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) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: (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 If 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other | Income _ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other X Income Dobbins, Chris 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 of Ticket(s)/ C. 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. **OACCA** Commissioner Chris Dobbins 10.27.18 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

Warriors

October 2018

Chris Dobbins

0	Warriors v PHX	10.8.18	(2) tickets
•	Warriors v Thunder	10.16.18	(2) tickets
0	Warriors v Suns	10.22.18	(2) tickets
0	Warriors v Wizards	10.24.18	(2) tickets
•	Warriors v Pelicans	10.31.18	(2) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name 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: 510.383.4801 Idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No□ Event Description: Warriors Season 2018-19 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: If yes: . Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Income De La Fuente, ignacio If checking "Ceremonial Role" or "Other" describe below: 2 Other _ Ceremonial Role Income __ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements, **OACCA** Commissioner Ignacio De La Fuente 9.27.18 Print Name (month, day, year) Signature of Agency Head or Designee

Cómment:

Warriors

October 2018

Ignacio De La Fuente

•	Warriors v PHX	10.8.18	(2) tickets
•	Warriors v Thunder	10.16.18	(2) tickets
8	Warriors v Suns	10.22.18	(2) tickets
0	Warriors v Wizards	10.24.18	(2) tickets
•	Warriors v Pelicans	10.31.18	(2) tickets

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A	r ı	w	HG	ப	UU	ulli	еп	L

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Authority				Form OU/4
	Division, Department, or Regi	on (if applicable)			1	For Official Use Only
	Chris Dobbins, OACCA Con	nmissioner				
	Designated Agency Contact (Name, Title)				
					C Amondment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Mast	riovide Explanation in Part 3.)
	510.383.4801	chrisdobbinslaw@y	ahoo.com		Date of Original Filing	:(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	cet policy? Yes [No∏ F	ace Value of	Each Ticket/Pass \$ 2	305.55
	Event Description: Raider S	eason 2018-19 Provide Title/ Explar	C)ate(s)	<u></u>	
	Ticket(s)/Pass(es) provided	•		no:	Name of Source	
	Was ticket distribution made	at the behest Ves I		yes:		
	of agency official?	Test	NO 🖸	,	Official's Name (Last, First)	,
3.	Recipients	euronumente muonumente muonen en recordo en de entre distribuir de la cida de cida de cida de cida de cida de c	HERANAGERO OR OCK HAMING A THE STREET AND A S			
	• 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 ider	ıtify an outside organization.
	Δ Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy
	A. Name of Agency, Depa		Passes			rought to the agency's poincy
			Number	grand society by Alexander		
	B. Name of India (Last, Firs		of Ticket(s)/ Passes		Identify one of the	
	Dobbins, Chris			1	nonial Role Other	
			2		king "Ceremonial Role" or "Other" d e the efficiencies of o	perations of the various
	· · · · · · · · · · · · · · · · · · ·			sporting and	other events at Colis	
					nonial Role Other Other Other Other Other Other Other Other Other	
				ii onecii	ung Celemonar Note di Otter d	escribe below.
			Number			
	C. Name of Outside Or (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
			. 20000			
ļ.	Verification					000000
	I have read and understand FP	PC Regulations 18944.	1 and 18942.	l have verified t	that the distribution set i	forth above, is in accordance.
	with the requirements.					
			Dobbins		DACCA Commissione	er 09.6.18
	Signature of Agency Head or Design	ee Pr	int Name	-	Title	(month, day, year)
	Comment:					
	THE COLUMN TO TH					

Oakland Raiders October 2018 Chris Dobbins

Raiders v Colts

10.28.18

(2) tickets

Д	Pu	h	lic	Do	CI	ım	en	f

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C			10111		
	Division, Department, or Reg					For Official Use Only
	Ignacio De La Fuente, OAC					
	Designated Agency Contact	(Name,Title)				
	Area Code/Phone Number	l E-mail			Amendment (Musi	t Provide Explanation in Part 3.)
	510.383.4801	ideafuente2012@g	rmail com		Date of Original Filing	•
			girian.com			(month, day, year)
2.	Function or Event Infor					305 55
	Does the agency have a tick			Face Value of	Each Ticket/Pass \$	303.33
	Event Description: Raider g	ames 2018-19 Seas	on [Date(s)	<i></i>	
	Tisks 1/s \1/s \1/s \1/s \1/s \1/s \1/s \1/s	Provide Title/ Expla		,		
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🗆 📗	t no:	Name of Source	
	Was ticket distribution made	at the behest Yes		f yes:	Official's Name (Last, Firs	
	of agency official?	, 55			Official's Name (Last, Firs	t)
3.	• Use Section A to identify the agen A. Name of Agency, Depa		Use Section B to Number of Ticket(s)/ Passes			entify an outside organization. ursuant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	a following:
	De La Fuente, Iganacio	The second secon	2	to investigat	nonial Role Other king "Ceremonial Role" or "Other" te the efficiencies of o d other events at Coli	describe below: Operations of the various
					nonial Role Other king "Ceremonial Role" or "Other" o	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pi	ursuant to the agency's policy
1.	Verification /		L	.1		
	I have read and understand FP with the requirements	PC Regulations 18944	.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
	/////////VE	/ Ignacio	De La Feunte	· (DACCA Commission	er 9.6.18
	Signature of Agency Head or Designature	ee P	rint Name		Title	(month, day, year)
	Comment:					

Oakland Raiders October 2018 Ignacio De La Fuente

Raiders v Colts

10.28.18

(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) 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 \$ 305.55 Does the agency have a ticket policy? Yes⊠ No □ Event Description: Raider Season 2018 Date(s) Selv 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 ☒ 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 Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Other X Ceremonial Role McKibben, Scott If checking "Ceremonial Role" or "Other" describe below: 4 to promote the Coliseum Complex to general public and businesses to maximize revenues Ceremonial Role Other _ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

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 regular mehts.

Signature of Agency Head or Designee

Scott McKibben
Print Name

OACCA Executive Director

8.22.18 (month, day, year)

Oakland Raiders October 2018 Scott McKibben

Raiders v Colts

10.28.18

(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** For Official Use Only Division, Department, or Region (if applicable) Christin Hill, 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 christin.hill@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 305.55 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Raider Game Date(s) __10__/ 28 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes X No 🗆 If no: . Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit 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 Ceremonial Role Other X Income Hill, Christin If checking "Ceremonial Role" or "Other" describe below: 4 Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:

			4.6	
4.	Ve	rific	cation	ì

Comment:

C.

Name of Outside Organization

(include address and description)

i nave read and unders	stand FPPC Regulations	s 18944.1 and 18942.	I have verified that the distribution	on set forth above.	is in accordance
with the requirements.	111.11			t en de la color de la regional d'altre en l'éche de reneau de la color de la chec de les de la l'est €	

Number

of Ticket(s)/

Passes

Chrust MI	Christin Hill	OACCA Commissioner	11.16.18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Scott, McKibben OACCA 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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Event Description: Warriors Season 2018-19 Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Name of Source Was ticket distribution made at the behest Yes ☐ No 🖾 If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Α. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ identify one of the following: (Last, First) Passes McKibben,Scott Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below: 4 to promote the Coliseum Complex for use by the general public and businesses to maximize revenues Ceremonial Role 🔲 Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

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

Scott McKibben

OACCA Executive Director

9.27.18

Signature bitAgency (Applies Designee)

Print Name

Title

(month, day, year)

Comment:

Warriors

October 2018

Scott McKibben

0	Warriors v PHX	10.8.18	(4) tickets
•	Warriors v Thunder	10.16.18	(4) tickets
0	Warriors v Suns	10.22.18	(4) tickets
0	Warriors v Wizards	10.24.18	(4) tickets
•	Warriors v Pelicans	10.31.18	(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 **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 510-272-6691 Date of Original Filing: leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 304.80 Yes⊠ No□ Event Description: Basketball Warriors 24 Date(s) __10__/_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: GSW Yes ⊠ No □ Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Haggerty, Scott 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 Social Services Agency To reward a county employee for his or her 2 exemplary service to the public 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. 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.

Signature of Agency Head or Designee Print Name

Ticket Administrator

10/04/2018 (month, day, year)

Comment:

	gency Report of: eremonial Role Events and	Ticket/F	ass Dist	ributions		A Publi	CCANNED Document
1.	Agency Name Oakland/Alameda County Coliseum, Division, Department, or Region (il appli	Authority cable)			Date Stamp	Cali Fo	ornia 802 orm 809
	Designated Agency Contact (Name, Title)				1		
	Lee Ann Fergerson, Ticket Administa						
	Area Code/Phone Number E-mail				Amendment (1	Must Provide Expl	anation in Part 3.)
		ergerson@	acgov.org		Date of Original Fi	ling:(month,	day, year)
2.	Function or Event Information						
	Does the agency have a ticket policy	Yes	⊠ No□	Face Value of	Each Ticket/Pass	\$ 304.80	
	Event Description: Drake	ide Title/ Expla		Date(s) _10_			
	Ticket(s)/Pass(es) provided by agenc		⊠ No □	If no: GSW			
	Was ticket distribution made at the be			If yes: Hagger	Name of Source ty, Scott Official's Name (Last.	First)	9
	of agency official?				Omerar's Name (Last,	rusij	
3.	Recipients • Use Section A to identify the agency's departm A. Name of Agency, Department or U		Use Section B t Number of Ticket(s)/ Passes		lual. • Use Section C to		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of	the following:	
	Paulson, Haley		2		nonial Role Oth	ner her' describe below	Income 🗌
					nonial Role Ott ning "Ceremonial Rolo" or "Ott	nor her" describe below:	Income [
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose mad	e pursuant to th	e agency's policy
	· · · · · · · · · · · · · · · · · · ·			2			
4	Verification						
()	I have read and understand FPPC Regulation with the requirements.	tions 18944	.1 and 18942	2. I have verified t	that the distribution	set forth above	e, is in accordance
1	THE WALL KON	100 40	n Fergersor	2	Ticket Administra	ator	11/5/18
	Signature of Agency Hear on Designee		rint Name	<u> </u>	Tiple ()		(month, day, year)
			VI Lor	/ 1	11 11 17	11	

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~	ı u				4811	en	L

1. Agency Name				Date Stamp	California o 00
Oakland Alameda County	Coliseum Authority				Form 604
Division, Department, or Re				For Official Use Only	
Scott, McKibben OACCA E	Executive Director				
Designated Agency Contact	Designated Agency Contact (Name, Title)				
					······································
Area Code/Phone Number	E-mail			Must P.	rovide Explanation in Part 3.)
510.383.4801	smckibben1@gma	il com		Date of Original Filing:	
					(month, day, year)
2. Function or Event Info				•	
Does the agency have a tid		⊠ No□ I	Face Value of I	Each Ticket/Pass \$ $\frac{30}{2}$	14.80
Event Description: Warrior	s Basketball		Date(s)10/	08 / 18	, ,
	Provide Title/ Expla	nation			
Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🔲 I	f no:	Name of Source	
Was ticket distribution mad	a at the behast w	825 r≕. I	fyes McKibbe	Name of Source en,Scott	
of agency official?	e at the benest Yes	Ľ No∐'	r yes	en,Scott Official's Name (Last, First)	
or agonoy omolar.					
B. Recipients • Use Section A to identify the age	ncy's department or unit.	Use Section B to	identify an individ	ual, • Use Section C to identi	ify an outside organization.
A. Name of Agency, Dep	partment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy
B. Name of Inc		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
Deverson,Jamie				onial Role Other 🛛	
		2	to provide op	ing "Ceremonial Role" or "Other" desi portunities to commur	cribe below: nity groups to utilize the
		TVA		onial Role Other on "Other ong "Ceremonial Role" or "Other" desc	Income
C. Name of Outside C	•	Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
. Verification					
1\ .	PPC Regulations 19011	1 and 10010	المادة المادة المادة	and the aliabeth of the	
I have read and understand the with the requirements	Maguiations 10944	. i aliu 10942, j	i nave verified tr	iai ine aistribution set foi	n above, is in accordance
V C N WAY ILLAIN	//// \	MalZibl	^	304 E	
Signature of Agency Head to Design		McKibben	UA(CCA Executive Directo	
	* *			TRIC	(month, day, year)
Comment:					

A Public Document

1.	Agency Name	HILLING THE CONTROL OF THE CONTROL O		and the least of the section of the	Date St	amp	California 👩 🔿 🔿
	Oakland Alameda County C	oliseum Authority					Form OU4
	Division, Department, or Region (if applicable)						For Official Use Only
	Ignacio De La Fuente, OAC						
	Designated Agency Contact (Name, Title)					
					☐ Amendme	ent (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			D-4 1 O-11-	-1 P.II.	
o	510.383.4801	idelafuente2012@g	gmail.com		Date of Origin	ıaı Filing:	(month, day, year)
2.	Function or Event Infor	nation			gg(x) (2000) 25 (May 24 a 24		
	Does the agency have a tick	et policy? Yes [⊠ No□ F	ace Value of I	Each Ticket/P	ass \$ <u>60.0</u>	00
	Event Description: Disney C	n Ice		ate(s)10/			10 , 20 , 18
		Provide Title/ Explai	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes [⊠ No 🔲 If	no:	Nome of Cour		· · · · · · · · · · · · · · · · · · ·
	Was ticket distribution made	at the hehest Voc.		yes:			
	of agency official?	at the beliest 168 [_ No⊠	,	Official's Name ((Last, First)	
плобин		alat kyramit ki kirin i kili kiki kirin a kirin a kirin a kirin a masa na masa na masa na masa na masa na masa	oggi spans again		Weld and the second		
3.	Recipients						
	Use Section A to identify the agen-	cy's department or unit. •		dentify an individ	ual. • Use Section	n C to identify	an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe the	e public purpose	made pursu	ant to the agency's policy
			Passes	A STATE OF THE STA			
			Number			Names Ban	
	B. Name of India (Last, Firs	in the contract of the contrac	of Ticket(s)/ Passes		Identify o	ne of the foll	owing:
	Delle Frante Inneria			Cerem	onial Role	Other 🗵	Income 🗆
	De La Fuente, Ignacio		4 per	if check	ing "Ceremonial Role"	or "Other" descri	be below:
			, po		oliseum Com ses to maximi		se by general public
			-		onial Role	Other	Income
			day		ing "Ceremonial Role"		
	Name of Outside Or	ganization	Number of Ticket(s)/	Describe the	nublic purpose	made nureu	ant to the agency's policy
	(include address and	description)	Passes		, pasiic parpose	made pursa	ant to the agency's policy
					<u> </u>		
					and the second s		
	Verification						
	I have read and understand FPI with the reguirements.	Regulations 18944.	1 and 18942. I	have verified tl	hat the distribu	tion set forti	h above, is in accordance
	with the registerients.	/					
	Signatura of the games thank or the size		De La Fuente		ACCA Comn	nissioner	10.19.18
	Signature of Agency Read or Designe	re Pr	ini Name		Title		(month, day, year)
,	Comment:						
P	and the second s					,	

