A to Identify the agency's department of 	 Use Section A to Identify the agency's department or unit. Use Section B to Identify an individual 			dfy an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursvant	to the agency's policy	
Name of Individual (Last, Firet)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:	
		Ceremonial Role [Other	Income	
		Ceremonial Role [Other Rale" or "Olher" describe below:	Income _	
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant t	o the agency's policy	
SPLF HELP FOR THE	2	#5			
731 SANSOME ST. SUITE 100, SF, CA. 941	4 1				
, Verification	/erification				
I have year and understand FPPC Regulations 18944 1 and	' 18942. I have veril	lied that the distribution set fort	h above, is in accordance with	the requirements,	
Yui	Hay Lee	OAC	CA Commission	10/8/18	
Signature of A parity and or Designee	Print Name	**************************************	Tille	(Mohitin, Oay, Year)	
Comment:					

7	1. Agency Name			Date Stamp	California OOO
	Oakland Alameda County Colis	ium Auth	ority		Form OUZ
	Division, Department, or Region (If Applicable)			For Official Use Only
	Yui Hay Lee, Commissioner				
	Designated Agency Contact (Name, Title)				
	, and a second s				
	Area Code/Phone Number E-mail			Amendment (Must pri	ovide explanation in Part 3.)
	[18] [18] [18] [18] [18] [18] [18] [18]	y@YHLA.n	et	Date of Orlginal Filing: _	(Month, Day, Year)
2	Function or Event Information	AND THE PERSON NAMED IN	Provide and Colored West Colored Color		Contract of the Contract of th
	Does the agency have a ticket policy?	Yes 🗌 No	Face Value o	f Each Ticket/Pass \$	305
	Event Description Provide Title/Expl	SIM		2,09,18	
	Ticket(s)/Pass(es) provided by agency?	Van El Mal	☐ If no:		
	Honology adoles, provided by agency:	Yes No!	1110.	Name of Sou	rce
	Was ticket distribution made at the behest	No ☐ Yes [☐ If yes:	*	
	of agency official?			Official's Name (La	ast, First)
3	7				
	Use Section A to identify the agency's department or to a section A to identify the agency's department or to a section A to identify the agency's department or to a section A to identify the agency's department or to a section A to identify the agency's department or to a section A to identify the agency's department or to a section A to identify the agency's department or to a section A to identify the agency and to a section A to identify the agency and the agency are a section A to identify the agency are a section A to a section A	Number of	tion B to Identify an Individu	al. • Use Section C to identif	fy an outside organization.
	A , Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
	Yui Hay Lee, Commissioner		#3		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
			Ceremonial Role [Olher	Income 🛄
			Ceremonial Role [Other	Income []
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
	LIGHTHOUSE CHARIERCO	2	#5		
	444 HEGENBERGER ROAD, CLOK LAND, CA				
4.	Verification I have jeed and universtand FPPC Regulations 18944.1 and 1	8942. I have veri	ified that the distribution set for	th above, is in accordance with	lhe requirements.
	Signatule of Andrecy Head or Designee	Hay Lee Print Name	OAC	CCA Commission	(Month, Day, Ynar)
	Comment:				EDEC F 000 (4448)

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 Finance Department, City of Oakland Designated Agency Contact (Name, Title) Katano Kasaine, Finance Director- JPA Member Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-2989 kkasaine@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes No 🗌 Face Value of Each Ticket/Pass \$ Event Description: Walters & Sellabers Werrier vs Cupper Date(s) 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 of Ticket(s)/ Passes Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Name of Individual (Last, First) Identify one of the following: Ceremonial Role 🔲 Other ___

I have read and understand FPPC Regula with the requirements.	tions 18944.1 and 18942. I have	verified that the distribution set forth	above, is in accordant
Signature of Agency Head or Designee	Katano Kasaine	Finance Director	1/8/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

2

Number of Ticket(s)/ Passes provide

Kasaine

Name of Outside Organization (include address and description)

Katano

4. Verification

Income 🔲

If checking "Ceremontal Role" or "Other" describe below:

If checking "Ceremonial Role" or "Other" describe below.

Ceremonial Role

to provide incentives to City and County employees that

Other 🔲

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

_						THE GIOTE DOCUMENT
1.	Agency Name		Date Stamp	California Q02		
	Oakland-Alameda County C	Coliseum Auth	nority			Form OUZ
	Division, Department, or Reg	ion (If Applicabl	le)		-	For Official Use Only
	Barbara J. Parker, City Atto	rnev/OAACA	Official			
	Designated Agency Contact (- Tholai		-	
	Area Code/Phone Number	E-mail			Amendment (Must pl	rovide explanation in Part 3.)
	(510) 238-3815	N N N N	aklandcityattorney.org		Date of Original Filing:	
)	Function or Event Infor		akianucityatti	orney.org	Date of Original Filing: .	(Month, Day, Year)
	Does the agency have a ticke		· - 1551 · · ·	□ Face Value a	4 Fook Tisket/Doos @	150.00
			Yes⊠ No		f Each Ticket/Pass \$	
	Event Description Travis Sco	tt: Astrowork	1	Date(s)12	16 / 18	
:		riovide Tiller⊏xp				
	Ticket(s)/Pass(es) provided by agency? Yes ⊠ No ☐ If no:				Name of Sou	ırce
	Man tinket distribution made at the behant					
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes:					
	Recipients				- Kenning and State of the Control	
	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy
	The second secon		Pass(es)	No. 15 Company of the	and the second s	
i	B. Name of Individua	l color	Number of Ticket(s)/ Pass(es)	and the same and t	Identify one of the following	ng: 🚗 that the second second second
	Malanak Paul Zania	KALAKA SATER	1 835(63)	Ceremonial Role		Income
	McLaughlin, Kevin		2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	al Role" or "Olher" describe below:	
				services to the Auth	es to City and County ority	employees that provide
				Ceremonial Role	Other I	Income
				in checking determine	invoice of Cities describe below.	
-	Name of Outside Organia	zation	Number of	All military and a second		
_	(include address and desc		Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant t	o the agency's policy
2000						
	/erification	lions 18044 4	19042 15	iffeed that the district it		
11	have read and understand FPPC Regula					The second secon
-	Superior of Archan Hand		Barbara J. P		Attorney/OAACA Offic	ial 01/22/2019
	Signature of Ageficy Head or Designee		Print Name	*	Title	(Month, Day, Year)
C	Comment:					

