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 510.383.4801 chrisdobbinslaw@yahoo.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ Event Description: Oakland A's 2019 Season Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes X 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. Mumber Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Dobbins, Chris Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other | Income [If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (Include address and description) Passes Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the regulrements. Chris Dobbins **OACCA Commissioner** 3.22.19 Signature of Agency Head or Designee Print Name (month, day, year) Comment:

Agency Report of:

Oakland Athletics

May 2019

Chris Dobbins

A's vs Cincinnati Reds	May 7, 2019	(4) tickets
A's vs Cincinnati Reds	May 8, 2019	(4) tickets
A's vs Cincinnati Reds	May 9, 2019	(4) tickets
A's vs Seattle Mariners	May 24, 2019	(4) tickets
A's vs Seattle Mariners	May 25, 2019	(4) tickets
A's vs Seattle Mariners	May 26, 2019	(4) tickets
A's vs Los Angeles Angels	May 27, 2019	(4) tickets
A's vs Los Angeles Angels	May 28, 2019	(4) tickets
A's vs Los Angeles Angels	May 29, 2019	(4) 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 Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Area Code/Phone Number Amendment (Must Provide Explanation in Part 3.) 510.383.4801 Idelaluente2012@gmail.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description: Oakland A's 2019 Season Sill 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 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. of Ticket(s)/ Identify one of the following: (Last, First) Passes De La Fuente, Ignacio Ceremonial Role Other | If checking "Ceremonial Roje" or "Other" describe below: to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other _ Income | If checiding "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ignacio De La Fuente OACCA Commissioner 3.22.19 Signature of Agency Head or Designee Print Hame Title (month, day, year) Comment:

Oakland Athletics

<u>May 2019</u>

Ignacio De La Fuente

A's vs Cincinnati Reds A's vs Cincinnati Reds A's vs Cincinnati Reds A's vs Cincinnati Reds A's vs Seattle Mariners A's vs Seattle Mariners A's vs Seattle Mariners A's vs Seattle Mariners A's vs Los Angeles Angels	(4) tickets (4) tickets (4) tickets (4) tickets (4) tickets (4) tickets
A's vs Los Angeles Angels May 29, 2019 May 29, 2019	(4) tickets (4) 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 Scott McKibben, Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: smckibben1@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 250.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Carrie Underwood 05 16 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: _ Name of Source Was ticket distribution made at the behest Yes ☐ No ☐ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X McKibben, Scott If checking "Ceremonial Role" or "Other" describe below: 4 to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization 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

Signature of Agency Head or Designee Print Name (month, day, year) Comment:

Executive Director

Scott McKibben

with the requirements

4.10.19

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 Scott McKibben, 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 \$ 250.00 Does the agency have a ticket policy? Yes⊠ No □ Event Description: Carrie Underwood Date(s) __05__/ 16 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: ____ Yes ☐ 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other \square 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
	ude Network lain Street -Suite 201	4	to provide opportunities for community groups to utilize the facility
Pleas	anton, CA 94566		
/erific	ation	'	

7.75	7/	A. B. II. I			
	I have read and under	stand FPPC Regulations	18944.1 and 18942.	I have verified that the dis	stribution set forth above, is in accordanc
	with the requirements.				and the second discountry is an accordance
	The state of the s				

	Scott McKibben	Executive Director
Signature of Agency Head or Designee	Print Name	Title

4.10.19 (month, day, year)

Comment: _

A	Pub	lic.	Document

1. Agency Name	Date Stamp California 80
Oakland-Alameda County Coliseum Authority	Form
Division, Department, or Region (If Applicable)	For Official Use Only
Barbara J. Parker, City Attorney/OAACA Official	
Designated Agency Contact (Name, Title)	
SCORNER CONTROL S. S. CONTROL	
Area Code/Phone Number E-mail	Amendment (Must provide explanation in Part 3.)
(510) 238-3815 bparker@oaklandcityattorney.org	Date of Original Filing:(Month, Day, Year)
2. Function or Event Information	(wonun, Day, Teal)
	Face Value of Each Ticket/Pass \$60.0
	Date(s) 05 , 11 , 19
Event Description Provide Title/Explanation	Date(s)
Ticket(s)/Pass(es) provided by agency? Yes ⊠ No ☐	f no:
Hotot(e)/ ass(es) provided by agency.	Name of Source
Was ticket distribution made at the behest No ☑ Yes ☐	f yes:Official's Name (Last, First)
of agency official?	Official's Name (Last, First)
3. Recipients	
Use Section A to identify the agency's department or unit. Use Section B to identify the agency's department or unit.	ntify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit Ticket(s) Des	scribe the public purpose made pursuant to the agency's policy
. , ,	and the second s
B. Name of Individual Number of Ticket(e)	Identify one of the following:
(Lest, First) Pass(es)	Mary 1
	eremonial Role Other IX Income checking "Ceremonial Role" or "Other" describe below:
	stigate the efficiencies of the operations of the various
	and other events that occur at Coliseum Complex
Ce	eremonial Role Other I
lf c	checking "Ceremonial Role" or "Other" describe below.
Name of Oriente Orientesta and Number of	(AN)
C. Name of Outside Organization Ticket(s)/ Des	scribe the public purpose made pursuant to the agency's policy
(include address and description)	te big intilita in in gradult gran wal the contract.
4. Verification	distribution and findle above in the second
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the o	5-1994-04 (1994-1995) - 1994-1994 (1994-1994-1995) - 1995-1995 (1994-1995) - 1995-1995 (1994-1995) - 1995-1996 - 1995-1995 - 1995-1995 (1994-1995) - 1995-1995 (1994-1995) - 1995-1995 (1994-1995) - 1995-1995 (1994-1995) -
Barbara J. Parker	City Attorney/OAACA Official 05/02/2019
Signature of Agency Head or Designee Print Name	Title (Month, Day, Year
Comment:	