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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No 🗆 Event Description: Disney On Ice Date(s) __10 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: _ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: . Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other 🔀 De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 4 to promote 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 /	11				
	I have read and und	erstand FPPC Regulation	ns 18944.1 and 18942.	I have verified that the dis	stribution set forth abov	ve, is in accordance

Ignacio De La Fuente OACCA C
Signature of Agency Head of Designee Print Name

OACCA Commissioner

10.19.18 (month, day, year)

omment:

A Public Document

1	I. Agency Name	Company and day of the same	12 ************************************	Date Stamp	California Q02
	Oakland Alameda County Colis		nority	~	Form OUZ
	Division, Department, or Region (If Applicable)			For Official Use Only
	Yui Hay Lee, Commissioner				
	Designated Agency Contact (Name, Tille)				
	Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510 836-6688 x 10) YuiHa	ay@YHLA.r	net	Date of Original Filling:	(Month, Day, Year)
2	. Function or Event Information	STATISTICS CONTRACTOR	WEST TOTAL CONTINUES OF THE PROPERTY OF		(manus, bay, rear)
	Does the agency have a ticket policy?	Yes 🗌 No	Face Value of	f Each Ticket/Pass \$ _	
	Event Description Provide Title/Expl.	anation	1E Date(s) 1C	1,28 /8	
	Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	[] If no:	Name of So	ource
	Was ticket distribution made at the behest of agency official?	No ☐ Yes	☐ If yes:	Official's Name (Last, First)
3.	Recipients • Use Section A to identify the agency's department or t	ınlt. • Use Sec	ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
			722700000000000000000000000000000000000	A pro-	

	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role [If checking "Ceremonia	Other I	Income [
			Ceremonial Role [Other I	Income []
	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant	to the agency's policy
1	ASIAN HEALTH SERVICE	3 2	#5	2	
	SUITE 100		A de vista de la companya della companya della companya de la companya della comp		
	OAKLAND, CA				
	Verification I have read and understand FPPC Regulations 18944 1 and 1	8942. I have ver	ified that the distribution set for	th above, is in accordance will	n the requirements.
	Signatula of Agency Field or Dasignee	Hay Lee		CCA Commission	(Manth, Day, Ynfar)
(comment:			Annual Parkers	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland/Alameda County Coliseum Authority Division, Department, or Region (if applicable) For Official Use Only **OACCA** Commissioner Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Yes ⊠ No ☐ Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Event Description: Warriors Date(s) _ 10 / 22 / Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes To promote attendance at a county sponsored Splendorio, Slplend event in order to maximize potential county 2 revenue for concession and parking sales. Ceremonial Role L Other L I Income [If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification

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

Lee Ann Fergerson Ticket Administrator 10/24/18

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

Comment:

	Agency Name			Date Stamp	California 💿 🔾 🔾	
	Oakland Alameda County C	Coliseum Authority				Form 802
	Division, Department, or Reg	ion (if applicable)		1		For Official Use Only
	Scott McKibben, OACCA E	xecutive Director				
	Designated Agency Contact	(Name, Title)				
		1-		·	Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510.383.4801	smckibben1@gma	il.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes	⊠ No 🗆	Face Value of	Each Ticket/Pass \$ 2	50.00
	Event Description: Drake &	Migos		Date(s)	, 27 , 18	
		Provide Title/ Expla	nation	Dai:0(0)	/	
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🗌	If no:	Name of Source	
	Was ticket distribution made	e at the hehest Voc	- Na IVI	If yes:		
	of agency official?	at the beliest yes	⊔ No⊠	you	Official's Name (Last, First)	
3.	Recipients			entre de la companya	and delegation to the second s	
•	• Use Section A to identify the ager	ncy's department or unit. •	· · · · · · · · · · · · · · · · · · ·	identify an individ	ual. • Use Section C to iden	ify an outside organization.
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy
			Passes	A Harafat Haraga Lang		
	Accounting to				·	
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
				Cerem	onial Role Other	Income
				If checi	ring "Ceremonial Role" or "Other" de	scribe below:
				Cerem	onial Role Other C] Income
				if check	ing "Ceremonial Role" or "Other" de	-
		rappization	Number of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy
	C. Name of Outside O					
	(include address and		Passes		······································	
			Passes 2	to promote 0	Coliseum Complex for sees to maximize rever	use by general public lues
	Leisure Sports Inc,			to promote C and busines	Coliseum Complex for ses to maximize rever	use by general public lues
TO THE PARTY OF TH	Leisure Sports Inc, Corey Ferarro			to promote C and busines	Coliseum Complex for ses to maximize rever	use by general public nues

Print Name (month, day, year)

10.19.18

OACCA Executive Director

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 \$ 250.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Drake & Migos 10 Date(s)_ 18 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 Name of Agency, Department or Unit 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 Ceremonial Role Other X 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** First Tee Tri Valley to provide opportunities to community groups 4 per 4501 Pleasanton Ave Pleasanton, CA 94566 day

4. Verification

I hawe r

ead and understand FPPO Regulations	8944.1 and 18942. I have verified tha	nt the distribution set forth above,	is in accordance
rocuirdos relacidades de la			

Scott McKibben
Signature of Agents Ward or Testings Print Name

OACCA Executive Director

10.15.18 (month, day, year)

Comment:

Α	Pι	ıbl	ic	Docu	ıme	nt

1. Agency Name	jderlikaldamaria aras aras aras aras aras aras aras		Date Stamp	California OOO
Oakland Alameda County Coliseum Authority				Form OUA
Division, Department, or Region (if applicable)		····		For Official Use Only
Scott McKibben, OACCA Executive Director				
Designated Agency Contact (Name, Title)				
			☐ Amendment (Must	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail			<u> </u>	Trends Explanation () and e.y
510.383.4801 smckibben1@gmai	il.com		Date of Original Filing	: (month, day, year)
2. Function or Event Information				
	⊠ No □ F	ace Value of I	Each Ticket/Pass \$ 2	250.00
Event Description: Drake & Migos Provide Title/ Explain	nation	Date(s)	7 20 1 10	
		no:	Name of Source	
Was ticket distribution made at the behest Yes	型 No□ If	yes: McKibbe	Official's Name (Last, First	()
of agency official?			. (,
3. Recipients	anna a manaca a casan ana a sa a sa a sa ana a a manaca a sa ana a manaca a sa			
• Use Section A to identify the agency's department or unit.	Use Section B to i	identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	Number			
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pi	ursuant to the agency's policy
B. Name of Individual	Number		Identify one of the	following.
(Last, First)	of Ticket(s)/ Passes		identity one of the	Tollowing.
Savage, Renee		II .	onial Role 🔲 Other	
	4		ing "Ceremonial Role" or "Other" o centive to City and C	describe below: County employees that
			vices to the Authority	
		1	onial Role 🔲 Other	
		If check	ing "Ceremonial Role" or "Other" o	describe below:
C. Name of Outside Organization	Number of Ticket(s)/	Describe the	e public purpose made pu	rsuant to the agency's policy
(include address and description)	Passes			

. Verification				
I have read and understand FPPC Regulation 18944.	.1 and 18942. I	l have verified t	hat the distribution set	forth above, is in accordance
with the requirements.				
	McKibben	OA OA	CCA Executive Dire	
Signature of Agency Head of Designate	int Name		Title	(month, day, year)
Comment:				

A	Pı	Jbl	lic	Do	CU	ım	en	t

	Agency Name		Date Stamp	California 802	
	Oakland Alameda County C	Coliseum Authority		Form OU4	
	Division, Department, or Reg	ion (if applicable)		For Official Use Only	
	Ignacio De Fuente, OACCA	Commissioner			
٠	Designated Agency Contact	(Name, Title)			
,	Area Code/Phone Number	E-mail			Provide Explanation in Part 3.)
	510.383.4801	Idelafuente2012@g	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 Fac	e Value of Each Ticket/Pass \$	
	Event Description: Warriors	Season 2018-19 Provide Title/ Explai	Date	e(s)/	
	Ticket(s)/Pass(es) provided			Name of Source	
	Was ticket distribution made	at the behest Yes		e.	
	of agency official?			Official's Name (Last, First)	
3.	Recipients			the commence of the commence o	and the state of t
	• Use Section A to identify the agen	cy's department or unit. •		tify an individual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pur	suant to the agency's policy
			-		
	B. Name of Indi	vidual	Number of Ticket(s)/	Identify one of the f	following:
	(Last, Fire	st)	Passes		
	De La Fuente, ignacio		2	Ceremonial Role Other D If checking "Ceremonial Role" or "Other" de	
				Ceremoniał Role Other C	
			Number		
	C. Name of Outside Of Cinclude address and		of Ticket(s)/ Passes	Describe the public purpose made pur	suant to the agency's policy
1. \	Verification /	1			
1	have read and understand F.P.	PC Regulations 18944.	.1 and 18942. I ha	ve verified that the distribution set fo	orth above, is in accordance
1					
1	have read and understand F.P.	Ignacio [.1 and 18942. I ha De La Fuente int Name	ve verified that the distribution set fo	9.27.18
/ \	have read and understand FP with the requirements	Ignacio [De La Fuente	OACCA Commissione	

Warriors November 2018 Ignacio De La Fuente

0	Warriors v PHX	10.8.18	(2) tickets
•	Warriors v Thunder	10.16.18	(2) tickets
0	Warriors v Suns	10.22.18	(2) tickets
8	Warriors v Wizards	10.24.18	(2) tickets
	Warriors v Pelicans	10.31.18	(2) tickets

A Public Document

1.	Agency Name				Date Stamp	California Q02
	Oakland Alameda County C					Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Chris Dobbins, OACCA Con	nmissioner				
	Designated Agency Contact (Name, Title)	*		1	
					Amendment (14 / 5	
	Area Code/Phone Number	E-mail			Must Pro	vide Explanation in Part 3.)
	510.383.4801				Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	cet policy? Yes [□No□	Face Value of I	Each Ticket/Pass \$ 304	1.80
	Event Description: Warriors	Season 2018-19		Date(s)		
	Ticket(s)/Pass(es) provided	Provide Title/ Explai		If no:		
	ricket(s)/r ass(es) provided	by agency? Yes [□ No □	II 110	Name of Source	4
	Was ticket distribution made	at the behest Yes				
	Was ticket distribution made at the behest Yes No No Official's Name (Last, First)					
3.	Recipients					
٥.	• Use Section A to identify the agend	cv's department or unit. •	ual • Use Section C to identif	an outside execute the		
			ual. Ose Section C to identify	y an outside organization.		
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
	8					
	B. Name of Indiv	Control of the Contro	Number of Ticket(s)/ Passes		Identify one of the foll	owing:
					onial Role Other Officer Offic	Income Income
	Dobbins, Chris			Ceremo	onial Role Other X	
	Dobbins, Chins		2	lf checki	ing "Ceremonial Role" or "Other" descri	Income Income
			(Samuly)		the efficiencies of the one of the one of the one of the office of the o	
	Name of Outside Or	ganization	Number			
	C. Name of Outside Or (include address and		of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
	Verification					
	I have read and understand FPF with the requirements.	PC Regulations 18944.	1 and 18942.	I have verified th	nat the distribution set forti	h above, is in accordance
1		Ob via	Dobbins	-	10010	A B Comment Statistics
(Signature of Agency Head or Designe		Dobbins nt Name		ACCA Commissioner	10.27.18
			new distriction		nie	(month, day, year)
	Comment:					

Warriors November 2018 Chris Dobbins

0	Warriors v PHX	10.8.18	(2) tickets
0	Warriors v Thunder	10.16.18	(2) tickets
0	Warriors v Suns	10.22.18	(2) tickets
0	Warriors v Wizards	10.24.18	(2) tickets
•	Warriors v Pelicans	10.31.18	(2) tickets

Agency Report of:

_							
(Ceremonial	Role	Events	and Tid	:ket/Pass	Distribu	tions

A Public Document

1.	Agency Name					Date Stamp	California 802		
	Oakland Alameda County C						Form OUZ		
	Division, Department, or Reg	ion (if applicable)					For Official Use Only		
	Chris Dobbins, OACCA Cor								
	Designated Agency Contact	(Name, Title)							
	*					Amendment (Must Pro	ovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail							
	510.383.4801	1				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 \$ 250	0.00		
	Event Description: Phil Colli	ins				<u>, 25 , 18</u>	7 7		
	Eveni Description.	Provide Ti	tle/ Explana	ntion	Jate(s)				
	Ticket(s)/Pass(es) provided	by agency?	Yes □	No □ I	f no:	Name of Source			
	AAT COLOR COLOR COLOR		n sere n	120					
	Was ticket distribution made	e at the benest	Yes L	No □	f yes:	Official's Name (Last, First)			
	of agency official?								
3.	Recipients								
	• Use Section A to identify the agen	ıcy's department o	runit. • U	se Section B to	identify an individ	lual. • Use Section C to identif	fy an outside organization.		
	A. Name of Agency, Depa	artment or Unit	¥.	Number of Ticket(s)/	Describe th	ne public purpose made purs	uant to the agency's policy		
				Passes					
					1				
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the fo	llowing:		
	1			1 83563		nonial Role Other	Income		
					If chec	king "Ceremonial Role" or "Other" desc	ribe below:		
	Dobbins, Chris				Ceren	emonial Role Other 🗵 Income [
	Dobbins, Crins			2		king "Ceremonial Role" or "Other" desc e the efficiencies of the			
						other events occurring			
	C. Name of Outside O			Number of Ticket(s)/ Passes		ne public purpose made purs			
	<u> </u>			1 83363					
	·				-				
4.	Verification	**************************************							
	I have read and understand FF with the requirements.	PPC Regulations	s 18944.	1 and 18942.	I have verified	that the distribution set for	th above, is in accordance		
	The requirements.		01-1	Dakk!		24664 0	40.07.40		
	Signature of Agency Head or Design	nee		Dobbins nt Name		DACCA Commissioner	10.27.18 (month, day, year)		
	Digitation of Agono, flead of Design		1010			1110	(month, day, your)		
	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 (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: Wild 'N' Out Date(s) __10 / 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 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: Dobbins, Chris Ceremonial Role Other X 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 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, it	is in accordance
with the requirements.			