1.	Agency Name				Date Stamp	California Q 0 2
	Oakland-Alameda County C	Coliseum Aut		Form 6U2		
	Division, Department, or Reg				-	For Official Use Only
	Barbara J. Parker, City Atto	rnov/OAACA	Official			1
	Designated Agency Contact (
	boolgilated rigotroy contact (rumo, mioj				
	Associated Discourse Newstran	(F			Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail	aklandaituatt	OFFICE OFFI	Date of Original Filing	•
_	(510) 238-3815	aklandcityatt	omey.org	Date of original timing	(Month, Day, Year)	
2.	Function or Event Infor		-	_ =	(F. I. T. I. UD	304.80
	Does the agency have a ticke		Yes 🗵 No		of Each Ticket/Pass \$.	•
	Event Description Warriors v	. Memphis G Provide Title/Exp	rizzlies olanation	Date(s)	2 , 17 , 18	
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:			Name of S	ource	
	Was ticket distribution made at the behest No ☑ Yes ☐ If yes:			Official's Name	(Last, First)	
2						
J.	Recipients • Use Section A to identify the agency	's department o	ıal e Use Section C to ide	ntify an outside organization.		
		 Use Section A to identify the agency's department or Name of Agency, Department or Unit 			lic purpose made pursuan	
	B. Name of Individua	1	Number of		Identify one of the follow	ulag:
	B. Name of Individua		Number of Ticket(s)/ Pass(es)		Identify one of the follow	
	B. Name of Individua (Last, First) Fung, Michael		Ticket(s)/	Ceremonial Role If checking "Ceremon To provide incentiv	Other Other or "Other" describe below. es to City and County	ving: Income C v employees that provide
	(Last, First)		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Other Other Other Other Other describe below. The sto City and County Other of the store o	remployees that provide
	(Last, First)		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To provide incentive services to the Auth Ceremonial Role	Other Other Other Other Other describe below. The sto City and County Other of the store o	remployees that provide
	(Last, First)	zation	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To provide incentiv services to the Auth Ceremonial Role If checking "Ceremon	Other Other or "Other" describe below: es to City and County nority Other	Income Comployees that provide
	Fung, Michael C. Name of Outside Organi	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Ceremonial Role If checking "Ceremon To provide incentiv services to the Auth Ceremonial Role If checking "Ceremon	Other Other or "Other" describe below. es to City and County nority Other or "Other" describe below.	Income Comployees that provide
	Fung, Michael C. Name of Outside Organi (include address and descondendation)	zation ription)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To provide incentiv services to the Autl Ceremonial Role If checking "Ceremon	Other cal Role" or "Other" describe below: es to City and County nority Other al Role" or "Other" describe below: lic purpose made pursuan	Income Control of the agency's policy
	Fung, Michael Name of Outside Organi (include address and desc	zation ription)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To provide incentiv services to the Autl Ceremonial Role If checking "Ceremon Describe the pub	Other cal Role" or "Other" describe below: es to City and County nority Other al Role" or "Other" describe below: lic purpose made pursuan	Income continued to the agency's policy

						7/3-1/1/Warrist Policy 100 100
1.	Agency Name		Date Stamp	California 802		
	Oakland-Alameda County C	oliseum Auth	ority			Form OOZ
	Division, Department, or Regi	ion (If Applicable	9)			For Official Use Only
	Barbara J. Parker, City Attor	rnev/OAACA	Official			
	Designated Agency Contact (
		o (27) (20)				
	Area Code/Dhana Number	E mail			Amendment (Must pro	vide explanation in Part 3.)
	Area Code/Phone Number	E-mail	klandoituatta	orney ord	Date of Original Filing:	
	(510) 238-3815	bparker@oa	inianucityalle	aney.org	3	(Month, Day, Year)
	Function or Event Infor			П Гот-V-1	f Cook Ticket/Dans C	304.80
	Does the agency have a ticke	A 1/2	Yes 🛛 No	portion and the second	f Each Ticket/Pass \$	
	Event Description Warriors v	. Dallas Mave Provide Title/Expl	aricks Janation	Date(s)12		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Source	ne .
9	Maa tiakat diatribution masto -	t the bebeet				
	Was ticket distribution made a of agency official?	it the benest	Official's Name (La	st, First)		
		eramos - Amellon-				
	Recipients • Use Section A to identify the agency	s department or	unit. • Use Sec	tion B to identify an individu	ial. • Use Section C to identify	an outside organization.
	A		Number of	ration of the second second second	and the second second second second	And although the property of
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy	
	B. Name of Individua (Last, First)	ı	Number of Ticket(s)/ Pass(es)	Aller Tell Company	Identify one of the following	J.
	Romero, Susan			Ceremonial Role	Other A	Income
	Homero, Jusan		2	V-V	es to City and County e	mployees that provide
•				Ceremonial Role	Other	Income
				If checking ⁻ Ceremonia	al Role" or "Other" describe below:	
-	Name of Outside Organ	ization	Number of	Donadha that-l	la avenas anata a anata d	the agangula H
-	(include address and des		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	uie agency s policy
-						
. 1	Verification			1		
1	have read and understand FPPC Regul	ations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with t	he requirements.
_	Carl Sail		Barbara J. F	Parker City	Attorney/OAACA Offici	al 01/22/2019
-	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)
(Comment:					

						711 dibile Becaute
1.	Agency Name		Date Stamp	California 802		
	Oakland-Alameda County C	Coliseum Auth	ority			Form 90—
	Division, Department, or Reg	ion (If Applicable	e)	3		For Official Use Only
	Barbara J. Parker, City Atto	rnev/OAACA	Official			
	Designated Agency Contact (
		n 1953				
	Area Code/Phone Number	E-mail			Amendment (Must pr	rovide explanation in Part 3.)
	(510) 238-3815	bparker@oa	klandcitvatte	orney ora	Date of Original Filing: .	
2	Function or Event Infor		ananucityan	orney.org	3	(Month, Day, Year)
۵.	Does the agency have a ticke		V [7] 11	Essa Valua a	f Each Ticket/Pass \$	304.80
		(2)	Yes⊠ No			
	Event Description Warriors v	Provide Title/Exp.	lanation	2.2		
	Ticket(s)/Pass(es) provided by	y agency?	Name of Sou			
	M		Name of Sou	irce		
	Was ticket distribution made a of agency official?	t the behest	Official's Name (L	ast First)		
-					Omolare Walle (2	dot, / hoty
3.	Recipients • Use Section A to identify the agency	e's department or	unit alleo Soc	rtion B to identify an individu	alles Section C to identi	lfu an autalda arganization
			Number of			
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
	B. Name of Individua	1	Number of	28 27 State S 20 No. 27 No		200 S. J. C. S.
	(Last, First)	A CHARLES	Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Smith, Jamie			Ceremonial Role	Other A	Income 🔲
	omin, damie		2	A CONTRACTOR OF THE CONTRACTOR		employees that provide
				services to the Auth		omproyees that provide
,				Ceremonial Role [Other D	Income
(C. Name of Outside Organi		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy
-	•		Pass(es)		Tarking Memory of the second	
,						
						PRESIDENT TO THE TENENT SERVICE SHEET SERVICE
	Verification have read and understand FRPC Regula	ations 18944 1 and	18942 have ver	rified that the distribution set for	dh above is in accordance with	the requirements
*	Kala A DI					370
7	Signature of Agency Head or Designee		Barbara J. F		Attorney/OAACA Offic	
1	organistic virgency riedu di Designee		ғин мате	*	ritie	(Month, Day, Year)
(Comment:					