1.	Agency Name				Date Stamp	California ONO	
	Oakland-Alameda County C	oliseum Auth		Form 8UZ			
	Division, Department, or Regi	ion (If Applicabl		For Official Use Only			
	Barbara J. Parker, City Attor	nev/OAACA					
	Designated Agency Contact (
		A 25 NEA			and the same of th		
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)	
	(510) 238-3815	bparker@oa	aklandcitvati	tornev.org	Date of Original Filing:		
2.	Function or Event Inform		···	,,		(Month, Day, Year)	
	Does the agency have a ticket		Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	250.00	
	Carrie Und	lerwood					
	Event Description Carrie Und	Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	□ If no:	Name of Source		
	- 12 96 97 10 AF	-	TOO EST THO		Name of Source	ce	
	Was ticket distribution made at of agency official?	t the behest	No ⊠ Yes	□ If yes:	Official's Name (La	of Elmi	
2		- THERE			Official's Name (Las	st, First)	
3.	Recipients • Use Section A to Identify the agency	's department or	unit. • Use Se	ction B to identify an individu	al allea Saction C to identif	t an autoida armanination	
	A. Name of Agency, Departmen	at or Unit	Number of	A Committee Color Mary Lock	in which the section of to identify	an outside organization.	
	Manne of Agency, Departmer	R OI OIIR	Ticket(s)/ Pass(es)	nescribe trie bribi	ic purpose made pursuant to	the agency's policy	
		, ,,,,,	Number of	Contraction of the state of the	the state of the s		
	B. Name of Individual	3 30 1 1 1 1 1 1 1 1 1		Bergerate Francisco	Identify one of the following	•	
٠				Ceremonial Role		Income	
	Parker, Barbara J.		2	I common on	al Role" or "Other" describe below		
			A-31	To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex			
				Ceremonial Role If checking "Ceremonia	Other Role" or "Other" describe below:	Income	
	, .						
(Name of Outside Organiz (include address and desc	ation	Number of Ticket(s)/	Describe the publi	c purpose made pursuant to	the agency's policy	
	(morado dadroso directodo)	inplion)	Pass(es)	was a second	系统性的 (A. A. A		
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0	/						
	Verification have read and understand FPPC Regulat	ions 18944 1 and	18942 hava va	rified that the distribution and for	th phone is in an and a second		
**	Bill (1)	0		B 8			
-	Signature of Agency Head or Designee		Barbara J. F		Attorney/OAACA Officia		
	ν			**	THE	(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) 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 No Face Value of Each Ticket/Pass \$ _ Event Description: A's v Angels Date(s) __05__/ 29 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 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 of Ticket(s)/ Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual of Ticket(s)/ Passes Identify one of the following: (Last, First) Ceremonial Role Other 🗌 Jackie Lee If checking "Ceremonial Role" or "Other" describe below: 2 to provide incentives to City and County employees that provide Ceremonial Role Other Income If checking "Ceremonial Role" or "Olher" describe below: Number of Ticket(s)/ Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (Include address and description) 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.

Katano Kasaine

Print Name

Signature of Agency-Head or Designee

Comment: _

1/8/2019

(month, day, year)