	Chris Dobbins	OACCA Commissioner	10.27.18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Public Document

1.	Agency Name			Date Stamp	California Q02	
	Oakland Alameda County Coliseum Authority			*	Form OUZ	
	Division, Department, or Region (if applicable)				For Official Use Only	
	Chris Dobbins, OACCA Commissioner					
	Designated Agency Contact (Name, Title)					
				Amandment (Mark B		
	Area Code/Phone Number E-mail			Amendment (Must Pro	vide Explanation in Part 3.)	
	510.383.4801			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	Each Ticket/Pass \$ 250	0.00	
	Event Description: Drake & Migos Provide Title/ Expl	anation	Date(s)	<u>, 26 , 18</u> _	10 , 27 , 18	
			f no:			
				Name of Source	,	
	Was ticket distribution made at the behest γ_{es}	□ No□ I	f yes:	Official's Name (Last, First)		
	of agency official?			Official's Name (Last, 1 list)		
3.	Recipients					
J.	• Use Section A to identify the agency's department or unit.	• Use Section B to	identify an individ	ual. • Use Section C to identif	v an outside organization	
	The second of th	Number		uai. ese section e to identif	y an outside organization.	
	A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy	
		Passes				
		Number				
	B. Name of Individual (Last, First)	of Ticket(s)/	Identify one of the following:			
	(200, 1 110)	Passes		П		
				onial Role Other of the onial Role Other of the or on the other of the	Income Income Income	
	56 568 0 1489 178	 	-			
	Dobbins, Chris	2	11-11-11-11-11-11-11-11-11-11-11-11-11-	onial Role Other Xing "Ceremonial Role" or "Other" descri	Income Income	
			to investigate	the efficiencies of the	operations of various	
		Number	sporting and	other events occurring	at Coliseum Complex	
	C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy	
		per	1			
		laay	-			
		4				
4	V		<u> </u>			
4.	Verification		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TO THE WARM OF SOME	24	
	I have read and understand FPPC Regulations 1894 with the requirements.	4.1 and 18942.	ı nave verified t	hat the distribution set for	th above, is in accordance	
		5.11	-		10 HEROOM HERO 100000	
	The state of the s	s Dobbins		OACCA Commissioner	10.27.18	
	Signature of Agency Flead of Designee	mit Name		Title	(month, day, year)	
	Comment:					

Agency Report of:

U					
Ceremonial	Role	Events	and Tic	ket/Pass	Distributions

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	rui	WI.		L		-8 H H H		H E.

1.	Agency Name					Date Stamp	California Ong
	Oakland Alameda County Co	liseum Autho	ority				Form OUZ
	Division, Department, or Region	n (if applicable)					For Official Use Only
	Chris Dobbins, OACCA Com	missioner					
	Designated Agency Contact (A	lame, Title)					
						Amendment (Must Pr	invide Evalencias in Deat 2 \
	Area Code/Phone Number	E-mail				. Maniendment (wast Pr	ovide Explanation in Part 3.)
	510.383.4801					Date of Original Filing: _	(month, day, year)
	580 4/36/3/20 (Punistry Walena) 20						(month, day, year)
2.	Function or Event Inform					25	0.00
	Does the agency have a tick	in	Yes			Each Ticket/Pass \$ $\frac{25}{}$	0.00
	Event Description: Drake & N	/ligos			oate(s)10	<u>, 29 , 18 </u>	
		Provide Ti	le/Explana	tion			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌	l No □ If	no:	Name of Source	
	Was ticket distribution made	at the hehest	Voc 🗆		yes:		
	of agency official?	at the belies	res_	NO	,	Official's Name (Last, First)	*
	or agency omolar.						
3.	Recipients						ec ec
	 Use Section A to identify the agenc 	y's department o	unit. • U	se Section B to i	dentify an individ	lual. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Depar	tment or Unit		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
				X X			
							Ni Ni
	3		a l				
	B. Name of Indiv		153	Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	\					nonial Role Other Ching "Ceremonial Role" or "Other" des	
	Dobbins, Chris		-		Ceren	nonial Role Other X	Income 🔲
	Dobbins, Onns			2	If check	king "Ceremonial Role" or "Other" des	
							g at Coliseum Complex
	C. Name of Outside Org			Number of Ticket(s)/ Passes		ne public purpose made purs	
						f'	
	Verification						
٠.	I have read and understand FPF	PC Regulations	s 18944.1	1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance
	with the requirements.						
/			Chris	Dobbins	(DACCA Commissioner	10.27.18
	Signature of Agency Head or Designe	e	Prin	it Name		Title	(month, day, year)
	0						
	Comment:						

Α	P	ub	li	C	Documer	١t

	emonial Role Event	s and Ticket/Pa	ass Distrib	utions	<u> </u>	A Public Document
	gency Name	oliooum Authority			Date Stamp	California 802
	akland Alameda County Co vision, Department, or Regi				•	For Official Use Only
	nacio De Fuente, OACCA					
_	esignated Agency Contact (/					
					Π Amendment (Mu	ust Provide Explanation in Part 3.)
Ā	ea Code/Phone Number	E-mail				act rotate Explanation III act of
5	10.383.4801	Idelafuente2012@g	mail.com		Date of Original Filir	ng:(month, day, year)
. F	unction or Event Inform	nation				
D	oes the agency have a tick	et policy? Yes [2	☑ No 🔲 Fac	ce Value of	Each Ticket/Pass \$	250.00
F	vent Description: Phil Collin	ns	Dar	e(s)10	25 / 18	1 1
		Provide Title/Explan	ation			
T	icket(s)/Pass(es) provided l	by agency? Yes ∑	☑ No 🔲 If n	o:	Name of Source	
٧	<i>l</i> as ticket distribution made	at the behest Yes] No⊠ ^{If y}	es:	Official's Name (Last, Fi	iref)
(of agency official?				Oniciais Name (Last, Fi	ral)
•	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes		e public purpose made	pursuant to the agency's policy
	B. Name of India		Number of Ticket(s)/		Identify one of t	he following:
	(Last, Firs		Number	Ceren		
			Number of Ticket(s)/ Passes	lf checi o investigat	nonial Role Othe sing "Ceremonial Role" or "Othe e the efficiencies o	er 🗵 Income #" describe below: f the operations of various
	(Last, Firs		Number of Ticket(s)/ Passes	If checo o investigat sporting and Ceren	nonial Role Othe sing "Ceremonial Role" or "Othe e the efficiencies of other events occu	Income of the operations of various aring at Coliseum Complex or Income
_	(Last, Firs	rganization	Number of Ticket(s)/ Passes	If checo o investigat sporting and Ceren If checo	nonial Role Other oring "Ceremonial Role" or "Other e the efficiencies of other events occur nonial Role Other or "Other	Income of the operations of various aring at Coliseum Complex or Income
_	(Last, First) De La Fuente, ignacio Name of Outside O	rganization	Number of Ticket(s)/ Passes 2 t	If checo o investigat sporting and Ceren If checo	nonial Role Other oring "Ceremonial Role" or "Other e the efficiencies of other events occur nonial Role Other or "Other	Income of the operations of various of the operations of various or income of the operations of various or income of the operations of various or operations of the operations
•	C. (Last, First) Name of Outside Or (include address and	rganization	Number of Ticket(s)/ Passes 2 t	If checo o investigat sporting and Ceren If checo	nonial Role Other oring "Ceremonial Role" or "Other e the efficiencies of other events occur nonial Role Other or "Other	Income of describe below: If the operations of various Irring at Coliseum Complex Income of describe below:
- - !. V	C. Name of Outside Or (include address and	rganization description)	Number of Ticket(s)/ Passes 2 t Number of Ticket(s)/ Passes	o investigat sporting and Ceren If check	nonial Role Othe eing "Ceremonial Role" or "Othe e the efficiencies o other events occu nonial Role Othe eing "Ceremonial Role" or "Othe e public purpose made	Income In
- - !. V	C. (Last, First) Name of Outside Or (include address and derification have read and understand FP.	rganization description)	Number of Ticket(s)/ Passes 2 t Number of Ticket(s)/ Passes	o investigate porting and Ceren If check	nonial Role Othe eing "Ceremonial Role" or "Othe e the efficiencies o other events occu nonial Role Othe eing "Ceremonial Role" or "Othe e public purpose made	Income Inc

A	Pı	ıŀ	٦l	'n	n	00	11	m	Δ	ni	ŕ
<i>_</i>		и.	"		₽	v		3 E I	ㄷ	18	L

1.	Agency Name		Date Stamp California 80						
	Oakland Alameda County C			Form CUZ					
	Division, Department, or Reg			1 of Official Ose Offig					
	Ignacio De Fuente, OACCA		····						
	Designated Agency Contact ((Name, Title)			,				
	Area Code/Phone Number	E-mail	Amendment (Must Provide Explanation in Part 3.)						
	510.383.4801	Idelafuente2012@g	gmail.com		Date of Original Filing	:(month, day, year)			
2.	Function or Event Infor	mation			The state of the s				
	Does the agency have a tick	ket policy? Yes [Each Ticket/Pass \$ 100.00						
	Event Description: Wild 'N'	Out Provide Title/ Explai		<u>, 6 , 18</u>					
	Ticket(s)/Pass(es) provided		Name of Source						
	Was ticket distribution made of agency official?	e at the behest Yes [Official's Name (Last, Firs	")					
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, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy				
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes	Identify one of the following:					
	De La Fuente, ignacio	2	to investigat	☐ Income ☐ describe below: the operations of various ing at Coliseum Complex					
			Ceren If chec	☐ Income ☐ describe below:					
	C. Name of Outside O (include address and	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy				
4.	Verification I have read and understand FF with the requirements.	PC Regulations 18944	t.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance			
	MAAAAA (A)	lanacio i	De La Fuente		DACCA Commission	er 9.27.18			
	Signature of Agency Head or Masign		rint Name		Title	(month, day, year)			
	Commont:								
	Comment:								

Α	P	u	b	l	ic	D	o	C	L	m	e	n	1

1.	Agency Name	an ann 11 teach 11 te	Date Stamp California O O O				
	Oakland Alameda County C	oliseum Authority		Form OUL			
	Division, Department, or Reg	ion (if applicable)		For Official Use Only			
	Ignacio De Fuente, OACCA	Commissioner					
	Designated Agency Contact ((Name,Title)	· ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			Amendment (Must Provide Explanation in Part 3.)				
	Area Code/Phone Number	E-mail			- Milenament (Mast)	Tomae Explanation in Fart 3.)	
	510.383.4801	Idelafuente2012@	gmail.com		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	nation					
	Does the agency have a tick		⊠ No□ F	Face Value of I	Each Ticket/Pass $$\frac{2}{}$	50.00	
		-					
	Event Description: Drake &	Provide Title/ Expla	nation	Date(s)	<u>, 26 , 18</u>	10 , 27 , 18	
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🔲 🛚 I	f no:	Name of Source		
	Man distrat distribution of						
	Was ticket distribution made of agency official?	at the benest Yes	□ No⊠ [□]	f yes:	Official's Name (Last, First)		
	or agency official:						
3.	Recipients		and the state of t	en e			
	Use Section A to identify the agen-	cy's department or unit. •					
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	ne public purpose made pursuant to the agency's i		
			Fasses				
	B. Name of India (Last, Firs	vidual st)	Number of Ticket(s)/ Passes		following:		
	De La Fuente, Ignacio			Cerem	onial Role Other	Income 🗌	
			2	to investigate the efficiencies of the operations of various sporting and other events occurring at Coliseum Comp			
			pu,		onial Role Other		
			AW	if check	ing "Ceremonial Role" or "Other" de	scribe below;	
			Number				
	C. Name of Outside Or (include address and	-	of Ticket(s)/	Describe the	public purpose made pur	suant to the agency's policy	
		· · · · · · · · · · · · · · · · · · ·	Passes				
4.	Verification 🧷	7					
	I have read and ynderstand FP/	C Regulations 18944	.1 and 18942.	l have verified ti	hat the distribution set fo	orth ahove is in accordance	
	with the requirements.	///		I. G.	san abovo, io in accordance		
	//////////////////////////////////////	Ignacio [De La Fuente	О	ACCA Commissione	r 9.27.18	
	Signature of Agency Head of Designe		int Name	-	Title	(month, day, year)	
	Comment						
	Cømment:						