	Agency Name				Date Stamp	California O
•	Oakland-Alameda County C	olisaum Aut	hority		Date otamp	California 802
	Division, Department, or Regi				-	For Official Use Only
		(150 dec. 150)	(8)			
	Barbara J. Parker, City Attor Designated Agency Contact (Official			
	Designated Agency Contact (ivame, ride)				
	Emile and Assessment and Assessment and Assessment		Amendment (Must)	provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail				
Forms	(510) 238-3815	NAME OF TAXABLE PARTY.	aklandcityatt	orney.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform					304.80
	Does the agency have a ticket	A (5)	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	304.80
	Event Description Warriors v.	Los Angele	s Lakers	Date(s)	2 , 25 , 18	
		Provide Title/Exp	olanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🛛 No	☐ If no:	Name of So	
	NATO A SOLVE ASSESSMENT ASSESSMENT OF THE PARTY OF THE PA	4 Ale e le ele e e4				
	Was ticket distribution made a of agency official?	t the benest	No ⊠ Yes	If yes:	Official's Name ((Last First)
					- Committee of the state of the	
3.	Recipients • Use Section A to identify the agency	's denartment or	unit allee Se	ction B to identify an individ	ual allea Saction C to iden	atify an outside organization
			Number of			Control of the Contro
	A. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
	- u					
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ring:
	(Last, First)			Ceremonial Role		ving:
	B. Name of Individual (Last, First) Parker, Barbara		Ticket(s)/	If checking "Ceremon	Other S ial Role" or "Other" describe below:	Income [
	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the	Other id Role" or "Other" describe below: efficiencies of the oper	Income C
	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the e sporting and other	Other Ot	rations of the various coliseum Complex
	(Last, First)		Ticket(s)/ Pass(es)	To investigate the esporting and other	Other Ot	Income C
	Parker, Barbara		Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the esporting and other of the common commo	Other Dial Role" or "Other" describe below: Defficiencies of the operate that occur at Common Dial Role" or "Other" describe below:	Income Crations of the various coliseum Complex
	Parker, Barbara	zation	Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the esporting and other of the common commo	Other	Income Crations of the various coliseum Complex
	Parker, Barbara Name of Outside Organiz	zation	Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To investigate the esporting and other of the common commo	Other Dial Role" or "Other" describe below: Defficiencies of the operate that occur at Common Dial Role" or "Other" describe below:	Income Crations of the various coliseum Complex
	Parker, Barbara Name of Outside Organiz	zation	Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To investigate the esporting and other of the common commo	Other Dial Role" or "Other" describe below: Defficiencies of the operate that occur at Common Dial Role" or "Other" describe below:	Income Crations of the various coliseum Complex
· .	Parker, Barbara C. Name of Outside Organiz (include address and desc	zation ription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the esporting and other of the composition of the com	Other Diel Role" or "Other" describe below: efficiencies of the operevents that occur at Company of the operevents of the operevents that occur at Company of the operevents o	Income Crations of the various coliseum Complex Income C
· .	Parker, Barbara C. Name of Outside Organiz (include address and desc	zation ription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the esporting and other of the common service of the	Other Diel Role" or "Other" describe below: efficiencies of the operevents that occur at Company of the operevents of the operevents that occur at Company of the operevents o	Income Crations of the various coliseum Complex Income Comple

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1	Agency Name				Date Stamp	California Q02	
	Oakland-Alameda County C	alisaum Auth	ority		Date otamp	Form 802	
	Division, Department, or Regi					For Official Use Only	
	Barbara J. Parker, City Attor	a	Official				
	Designated Agency Contact (Name, Hitle)					
					Amendment (Must pro	vide explanation in Part 3.)	
	Area Code/Phone Number	E-mail	1.1		Date of Original Filing		
noner C	(510) 238-3815		klandcityatto	rney.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform		10000	- F W-1	/ C L T - L - / D 0	304.80	
	Does the agency have a ticket		Yes⊠ No[of Each Ticket/Pass \$		
	Event Description Warriors v.	Portland Tra	27 18				
		Provide Tille/Expi					
	Ticket(s)/Pass(es) provided by	agency?	Name of Source	ce			
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes:						
	of agency official?		Official's Name (La	st, First)			
3.	Recipients						
	 Use Section A to identify the agency 	's department or	unit. • Use Sect	tion B to identify an individu	ial. • Use Section C to identify	y an outside organization.	
	A. Name of Agency, Departmen	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy		
			Pass(es)		and the fire against the same of		
			-				
	B. Name of Individual		Number of		With the desiration with		
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following:		
	14/21 O - 112 -			Ceremonial Role		Income	
	Wilson, Callie		2	550	nial Role" or "Other" describe below: /es to City and County employees that provide		
				services to the Auth		mpioyees that provide	
				Ceremonial Role		Income	
					al Role" or "Other" describe below.	meone <u>_</u>	
(Name of Outside Organiz		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	the agency's policy	
	(include address and desc	приону	Pass(es)				
94							
es anno es							
	Verification		10010 11				
1	have read and understand FPPC Regula					3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	Oheban & Stuke		Barbara J. P.	arker City	Attorney/OAACA Officia		
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
(Comment:						
			The second secon			THE RESIDENCE OF THE PARTY OF T	

1.						
	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	Coliseum Autl		Form 002		
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
	Barbara J. Parker, City Atto	rnev/OAACA	Official			
	Designated Agency Contact		Official			
	zeengnates / igensy eenimes (, tumo, moj				
	A 0 1 /DL 11 1	Te u			Amendment (Must p	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail	للمنظم المامية		Date of Original Filing:	
1000000	(510) 238-3815		aklandcityatt	orney.org	Date of Original Filing:	(Month, Day, Year)
	Function or Event Infor					305.55
	Does the agency have a ticke		Yes X No		f Each Ticket/Pass \$ _	
	Event Description Oakland F	aiders v. Dei	nver Broncos	Date(s)12		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of So	urce
1	Was ticket distribution made a	t the behest				
	of agency official?		No⊠ Yes		Official's Name (I	Last, First)
	Recipients					
	 Use Section A to identify the agency 	r's department or	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	CONTRACTOR AND STREET PROPERTY.	lic purpose made pursuant	
1			Number of			
-	B. Name of Individua	l z	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ing:
-	B. Name of Individua (Last, Firet) Smith, Jamie		Ticket(s)/	To provide incentive	Other al Role" or "Other" describe below: es to City and County	Income □ employees that provide
-	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role	Other al Role" or "Other" describe below: es to City and County	Income
3 ·	(Last, First)	zation	Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role [If checking "Ceremoni	Other al Role" or "Other" describe below: es to City and County nority Other	Income employees that provide Income
-	Smith, Jamie Name of Outside Organi	zation cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role [If checking "Ceremoni Describe the publ	Other All and County and County and Role" or "Other" describe below: es to City and County arrity Other All Role" or "Other" describe below: describe below: describe below: describe made pursuant	Income employees that provide Income to the agency's policy
-	Smith, Jamie Name of Outside Organi (include address and description)	zation cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role [If checking "Ceremoni.] Describe the publication set for the distribution set for the provided in the checking set for the publication.	Other All and County and County and Role" or "Other" describe below: es to City and County arrity Other All Role" or "Other" describe below: describe below: describe below: describe made pursuant	Income In

A Public Document	Α	P	ubl	lic	Doc	:um	ent
-------------------	---	---	-----	-----	-----	-----	-----