Finance Director

Title

1.	Agency Name					Date Stamp	California 802
	Oakland Alameda County C		rity				Form OUZ
	Division, Department, or Reg			1 of Official dat Offiy			
	Finance Department, City o						
	Designated Agency Contact						
	Katano Kasaine, Finance D		ember			Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail					
	510-238-2989	kkasaine@oa	akland	net.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation					400
	Does the agency have a tick	ket policy?	Yes [□No□	Face Value of	Each Ticket/Pass \$	15
	Event Description: A's v Ma	riners			Date(s)05	<u>, 24 , 19</u>	
		Provide Title	50.				
	Ticket(s)/Pass(es) provided	by agency?	Yes [] No □	If no:	Name of Source	
	Was ticket distribution made	e at the behest	Yes F	J No∏	If yes:	without some some control of the source of t	
	of agency official?		100 [_ 140 L		Official's Name (Last, First)	
_							
3.	Recipients • Use Section A to identify the ager	ov's department or	unit e	Hea Caction P (o identify an individ	hal a Hea Castion C to identif	iv an outside organization
	ose section A to identify the ager	acy's department or	omi.	Number	so sanktuonga.		
	A. Name of Agency, Dep	artment or Unit	erikerik	of Ticket(s)	Describe th	e public purpose made pura	
	production of the production o		ge bezoge.		(S. 9) TREMESOR, S. P. C. C. P. A. C.	Shill and Ship Occidented the Particle St.	Secretary organization respectively in percentilities.
	B. Name of Ind			Number of Ticket(s)		Identify one of the fol	llowing:
	(Last, Fli	rst)		Passes			
	Chris Yi				If check	nonial Role Other Ming "Ceremonial Role" or "Other" desc	Income L
				2	to provide in provide	centives to City and Co	ounty employees that
	Per annual de la companya de la comp					nonial Role Other	Income
						king "Ceremonial Role" or "Other" desc	THE PARTY OF THE P
					-		
	Name of Outside C	Organization		Number	/ Describe th	e public purpose made purs	uant to the agency's policy
	(include address and	d description)		of Ticket(s) Passes		10年1月1日 1月1日 1日1日 1日1日 1日1日 1日 1日 1日 1日 1日 1日 1日 1	
4.	Verification		1001:		0.11	u . i u	16 - 1 - 1 - 1 - 1 - 1
	I have read and understand FF with the requirements.	PC Regulations	18944	.1 and 1894.	z. i have verified i	tnat the distribution set for	n above, is in accordance
	61 - 1/-1	11.5	Katan	o Kasaine		Finance Director	05/23/2019
	Signature of Agency Head or Desig	nee		int Name		Title	(month, day, year)
	Comment:						

1.	Agency Name					Date Stamp	California Q02
	Oakland Alameda County C	Coliseum Author	~~	Form OUZ			
	Division, Department, or Reg	ion (if applicable)		For Official Use Only			
	Finance Department, City o						
	Designated Agency Contact						
	Katano Kasaine, Finance D	irector- JPA Me	mber			Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				,	
	510-238-2989	kkasaine@oa	ıklandı	net.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation		***			11-00
	Does the agency have a tic	ket policy?	Yes [] No □	Face Value of	Each Ticket/Pass \$	75
	Event Description: A's v Ma	riners			Date(s)05	, 25 , 19	
		Provide Title		ation			
	Ticket(s)/Pass(es) provided	by agency?	Yes [□ No□	lf no:	Name of Source	
	Was ticket distribution made	at the behest	Yes [J No∏ I	f yes:		
	of agency official?					Official's Name (Last, First)	
0	Desinfants						
3.	Recipients • Use Section A to identify the ager	ocy's department or i	unit. • 1	Use Section B to	identify an individ	ual. • Use Section C to identif	v an outside organization.
	PROPERTY OF STATE OF	SOT CAMEROUS CONTRACTOR		Number			ACCUPATION NAMED AND A STREET
	A. Name of Agency, Dep	artment or Unit		of Ticket(s)/ Passes	Describe th	e public purpose made pursi	
	has received to the control of the c	HEART STOLEN SHEET STOLEN STOL	in some gam	Annual to Box and suppliers of all to	an I - a vive educade da pentacións	Contraction of the second seco	and the property and the state of the state
	His same are a supply a real means are represented as	PTV = SNV SUPPLICATION (ST-14 E SI	olokan al	desiration (Section Control Line	To The State of the Land Control	nautus viko e soki va premena pribas nako bo da medi	the Contest to Salver and a popular and a contest of
	B. Name of Ind (Last, Fir			Number of Ticket(s)/ Passes		identify one of the fol	lowing:
	Alex Auza				11.00.000.000	nonial Role Other O	Income
				2	to provide in	king "Ceremonial Role" or "Olher" descr centives to City and Co	ounty employees that
	K				provide		
					The state of the s	nonial Role Other Other Other Other Other Other	Income In
					1		
	Name of Outside C	raanization.	2011	Number			
	C. (include address and			of Ticket(s)/ Passes	C. Stranger and Company of the Compa	e public purpose made pursi	
							*
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4.	Verification				\$1000 KENAS	W	
	I have read and understand FF with the requirements.	PPC Regulations	18944.	1 and 18942.	I have verified t	that the distribution set for	th above, is in accordance
	161 11	× .	Katan	o Kasaine		Finance Director	05/23/2019
	Signature of Agency Head or Design	W/ V		int Name		Title	(month, day, year)
	2-201 000 100						
	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) 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? Face Value of Each Ticket/Pass \$ Yes ☐ No ☐ Event Description: A's v Mariners Date(s) __05__/ 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ ⇒ Passes	Describe the public purpose made pursuant to the agency's policy :
Name of Individual (Last, First)	Number of Ticket(a)/ Passes	identify one of the following:
Beniquez Cross	2	Ceremonial Role Other Income I
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
G. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy:
Varification		

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

Katano Kasaine

Print Name

with the requirements.