А	Pı	ıb	lic	Do	СU	m	en	f

1.	Agency Name	77777777777777777777777777777777777777	PART OF THE PROPERTY OF THE PR	e e e e e e e e e e e e e e e e e e e	Date Stamp	California O O O			
	Oakland Alameda County C	oliseum Authority				Form OU4			
	Division, Department, or Reg	on (if applicable)			1	For Official Use Only			
	Ignacio De Fuente, OACCA	Commissioner							
	Designated Agency Contact (_				
					provide the second seco				
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)			
	510.383.4801	Idelafuente2012@	gmail.com		Date of Original Filing	:(month, day, year)			
2.	Function or Event Infor	mation			1				
	Does the agency have a tick	et policy?	s⊠ No∏ F	ace Value of	Each Ticket/Pass \$ 2	250.00			
	Event Description: Drake &	Provide Title/Exp	[lanation	Date(s)	/ <u>29</u> / <u>18</u>				
	Ticket(s)/Pass(es) provided			f no:					
	· · · · · · · · · · · · · · · · · · ·				Name of Source				
	Was ticket distribution made	at the behest Yes	s□ No⊠ ^I	f yes:	Official's Name (Last, First)				
	of agency official?				The state of the s	,			
3.	Recipients	A CONTRACTOR OF THE PROPERTY O			idaalaan oo uu				
٠.	• Use Section A to identify the agen	cy's department or unit.	• Use Section B to	identify an individ	Inal • Use Section C to ide	ntify an outside organization			
	- Constitution of the agent		Number	1		ikily ali outside organizacion.			
	A. Name of Agency, Depa		of Ticket(s)/ Passes	Describe th		ırsuant to the agency's policy			
			rasses	1	• .				
					·				
			Number						
	B. Name of Indi		of Ticket(s)/ Passes	Identify one of the following:					
		,		Cerem	nonial Role Other	Income 🗌			
	De La Fuente, Ignacio	2	If checking "Ceremonial Role" or "Other" describe below:						
			-	to investigate the efficiencies of the operations of various sporting and other events occurring at Coliseum Complex					
					nonial Role Other	· · · · · · · · · · · · · · · · · · ·			
				1	king "Ceremonial Role" or "Other" o				
	Name of Outside O	rganization	Number						
	C. (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy			
				1					
						· · · · · · · · · · · · · · · · · · ·			
ļ.	Verification	2		<u> </u>					
	I have read and understand FP	PC Regulations 1894	14.1 and 18942.	I have verified t	that the distribution set	forth above is in accordance			
	with the requirements!	, []] _							
		Ignacio	, (OACCA Commissioner 9.27.18					
	Signature of Agency Head or Design		Print Name		Title	(month, day, year)			
	Cornment:								

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, 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 \$ 60.00 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: Disney on Ice Date(s) __10__/ 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 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 🔀 If checking "Ceremonial Role" or "Other" describe below: 4 to promote 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes** Pleasanton

Scott McKibben OACCA Executive Director 10.11.18

Signature of Agency Head or Designed Print Name Title (month, day, year)

Comment:

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

4. Verification

I have read and understand Fig.

vith the requirements

~ .	3101110111011110111011011	to dila ili	JINOUI GOO	Diotributiono		A Public Document	
1.	Agency Name			Date Stamp	California 802		
	Oakland-Alameda County C	Coliseum Auth	hority				
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only	
	Barbara J. Parker, City Attor	rney/OAACA	Official				
	Designated Agency Contact ((Name, Title)					
	Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)	
	(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing: .	(Month, Day, Year)	
)	Function or Event Infor				(MONUI, Day, Year)		
	Does the agency have a ticker	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	200.00		
	\$ 5	ž. 15	100 🖂 140	_			
	Event Description Sam Smith	Provide Title/Exp	olanation	Date(s)			
	Ticket(s)/Pass(es) provided by	v agency?	Vac VI Na	□ If no:			
	Tierce(a)/T daa(ca) provided by	y agonoy:	Yes⊠ No		Name of Sou	ırce	
Î	Was ticket distribution made a	it the behest	No⊠ Yes	☐ If yes:	22000 2000 0000		
	of agency official?			*	Official's Name (L	ast, First)	
	Recipients						
	Use Section A to identify the agency	/'s department or		ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
•			Pass(es)				
			-				
15	D Nome of hydridae		Number of				
1	B. Name of Individua		Ticket(s)/ Pass(es)		Identify one of the following	ng:	
				Ceremonial Role	Other 🗵	Income	
	Maxwell, Lisa		2	If checking "Ceremonial Role" or "Other" describe below:			
					de incentives to City and County employees that provide		
			-	services to the Auth			
				Ceremonial Role	☐ Other ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Income	
				in sheeting solonion	arrido di dinar desembe below.		
-	Name of Outside Organi	zation	Number of				
	(include address and desc	cription)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy	
•							
-	Verification						
	have read and understand FPPC Regula	ations 18944.1 and	d 18942. I have ver	rified that the distribution set for	rth above, is in accordance with	the requirements.	
j	Muba Ship		Barbara J. F	20 M Seedings	Attorney/OAACA Office		
1-	Signature of Agency Head or Designee		Print Name		Title		
(Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Yea	

						/ Trabile Decame	
1.	Agency Name				Date Stamp	California QO	
	Oakland-Alameda County C	Coliseum Autl	hority			Form OU	
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only	
	Barbara J. Parker, City Atto	rnev/OAACA	Official				
	Designated Agency Contact (N(52					
	Area Code/Phone Number	l E-mail			Amendment (Must p	provide explanation in Part 3.)	
	(510) 238-3815		aklandcityatto	ornev ora	Date of Original Filing:		
)	Function or Event Infor		amandonyan	omoy.org		(Month, Day, Year)	
.	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	200.00	
		2000	res 🔼 No	· 1			
	Event Description BTS World	Provide Title/Exp	olanation	Date(s)	12 / 18		
	Ti-lM-V/D/>idd-b-	- **					
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of So	ource	
	Was ticket distribution made a	t the behest	No ⊠ Yes	☐ If ves:			
	of agency official?				Official's Name (Last, First)	
3.	Recipients						
	 Use Section A to identify the agency 	/'s department or	runit. • Use Sec	ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departme	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy		
			Pass(es)				
			_				
0		Number of					
	Name of Individual (Last, First)		Ticket(s)/ Pass(es)	Identify one of the following:			
-				Ceremonial Role	Other 🛛	Income	
	Duong, Maxine		2	2:	al Role" or "Other" describe below:	3/10/01/02/2012/3/19/19/19/02/2	
			2			employees that provide	
76				services to the Auth	nority		
				Ceremonial Role	Other al Role" or "Other" describe below:	Income	
				in checking determine	arrive or other describe below,		
-	C. Name of Outside Organi	zation	Number of				
	(include address and desc		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy	
-							
-	Verification						
	have read and understand FPPC Regula	ations 18944.1 and	d 18942. I have vei	rified that the distribution set for	rth above, is in accordance with	h the requirements	
	Karl Sto						
•	Signature of Agency Head or Designee		Barbara J. F		Attorney/OAACA Offi	cial 11/16/2018 (Month, Day, Year)	
	a v o aa a a a				nga70	(monin, bdy, real)	
(Comment:						

1. Agency Name				Date Stamp	California OOO	
Oakland-Alameda County Co	oliseum Autl	hority			Form 802	
Division, Department, or Region				-	For Official Use Only	
Barbara I Barkor City Attor	nov/0	Official				
Barbara J. Parker, City Attor Designated Agency Contact (/		Official		_		
besignated Agency Contact (/	varrie, ritie)					
				Amendment (Must provide explanation in Part 3.)		
	E-mail	-111-911				
		aklandcityatt	orney.org	Date of Original Filing: _	(Month, Day, Year)	
2. Function or Event Inforn					200.00	
Does the agency have a ticket	S	Yes 🗵 No		f Each Ticket/Pass \$	200.00	
Event Description Childish Ga	ımbino		Date(s)09	2718	1	
	Provide Title/Exp	planation	\-\\\-\\			
Ticket(s)/Pass(es) provided by	agency?	Yes 🛛 No	☐ If no:	The state of the s		
Mos tisket distribution made at	فمموامما مماة			Name of Soul	rce	
Was ticket distribution made at of agency official?	the benest	No⊠ Yes	☐ If yes:	Official's Name (La	ast Firet)	
				Official's Name (La	ast, riistj	
 Recipients Use Section A to identify the agency' 	s denartment or	unit allea So	ction B to identify an individu	ol lles Casties Challes		
		Number of				
A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy	
					1112394 2420 407 57 422	
B. Name of Individual	Number of			THE WAR STREET		
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following:			
Consider the sector			Ceremonial Role	Other 🗵	Income	
Smith, Jamie		2	- W	onial Role" or "Other" describe below:		
			services to the Auth	es to City and County e	mployees that provide	
				7		
			Ceremonial Role L	☐ Other ☐ Il Role" or "Other" describe below:	Income	
C. Name of Outside Organiza	ation	Number of				
(include address and descr	iption)	Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy	
-					The second secon	
Verification						
I have read and understand FPPC Regulation	ons 18944.1 and	18942. I have ver	rified that the distribution set for	th above is in accordance with t	he requirements	
Barba L Hal		Barbara J. F	27 20 200000 0			
Signature of Agency Head or Designee		Print Name		Attorney/OAACA Offici		
		, introduc		Title	(Month, Day, Year)	
Comment:						

						A I abile becamen	
1.	Agency Name				Date Stamp	California 802	
	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 (W-2			
	Area Code/Phone Number			Amendment (Must pro	ovide explanation in Part 3.)		
	(510) 238-3815	E-mail	aklandcityatt	ornev ora	Date of Original Filing: _		
)	Function or Event Infor		amaridonyan	omey.org		(Month, Day, Year)	
••	Does the agency have a ticke		V 57 N	□ Face Value o	of Each Ticket/Pass \$	97.55	
			Yes⊠ No				
	Event Description World Cha	Provide Title/Exp	oxing	Date(s)09			
			planation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	☐ If no:	Name of Sou	rce	
	Was ticket distribution made a	t the hehest	N= V				
	of agency official?	it the benest	No ⊠ Yes	☐ If yes:	Official's Name (La	ast, First)	
_	Recipients						
-	Use Section A to identify the agency	/'s department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departme		Number of	China dia 12 and 12 december 12	lic purpose made pursuant t	MERCHANIS TO PROPERTY OF THE STATE OF	
			Ticket(s)/ Pass(es)		no parpode made parodane t	to the agency a policy	
,							
	B. Name of Individua		Number of Ticket(s)/		Identify one of the following	ng:	
			Pass(es)	Coromonial Polo	Other 🔽		
	Andrada, Cynthia			Ceremonial Role Other Income Income Income			
			2	To provide incentive	le incentives to City and County employees that provide		
				services to the Auth	ority		
				Ceremonial Role	Other	Income	
				If checking "Ceremonia	al Role" or "Other" describe below:		
			Number of				
(Name of Outside Organi (include address and desc		Ticket(s)/	Describe the publ	ic purpose made pursuant to	o the agency's policy	
•			Pass(es)			数于以图象对应证明 使为	
8							
	Verification						
1	have read and understand FPPC Regula	ations 18944.1 and ()			rth above, is in accordance with	the requirements.	
:=	Shibmy Sin		Barbara J. F	Parker City	Attorney/OAACA Offic	ial 11/16/2018	
	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)	
,	`omment:						

ei-man						A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County (Coliseum Auth	nority			A STATE OF THE PARTY OF THE PAR	
	Division, Department, or Reg	ion (If Applicabl	(e)		-	For Official Use Only	
	Barbara J. Parker, City Atto	rnev/OAACA	Official				
	Designated Agency Contact		Official		-		
	pro-gradou / igorioy contact	(rvamo, ritio)					
					☐ Amendment /Must n	rovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	(510) 238-3815	bparker@oa	aklandcityatt	torney.org	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Information	mation				Total Control of the	
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	90.00	
	Event Description Oakland A	's v. Seattle N	Mariners	09	0 . 01 . 18		
	Event Description	Provide Title/Exp	lanation	Date(s)	01 10		
	Ticket(s)/Pass(es) provided by	/ agonov2) (<u> []) </u>				
	Ticket(s)/i ass(es) provided by	y agency?	Yes 🗵 No	If no:			
	Was ticket distribution made a	t the behest	No ⊠ Yes				
	of agency official?		140 [2] 100	П уез	Official's Name (L	ast, First)	
3.	Recipients						
	 Use Section A to identify the agency 	s department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization	
	A. Name of Agency, Departme		Number of	E GILL STEEL WHEN A STANKED			
	a rame of Agency, Separane	int of offic	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy	
		Number of					
_	Name of Individua		Ticket(s)/ Pass(es)	Identify one of the following:			
9	Ortiz, Celso		2				
_				Ceremonial Role		Income	
-	Name of Outside Organiz (include address and desc	zation ription)	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	o the agency's policy	
	Verification have read and understand FPPC Regulat		Barbara J. P	arker City /	th above, is in accordance with i		
	Signature of Agency Head or Designee		Print Name	*	Title	(Month, Day, Year)	
С	omment:						
_	CONTROL OF THE PARTY OF THE PAR						

						A I ablic bocallent
1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	Coliseum Auth	ority			1 OIIII
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Barbara J. Parker, City Atto	rnev/OAACA	Official			
	Designated Agency Contact (- Inolai			
	3					
	Avec Code/Dhana Number	le			Amendment (Must pro	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	. .		Date of Original Filing:	
	(510) 238-3815	bparker@oa	ikianacityatt	orney.org	Date of Original Filling.	(Month, Day, Year)
2.	Function or Event Infor					90.00
	Does the agency have a ticke	75.1 * - Con-October 11 * 17 * 17 * 17 * 17 * 17 * 17 * 17	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$	90.00
	Event Description Oakland A	's v. Seattle N	/lariners	Date(s) 09	0218	1 1
		Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	☐ If no:	Name of Sour	
					Name of Sour	rce
	Was ticket distribution made a	t the behest	No ⊠ Yes	☐ If yes:	Official's Name (La	
	of agency official?				Official's Name (La	ist, First)
}.	Recipients					
	Use Section A to identify the agency	r's department or		ction B to identify an individu	al. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant t	o the agency's policy
			Pass(es)			
10						
		Number of		NAME AND DESCRIPTIONS OF THE PARTY.		
	B. Name of Individua (Last, First)		Ticket(s)/ Pass(es)		Identify one of the followin	g:
	Manufacture and the second		1 435(05)	Ceremonial Role [Other 🛛	Income
	Spoerl, Peter			791 N NN 1000 N	al Role" or "Other" describe below:	income [
			2		es to City and County e	mployees that provide
9				services to the Auth	ority	
				Ceremonial Role	Other	Income
				If checking "Ceremonia	al Role" or "Other" describe below:	
						8
-			Newstrand			
(Name of Outside Organi (include address and desc	zation	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	the agency's policy
	(morato adareto ana adoc	, i paoi,	Pass(es)			
7	Verification					
	have read and understand FPPC Regula	ations 18944.1 and	18942. I have ve	rified that the distribution set for	rth above, is in accordance with i	the requirements.
	Garba Jah		Barbara J. F		Attorney/OAACA Offici	
-	Signature of Agency Head or Designee		Print Name	7	Title	(Month, Day, Year)
					92.250.55	(
(Comment:					