1.	Agency Name				Date Stamp	California 600
	Oakland Alameda County C	oliseum Authority				Form 802
	Division, Department, or Regi	on (if applicable)				For Official Use Only
	Scott McKibben, OACCA Ex	ecutive Diector				
	Designated Agency Contact (Name, Title)				
	Area Code/Phone Number	E-mail			I ∐ Amendment (Must	Provide Explanation in Part 3.)
	510.383.4801	smckibben1@gma	ail.com		Date of Original Filing	:(month, day, year)
			·	The state of the s	Market Ma	(monos, day, year)
۷.	Function or Event Inform			- ,,,,		304 80
	Does the agency have a tick				Each Ticket/Pass \$ 🗵	701.00
	Event Description: Warriors	Basketball		Date(s) <u>12</u>	, 25 , 18	
		Provide Title/Expl		6		.
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □ I	r no:	Name of Source	
	Was ticket distribution made	at the behest Yes		f yes: McKibb	en, Scott	
	of agency official?	163	1¥V <u></u>		Official's Name (Last, First)
Umboos	NV	erorania de la composición de la compo	Staden and the state of the sta	(100)		
3.	Recipients					
	Use Section A to identify the agent	cy's department or unit.		identify an individ		=
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe th		rsuant to the agency's policy
			Passes			
		A Maria Cara Cara Cara Cara Cara Cara Cara	Number			
	B. Name of Indiv	the state of the s	of Ticket(s)/		Identify one of the	following:
	(Last, Fils	**/	Passes		, , , , , , , , , , , , , , , , , , ,	
				1	onial Role	
				^		
					onial Role Other _ ing "Ceremonial Role" or "Other" d	
	Name of Outside Or	ganization	Number			
	C. Name of Outside Or (include address and		of Ticket(s)/ Passes	Describe the	public purpose made pu	rsuant to the agency's policy
	Larry Scott			to promote th	ne Coliseum Comple	y for use by general
	Pac 12 Conference		5		usinesses to maximiz	
	360 3rd Street- 3rd floor)				
	San Francisco, CA 94107	/				
1/	Verification /	T				
-	I have rapid and understand	PC Regulations 1894	1.1 and 18942	I have verified to	hat the distribution set	forth ahove is in accordance
	with the reginizement	= , .oga.aoo 1004-	GIIG TOVTA,	, maro rommod (I	iac ino distribution set i	ionin above, is in accordance
1	MY XHYALIMAY / NA	A Scott	McKibben		Executive Director	12.5.18
,	Signatuce of Agency Head/or Designe		rint 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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: Justin Timberlake Date(s) __12__/ 05 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? 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. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Frazier, Redell If checking "Ceremonial Role" or "Other" describe below:
City Administrator 2018 Open House Raffle Winner 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)/ (include address and description) Passes

4. Verification

Comment:

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

	Sabrina B. Landreth	City Administrator	1/ 07 /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 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 ☐ Event Description: WWE Holiday Tour Date(s) 12 / 15 / 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 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income | Carter, Pat If checking "Ceremonial Role" or "Other" describe below:
Oakland Public Works Employee Raffle Winner 2 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

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.

Comment:

Sabrina B. Landreth

City Administrator

1/ 07 /2019

Signature of Agency Head or Designee Print Name

(month, day, year)

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

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions	<i>I</i>	A Public Document
1. Agency Name	Date Stamp	California 802
Oakland Alameda County Coliseum Authority		Form OUZ

1.	Agency Name				Date Stamp	California	802
	Oakland Alameda County C	oliseum Authority				Form	
	Division, Department, or Reg	ion (if applicable)	1	For Official L	Ise Only		
	Office of the City Administra	tor					
	Designated Agency Contact (Name, Title)	1				
	Sabrina B. Landreth, City Ad	dministrator			Amendment (Must P	Provide Explanation in	Part 3)
	Area Code/Phone Number	E-mail				TOVIGE EXPIGITATION III	r un o.,
	510-238-3301	slandreth@oakla	ndca.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation					
	Does the agency have a tick	et policy? Yes	s⊠ No□ F	ace Value of	Each Ticket/Pass \$ <u></u>	150.00	
	Event Description: Travis So	Provide Title/ Exp	planation [Date(s)12	<u>, 16 , 18</u>		
	Ticket(s)/Pass(es) provided	5 925		f no:	Name of Source		
	Was ticket distribution made	at the behest Ve	No I	fyes: Landret	h, Sabrina		
	of agency official?	16.	3 HO []		Official's Name (Last, First)		
3.	Recipients						
	• Use Section A to identify the agen	cy's department or unit.		identify an individ	lual. • Use Section C to ident	tify an outside organ	ization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agenc	's policy
	-						
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
	Luna, Richard		2	0.000.000.000.00	nonial Role Other X king "Ceremonial Role" or "Other" den ncentives to City emplo he Authority	-	Income ide
	ė.				onial Role Other cing "Ceremonial Role" or "Other" des	3	Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency	's policy
	9						
1.	Verification	et de la contraction de la con					
	I have read and understand FPI with the requirements.	PC Regulations 1894	14.1 and 18942. I	have verified to	hat the distribution set fo	orth above, is in a	ccordance
	Single	Sabrir	na B. Landreth		City Administrator	1/ 07	/2019
	Signature of Agency Head or Designe		Print Name		Title		day, year)
	<u>-</u>						
	Comment:						

1.	Agency Name					Date Stamp	California 802
	Oakland Alameda County C	Coliseum Au	uthority				Form OUZ
	Division, Department, or Reg	ion (if applica	able)				For Official Use Only
	Office of the City Administrator						
	Designated Agency Contact	(Name,Title)					
	Sabrina B. Landreth, City A	dministrato	r			Amendment (Must P.	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Amenament (wast / /	Tovide Explanation III I art 5.)
	510-238-3301	slandreth	@oakland	dca.gov		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 \$ <u>\$3</u>	304.80
	Event Description: Warriors	vs Minnes	ota le Title/Explai	[Date(s)12	<u>, 10 , 18 </u>	
	Ticket(s)/Pass(es) provided			⊠ No□ I	f no:	Name of Source	
	Was ticket distribution made	e at the beh	est Yes	No∏ I	f yes: Landret	h, Sabrina	
	of agency official?					Official's Name (Last, First)	
3.	• Use Section A to identify the agen			Use Section B to	identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depart	artment or Uni	t	of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	Ichazu-Gonzalez, Sabrina			. 2	000000000000000000000000000000000000000	nonial Role Other Xing "Ceremonial Role" or "Other" des ncentives to City emplo ne Authority	All National Control of the Control
						onial Role Other on "Other" des	The state of the s
	C. Name of Outside O			Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy
	(*					
4 .	Verification						
	I have read and understand FP with the requirements.	PC Regulati	ons 18944.	1 and 18942.	I have verified t	hat the distribution set fo	rth above, is in accordance
		8	Sabrina	B. Landreth		City Administrator	1/ 07 /2019
	Signature of Agency Head or Design	ee	Pr	int Name		Title	(month, day, year)
	Comment:						
			-11111				