Comment:

Signature of Agency Head or Designee

Ban u

05/23/2019

(month, day, year)

Finance Director

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only 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 510-238-2989 Date of Original Filing: . kkasaine@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ☐ No ☐ Event Description: A's v Angels Date(s) _05 _/ 27 _/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☐ No ☐ Name of Source Was ticket distribution made at the behest Yes ☐ No ☐ 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)/ Passes Name of Individual identify one of the following: (Last, First) Ceremonial Role Other Rome Esparrago If checking "Ceremonial Role" or "Other" describe below: 2 to provide incentives to City and County employees that provide Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Passes Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's policy 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Comment:

Katano Kasaine Finance Director 05/23/2019

Frint Name Title (month, day, year)

with the requirements.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name <u>Ca</u>lifornia Date Stamp 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-mall 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: A's v Angels Date(s) _05 / 28 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: ____ 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)/ Passes Name of Individual identify one of the following: Ceremonial Role Other 🔲 Juliet Naishorua If checking "Ceremonial Role" or "Other" describe below: 2 to provide incentives to City and County employees that provide Ceremonial Role Other 🔲 Income ___ If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (include address and description) Number of Ticket(e)/ Passes Describe the public purpose made pursuant to the agency's policy

4. Verification

nave read and understand	I FPPC Regulations	18944.1 and 18942.	I have verified that the distribution set forth above, i	s in accordance
vith the requirements. 💢	•			
17 . 17	Ć.			
Cetmo le	_			
Cotton of the	Sha	Katano Kasaine	Finance Director (15/23/2010

		Thansa Brottor	COLECTED IS
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
			-
Comment:		•	

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1.	Agency Name				Date Stamp	California OOO
	Oakland Alameda County C	oliseum Authority				Form 802
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Ignacio DE La Fuente, OAC	CA Commissioner				
	Designated Agency Contact				-	
					-	
	Area Code/Phone Number	E-mail			. Amendment (Must Pr	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□ F	ace Value of	Each Ticket/Pass \$ 25	0.00
	Event Description: Carrie U					
	Event Description:	Provide Title/ Expla	anation	Date(s)	<u>/ 16 / 19</u> .	
	Ticket(s)/Pass(es) provided			f no:		
	55 (55) 550(55)				Name of Source	-
	Was ticket distribution made	at the behest Yes	□ No⊠ I	f yes:	Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa		Number of Ticket(s)/		e public purpose made purs	
			Passes			dance the agency 5 pointy
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	De La Fuente, Ignacio			Cerem	onial Role Other X	Income _
	Do La Faorito, Igriadio		2	If check	ing "Ceremonial Role" or "Other" desc e the efficiencies of of o	cribe below:
					other events that occu	
					onial Role Other	
				If check	ing "Ceremonial Role" or "Other" desc	-
	Name of Outside Or	ganization	Number of Ticket(s)/	Describe the	e public purpose made purs	uppt to the against a client
	(include address and	description)	Passes	Describe the	e public purpose made purs	uant to the agency's policy
	Verification	1				
	I have read and understand FPI	/ PC Regulations 18944	1.1 and 18942.	I have verified to	hat the distribution set for	th above, is in accordance
	with the requirements.	300000000000000000000000000000000000000				, ασσσταατίσο
		Ignacio	De La Fuente		ACCA Commissioner	05.6.19
9	Signature of Agency Head or Designe		rint Name		Title	(month, day, year)
9	6					
0	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) Ignacio DE La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 60.00 Does the agency have a ticket policy? Yes No No Event Description: Pentatonix Date(s) __05 11 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of of operations of various sporting and other events that occur at Complex Ceremonial Role Other _ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy

4. Verification

(include address and description)

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

of Ticket(s)/

Passes

	Ignacio De La Fuente	OACCA Commissioner	05.6.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio DE La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45.00 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Oakland A's game Date(s) __05__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ If yes: De La Fuente, Ignacio Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Income __ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Spanish Speaking Citizens Foundation to provide opportunities to community groups to utilize the 18 1470 Fruitvale Ave facility Oakland, CA 94601

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,			io iii dooordanoo

MINIMIX	Ignacio De La Fuente	OACCA Commissioner	05.6.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio DE La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45.00 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Oakland A's game Date(s) _ 05 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Name of Source If yes: De La Fuente, Ignacio Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other | Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Spanish Speaking Unity Council of to provide opportunities to community groups to utilize the 18 Alameda County Inc facility 3411 E.12 Street Oakland, CA 94621 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Ignacio De La Fuente

Print Name

with the requirements.

Comment:

Signature of Agency Head or Designee

05.6.19

(month, day, year)

OACCA Commissioner

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 Date of Original Filing: . 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45.00 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Oakland A's game Date(s) __05__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes No □ Name of Source If yes: Dobbins, Chris Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Green Stampede to provide opportunities to community groups to utilize the 18 11000 Apricot St. facilities Oakland, CA 94603

4. Verification

0	have read and understand FPPC Regulations	: 18944.1 and	18942. I have	verified that the	distribution set forth above	. is in accordance
V	have read and understand FPPC Regulations ith the requirements.					