1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C	Coliseum Auth	nority			Form COZ	
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only	
	Barbara J. Parker, City Atto	rney/OAACA	Official			-	
	Designated Agency Contact						
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation				(menun zelf rear)	
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$ _	90.00	
	Event Description Oakland A	's v. New Yo		Date(s)09	0 , 03 , 18		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Source		
	Was ticket distribution made a	t the behest	No⊠ Yes	□ If you			
	of agency official?	5011000	Official's Name (I	Last, First)			
3.	Recipients						
	Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an individu	ıal. ● Use Section C to ident	tify an outside organization.	
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
		Number of		9			
	B. Name of Individua (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following:			
	Bliss, Kimberly		2	Ceremonial Role Other II If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that			
				services to the Auth	nority	11 PROTE 1100	
	C. Name of Outside Organization (include address and description)		н	Ceremonial Role If checking "Ceremonial	Other Income Inc		
			Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy	
	Verification have read and understand FPRC Regula	ations 18944.1 and			rth above, is in accordance with	n the requirements.	
	10am the		Barbara J. F		Attorney/OAACA Office	cial 11/16/2018	
	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)	
(Comment:						

1.	Agency Name			Date Stamp	California 802		
	Oakland-Alameda County C	Coliseum Auth	ority			Form OUZ	
	Division, Department, or Reg	ion (If Applicable	9)			For Official Use Only	
	Barbara J. Parker, City Atto	rnev/OAACA	Official				
	Designated Agency Contact		Omoiai				
		, , , , , , , , , , , ,					
	Avec Code/Dhana Number	I =			Amendment (Must pr	ovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail	المام ماء المام ماء المام		Date of Original Filing: _		
	(510) 238-3815	bparker@oa	ikianucityati	orney.org	bate of original fining.	(Month, Day, Year)	
===	Function or Event Infor					90.00	
	Does the agency have a ticke	See And the Contract of the Co	Yes 🗵 No	District:	f Each Ticket/Pass \$		
	Event Description Oakland A	s's v. New Yor	k Yankees	Date(s)09	, 04 , 18		
		Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Sou		
		1 il			vame or coa		
	Was ticket distribution made a of agency official?	it the benest	No ⊠ Yes	☐ If yes:	Official's Name (L	ast First)	
	Recipients	ula danartmant ar	ial Ilaa Saatian Ota idanti				
	Use Section A to identify the agency		Number of	Ction B to identify an individu	al. • Use Section C to Identi	ry an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
			1 455(65)				
	(e			1			
	R Name of Individua	Number of	Identify one of the following:				
	B. Name of Individua	Ticket(s)/ Pass(es)					
8.5				Ceremonial Role	Other 🛛	Income	
	Tang, Patrick		2	50-64 A- 55 - 5	al Role" or "Other" describe below:		
			_	I	150	employees that provide	
				services to the Auth			
				Ceremonial Role	Other Other Other Other Other Other Other Other Other Other Other	Income L	
				in sheeting continue	service of other accombe below.		
-	Name of Outside Organ	ization	Number of				
4	(include address and des		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy	
-							
2.							
	1 100 41						
	Verification	ations 19044 4 and	18042 barra	rified that the distribution	all all and a second	w 8 =	
1	have read and understand FPPC Regula	1					
	- Sude Jos		Barbara J. F		Attorney/OAACA Office	ial 11/16/2018	
	Signature of Agency Head or Designee		Print Name	e	Title	(Month, Day, Year)	
,	Commont:						

1.						
	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	Coliseum Auth	ority			
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
	Barbara J. Parker, City Atto	rney/OAACA	Official			
	Designated Agency Contact	Name, Title)				
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🛛 No	☐ Face Value o	f Each Ticket/Pass \$	90.00
	Event Description Oakland A	's v. Texas R	angers	Date(s)09	, 07 , 18	
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	☐ If no:	Name of Sou	rce
	Was ticket distribution made a	t the behest	No⊠ Yes			
	of agency official?		140 KJ 163	☐ If yes:	Official's Name (La	ast, First)
3.	Recipients					
	Use Section A to identify the agency	/'s department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
				,		
	B. Name of Individual		Number of			
20	Name of Individua (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	og:
22	B. Name of Individua (Last, First) Butler, Eric		Ticket(s)/	40 000 100 100 100 100 100 100 100 100 1	Other al Role" or "Other" describe below: es to City and County e	
29	(Last, First)		Ticket(s)/ Pass(es)	To provide incentive services to the Auth	Other al Role" or "Other" describe below: es to City and County e	Income
2	(Last, First)	zation	Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role If checking "Ceremonial	Other Other or "Other" describe below: es to City and County election ority Other	Income Demployees that provide
2	Butler, Eric Name of Outside Organi	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role If checking "Ceremonial	Other And County est to City and County est of City and County est ority Other al Role" or "Other" describe below:	Income Demployees that provide
•	Butler, Eric Name of Outside Organi (include address and description)	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role If checking "Ceremonial	Other And County est to City and County est of City and County est ority Other al Role" or "Other" describe below:	Income Demployees that provide
	Butler, Eric 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 publications of the Ceremonial Role of the Ceremonial Role of the Publication of the Ceremonial Role of th	Other And Role" or "Other" describe below: es to City and County election ority Other Describe below: al Role" or "Other" describe below: ic purpose made pursuant to	Income Demployees that provide Income Do the agency's policy
	Butler, Eric 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 of the characteristic of the characteristic of the publication of the characteristic of th	Other And Role" or "Other" describe below: es to City and County election ority Other Describe below: al Role" or "Other" describe below: ic purpose made pursuant to	Income In

						A Fublic Document	
١.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C	Coliseum Auth	nority			T OIIII	
	Division, Department, or Regi	ion (If Applicabl	le)			For Official Use Only	
	Barbara J. Parker, City Attor	rnev/OAACA	Official				
	Designated Agency Contact (450	Omolai				
	,	, , , , , , , , , , , , ,					
	Avea Cada/Dhana Numban	Te			Amendment (Must pr	ovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail	_ . _ ! £ 1.		Date of Original Filing: _		
Va-	(510) 238-3815		aklandcityatt	orney.org	Date of Original Filling.	(Month, Day, Year)	
	Function or Event Inform					90.00	
	Does the agency have a ticket	5	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	90.00	
	Event Description Oakland A	's v. Texas R	langers	Date(s) 09	, 08 , 18		
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Sou		
				_	Name of Sou	rce	
	Was ticket distribution made a of agency official?	t the behest	No ⊠ Yes	☐ If yes:	Official's Name (L	-1 Finn	
	or agency official?				Official's Name (L	ast, First)	
	Recipients			98 SE			
ŀ	 Use Section A to identify the agency 	r's department or	al. • Use Section C to identi	fy an outside organization.			
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant i	to the agency's policy	
			Pass(es)				
•							
	B. Name of Individual	I	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
	12			Ceremonial Role	Other 🛛	Income	
	Keene, Marcus		2	If checking "Ceremonial Role" or "Other" describe below:			
				services to the Auth	entives to City and County employees that provide		
				Ceremonial Role	☐ Other ☐ al Role" or "Other" describe below:	Income	
	82			in directing objections	arriole or other describe below.		
-	Name of Outside Organia	zation	Number of				
-	(include address and desc		Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant t	o the agency's policy	
-			1 333(33)			NOW THE PARTY OF THE PROPERTY OF THE	
-							
-							
	Verification						
1	have read and understand FPPC Regula	tions 18944.1 and	18942. I have ve	rified that the distribution set for	rth above, is in accordance with	the requirements.	
	John Jan		Barbara J. F	Parker City	Attorney/OAACA Offic	ial 11/16/2018	
_	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
. 62							
(omment.						

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	Agency Name			Date Stamp	California 802		
	Oakland-Alameda County C	oliseum Auth	ority			FOIII	
	Division, Department, or Reg	i on (If Applicable	·)			For Official Use Only	
	Barbara J. Parker, City Attor	nev/OAACA	Official				
	Designated Agency Contact (11)1-2-40	Omolai				
	,	, ,					
	A 0 1 /Bl N 1	(F1)			Amendment (Must pro	ovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail	المالية والمالية	040011040	Date of Original Filing: _		
_	(510) 238-3815	bparker@oa	Kiandcityatto	orney.org	Dute of Original Filling.	(Month, Day, Year)	
	Function or Event Infor					90.00	
	Does the agency have a ticke	N 51	Yes 🗵 No		f Each Ticket/Pass \$		
	Event Description Oakland A	's v. Texas Ra	angers	Date(s)09			
			anauon				
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🛛 No	☐ If no:	Name of Sour	rce	
	Was ticket distribution made a	t the behest	No⊠ Yes				
	of agency official?	t the benest	NO A Yes	□ If yes:	Official's Name (La	est, First)	
	Recipients						
	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant to	TO BE A SELECTION OF THE WARRE	
	, t		Pass(es)	December and pass	no parpose made parouant t	o the agency o policy	
		Number of					
	Name of Individua		Number of Ticket(s)/		Identify one of the following:		
,			Pass(es)	Ceremonial Role	Other 🛛	Income	
	Ortiz, Celso				al Role" or "Other" describe below:	income [
			2		tives to City and County employees that provide		
				services to the Auth	ority		
				Ceremonial Role	Other	Income	
				If checking "Ceremonia	al Role" or "Other" describe below:		
	121.024		Number of				
-	 Name of Outside Organi (include address and desc 		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy	
			rass(es)				
		-					
	Verification	July yearsoners w	contract force for the	6000 6000 to 100			
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	the requirements.	
	Del Salt		Barbara J. F	Parker City	Attorney/OAACA Office	ial 11/16/2018	
	Signature of Agency Head or Designee		Print Name	e	Title	(Month, Day, Year)	
	3						
(Comment:						

1	Agency Name		Date Stamp	California OOO					
1.5	Oakland-Alameda County C	Coliseum Auth	ority		Date Stamp	Form 8UZ			
	Division, Department, or Reg				-	For Official Use Only			
	* * *	120 0 13	n.						
	Barbara J. Parker, City Atto		Official		1				
	Designated Agency Contact	(Name, Fille)							
	9				Amendment (Must)	provide explanation in Part 3.)			
	Area Code/Phone Number	E-mail	TX 45- VI VANCTARE COMMISSION		V V. V.				
	(510) 238-3815	bparker@oa	Date of Original Filing:	(Month, Day, Year)					
2.	Function or Event Infor			90.00					
	Does the agency have a ticke	t policy?	Yes 🗵 No						
	Event Description Oakland A	's v. Minneso	Date(s)09	21 , 18					
	Ticket(s)/Pass(es) provided by	22		☐ If no:					
	ricket(3)/1 d33(e3) provided b	y agency:	Yes 🛛 No		Name of Sc	ource			
	Was ticket distribution made a	at the behest							
	of agency official?		Official's Name ((Last, First)					
3.	Recipients								
	Use Section A to identify the agency	y's department or	ual. • Use Section C to iden	tify an outside organization.					
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	Official's Name (Last, First) • Use Section C to identify an outside organization. purpose made pursuant to the agency's policy lentify one of the following: Other \(\sum_{\text{other" describe below:}} \) to City and County employees that provide			
			Pass(es)						
	B. Name of Individua	1	Number of						
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following:				
	5.4.5.			Ceremonial Role	The state of the s	Income			
	Butler, Eric		2	19-01 01 00	ial Role" or "Other" describe below:				
				services to the Auth	52 959	employees that provide			
	<u> </u>			Ceremonial Role		Income D			
				7 AM AM CARE 57527 7	ial Role" or "Other" describe below:	income 🗀			
-									
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	Form OUZ For Official Use Only mendment (Must provide explanation in Parl 3.) of Original Filing:			
	(include address and des	cription)	Pass(es)						
					_				
	Verification								
	I have read and understand FPPC Regula	ations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance wit	th the requirements.			
	Darba Sail		Barbara J. F	Parker City	Attorney/OAACA Offi	icial 11/16/2018			
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)			
	0								
))	Comment:								

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1.	Agency Name		Date Stamp	California 802				
	Oakland-Alameda County C	Coliseum Auth	ority			Form 002		
	Division, Department, or Reg	ion (If Applicable	e)		-	For Official Use Only		
	Barbara J. Parker, City Atto	rney/OAACA	Official					
	Designated Agency Contact ((Name, Title)			1			
	Area Code/Phone Number	E-mail			Amendment (Must pr	rovide explanation in Part 3.)		
	(510) 238-3815	bparker@oa	ıklandcityatto	orney.org	Date of Original Filing: _	(Month, Day, Year)		
2.	Function or Event Infor	mation						
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$	100.00		
	Event Description Oakland A	's v. Minneso	ta Twins	Date(s)09) _ 22 _ 18	JJ		
	Ticket(s)/Pass(es) provided by		Yes⊠ No	☐ If no:	Name of Sou	ırce		
	Was ticket distribution made a	at the behest						
	of agency official?	it the beneat	No⊠ Yes	ш п yes	Official's Name (L	ast, 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, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
			Number of					
	B. Name of Individua	ll .	Ticket(s)/ Pass(es)		Identify one of the following	ng:		
	Forte, Mark			Ceremonial Role If checking "Ceremonial"	Other A	Income		
			2	To provide incentive services to the Auth		employees that provide		
	*			Ceremonial Role If checking "Ceremoni	Other Intermedial Role" or "Other" describe below:	Income 🗌		
C. Name of Outside Organization			Number of Ticket(s)/	Describe the pub	lic purpose made pursuant i	to the agency's policy		
•	(include address and des	cription)	Pass(es)					
						*		
	Verification			26 14 14 15 15 15				
1	I have read and understand FPPC Regul	ations 18944.1 and //				M. W.		
	Dark Sack	\smile	Barbara J. F		Attorney/OAACA Offic			
	Signature of Agendy Head or Designee		Print Name	9	Title	(Month, Day, Year)		
	Comment:							