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

١.	Agency Name Oakland Alameda County C Division, Department, or Reg		Date Stamp	Form 802 For Official Use Only		
	Office of the City Administra					
	Designated Agency Contact					
	Sabrina B. Landreth, City Ad	28				
	Area Code/Phone Number	E-mail			Amendment (Must I	Provide Explanation in Part 3.)
			daa wan		Date of Original Filing:	
	510-238-3301	slandreth@oaklan	uca.gov			(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	cet policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ <u></u>	304.80
	Event Description: Warriors	vs Grizzlies	Г	Date(s) 12	<u>, 17 , 18</u>	j j
	Zvotk Boodipaon.	Provide Title/ Expla	nation	Jui 10 (0)		
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🗆 I	f no:	Name of Source	
	Was ticket distribution made	at the behest ver		tves. Landret	h, Sabrina Official's Name (Last, First)	
	of agency official?	at the benest yes	△ No∐ "	. y co	Official's Name (Last, First)	
	or agonoy emolar.				11	
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit. •	lual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Depa	ertment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	B. Name of Indi (Last, Firs	Number of Ticket(s)/ Passes		Identify one of the	following:	
	Wright, Lisa		2		nonial Role Other D king "Ceremonial Role" or "Other" de Durces Winter All Han	_
					nonial Role Other C ding "Ceremonial Role" or "Other" de	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
					<u> </u>	v v
	Verification		-			
	I have read and understand FPI with the requirements.	PC Regulations 18944	.1 and 18942.	l have verified t	hat the distribution set f	orth above, is in accordance
		Cabula	D Landard		City Administrate	41 07 10040
	Signature of Agency Head or Designation	A CONTRACTOR OF THE PARTY OF TH	B. Landreth	-	City Administrator	1/ 07 /2019 (month, day, year)
	g. attace of Agenta, Flour of Design		! ! !!!!!		Hao	(month, day, year)
	Comment:					

1. Agency Name			Date Stamp	California 202
Oakland Alameda County Coliseum Authority				Form OUZ
Division, Department, or Region (if applicable)			1	For Official Use Only
Office of the City Administrator				
Designated Agency Contact (Name, Title)				
Sabrina B. Landreth, City Administrator			Amendment (Must Pro	vide Evolanation in Part 3)
Area Code/Phone Number E-mail	7.1		Americanent (wast / 70	vide Explanation III art 6.7
510-238-3301 slandreth@oakland	dca.gov		Date of Original Filing:	(month, day, year)
2. Function or Event Information				
Does the agency have a ticket policy? Yes [⊠ No □ F	ace Value of I	Each Ticket/Pass \$ <u>\$30</u>	04.80
Event Description: Warriors vs Mavericks				
Provide Title/ Explai	nation	2 2		
Ticket(s)/Pass(es) provided by agency? Yes	⊠ No 🗆 I	f no:	Name of Source	
Man tiple of distribution mands at the balant at		f yes: Landret	h, Sabrina	
Was ticket distribution made at the behest Yes [of agency official?	ĭ No □ '	i yes	Official's Name (Last, First)	
or agency official?				2
3. Recipients				
• Use Section A to identify the agency's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to identify	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the	e public purpose made pursu	ant to the agency's policy
	Passes			
	Number	.1000 100 100 100 100		
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the foll	lowing:
Horton, Brianna		X4-04/36221034	onial Role Other X	Income
	2	City of Oakla	ing "Ceremonial Role" or "Other" descr and Executive Assistant	ibe below: s Holiday Luncheon
(Raffle		
		/ / / / / / / / / / / / / / / / / / /	onial Role Other	Income
		If check	ing "Ceremonial Role" or "Other" descri	ibe below:
Name of Outside Organization	Number of Ticket(s)/	Describe the	e public purpose made pursu	ant to the agency's policy
(include address and description)	Passes			
. Verification				
I have read and understand FPPC Regulations 18944.	.1 and 18942.	l have verified ti	hat the distribution set fort	h above, is in accordance
with the requirements.				
	B. Landreth		City Administrator	1/ 07 /2019
Signature of Agency Head or Designee Pr	int Name		Title	(month, day, year)
Comment:		Ш		

Agency Report of:

C	eremonial Role Even	its and Ticket/F	Pass Distr	ibutions		A Public Docum	nent
1.	Agency Name	.5			Date Stamp	California 8	12
	Oakland Alameda County C	Coliseum Authority				1 01111	
	Division, Department, or Reg	jion (if applicable)				For Official Use Or	nly
	Office of the City Administra	ator					
	Designated Agency Contact	(Name, Title)					
	Sabrina B. Landreth, City A	dministrator			Amondment (Mus	st Provide Explanation in Part 3	
	Area Code/Phone Number	E-mail			Amendment (Mus	t Flovide Explanation in Falt 3	.)
	510-238-3301	slandreth@oaklan	dca.gov		Date of Original Filing	g:(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tic	ket policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$	\$304.80	_
	Event Description: Warriors			Date(s)12		4 3	
	Eveni Description.			_			
	Ticket(s)/Pass(es) provided	by agency? Yes	f no:				
	Man tiplest distribution made	at the behavior	f yes: Landret	Name of Source h, Sabrina			
	Was ticket distribution made of agency official?	e at the benest Yes	⊠ No□ .	i yes	Official's Name (Last, Firs	st)	_
	or agency official?						
3.	Recipients						
	 Use Section A to identify the agen 	ncy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to ide	entify an outside organizatio	n.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made p	oursuant to the agency's po	olicy
		Trace to Comment					
			Number				
	B. Name of Indi		of Ticket(s)/		Identify one of the	e following:	
		uy	Passes	Barrat Carrollonia			
	Romo, Rosalia		,		onial Role Other		ome 📙
			2		and Executive Assist	describe below: tants Holiday Lunched	on
				Raffle	onial Role Other	П 122	
					onial Role	(1) 	ome 📙
		*	g ⁵				
	Name of Outside O	rganization	Number	D- 1 4			100
	C. Name of Outside O		of Ticket(s)/ Passes	Describe the	e public purpose made p	ursuant to the agency's po	licy
							011
ŀ.	Verification						
	I have read and understand FP	PC Regulations 18944	.1 and 18942.	l have verified ti	hat the distribution set	forth above, is in accord	dance
	with the requirements.						
		Sabrina	B. Landreth	10-	City Administrator	1/ 07 /20)19
	Signature of Agency Head or Design	ee P	rint Name		Title	(month, day,	year)

Ceremonial Role Events and Ticket/Pass Distributions	A	Public Doc	ument
I. Agency Name	Date Stamp	California Form	202
Oakland Alameda County Coliseum Authority		Form	002
Division, Department, or Region (if applicable)		For Official Us	se Only