	Chris Dobbins	OACCA Commissioner	05.6.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name 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 Date of Original Filing: _ 510.383.4801 Chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{60.00}{}$ Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Pentatonix Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes⊠ 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of of operations of various sporting and other events that occur at Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

Comment: _

1	nave read and understand FPPC Regulations	18944.1 and	18942. I have ve	rified that the distributio	n set forth above. is	in accordance
ν	ofth the requirements.					

	Chris Dobbins	OACCA Commissioner	05.6.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 Chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 250.00 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Carrie Underwood Date(s) _ 05 / 16 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? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Dobbins, Chris Income If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of of operations of various sporting and other events that occur at Complex Other Ceremonial Role Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

Verification

Comment:

r nave read and understand FPPC Regulations	s 18944.1 and 18942.	I have verified that the	distribution set forth above	is in accordance
with the requirements.				10 111 00001001100

Signature of	Agency Head or Designee	

Chris Dobbins

OACCA Commissioner

05.6.19

Print Name

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: Carrie Underwood 05 16 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Passes Identify one of the following: (Last, First) Ceremonial Role Other X Young, Rahsaan If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes**

4. Verification

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

	Sabrina B. Landreth	City Administrator	5/3/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information \$ 78.00 45 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: A's 05 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Miller, June If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

Comment:

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

	8
Signature of Agency Head of	r Designee

Sabrina B. Landreth

City Administrator

5/3/2019

Print Name

(month, day, year)

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

4. Verification

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

6	Sabrina B. Landreth	City Administrator	5/3/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information \$ 78.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: A's 05 09 Date(s). Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income | Kasaine, Katano If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

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

	Sabrina B. Landreth	City Administrator	5/7/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Selaving R. Landwith City Administrator

Oakland Alameda County Coliseum Authority				Form 002		
	Division, Department, or Reg	ion (if applicable)	***		1	For Official Use Only
	Office of the City Administrator					
	Designated Agency Contact ((Name, Title)				
	Sabrina B. Landreth, City Ad	dministrator			Amendment (Must Pro	
	Area Code/Phone Number	E-mail			. Must Pro	ovide Explanation in Part 3.)
	510-238-3301	slandreth@oaklan	dca.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				11200
	Does the agency have a tick	ket policy? Yes	⊠ No □	Face Value of	Each Ticket/Pass \$ _ \$ 7	18.00 45
	Event Description: A's			Date(s)05		1 3
	Event Becomption.	Provide Title/ Expla	nation	Date(3)		
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🗆 🗆	If no:		
	Mas tisket distribution made			If yes: Landret	Name of Source h. Sabrina	
	Was ticket distribution made of agency official?	e at the benest Yes	⊠ No □	ıı yes	Official's Name (Last, First)	
	or agency official?					
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
		š			V	
	B. Name of Indiv		Number of Ticket(s)/ Passes		Identify one of the fol	llowing:
	MORGAN, TOM		2		onial Role Other Ming "Ceremonial Role" or "Other" descricentives to City employne Authority.	Income Income views: Income vi
		*		F 7 -93	onial Role Other on "Other" descri	Income In
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy
	Verification			6.		2
	I have read and understand FPF with the requirements.	PC Regulations 18944	.1 and 18942.	I have verified to	hat the distribution set fort	th above, is in accordance
		Sahrina	B. Landreth		City Administrator	5/23/2019
0	Signature of Agency Head or Designe		int Name		Title	(month, day, year)
	~	8				grander abbet find to the € the set the €
	(commont:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$78.00 4 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's 05 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Watson, Emmanuel If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

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

	Sabrina B. Landreth	City Administrator	5/21/2019	
Signature of Agency Head or Designee	cy 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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Date(s) _05 / Event Description: A's 26 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X ANDREWS, JOHN If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority. Other 🔲 Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

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

	Sabrina B. Landreth	City Administrator	5/23/2019
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 E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information \$ 78.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No □ Event Description: A's 05 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Income Killens, Kentrell If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

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

	Sabrina B. Landreth	City Administrator	5/21/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

4. Verification

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

	Sabrina B. Landreth	City Administrator	5/21/2019
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 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: A's 05 Date(s) -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Passes Identify one of the following: (Last, First) Ceremonial Role Other X Segura, Miguel If checking "Ceremonial Role" or "Other" describe below.