1.	Agency Name		Date Stamp	California Q02			
	Oakland-Alameda County C	Coliseum Auth	nority			Form OUZ	
	Division, Department, or Reg	ion (If Applicable	e)		1	For Official Use Only	
	Barbara J. Parker, City Atto	rnev/OAACA	Official				
	Designated Agency Contact	314000 3 11 - 000 0 10001 11 1	Official		-		
	g						
	Area Code/Phone Number			Amendment (Must pro	ovide explanation in Part 3.)		
	(510) 238-3815	E-mail	aklandcitvatto	ornev ora	Date of Original Filing: _		
(510) 238-3815 bparker@oaklandcityattorney.org 2. Function or Event Information					(Month, Day, Year)		
	Does the agency have a ticke		V 157 N	□ Face Value o	of Each Ticket/Dage ©	78.00	
		54 0550	Yes⊠ No				
	Event Description Oakland A	's v. Minneso		Date(s)	23 , 18		
	T-1-1-1/1/D-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	2		16,0000			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of Sour	rce	
	Was ticket distribution made a	t the behest	No ⊠ Yes	No ⊠ Yes ☐ If ves:			
	of agency official?		110 🖾 100		Official's Name (La	ast, First)	
3.	Recipients						
	Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to identif	fy an outside organization.	
	A. Name of Agency, Departme	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	Amendment (Must provide explanation in Part 3.) ate of Original Filing:		
			Pass(es)				

	B. Name of Individua	Number of Ticket(s)/					
	(Last, First)	(Last, First)			Identify one of the following:		
				Ceremonial Role	Other 🛛	Income	
	Morgan, Dondria		2	If checking "Ceremonial Role" or "Other" describe below:			
				services to the Auth	es to City and County e	employees that provide	
				Ceremonial Role		Г	
				OVA SERVICE SECURIOR SECURIOR DE LA COMPANSION DE LA COMP	al Role" or "Other" describe below:	Income 🔲	
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to	o the agency's nolicy	
	(include address and des	cription)	Pass(es)			and again, a paris,	
	VENEZIONE SE CONTROL DE LA CON						
	Verification	663					
	I have read and understand FPPC Regula	ations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.	
	Galley San	<u> </u>	Barbara J. F	Parker City	Attorney/OAACA Offic	ial 11/16/2018	
	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)	
	Comment:						
	OUTHITICH,						

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١.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	oliseum Auth	nority			Form OUZ
	Division, Department, or Reg	ion (If Applicabl	(e)			For Official Use Only
	Barbara J. Parker, City Atto	rnev/OAACA	Official			
	Designated Agency Contact (Omolai		-	
	g g, (
		Te	·		Amendment (Must pro	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	1 F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	grander and the second	Data of Original Filings	
	(510) 238-3815		aklandcityatt	orney.org	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Information						205 55
	Does the agency have a ticke		Yes 🗵 No		of Each Ticket/Pass \$	
	Event Description Oakland R	aiders vs Los	s Angeles Ra	ams Date(s) 09	1018	1 1
	Event Bescription	Provide Title/Exp	lanation	Date(3)		
()	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	□ If no:	Name of Soul	W
		-9-11-71	163 🔼 140		Name of Soul	rce
1	Was ticket distribution made a	t the behest	No ☒ Yes	☐ If yes:	Official's Name (La	
	of agency official?				Official's Name (La	ast, First)
	Recipients					
	 Use Section A to identify the agency 	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identif	fy an outside organization.
A. Name of Agency, Department or Unit			Number of Ticket(s)/ Pass(es)	et(s)/ Describe the public purpose made pursuant to the agency's police		
4						
-						
Ī	B. Name of Individua		Number of			
1	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	g:
-				Ceremonial Role	Other 🗵	Income
	Early, Shavonda		2		al Role" or "Other" describe below:	
						employees that provide
10-				services to the Auth	ority	
				Ceremonial Role	Other	Income
				If checking "Ceremonia	al Role" or "Other" describe below:	
-			Number of			
(Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	the agency's policy
-			r ass(es)			
-						
	/erification					
1	have read and understand FPPC Regula	tions 18944.1 and	18942. I have ve	rified that the distribution set for	rth above, is in accordance with	the requirements.
	Darley Son	Lange	Barbara J. F	Parker City	Attorney/OAACA Offic	ial 09/10/2018
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
			350%			aus versau tradición su contrato representado
0	Comment:		-			

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1. /	Agency Name		Date Stamp	California 802				
(Dakland-Alameda County C	oliseum Auth	ority			The state of the s		
D	ivision, Department, or Regi	ion (If Applicable	e)			For Official Use Only		
Е	Barbara J. Parker, City Attor	rnev/OAACA	Official					
	esignated Agency Contact (Omoidi					
	,,,							
_	0 1 101				Amendment (Must pro	ovide explanation in Part 3.)		
	rea Code/Phone Number	E-mail	11 12 12		Date of Original Filings			
-	510) 238-3815	bparker@oa	iklandcityatt	orney.org	Date of Original Filing: _	(Month, Day, Year)		
	unction or Event Inform					201.00		
	oes the agency have a ticker	Yes 🛛 No		f Each Ticket/Pass \$	304.80			
Е	vent Description Warriors v.	Minnesota T	imberwolves	s Date(s)09	<u>, 29 , 18</u>			
T	icket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Sour			
۱۸	Alexander distribution and a second s							
	of agency official?	t the benest	No ⊠ Yes	☐ If yes:	Official's Name (La	ast First)		
					Smolar o Maine (20	101, 1 1101)		
	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					
A. Name of Agency, Department or Unit			Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy		
	~							
_ B	Name of Individua		Number of Ticket(s)/		Identify one of the followin			
	(Last, First)		Pass(es)			9:		
N	lulry, Brian			100.000.000.000.000.000.000.000.000.000	Other Other Role" or "Other" describe below:	Income		
	, D		2	(500) Units 12 00		employees that provide		
				services to the Auth		imployees that provide		
		X2-17		Ceremonial Role [Other D	Income		
C	Name of Outside Organia (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	o the agency's policy		
	erification ve read and understand FPPC Regula	tions 18944.1 and	18942. I have ver	rified that the distribution set for	th above, is in accordance with t	the requirements.		
	Jarty th		Barbara J. F	Parker City	Attorney/OAACA Offici	ial 11/16/2018		
	Signature of Agency Head or Designee	3 4 · · · · ·	Print Name		Title	(Month, Day, Year)		
Сс	mment:							

						A I abile bocalien
1.	Agency Name				Date Stamp	California Q02
	Oakland-Alameda County C	Coliseum Auth	ority			Form OUZ
	Division, Department, or Regi	ion (If Applicable	e)			For Official Use Only
	Barbara J. Parker, City Attor	rnev/OAACA	Official			
	Designated Agency Contact (Official			
	z z z z z z z z z z z z z z z z z z z	rtamo, ruoj				
					Amendment (Must pro	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 238-3815	bparker@oa	aklandcityatt	orney.org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform					400.00
	Does the agency have a ticker	t policy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$	100.00
	Event Description Wild N Out	t		Date(s) 10		I I
	Event Becomption	Provide Title/Expl	lanation	Date(3)		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	□ If no:	Name of Sour	
			TOS EST THO		Name of Soul	rce
	Was ticket distribution made a	t the behest	No⊠ Yes	☐ If yes:	Official's Name (La	
	of agency official?				Official's Name (La	ast, First)
3.	Recipients					
	Use Section A to identify the agency	r's department or	al. • Use Section C to identif	fy an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant t	o the agency's policy
19			Pass(es)			
- 52			<u> </u>			
11						
	B. Name of Individua		Number of Ticket(s)/		Identify one of the followin	a:
	(Last, First)		Pass(es)			
	Early, Shavonda			Ceremonial Role		Income
	zany, onavonaa		2	50.75 54 54	al Role" or "Other" describe below:	employees that provide
				services to the Auth		employees that provide
22				Ceremonial Role	Other 🗍	Income I
					al Role" or "Other" describe below:	Income L
(C. Name of Outside Organiz	zation	Number of	December the mobile		
	(include address and desc	cription)	Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
_	A F . C. (1)					
	Verification have read and understand EPPC Regula	tions 19044 1 and	18042 have	rified that the distrib	IL STORES FOR	4: 10
,	have read and understand FPPC Regula					
	Santa Maria		Barbara J. F	7.1 (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Attorney/OAACA Offici	ial 11/19/2018
	Signature of Agerical 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 802			
	Oakland-Alameda County C	Coliseum Auth					
	Division, Department, or Regi	ion (If Applicabl	le)			For Official Use Only	
	Barbara J. Parker, City Attor	rnev/OAACA	Official				
	Designated Agency Contact (
	Control Contro	ANS DE O DE CONTRACTO DE CONTRACTOR € X					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 238-3815	Charles a serial Properties	aklandcityatte	Ornov ora	Date of Original Filing:		
			ananucityatti	omey.org	Date of Original Filing: _	(Month, Day, Year)	
	Function or Event Inform			100.00			
	Does the agency have a ticket		Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	100.00	
	Event Description Mike Epps			Date(s)10	1318		
		Provide Title/Exp	planation				
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗵 No	☐ If no:	Name of Sou		
	Moo tiokat diatributian mada -	1 11 111	diana				
	Was ticket distribution made a of agency official?	t the benest	No ⊠ Yes	☐ If yes:	Official's Name (L	ast First)	
					Official's Ivallie (E.	asi, i iisij	
	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 org						
	A	The transfer	Number of	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.	
.23	A. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant i	to the agency's policy	
-							
-							
Ī	B. Name of Individual		Number of Ticket(s)/	Identify one of the following:			
-	(Last, First)		Pass(es)		identity one of the following	9:	
19	Hartfield Delende				Other 🗵	Income	
	Hartfield, Rolanda		2		al Role" or "Other" describe below:		
				services to the Auth		employees that provide	
-							
				Ceremonial Role L If checking "Ceremonia	Other Il Role" or "Other" describe below:	Income L	
(Name of Outside Organiz	zation	Number of	Describe the subli			
	(include address and desc	ription)	Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	o the agency's policy	
-							
				*			
1	/erification						
	have read and understand FRPC Regula	tions 18944.1 and	18942. I have ver	rified that the distribution set for	th above, is in accordance with	the requirements	
J	Days So the		Barbara J. F				
(Signature of Agency Head or Designee		Print Name		Attorney/OAACA Offic		
	V management of the second of				1100	(Month, Day, Year)	
C	Comment:						

						A Public Documen	
1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C	Coliseum Autl		101111			
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only	
9	Barbara J. Parker, City Atto		Official				
	Designated Agency Contact ((Name, Title)					
1	Area Code/Phone Number	E-mail			. Amendment (Must pr	rovide explanation in Part 3.)	
	(510) 238-3815	bparker@o	aklandcityatt	orney.org	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Infor	mation		* Committee of the Comm			
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	250.00	
	Event Description Phil Collins	S		Data(s) 10	, 25 , 18		
	Event Description	Provide Title/Exp	olanation	Date(s)			
	Ticket(s)/Pass(es) provided by	v agency?	Yes⊠ No	□ If no:			
	20 20 30 00000		Tes M NO		Name of Sou	rce	
١	as ticket distribution made at the behest No ☑ Yes ☐ If yes:				(Sec. 25) 10 (10) 100 100 100 100 100 100 100 100 100		
ne.	of agency official?				Official's Name (L	ast, First)	
	Recipients		10 Verye 850				
	Use Section A to identify the agency	/'s department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
-			1 435(63)			国际共享的基础的基础的	
-							
-	B. Name of Individua	rii.	Number of				
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ig:	
	Vices Alex			Ceremonial Role	Other 🛛	Income	
	Yuen, Alan		2		al Role" or "Other" describe below:	14 922 E H F	
				services to the Auth		employees that provide	
-							
				Ceremonial Role L	☐ Other ☐ describe below:	Income L	
				. 			
	Name of Outside Organi		Number of Ticket(s)/	Describe the public	ic purpose made pursuant t	o the agencyle wellow	
_	" (include address and desc	cription)	Pass(es)	and publication publications	ic parpose made parsuant t	o the agency's policy	
_							
V	/erification						
	nave read and understand FPPC Regula	itions 18944.1 and	l 18942. I have ver	rified that the distribution set for	th above, is in accordance with	the requirements.	
	Subunt the		Barbara J. F	and the second second	Attorney/OAACA Offic		
-	Signature of Agelicy Head or Designee		Print Name		Title	(Month, Day, Year)	

ZA.	Diego.			CONT.			- 2
A	PI	ıhl	IC	Dog	111	me	nt

Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title) Area Code/Phone Number (510) 238-3815 Date of Original Filing: (Month, Day, Other Description (Month) Date of Original Filing: (Month) Day, Other Description (Month) Day, Other Description (Month) Day, Other Description (Month) Date of Original Filing: (Month) Day, Other Description Description (Month) Day, Other Description Description Date of Original Filing: (Month) Day, Other Day, O	Documen
Division, Department, or Region (If Applicable) Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title) Area Code/Phone Number (510) 238-3815	ia 802
Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title) Area Code/Phone Number (510) 238-3815 Date of Original Filing: (Month, Day, Importance) Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description Drake and Migos Date(s) 10 / 26 / 18 / Mame of Source Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside or Ticket(s)/ Describe the public purpose made pursuant to the agency's	002
Designated Agency Contact (Name, Title) Area Code/Phone Number (510) 238-3815 Date of Original Filing:	cial Use Only
Area Code/Phone Number (510) 238-3815 bparker@oaklandcityattorney.org Date of Original Filing:	
Area Code/Phone Number (510) 238-3815 bparker@oaklandcityattorney.org Date of Original Filing:	
Area Code/Phone Number (510) 238-3815 bparker@oaklandcityattorney.org Date of Original Filing:	
Date of Original Filing:	ı in Part 3.)
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$	
Does the agency have a ticket policy? Event Description Drake and Migos Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last, First) Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's	Year)
Event Description Drake and Migos Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's	250.00
Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source	
Ticket(s)/Pass(es) provided by agency? Yes No I If no: Name of Source Was ticket distribution made at the behest of agency official? No Yes I If yes: Official's Name (Last. First) Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's	_/
Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last. First) Recipients • Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's	
of agency official? Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's	
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 or Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's	
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 or A large of Agency, Department or Unit Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's	
A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's	
A. Name of Agency, Department or Unit Ticket(s)/ Describe the public purpose made pursuant to the agency's	ganization.
	policy
Pass(es)	
B. Name of Individual Number of Ticket(s)/ Identify one of the following:	
Pass(es) Ceremonial Role Other Romero, Susan Ceremonial Role of the light of th	Income
To provide incentives to City and County employees the services to the Authority	hat provide
Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income
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
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	s.
Bat- (A)	
Signatural of Agency Hand or Decisions	
(MOD	/19/2018
Comment:	nth, Day, Year)