	Agency Name				Buto otamp	Form 802
	Oakland Alameda County C	1.7/	_	. 5		
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Office of the City Administra					
	Designated Agency Contact (Name, Title)				
	Sabrina B. Landreth, City Ad	dministrator	Amendment (Must Pro	ovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				ovide Explanation in Fart 6.)
	510-238-3301	slandreth@oakland	dca.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation			4_	
	Does the agency have a tick	cet policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ <u>^{\$3}</u>	04.80
	Event Description: Warriors	vs Lakers			<u>, 25 , 18</u>	1 1
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🗆 I	f no:	Name of Source	
	AAC PLAT PLAT P			f yes: Landret	h. Sabrina	
	Was ticket distribution made	at the benest Yes	⊠ No 🔲 ¹	i yes	Official's Name (Last, First)	
	of agency official?					
5.	• Use Section A to identify the agen A. Name of Agency, Depart		Use Section B to Number of Ticket(s)/ Passes		lual. • Use Section C to identi	
	B. Name of Indi		Number of Ticket(s)/		Identify one of the fo	llowing:
	(Last, Firs	st)	Passes			
	Daquipa, Tony		2		nonial Role	Income ☐ cribe below: yees that provide
				1	nonial Role Other description of the description of	Income Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	Verification I have read and understand FPI	PC Regulations 18944	.1 and 18942.	I have verified t	hat the distribution set for	th above, is in accordance

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

8	Sabrina B. Landreth	City Administrator	1/ 07 /2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of:

510-238-3301

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California

Oakland Alameda Count	y Coliseum Authority		Form OUA
Division, Department, or I	Region (if applicable)		For Official Use Only
Office of the City Admini	strator		
Designated Agency Conta	ct (Name, Title)		
Sabrina B. Landreth, City	Administrator	Amendment (Must Pro	vide Evolunation in Part 3 1
Area Code/Phone Number	E-mail	Amendment (wast / re	wide Explanation in Fait 5.)
510-238-3301	slandreth@oaklandca.gov	Date of Original Filing:	

2.	Function or Event Information			
	Does the agency have a ticket policy?	Yes 🛛	No 🗌	Face Value of Each Ticket/Pass \$ \$304.80
	Event Description: Warriors vs Trail Blazer	S		Date(s) 12 / 27 / 18
	Provide Title	e/ Explanatio	on	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗵	No 🗆	If no:
	Was ticket distribution made at the behest of agency official?	Yes 🔼	No 🗆	If yes: Landreth, Sabrina Official's Name (Last, First)

slandreth@oaklandca.gov

Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Mitchell, James	2	Ceremonial Role Other M Income If checking "Ceremonial Role" or "Other" describe below: Information Technology Department Employee Raffle
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4.		ifi			

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

8	Sabrina B. Landreth	City Administrator	1/ 07 /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 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: Raiders vs Chiefs Date(s) __12__/ 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. 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 Lee, Jacquelin 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 C. of Ticket(s)/ (include address and description) Passes

4. Verification

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

8	Sabrina B. Landreth	City Administrator	1/ 07 /2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Λ	Durk	lic	Document
1	rub		Document

1.	Agency Name				Date Stamp	California Q02
Oakland Alameda County Coliseum Authority				Form OUZ		
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Office of the City Administra	tor				
	Designated Agency Contact (Name, Title)			1	-	
	Sabrina B. Landreth, City Ad	dministrator			Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amenament (Mast 7 to	vide Explanation III T art 5.)
	510-238-3301	slandreth@oakla	andca.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation			2	
	Does the agency have a tick	et policy? Ye	es⊠ No□ F	ace Value of I	Each Ticket/Pass \$ <u>^{\$30}</u>	05.55
	Event Description: Raiders	vs Broncos Provide Title/Ex	rplanation	oate(s)12/	, 24 , 18	
	Ticket(s)/Pass(es) provided			no:		
	£			Landrott	Name of Source	
	Was ticket distribution made	at the behest Ye	es⊠ No□ lf	yes: Landret	Official's Name (Last, First)	6
	of agency official?				emoure manie (2003, mosy	
3.	Recipients					
٠.	• Use Section A to identify the agen-	cy's department or unit.	. • Use Section B to i	dentify an individ	ual. • Use Section C to identif	v an outside organization.
	A. Name of Agency, Depa		Number of Ticket(s)/		e public purpose made purs	
			Passes			
			-			
			Number	ensymmetric vitre		
	B. Name of Indiv (Last, Firs		of Ticket(s)/ Passes		Identify one of the fol	lowing:
	Aramas, Renee			Cerem	onial Role Other X	Income _
	7 trainas, renec		2	If check	ing "Ceremonial Role" or "Other" desc ncentives to City emplo	
				services to the		yees that provide
				Cerem	onial Role Other	Income _
				If checki	ing "Ceremonial Role" or "Other" descr	ribe below:
	C. Name of Outside Or		Number of Ticket(s)/	Describe the	e public purpose made pursu	ant to the agency's policy
	(include address and	description)	Passes			
			_			
	V - 18' - 4'					
	Verification	30 D 1 (i 100	444 40040	· · · · · · · · · · · · · · · · · · ·		# 1 × 1 × 1
	I have read and understand FPI with the requirements.	Regulations 189	44.1 and 18942.1	riave verified th	riat the distribution set for	n above, is in accordance
		Calmin	no D. Londrott-		City Administrator	4/ 07 /0040
	Signature of Agency Head or Designe		na B. Landreth Print Name		City Administrator	1/ 07 /2019 (month, day, year)
	The second secon		on the distribution of the) i iii	inomi, day, year)
	Comment:					

1.	Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable)				Date Stamp	California 802
					<u> </u> 1	For Official Use Only
	_					To omola out only
	Lynette Gibson-McElhaney, OACCA Commissioner Designated Agency Contact (Name, Title)					
	Designated Agency Contact (Name, Title)				
	Area Code/Phone Number	E-mail			Amendment (Must	t Provide Explanation in Part 3.)
	510.383.4801	rsavage@coliseum	i.com		Date of Original Filing	j:(month, day, year)
					Assessment of the second of th	(month, day, year)
۷.	Function or Event Infor		_			150 00
	Does the agency have a tick	_			Each Ticket/Pass \$ _	700.00
	Event Description: Travis So	cott)ate(s) <u>12</u>	<u>, 16 , 18 </u>	
	Ticket(s)/Pass(es) provided	Provide Title/Explai		Fno:		
	ncket(s)/Pass(es) provided	by agency: Yes [⊠ No 🗆 If	110:	Name of Source	
	Was ticket distribution made	at the behest Yes	No 🗆 🍴	yes: McElhai	ney, Lynette Official's Name (Last, Firs	
	of agency official?	_			Official's Name (Last, First	t)
^		h dela bida liinin katana aan daa suura aa turusa turusa aa aa sa aa aa suuraa at uu su	and a supplemental and a supplem	magazi el tarribada de menana antica en	n ann an Aireann an Ai	
3.	Recipients • Use Section A to identify the agen	cu's deportment or unit	Hea Saction R to i	dantifican individ	hal Alla Sastian C to ide	mplifier our contact to a contact to
	Ose Section A to identify the agent	cy sucpartment of unit.	Number	dentity an mulvid	tual. • Use Section C to Ide	nury an outside organization.
	A. Name of Agency, Department or Unit City of Oakland		of Ticket(s)/ Describe the public purpose made pursuant to the a			ursuant to the agency's policy
			2		ncentives to City employees that provide the Authority	
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the	• following:
	(Last, Firs	st)	Passes			
			2		nonial Role	—
	<u> </u>				nonial Role Other of Other of Other	
	C. Name of Outside Or		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	ursuant to the agency's policy
			<u> </u>			
4.	Verification		<u> </u>			and the second s
	I-have read and understand FP	PC Regulations 18944.	.1 and 18942.	I have verified t	hat the distribution set	forth above, is in accordance
	with the requirements.	211				
<u>_</u>	TURE WI	M Rene	e Savage	OAC	CCA Ticket Administ	rator 1-4-19
· Wangara	Signature of Agency Head or Designature	ee Pr	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 Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Susan Muranshi, County Administrator, Alameda County Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.272.3862 Date of Original Filing: countyadministator@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: Warriors Season 2018-19 Date(s)_ 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: 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 County Administrator Official to promote the Coliseum Complex for use by the general 2 public and businesses to maximise revenues 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 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