To provide incentives to City employees that provide 2 services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

Comment: _

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

	Sabrina B. Landreth	City Administrator	5/21/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

1.	Agency Name				Date Stamp	California On 2
	Oakland-Alameda County Coliseum Authority					Form OUZ
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
	Barbara J. Parker, City Attorney/OAACA Official					
	Designated Agency Contact		Official		-	
		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Area Code/Phone Number	IE-mail			Amendment (Must pro	vide explanation in Part 3)
	(510) 238-3815		klandeitvat	orney ora	Date of Original Filing:	
2	(510) 238-3815 bparker@oaklandcityattorney.org Function or Event Information					(Month, Day, Year)
۷.				E Face Value	45	45.00
	Does the agency have a ticke		Yes ⊠ No	·	of Each Ticket/Pass \$	
	Event Description Oakland A	Provide Title/Exp	III Heas	Date(s)	5 , 07 , 19	
	_ 1 1					
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of Source	ce
	Mos tisket distribution made at the behavior					
	of agency official?		110 🖾 103	If yes:	Official's Name (Las	st, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to identify	an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy
			Pass(es)	** r* ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	The section of the se	
	We start to the start of the st		 			
	D Nome of Individua	, , , , , , ,	Number of	well of the same of the same	TOTAL HARDER SERVICE	
	Name of Individua	u ,	Ticket(s)/ Pass(es)		Identify one of the following	t · · · ·
				Ceremonial Role	Other 🛛	Income
	Parker, Barbara J.		2		al Role" or "Other" describe below	20 (00)
		_	To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex			
			1	<u> </u>		
				E ENERGY THE CONTRACT OF	Other Selection Other Selection Other Selection Other Selection Other Selection Other Other Selection Other Se	Income L
					S. S	
į	C. Name of Outside Organi		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	the execute paller
0	(include address and desc	cription)	Pass(es)	Describe the publ	ic barbose made buishant to	the agency's policy
,						
	Verification					
1	have read and understand FPPC Regula	ations 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance with th	e requirements.
	1 Spely Shit		Barbara J. I	Parker City	Attorney/OAACA Officia	al 05/02/2019
•	Signature of Agericy Head or Designee		Pnnt Nam		Title	(Month, Day, Year)
	3					
(Comment:					

1.	Agency Name				Date Stamp	California OOO
	Oakland-Alameda County C	Coliseum Auth	ority			Form 8U2
	Division, Department, or Reg				1	For Official Use Only
	Barbara J. Parker, City Atto	rnev/OAACA	Official			
	Designated Agency Contact	The state of the s	Official			
		one encourage of the title of t				
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(510) 238-3815	bparker@oa	klandcitvat	torney org	Date of Original Filing:	
2.	Function or Event Inform			.c.moy.org		(Month, Day, Year)
	Does the agency have a ticke	Yes 🖾 No	☐ Face Value	of Each Ticket/Pass \$	45.00	
	Event Description Oakland A				- 12	
	Event Description	Provide Title/Exp	anation	Date(s)	5 , 08 , 19	
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:					
			IES M INC		Name of Source	ce
	Was ticket distribution made a of agency official?	t the behest	No ⊠ Yes	□ If yes:		
demois					Official's Name (Las	st, First)
3.	Recipients	'e denominant or	unit allos Sa	olion Dán Idaneis and a unique		
	Use Section A to identify the agency		Number of	ne as than by a	active the property and the second to	11.7 8 .7
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pul	lic purpose made pursuant to	the agency's policy
3				1111. 7 150 150	Section and Asset As	
		.,	Number of		-	
	B. Name of Individua	(Last, First)			F × 1	
•	CONTRACTOR		Pass(es)	Ceremonial Role		Income
	Parker, Barbara J.				ial Role" or "Other" describe below:	Income
			2	To investigate the efficiencies of the operations of the various		
					events that occur at Coli	seum Complex
				Ceremonial Role	Other I	Income
				ii checking Ceremon	all Role of Other describe below:	
(C. Name of Outside Organia	zation de l'are	Number of	Describe the pub	lic purpose made pursuant to	Charles and the same
_	(include address and desc	ription)	Ticket(s)/ Pass(es)	West, and and the public and public and and public and	TO PUI POSE III AGE PUI SUAILE TO	trie agency's policy
					(4)	
	Verification					
1	have read and understand FPP6 Regula				orth above, is in accordance with th	e requirements.
9	Signature of Agency Head or Designee		Barbara J. F		Attorney/OAACA Officia	05/02/2019
	organistic or pagency read of Designee		Print Name	ŧ	Title	(Month. Day, Year)
(Comment:					