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1.	Agency Name		Date Stamp	California 802				
	Oakland-Alameda County C	oliseum Auth						
	Division, Department, or Reg	ion (If Applicable		For Official Use Only				
	Barbara I Barkor City Atto	may/0.4.4.C.4	Official					
	Barbara J. Parker, City Attor Designated Agency Contact (Uniciai					
	Designated Agency Contact (Name, me)						
			Amandment (Must as	avida avalanation in Dark 2)				
	Area Code/Phone Number	E-mail			. Amendment (Must pri	очие ехріапаціон ін Рап З.)		
	(510) 238-3815	bparker@oa	aklandcityatt	orney.org	Date of Original Filing: _	(Month, Day, Year)		
).	Function or Event Inform	nation		(monut, buy, rout)				
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	250.00		
	3 5		103 🔼 110	s 				
	Event Description Drake and Migos Provide Title/Explanation Date(s)							
			idiidii					
1.0	Ticket(s)/Pass(es) provided by agency? Yes ☑ ↑			☐ If no:	Name of Sou	rce		
9	Mary College Control of the Control							
	of agency official?	t the benest	Official's Name (La	ast First)				
	Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
		's department or	Number of	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.		
3	A. Name of Agency, Departme	nt or Unit	Ticket(s)/	Describe the publ	lic purpose made pursuant t	to the agency's policy		
-			Pass(es)					
2								
_								
-	Name of Individual		Number of Ticket(s)/		Identify one of the following:			
-	(Last, Past)		Pass(es)					
20	Carden, Carma			Ceremonial Role	TOTAL STATE OF THE PARTY OF THE	Income		
13	Carden, Carma		2		al Role" or "Other" describe below:	10.1		
				services to the Auth		employees that provide		
			-					
				Ceremonial Role	☐ Other ☐ Other ☐ Other ☐ Other ☐ Other ☐ Other Delow:	Income		
				in checking deternante	arriole of Other describe below.			
-	Name of Outside Occurs		Number of					
(Name of Outside Organia (include address and desc		Ticket(s)/	Describe the publi	ic purpose made pursuant to	o the agency's policy		
-			Pass(es)			eservation of the party		
_	/erification							
	have read and understand FPPC Regula	tions 18944.1 and	18942. I have ve	rified that the distribution set for	th above, is in accordance with	the requirements		
	Back I (12)	4						
-	Signature of Agency Head or Designee		Barbara J. F		Attorney/OAACA Offic			
	- 3 Striggrad of Designee		r nnt ivame	•	Title	(Month, Day, Year)		
	Comment:							
-	· · · · · · · · · · · · · · · · · · ·							

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

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564 NB	Agency Name		Date Stamp	California 802		
(Oakland-Alameda County C	Coliseum Aut	hority			
Ī	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
ĺ	Barbara J. Parker, City Attor	rney/OAACA	Official			
	Designated Agency Contact (
7	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 238-3815	person and an address of the second of the s	aklandcityatt	ornev ora	Date of Original Filing: .	
_	Function or Event Infor			omeyrerg	-	(Month, Day, Year)
	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	60.00
			res 🔼 No	_		
E	Event Description Disney on	Provide Title/Exp	olanation	Date(s)		
7	Fieldot/a)/Dana/an) massidad b					
1	Ficket(s)/Pass(es) provided by	/ agency /	Yes 🗵 No	☐ If no:	Name of Sou	rce
V	Nas ticket distribution made a	t the behest	No ⊠ Yes	☐ If yes:		
	of agency official?			, 900.	Official's Name (L	ast, First)
F	Recipients					
	Use Section A to identify the agency	's department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
1	Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
_		~~~				
_ E	Name of Individua		Number of			
_	(Last, First)		Ticket(s)/		Identify one of the following	ig:
***	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100	Pass(es)	THE RESERVE OF THE PERSON OF T		
-			Pass(es)	Ceremonial Role		Income
Е	Butler, Eric		Pass(es)	If checking "Ceremonia	Al Role" or "Other" describe below:	
E				If checking "Ceremonia	al Role" or "Other" describe below:	Income mployees that provide
- E				To provide incentive services to the Auth	al Role" or "Other" describe below:	
			2 Number of Ticket(s)/	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia	al Role" or "Other" describe below: es to City and County e ority Other	Income
	Butler, Eric Name of Outside Organiz		2 Number of	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia	al Role" or "Other" describe below: es to City and County e ority Other Il Role" or "Other" describe below:	employees that provide
	Butler, Eric Name of Outside Organiz		2 Number of Ticket(s)/	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia	al Role" or "Other" describe below: es to City and County e ority Other Il Role" or "Other" describe below:	employees that provide
C	Name of Outside Organiz (include address and description	ription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia Describe the public	es to City and County es to City and County es to City and County es ority Other If Role" or "Other" describe below:	employees that provide Income
C	Name of Outside Organia (include address and desc	ription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia Describe the public	es to City and County es to City and County es to City and County es ority Other If Role" or "Other" describe below:	employees that provide Income
C	Name of Outside Organiz (include address and description	ription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia Describe the publication set for the checking set	es to City and County es to City and County es to City and County es ority Other If Role" or "Other" describe below:	employees that provide Income o the agency's policy the requirements.

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						A Public Docume
1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	Coliseum Aut	hority			
	Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only
	Barbara J. Parker, City Atto	rnev/OAACA	Official			
	Designated Agency Contact		· Omolai			
	,	, , , , , , , , , , , , , , , , , , , ,				
	A OI-/DI NII	I per 11			Amendment (Must pr	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Filings	•
	(510) 238-3815	La company of the com	aklandcityatt	orney.org	Date of Original Filing: _	(Month, Day, Year)
	Function or Event Inform					050.00
	Does the agency have a ticke		Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	250.00
	Event Description Drake and	Migos		Date(s) 10	, 29 , 18	
		Provide Title/Exp	olanation	Date(0)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Sou	
	0 10 0 10 10 10 10 10 10 10 10 10 10 10		100 🖂 110		Name of Sou	irce
	Was ticket distribution made a	it the behest	No X Yes	☐ If yes:	Official's Name (L	
	of agency official?				Official's Name (L	ast, First)
	Recipients					
9	 Use Section A to identify the agency 	/'s department or		ction B to identify an individu	ial. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	to the agency's policy
4			Pass(es)			
1	D. Name of built days		Number of			
	B. Name of Individua		Ticket(s)/ Pass(es)		Identify one of the following	ıg:
-				Ceremonial Role	Other 🛛	Income
	Early, Shavonda			0.02	al Role" or "Other" describe below:	income [
			2			employees that provide
100				services to the Auth	ority	25 86 28
				Ceremonial Role	Other	Income [
				If checking "Ceremonia	al Role" or "Other" describe below:	
0.77			Number of			
(Name of Outside Organize (include address and desc		Ticket(s)/	Describe the publi	ic purpose made pursuant te	o the agency's policy
-			Pass(es)			
_						
1	/erification					
H	have read and understand FPPC Regula	tions 18944.1 and	l 18942. I have vei	rified that the distribution set for	th above, is in accordance with	the requirements.
	B. a. Alb.		Barbara J. F	38900	Attorney/OAACA Offic	
***	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
						,
0	comment:					

-						A I dono bocamen
1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	Coliseum Auth	nority			Form OUZ
	Division, Department, or Reg	ion (If Applicabl	le)		1	For Official Use Only
	Barbara J. Parker, City Atto	rnev/OAACA	Official			
0.5	Designated Agency Contact (1	
						<u> </u>
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 238-3815		aklandcityatto	ornev.ora	Date of Original Filing: _	(Month, Day, Year)
_	Function or Event Infor		,			(Wonth, Day, Year)
	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	304.80
	Event Description Warriors v	Provide Title/Exp	planation	Date(s)	0 , 08 , 18	
70	Ticket(s)/Pass(es) provided by			□ If no:		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No		Name of Sour	rce
	Was ticket distribution made a	it the behest	No⊠ Yes	☐ If yes:	Official's Name (La	
	of agency official?			<u> </u>	Official's Name (La	ast, First)
3.	Recipients					
	 Use Section A to identify the agency 	's department or		ction B to identify an individu	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
10			Pass(es)			
			1			
÷			Number of			
	B. Name of Individua (Last, First)		Ticket(s)/ Pass(es)		Identify one of the followin	g:
-			1 455(55)	Ceremonial Role	Other 🛛	Income
	Allen, Jason		2	If checking "Ceremoni	al Role" or "Other" describe below:	_
			2		es to City and County e	employees that provide
-				services to the Auth	nority	
				Ceremonial Role	Other D	Income
				If Checking Celemoni	al Role of Other describe below.	
-	Name of Outside Organi	ization	Number of			
,	(include address and des		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy
-	Verification					
	verification have read and understand FPPC Regula	ations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements
	The fall		Barbara J. F			
1	Signature of Agency Head or Designee		Print Name		Attorney/OAACA Offic	11/16/2018 (Month, Day, Year)
					THIS	(Month, Day, Tear)
(Commont:					

1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	Coliseum Auth	nority			
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
	Barbara J. Parker, City Atto		Official			
	Designated Agency Contact (Name, Title)				
					Amandment (Must a	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	11		Amendment (Mast pr	ovide explanation in Part 3.)
	(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	mation			*	747470 1212
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$	304.80
	Event Description Warriors v	. Oklahoma (City Thunder	Date(s)10) , 16 , 18	
	Tisks 1/2 / / Door / 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			- Kno.		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No		Name of Sou	rce
	Was ticket distribution made a	t the behest	No ⊠ Yes	☐ If yes:		
	of agency official?			,	Official's Name (L	ast, First)
š.	Recipients			Alan Disable and a distribution		
	Use Section A to identify the agency Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant	
8	7 Li		Pass(es)			
6	B. Name of Individua		Number of		Identify and of the fallowin	
9	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	
	Smith, Jamie		2	273	ial Role" or "Other" describe below: es to City and County	Income employees that provide
e			e e	5 50.50 500000 000000 0	Other Dial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant (to the agency's policy
	Verification	ations 18944 1 and	1 18942 have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements
	nave read and understand 111 of Regul	aliono roo i i. i an	2 700 12. 7 11010 10		submitted to the state of the state of the state of the submitted of the state of t	the requirements.
	Subs Sul		Barbara J. F		Attorney/OAACA Office	10

Δ	Du	hl	ic	D	001	uma	ent	
\sim	F U	E.PI	11 %-		OCI		GILL	

o. oo.ii i toio E toiito diid				
Agency Name			Date Stamp	California 802
Oakland-Alameda County Coliseum A	uthority			STATE OF THE PARTY
Division, Department, or Region (If Applic	cable)		1	For Official Use Only
Barbara J. Parker, City Attorney/OAA0	CA Official			
Designated Agency Contact (Name, Title)			1	
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
	oaklandcityatt	orney.org	Date of Original Filing:	Marth Carry
Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes⊠ No	. □ Face Value o	of Each Ticket/Pass \$ _	304.80

Event Description Warriors v. Phoenix S	Explanation	Date(s)	22 18	
		If no		
Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No	П шио:	Name of So	ource
Was ticket distribution made at the behes	st No⊠ Yes	☐ If yes:		
of agency official?	artis 178,527 0 (1797)	, , , , , , , , , , , , , , , , , , , ,	Official's Name (Last, First)
Recipients				
Use Section A to identify the agency's departmen		ction B to identify an individu	ral. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	Pass(es)			
Name of Individual	Number of			
B. Name of Individual			Identify one of the follow	ing:
(Last, First)	Number of Ticket(s)/	Ceremonial Role		
B. Name of Individual (Last, First) Colata, Nicole	Number of Ticket(s)/ Pass(es)	If checking "Ceremoni	Other Other al Role" or "Other" describe below:	Income
(Last, First)	Number of Ticket(s)/	If checking "Ceremoni	Other al Role" or "Other" describe below: es to City and County	
(Last, First)	Number of Ticket(s)/ Pass(es)	To provide incentive services to the Auth	Other al Role" or "Other" describe below: es to City and County pority	Income of the in
(Last, First)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Authors Ceremonial Role	Other al Role" or "Other" describe below: es to City and County ority Other	Income
(Last, First)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Authors Ceremonial Role	Other al Role" or "Other" describe below: es to City and County pority	Income of the in
(Last, First)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Authors Ceremonial Role	Other al Role" or "Other" describe below: es to City and County ority Other	Income of the in
(Last, First) Colata, Nicole Name of Outside Organization	Number of Ticket(s)/ Pass(es) 2	If checking "Ceremonia To provide incentive services to the Authors Ceremonial Role of the checking "Ceremonia"	Other al Role" or "Other" describe below: es to City and County cority Other al Role" or "Other" describe below:	Income comployees that provide
(Last, First) Colata, Nicole	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Authors Ceremonial Role of the checking "Ceremonia"	Other al Role" or "Other" describe below: es to City and County ority Other	Income employees that provide Income
(Last, First) Colata, Nicole Name of Outside Organization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremonia To provide incentive services to the Authors Ceremonial Role of the checking "Ceremonia"	Other al Role" or "Other" describe below: es to City and County cority Other al Role" or "Other" describe below:	Income employees that provide Income
(Last, First) Colata, Nicole Name of Outside Organization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremonia To provide incentive services to the Authors Ceremonial Role of the checking "Ceremonia"	Other al Role" or "Other" describe below: es to City and County cority Other al Role" or "Other" describe below:	Income employees that provide Income
(Last, First) Colata, Nicole Name of Outside Organization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremonia To provide incentive services to the Authors Ceremonial Role of the checking "Ceremonia"	Other al Role" or "Other" describe below: es to City and County cority Other al Role" or "Other" describe below:	Income comployees that provide
(Last, First) Colata, Nicole Name of Outside Organization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremonia To provide incentive services to the Authors Ceremonial Role of the checking "Ceremonia"	Other al Role" or "Other" describe below: es to City and County cority Other al Role" or "Other" describe below:	Income comployees that provide
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremonia To provide incentive services to the Authors Ceremonial Role of the checking "Ceremonia"	Other al Role" or "Other" describe below: es to City and County cority Other al Role" or "Other" describe below:	Income comployees that provide
(Last, First) Colata, Nicole Name of Outside Organization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Authorized Ceremonial Role of the Ceremonial Role of t	Other al Role" or "Other" describe below: es to City and County cority Other al Role" or "Other" describe below: describe below: describe below:	employees that provide Income to the agency's policy
C. Name of Outside Organization (include address and description) Verification	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Author Ceremonial Role If checking "Ceremonia Ceremonia	Other al Role" or "Other" describe below: es to City and County cority Other al Role" or "Other" describe below: describe below: describe below:	employees that provide Income to the agency's policy the the requirements.