Print Name

Submette

Signature of Agency Head or Designee

Warriors

December 2018

Susan Muranishi

•	Warriors v Timberwolves	12.1018	(2) tickets
•	Warriors v Grizzlies	12.17.18	(2) tickets
@	Warriors v Mavericks	12.22.18	(2) tickets
•	Warriors v Clippers	12.23.18	(2) tickets
•	Warriors v Trailblazers	12.27.18	(2) tickets

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 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 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 □ Event Description: WWE Holiday Tour Date(s) __12__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No 🗌 If no: _ Name of Source If yes: McElhaney, Lynette 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 Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes City of Oakland to provide incentives to City employees that provide 2 services to the Authority Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other íncome If checking "Ceremonial Role" or "Other" describe below. 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)/ (include address and description) Passes Verification

4	٧/٥	.: <i>6</i> :	cation
41.	Vρ	riti/	CATION

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 /_			and the state of the debot	s, is in accordance

Renee Savage

OACCA Ticket Administrator

Comment: FormS

1. Agency Name			Date Stamp	California 802	
Oakland Alameda County Coliseum Authority			4	Form 902 For Official Use Only	
Division, Department, or Region (if applicable)				r di Ciliciai Osc Ciliy	
Lynette Gibson-McElhaney, OACCA Commissi	oner				
Designated Agency Contact (Name, Title)			24.00 (A)		
Area Code/Phone Number E-mail			Amendment (Must	Provide Explanation in Part 3.)	
510.383.4801 rsavage@coliseu	m.com		Date of Original Filing	: (month, day, year)	
2. Function or Event Information	ana ana dikiningan kananingan kananan				
Does the agency have a ticket policy? Yes	No ☐ F	ace Value of	Each Ticket/Pass \$ 2	305.55	
Event Description: Raiders Season 2018-19 Provide Title/Exp.	[lanation	Date(s)	Each Ticket/Pass \$ 3 1_ SUL GH	acho	
·	⊠ No□ I	f no:	Name of Source		
Was ticket distribution made at the behest Yes of agency official?	No□	f yes: <u>McElha</u>	ney, Lynette Official's Name (Last, Firs.	"	
Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.					
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	escribe the public purpose made pursuant to the agency's polic)		
City of Oakland	2	to provide incentives to City employees that provide services to the Authority			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	ofollowing:	
	2		nonial Role Other Other of "Other" of "Othe		
			nonial Role	_	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pi	ursuant to the agency's policy	
3. Verification					
I have read and understand FPPC Regulations 1894 with the requirements	14.1 and 18942,	I have verified t	that the distribution set	torth above, is in accordance	
Kenel Swag C Rer	nee Savage	<u>OA</u>	CCA Ticket Administ		
	Print Name UBML t(le d	Title	(month, day, year)	
Sommond Table 1	BU OF	AUC		X-4711-1-1-1	

Raiders

December 2018

Lynette McElhaney

•	Raiders v Chiefs	12.2.18	(2) tickets
•	Raiders v Broncos	12.24.18	(2) tickets

1.	Agency Name	222/SS22/2321111/2018		3876 CANAZAR MININA MANAZAR M	Date Stamp	California 🕤 🗘 🔿
	Oakland Alameda County C	oliseum Authority				Form 5U2
	Division, Department, or Region (if applicable)					For Official Use Only
	Lynette Gibson-McElhaney,	OACCA Commission	ner			
	Designated Agency Contact (
					Amendment (Must F	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 Inform	nation				
	Does the agency have a tick	et policy?	⊠ No 🗆 F	ace Value of I	Each Ticket/Pass \$ 30	04.80
			- INOTI .		Each Ticket/Pass \$ $\frac{36}{4}$	Hiched
	Event Description: Warriors	Provide Title/Explar	nation	oate(s)	u	
	Ticket(s)/Pass(es) provided	by agency? Yes	No □ If	no:	Name of Source	
				yes: McElhai	Name of Source	
	Was ticket distribution made	at the behest Yes	No □ I	yes: <u>mozata</u>	Official's Name (Last, First)	The state of the s
	of agency official?					
3.	Recipients	op 2220 to biolistick HH 61 bibliotisk delande kalaman media persona arang menerana arang sa	THE STATE OF THE S	<u> </u>		1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997
	Use Section A to identify the agence	cy's department or unit.	Use Section B to i	dentify an individ	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	City of Oakland		to provide incentives to City employees that a services to the Authority			eyees that provide
	B. Name of Indiv (Lest, Firs		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
			2		onial Role Other on onial Role Other of Other de	
					onial Role Other Cing "Ceremonial Role" or "Other" de	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
4	Verification			J.		
Tr.	I have read and understand FPI	PC Regulations 18944	1 and 18942	l have verified t	hat the distribution set fo	orth above is in aggardance
1	with the requirements	- roganationa room.	1 and 100 (2.)	nave vermea i	nat the distribution set it	
(°	sence In.		e Savage	OAC	CCA Ticket Administra	ator 1-4-19
•	Signature of Agency Head or Designe	Pri	int Name		Title	(month, day, ∳ear)
	Comment:	forms	not	SUBN	utted	

Warriors

December 2018

Lynette McElhaney

•	Warriors v Timberwolves	12.1018	(2) tickets
•	Warriors v Grizzlies	12.17.18	(2) tickets
•	Warriors v Mavericks	12.22.18	(2) tickets
0	Warriors v Clippers	12.23.18	(2) tickets
•	Warriors v Trailblazers	12.27.18	(2) tickets