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California OOO
	Oakland-Alameda County Coliseum Authority					Form OUZ
	Division, Department, or Regi	on (If Applicable	le)		1	For Official Use Only
	Barbara J. Parker, City Attor	nev/OAACA	Official			
	Designated Agency Contact (77.0	Official		_	
	G					
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3)	
	(510) 238-3815	NAME OF THE OWNER.	aklandcitvati	tornov ora	Date of Original Filing: _	
7	(510) 238-3815 bparker@oaklandcityattorney.org					(Month, Day, Year)
6.	Does the agency have a ticket		V	□ Face Value o	of Each Ticket/Dage C	45.00
	\$1500 I TO	48.1	Yes⊠ No		of Each Ticket/Pass \$	
	Event Description Oakland A	Event Description Oakland A's v. Cincinnati Reds Provide Title/Explanation Date(s) 05 , 09 , 19 , 19 , 19				
	Ticket(s)/Pass(es) provided by	agency?	Yes 🛛 No	If no:	Name of Soul	rce
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes:					
	of agency official?		1.0 23 100	ii yes	Official's Name (La	est, First)
3.	Recipients					
	Use Section A to identify the agency			ction B to identify an individu	al. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	the second of the state of the second of the		
			Pass(es)	V 2008	Minimum of the	1 5
	D Nome of building	Number of			,	
	B. Name of Individual	*	Ticket(s)/ Pass(es)	Signal Santa	Identify one of the followin	g:
				Ceremonial Role	_	Income
	Parker, Barbara J.		2	If checking "Ceremonial Role" or "Other" describe below		
			To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex			
			-			
				Ceremonial Role	Other	Income
				l site of the same	article of other describe below.	
	C Name of Outside Organiz	ration / hydro	Number of	24 July 2 Sept. March Sept. Se	ič purpose made pursuant to	
	(include address and desc	ription)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
	profit Control of Cont					
ļ.	Verification					
	have read and understand FPPC Regular	tions 18944.1 and	18942. I have ve	rified that the distribution set for	rth above, is in accordance with t	he requirements.
	The for		Barbara J. F		Attorney/OAACA Offici	
1	Signature of Agency Head or Designee		Print Name		Title	(Month. Day, Year)
						que game parte papación
	Comment:					

1	. Agency Name	Agency Name				
	Oakland-Alameda County Coliseum Auth	Date Stamp	California 802			
	Division, Department, or Region (If Applicable			-	For Official Use Only	
	Barbara J. Parker, City Attorney/OAACA Designated Agency Contact (Name, Title)	Official	****			
	Designated Agency Contact (Name, Title)					
	· · · · · · · · · · · · · · · · · · ·			Amendment (Must pro	vide explanation in Part 3)	
	Area Code/Phone Number E-mail	11 12 12		Date of Original Filings		
nen	(510) 238-3815 bparker@oa	iklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information				45.00	
	Does the agency have a ticket policy?	Yes 🗵 No		of Each Ticket/Pass \$		
	Event Description Oakland A's v. Seattle M	/lariners	Date(s)	24 , 19		
	Provide Hue/Explanation					
	Ticket(s)/Pass(es) provided by agency?	Yes 🗵 No	☐ If no:	Name of Sour	ce	
	Was ticket distribution made at the behest	No ☒ Yes				
	of agency official?	110	ш пусэ. <u></u>	Official's Name (La	st, First)	
3.	Recipients		November - more resident - Marie Comm			
	Use Section A to identify the agency's department or		tion B to identify an individu	ial. • Use Section C to identify	y an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	blic purpose made pursuant to the agency's policy		
		Pass(es)	March 1970 - Carl Average Court			
	B. Name of Individual	Number of	to the second of the second			
	(Last. First)	Ticket(s)/ Pass(es)		Identify one of the following	j: 	
	Na Duan		Ceremonial Role		Income	
	Ng, Ryan	2	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	al Role" or "Other" describe below es to City and County e	mplayees that provide	
			services to the Auth		inployees that provide	
			Ceremonial Role	Other	Income [
			If checking "Ceremonia	al Role" or "Other" describe below.	(Install	
			41 3 2 7 W 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	the agency's policy	
		Pass(es)			<u> Barriela de la composición dela composición de la composición de la composición dela composición dela composición dela composición dela composición de la composición dela composici</u>	
agreen.						
	Verification I have read and understand FPPC Regulations 18944.1 and	18042 I have ver	ified that the distribution set fo	rth above, is in assortance with t	ha sassimum ta	
	R					
	Signature of Agency Head or Designee	Barbara J. P		Attorney/OAACA Officia	(Month, Day, Year)	
		2/100001/APRILLIPE			(month, Day, 1881)	
	Comment:					
			F	PPC Toll-Free Helpline: 866	FPPC Form 802 (4/12) S/ASK-FPPC (866/275-7772)	

	. Agency Name				Date Stamp	California 802	
	Oakland-Alameda County Coliseum Authority					For Official Use Only	
1	Division, Department, or Region (If Applicable)						
	Barbara J. Parker, City Attorney/OAACA Official						
Ī	Designated Agency Contact (Name, Title)						
7	Area Code/Phone Number	E-mail	Amendment (Must provide explanation in Part 3)				
	(510) 238-3815		aklandcitvatto	rnev.org	Date of Original Filing:	W # 6 W A	
MINISTER STREET	(510) 238-3815 bparker@oaklandcityattorney.org Function or Event Information				(Month, Day, Year)		
					of Each Ticket/Pass \$	45.00	
E	Event Description Carland A	Provide Title/Exp	5 , 26 , 19				
7	Ticket(s)/Pass(es) provided by agency? Yes ⊠ No ☐ If no:				Name of Source	0	
V	Was tisket distribution made at the behank						
	of agency official?			If yes:	Official's Name (Last	t. First)	
	Recipients						
	Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identify	an outside organization.	
1	A. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	cribe the public purpose made pursuant to the agency's policy		
E	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:		
-		the and any official	Pass(es)	Ceremonial Role	Other 🛛	Income	
F	ung, Michael		2	CONTRACTOR OF STREET	ial Role" or "Other" describe below		
				To provide incentive services to the Auth	es to City and County en nority	nployees that provide	
_		Š		Ceremonial Role If checking "Ceremoni	Other	Income 🗌	
C	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		the agency's policy	
-							
-		11					
1. V	/erification	THE THE PERSON NAMED IN TH					
	nave read and understand FPPC Regula	tions 18944.1 and	l 18942. I have ver	ified that the distribution set fo	orth above, is in accordance with the	e requirements	
	Sarona & Janko		Barbara J. P	arker City	Attorney/OAACA Officia	05/22/2019	
-	Signature of Ageogy Head or Designee		Print Name		Title	(Month, Day, Year)	
С	omment:					-	