						A Lubiic Document
1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	Coliseum Auth	nority			Folin
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
	Barbara J. Parker, City Atto	rnev/OAACA	Official			
	Designated Agency Contact					
	Area Code/Phone Number	IE-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 238-3815	. The control of the	aklandcityatt	ornev ora	Date of Original Filing: _	
_	Function or Event Infor		akiaridoityatt	omey.org		(Month, Day, Year)
	Does the agency have a ticke		V 57 11	□ Food Volue o	f Food Tiplest/Door ©	304.80
			Yes⊠ No		f Each Ticket/Pass \$	
	Event Description Warriors v	Provide Title/Exp	Wizards	Date(s)10	2418	
			ianation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of Sou	rce
	Was ticket distribution made a	at the behest	No⊠ Yes			
	of agency official?		NO M res	□ If yes:	Official's Name (La	ast, First)
	Recipients					
	Use Section A to identify the agency	y's department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to identif	fy an outside organization.
8	A. Name of Agency, Departme		Number of		lic purpose made pursuant t	
-			Ticket(s)/ Pass(es)	Docoriso the pass	no parpose made parsuant t	o the agency's policy
1						
	B. Name of Individua	d .	Number of Ticket(s)/		Identify one of the followin	a:
-	(Lasi, Filsi)		Pass(es)			
	Bee, Maria			Ceremonial Role	Other 🛛	Income
	,		2			employees that provide
				services to the Auth		mproyoco triat provido
-			7	Ceremonial Role	Other	Income \(\square\)
				177	al Role" or "Other" describe below:	
(Name of Outside Organi (include address and desc		Number of Ticket(s)/	Describe the publi	ic purpose made pursuant to	the agency's policy
_	(include address and desc	сприоп)	Pass(es)			
1	/erification					
1	have read and understand FPPC Regula	ations 18944.1 and	18942. I have ve	rified that the distribution set for	th above, is in accordance with i	the requirements.
	Jacken Jake		Barbara J. F	Parker City	Attorney/OAACA Offici	ial 11/16/2018
1	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
						38 = 860 81
-	ommont:					

		011001 0100	2 2 10 11 10 11 10 11 10		A Public D	ocumen
1. Agency Name				Date Stamp	California	802
Oakland-Alameda	County Coliseum Aut	thority		70	Form	002
Division, Departmen	nt, or Region (If Applicat	ole)		-	For Official	Use Only
Barbara J. Parker	City Attorney/OAACA	\ Official				
Designated Agency		- Official				
,,	(riamo, riao)					
				Amendment (Must pr	rovide explanation in	Part 3.)
Area Code/Phone No						r art o.y
(510) 238-3815		aklandcityatt	torney.org	Date of Original Filing: _	(Month, Day, Yea	r)
. Function or Ever	nt Information					Service of service
Does the agency have		Yes 🗵 No	Face Value o	f Each Ticket/Pass \$		304.80
Event Description W	arriors v. New Orlean	ns Pelicans	Dato(s) 10	<u>, 31 , 18</u>	,	. P
Event Beschption	Provide Title/Ex	planation	Date(s)			<i>J</i>
Ticket(s)/Pass(es) pr	ovided by agency?	Yes⊠ No	□ If no:			
		103 M		Name of Sou	rce	
Was ticket distribution	n made at the behest	No 🛛 Yes	☐ If yes:			
of agency official?				Official's Name (La	ast, First)	
. Recipients						
 Use Section A to identify 	the agency's department o	r unit. • Use Se	ction B to identify an individu	al. • Use Section C to identi	fy an outside organ	ization.
A. Name of Agency,	Department or Unit	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	to the agency's po	licy
		Pass(es)				
		Northead				
the state of the s	f Individual	Number of Ticket(s)/		Identify one of the followin	ig:	
		Pass(es)				
Dibley, Allison			Ceremonial Role	Other Role" or "Other" describe below:		Income
2 .33		2		es to City and County e	mployoos that	provide
			services to the Auth	ority	inployees that	provide
			Ceremonial Role			Івання П
				I Role" or "Other" describe below:		Income L
3						
	ide Organization	Number of	December the much the			
(include address	s and description)	Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's pol	icy
Vouifie =4:==						
Verification I have read and understand Ele	PPC Regulations 19044 4	118042 5	vified that the Unit V	W F 3 5		
A A	2 Neguiations 10944.1 and			th above, is in accordance with t	he requirements.	
Cionatura Cal		Barbara J. P		Attorney/OAACA Offici	al11/16	/2018
Signature of Agency Head	or Designee	Print Name		Title	(Month, E	Day, Year)
Comment:						
COMMENT.						

1.	Agency Name				Date Stamp	California OOO	
	Oakland Alameda County C	Coliseum Authority			5 m	Form 8UZ	
	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 A	dministrator			Amondment (Mark See	vide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Amendment (wast Pro	vide Explanation in Part 3.)	
	510-238-3301	slandreth@oaklar	ndca.gov	l l	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 I	Each Ticket/Pass \$ <u>\$10</u>	00.00	
	Event Description: Nick Car			Date(s)10/			
	Eveni Description,	Provide Title/ Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □ I	f no:	Name of Source		
				f yes: Landreti	Name of Source		
	Was ticket distribution made	e at the behest Yes	⊠ No □	yes: Landrett	Official's Name (Last, First)		
	of agency official?				* a *		
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 identify	v an outside organization.	
	A. Name of Agency, Depa		Number of Ticket(s)/		the public purpose made pursuant to the agency's policy		
	7年7月2日 · 10年1		Passes				
		New and the second second	Number				
	B. Name of Indiv (Last, Firs		of Ticket(s)/ Passes		Identify one of the following:		
	Hicks, Antone				onial Role Other X	Income	
			2	CAO 2018 O	ing "Ceremonial Role" or "Other" descri pen House Raffle Winn	ibe below: • Cr	
		×			onial Role Other	Income	
				If checki	ng "Ceremonial Role" or "Other" descri	be below:	
			Number				
	C. Name of Outside Or (include address and		of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
			Passes				
1 '			J				
		PC Regulations 1904	1 1 and 19040	have verified the	and the distribution and for	h abaya le le ser l	
j	I have read and understand FPF with the requirements.	O Neguialions 1894	t. i aliu 10942. l	nave vermed th	ial line distribution set forti	n apove, is in accordance	
		Cabrin	a B. Landreth		City Administrates	10/ 04 /0040	
100	Signature of Agency Head or Designe		rint Name		City Administrator	10/_31_/2018 	
					MAT.	(o.i.i., day, year)	
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-3301 Date of Original Filing: . slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: Warriors Date(s) __10__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income | Gist-Skinner, Trinette 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 under:	stand FPPC Re	gulations 18944	.1 and 18942. I h	ave verified that the	e distribution set fort	h above, is in accordance
with the requirements.						

	Sabrina B. Landreth	City Administrator	10/	31	/2018	
Signature of Agency Head or Designee	Print Name	Title	(mo	(month, day, year)		
Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$100.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Mike Epps: Platinum Comedy Tour Date(s) __10 13 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income Cleveland Jr., Everett 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:

4. Verification

Name of Outside Organization

(include address and description)

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.					

Number

of Ticket(s)/

Passes

	Sabrina B. Landreth	City Administrator	10/ 31 /2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

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

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Date(s) __10__/_ 16 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina 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 X Keene, Marcus If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes**

4. Verification

I have read and underst	tand FPPC i	Regulations	18944.1 and 189	42. I have v	erified that the	distribution se	et forth above	is in accordance
with the requirements.								io iii doddi ddiilod
The control of the state of th	5							

	Sabrina B. Landreth	City Administrator	10/ 3	1 /2018
Signature of Agency Head or Designee	Print Name	Title	(mont	h, day, year)
Comment:				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 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: Disney on Ice Date(s) __10 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Wong, Jennifer Income CAO 2018 Open House 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

4. Verification

Comment: _

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

	Sabrina B. Landreth	City Administrator	10/ 31 /2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: Disney on Ice Date(s) __10 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number 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 Mak, Kenton Income If checking "Ceremonial Role" or "Other" describe below: CAO 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

I have read and understand FPPC Regulations	18944.1 and 18942. I have verified that the distribution se	et forth above, is in accordance
with the requirements.		,
The state of the s		8) or

18	Sabrina B. Landreth	City Administrator	10/ 31 /2018
Signature of Agency Head or Designee Print Name		Title	(month, day, year)

Comment: _

Comment: ___

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

	Oakland Alameda County C					Form 802
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Office of the City Administra					
	Designated Agency Contact				1	
	Sabrina B. Landreth, City A				Amendment (Must Pi	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			B / / 21 / 15	
	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 ticl	ket policy? Yes	S⊠ No□	Face Value of	Each Ticket/Pass \$ <u>\$6</u>	60.00
	Event Description: Disney of	n Ice		Date(s)10	<u>, 21 , 18</u>	1 1
		Provide Title/ Exp				
	Ticket(s)/Pass(es) provided	by agency? Yes		If no:	Name of Source	
	Was ticket distribution made	at the behest Yes	⊠ No □	If yes: Landret	h, Sabrina	**
	of agency official?		Terrority -		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	lual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	g Comments	e public purpose made purs	Mark Alchaid Zang disease (190	
	A STATE OF THE PARTY OF THE PAR		1 43363			
				1	a	
	B. Name of Indi	vidual	Number			
	(Last, Firs		of Ticket(s)/ Passes		Identify one of the fo	illowing:
	Bernabe, Marisa		2		onial Role Other X ing "Ceremonial Role" or "Other" desc open House Raffle Win	
				UB 17 140	onial Role Other on "Other on "Other" description of "Other" descriptions on "Other" descriptions on the state of the stat	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 with the requirements.	PC Regulations 1894	4.1 and 18942.	l have verified th	hat the distribution set for	th above, is in accordance
		Sabrina	a B. Landreth		City Administrator	10/ 31 /2018
-	Signature of Agency Head or Designe		Print Name		Title	(month, day, year)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: Warriors Date(s) __10__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number 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 Byrd, Michele 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 accordan with the requirements	I have read and understar	nd FPPC Re	egulations 18	3944.1 and 18942.	I have verified that	t the distribution	set forth above	is in accordance
mar are requirements.	with the requirements.							, ro iir dooordariot

	Sabrina B. Landreth	City Administrator	10/ 31 /2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Date(s) __10 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number 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 Foster, Frank Other X Income If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization 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 understa	and FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth abou	ve is in accordance
with the requirements.				aloundation out forth abo	oc, is in accordance

	Sabrina B. Landreth	City Administrator	10/	31	/2018
Signature of Agency Head or Designee	Print Name	Title	(m	onth, c	lay, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 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: Phil Collins Date(s) __10__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Hillmer, Jens If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other Income __ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

Comment: _

I have read and underst	and FPPC Regulations	18944.1 and 18942.	I have verified that the	e distribution set forth	above is in accordance
with the requirements.		AN POSTANTON PROPERTY CHEMPTON TRANSPORT A SERVICE			assis, is in assorbanio

Signature of Agency Head or Do	nianoo

Sabrina B. Landreth

City Administrator

10/ 31 /2018

ncy Head or Designee

Print Name

Title

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 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: Drake & Migos Date(s) __10 / 26 / 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 lacktriangled No lacktriangledOfficial's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role McBride, Alexandria Other X Income If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other 🔲 Income _ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) 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 10/ 31 /2018

Print Name

Signature of Agency Head or Designee

Comment: _

(month, day, year)

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** 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: Drake & Migos 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 A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Gray, Sharon Other X If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 1 services to the Authority Ceremonial Role Other Income _ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator 10/ 31 /2018 Signature of Agency Head or Designee Print Name (month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$125.00 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Drake & Migos Date(s) __10__/ 27 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number 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 Harrison, LaTonia If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 1 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 nave read and understan	a FPPC Regulation	s 18944.1 and 18942.	I have verified that the	distribution set forth above	is in accordance
with the requirements.					, 10 111 40001 441100

	Sabrina B. Landreth	City Administrator	10/ 31 /2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Commont:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{$250.00}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Drake & Migos Date(s) __10__/_ 29 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other X Income Aaron, Denise If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4. Verification

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	10/ 31 /2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	21		
Comment:		8	

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 \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Date(s) __10__/_ 31 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. Passes Number Name of Individual of Ticket(s)/ B. Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income Hart, Lynette 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 understa	and FPPC	Regulations	18944.1 an	d 18942. I	l have verified tl	nat the dis	stribution se	et forth ab	ove, is in	accordance
with the requirements.	1									

City Administrator

Sabrina B. Landreth

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:		4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	

10/ 31 /2018