1.	Agency Name			A STATE OF THE STA	Date Stamp	California O 0 0			
	Oakland Alameda County C	oliseum Authority		Form OU/4					
	Division, Department, or Reg	ion (if applicable)		For Official Use Only					
	Nate Miley, OACCA Chair								
	Designated Agency Contact (Name,Title)							
					Amendment (Must	Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail			- Li villionalione (Madi 7 Younge Explanation II/1 all e.)				
	510.383.4801	rsavage@coliseun	n.com		Date of Original Filing:	(month, day, year)			
2.	Function or Event Infor	mation							
	Does the agency have a tick	et policy? Yes	⊠ No □ F	ace Value of I	Each Ticket/Pass \$ = 3	05.55			
	Event Description: Raider F								
	Event Description:	Provide Title/ Expla	nation	Date(s)	/9_/18_				
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🗆 🖽	f no:	Name of Source				
	183 11-1 At-1-0111	-t-(ttt		Milev. N	Name of Source late				
	Was ticket distribution made of agency official?	e at the benest Yes	⊠ No 🔲 ''	r yes	late Official's Name (Last, First)				
	or agency official?								
3.	Recipients		elebekta fa a seel arriva see arriva a a see a fa a a see a a see a s	CONTRACTOR		2000 до до при			
	 Use Section A to identify the agen 	• 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, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy			
			1 43363		2.22.11.22.14.4.1.2.14.1.2.1.2.1.2.1.2.1				
	B. Name of Indi (Last, Firs	Number of Ticket(s)/ Passes		Identify one of the	following:				
	Milov Nato		Cerem	onial Role Other	Income 🔲				
	Miley, Nate	2	If checking "Ceremonial Role" or "Other" describe below: to provide opportunities to community groups to utilize						
				facility	oportunities to contint	anity groups to utilize			
		·		Cerem	onial Role Other	Income [
				if check	ing "Ceremonial Role" or "Other" d	escribe below:			
	C. Name of Outside Or	Number of Ticket(s)/	Describe the	e public purpose made pu	rsuant to the agency's policy				
	(include address and	description	Passes						
		· · · · · · · · · · · · · · · · · · ·				/			
A.	Verification	HISTORIA II II ISORI II NEELI NII BEELI N		AND THE PROPERTY OF THE PROPER					
	I have read and understand FP	PC Regulations 1904/	11 and 19040	I have verified +	hat the distribution and	iarth about is in accordance			
	with the requirements.	i O Negalalions 10944	i anu 10942.	i nave verilled l	กละ และ ตริเกษนแบบ S e t 1	orur above, is in accordance			
	Louis San	Daniel Market				ator 14-19			
*	Signature of Agency Head or Designature	The second secon	rint Name	<u> </u>	CCA Ticket Administr	(month, day, year)			
	•	V							
	Comment:								

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions	A Public Document		
1. Agency Name	Date Stamp	California 802	
Online di Alemande Constati College una Austraulta	Į.		

1.	Agency Name		Date Stamp	California 802			
	Oakland Alameda County C Division, Department, or Reg	•		For Official Use Only			
	_	юн (п аррисаріе)					
	Nate Miley, OACCA Chair Designated Agency Contact	(Name Title)					
	Doorghated rigority Donate (radine, rady					
	Area Code/Phone Number	E-mail	Amendment (Must	Provide Explanation in Part 3.)			
	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 \$ 🖺	304.80	
	Event Description: Warriors	Basketball Provide Title/ Explar.	<u>, 25 , 18</u>				
	Ticket(s)/Pass(es) provided	•	Name of Source	_			
	Was ticket distribution made of agency official?	eat the behest Yes [late Official's Name (Last, First	· · · · · · · · · · · · · · · · · · ·			
3.	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						
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	irsuant to the agency's policy	
	B. Name of Indi	Number of Ticket(s)/		Identify one of the	following:		
	Miley, Nate	st)	Passes 4	If check	nonial Role		
				Cerem	nonial Role Other of Other o		
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	irsuant to the agency's policy	
	Verification	······································					
(I have read and understand FP with the requirements.		1 and 18942. e Savage		that the distribution set CCA Ticket Administi	, , , , , ,	
`	Signature of Agency Head or Design		int Name		Title	(month, day, year)	
	Comment:						

1.	Agency Name	,			Date Stamp	California 802
	Oakland Alameda County C	oliseum Authority		Form OVA		
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Bijal Patel, OACCA City of C	Dakland Attorney				
	Designated Agency Contact (Name, Title)				
					Amondment (Mark 5	Describe Contraction in Contract
	Area Code/Phone Number	E-mail			Amendment (wast P	Provide Explanation in Part 3.)
W00000000	510.383.4801	bpatel@oaklandcity	attorney.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	et policy? Yes	No∏ F	ace Value of	Each Ticket/Pass \$ 30	04.80
	Event Description: Warriors				<u>, 22 , 18</u>	
	Ticket(s)/Pass(es) provided			no:		
	. , , , , , , , , , , , , , , , , , , ,	, , , , ,			Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes [□ No⊠ ^{If}	yes:	Official's Name (Last, First)	
MINISKSIN	os agonoy omolan.			THE TAXABLE PROPERTY OF THE PR		
3.	Recipients					11/1////
	 Use Section A to identify the agen 	cy's department or unit. •	Use Section B to i	dentify an individ	lual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	B. Name of Indi (Last, Firs	10	Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	Patel, Bijal		2	Ceremonial Role Other Inc. If checking "Ceremonial Role" or "Other" describe below: #3 to investigate efficiencies		
					nonial Role Other design of the Control of the Cont	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	Verification					
	I have read and understand FPI	PC Regulations 18944.	1 and 18942. I	l have verified t	hat the distribution set fo	orth above, is in accordance
1	with the requirements.	. #				. 49
	KINU CANAY Renee Savage OAC				CCA Ticket Administra	ator 1-4-19
-	Signature of Agency Head or Designe		nt Name	~. (Title	(month, day, year)
	_					
	Comment:					

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Agency Name Oakland Alameda County Coliseum Authority					Date Stamp California Form 802		
	Division, Department, or Reg	•		For Official Use Only			
	Chris Dobbins, OACCA Cor Designated Agency Contact						
	Designated Agency Contact ((Name, ride)			-		
	Area Code/Phone Number	E-mail			Amendment (Must I	Provide Explanation in Part 3.)	
	510.383.4801	chrisdobbinslaw@y	/ahoo.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 $$\frac{1}{2}$	00.00	
	Event Description: WWE Ho	oliday Tour			<u>, 15 , 18</u>	1	
		Provide Title/Explar	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes	☑ No 🔲 🍴	f no:	Name of Source	- Committee	
	Was ticket distribution made	e at the behest Ves F			Official's Name (Last, First)		
	of agency official?	163	T NO EX	,	Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depa		Use Section B to Number of Ticket(s)/ Passes	· Bergeran		tify an outside organization.	
	B. Name of Indi		Number of Ticket(s)/		Identify one of the i	following:	
	Dobbins, Chris	ED i se a come a di transiti di di tratta di albania di Augusti	Passes Age	If check	nonial Role Other Other Other Ging "Ceremonial Role" or "Other" degate efficiencies		
				1	nonial Role Other C	_	
	C. Name of Outside Or (include address and	· 🚆 (Section 2016) (Section 2016) (Section 2016)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
	Verification						
	I have read and understand FPI with the requirements.	s es l	1 and 18942 e Savage		hat the distribution set for the control of the con	1 14 . 1C	
•	Signature of Agency Head or Designe	ee Pri	nt Name		Title	(month, day, year)	
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form 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 \$ 150.00 Does the agency have a ticket policy? Yes⊠ No 🗌 Event Description: Travis Scott Provide Title/ Explanation

Yes ☑ No ☐

Ticket(s)/Pass(es) provided by agency?

of agency official?

Recipients

with the pauirements.

Comment:

Was ticket distribution made at the behest Yes ☐ No ☒

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Dobbins, Chris	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: #3 to investigate efficiencies
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
erification		

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

Renee Savage

If no:

If yes:

OACCA Ticket Administrator