1	. Agency Name				Date Stamp	California Q02	
	Oakland-Alameda County Coliseum Authority					Form OUZ	
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Barbara J. Parker, City Attorney/OAACA Official						
	Designated Agency Contact (Name, Title)						
	Area Code/Phone Number E-	-mail	Amendment (Must provide explanation in Part 3.)				
			klandcityatto	ornev.org	Date of Original Filing:	Marth Day Vand	
2	Function or Event Information				(Month, Day, Year)		
Au e					f Each Ticket/Pass \$	45.00	
					, 27 , 19		
	Event Description						
	Ticket(s)/Pass(es) provided by a	gency?	Name of Source				
					Name of Source	ce	
	Was ticket distribution made at the behest No X Y of agency official?			☐ If yes:	Official's Name (La	of Eiral)	
BOUR					Onicial's Name (La.	ot, riist)	
3.	Recipients • Use Section A to identify the agency's d	lenartment or	unit a Usa Sar	ction B to identify an individu	al allea Section C to identify	, an outside organization	
	A. Name of Agency, Department of	or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
		Number of	DESCRIPTION OF THE PROPERTY OF	TO SECURE OF THE PROPERTY OF THE PARTY OF TH			
	B. Name of Individual		Ticket(s)/	Identify one of the following:			
			Pass(es)	Ceremonial Role	Other 🛛	Income [
	Patterson, Ben			The state of the s	al Role" or "Other" describe below	income []	
			2		es to City and County e	mployees that provide	
				services to the Auth			
			15	Ceremonial Role	Other	Income	
					The control detailed belon.		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		the agency's policy	
			Pass(es)	2004 no the pastic parpoor made paradatic to the agency a policy			
	Verification						
	I have read and understand FPPC Regulation	0					
	- / Oarvare Je Sank	e	Barbara J. F		Attorney/OAACA Officia		
	Signature of Agency Head of Designee		Print Name		Tille	(Month, Day, Year)	
	Comment:						

1.	Agency Name				Date Stamp California Q 1 2		
	Oakland-Alameda County Coliseum Authority					Form OUZ	
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Barbara J. Parker, City Attorney/OAACA Official						
	Designated Agency Contact (Name, Title)						
	Area Code/Phone Number	l E-mail	Amendment (Must provide explanation in Part 3.)				
	(510) 238-3815		klandcityatto	rney.org	Date of Original Filing:	(Month Day Year)	
	Function or Event Information					(Month, 50), 150)	
					of Each Ticket/Pass \$	45.00	
	Oakland A	s v. Los Ange	5 , 28 , 19				
	Event Description Oakland P	Provide Title/Expl	5 1 20 1 10				
	Ticket(s)/Pass(es) provided b	v agency?	Name of Sou.				
	ricket(s)/rass(es) provided b	y agency:	Name of Sou	rce			
	Was ticket distribution made a	at the behest	Official's Name (Le	- I First			
	of agency official?		Official's Name (La	ast. First)			
3.	Recipients						
	Use Section A to identify the agence	y's department or	-	tion B to identify an individ	ual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Department	ent or Unit	Number of Ticket(s)/	Describe the pul	Describe the public purpose made pursuant to the agency's policy		
		a Kasari na Arabi A	Pass(es)				
	AMERICANA		-				
	R Name of Individua	Number of		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	R. Name of Individual		Ticket(s)/ Pass(es)	Identify one of the following:			
				Ceremonial Role	Other 🛛	Income	
	Mulry, Brian		2	To provide incentives to City and County employees that provide services to the Authority			
				Ceremonial Role		Income	
					nial Role" or "Other" describe below.		
	×						
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pul	blic purpose made pursuant t	to the agency's policy	
	(include address and description)		Pass(es)				
4.							
	Verification						
	I have read and understand FPPC Regu	lations 18944.1 and	l 18942. I have ve	rified that the distribution set	forth above, is in accordance with	the requirements.	
King Ch. Le			Barbara J. F	Parker Cit	y Attorney/OAACA Offic	cial 05/22/2019	
	Signature of Agency Head or Designee Print Name			Tille	(Month. Day. Year)		
	Comment:						