PLAYOFFS 2019

GOLDEN STATE WARRIORS v CLIPPERS

ROUND ONE

GAME -1

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) Scott McKibben, Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: smckibben1@gmail.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Playoffs/ Round 1-game 1- A Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🗌 No 🗌 Name of Source Was ticket distribution made at the behest Yes ☐ No ☐ If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy 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 McKibben, Scott If checking "Ceremonial Role" or "Other" describe below: 4 to promote the Coliseum Complex for use by general public and businesses to maximize revenues Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 4.10.19 **Executive Director** Scott McKibben (month, day, year) Print Name Title

Agency Report of:

Comment:

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

A Public Document

1. Agency Name			TO VIEW DESCRIPTION OF THE PROPERTY OF THE PRO	Date Stamp	California Q02	
	County Coliseum Auth	Date Stamp	Form 802			
	nt, or Region (If Applicable		For Official Use Only			
	City Attorney/OAACA	Official				
Designated Agency	Contact (Name, Title)					
				Amendment (Must pro	Ovide explanation in Part 3 l	
Area Code/Phone N	New York Control of the Control of t					
(510) 238-3815	bparker@oa	aklandcityatt	orney.org	Date of Original Filing: _	(Month, Day, Year)	
2. Function or Eve			_		010.50	
Does the agency ha	(C) 6	Yes 🛛 No		f Each Ticket/Pass \$	312.50	
Event Description _	Varriors v Clippers/Rou Provide Title/Expl	ind 1, Game	2 1 Date(s)04	1319		
Ticket(s)/Pass(es) p	provided by agency?	Yes⊠ No	□ If no:			
	1 (25 S)	163 🔼 110		Name of Sour	rce	
	on made at the behest	No 🛛 Yes	☐ If yes:	0.00 1.00 1.00		
of agency official?				Official's Name (La	ast, First)	
3. Recipients			The shorts black broad to be an and			
	fy 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 Agenc	y, Department or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	NATIONAL AND APPLIES ASSESSMENTS OF THE SECOND SECO	1 433(03)		 20130-700-12-00-00, 1971-1972-19 	A POLICE CO.	
			59()			
	a					
B. Name	of Individual	Number of		The state of the s	BACKETTO CONTRACTOR OF THE BACKET	
	Last, First)	Ticket(s)/ Pass(es)		Identify one of the followin	g:	
Parker, Barbara J.			Ceremonial Role	Other 🗵	Income	
raikei, baibaia J.		2		fficiencies of the energy	tions of the western	
				fficiencies of the opera events that occur at Col		
			Ceremonial Role	7	Income	
			2010 A 1010 A	I Role" or "Other" describe below.	meonie 🖸	
		19				
	side Organization ss and description)	Number of Ticket(s)/	Describe the publi	c purpose made pursuant to	the agency's policy	
		Pass(es)				
Verification					CONTRACTOR OF THE PARTY OF THE	
I have read and understand	FRPC Regulations 18944.1 and	18942. I have vei	rified that the distribution set for	th above, is in accordance with t	he requirements.	
Jane &		Barbara J. P	Parker City A	Attorney/OAACA Offici	al 04/11/2019	
Signature of Agency Head	d or Designee	Print Name)	Title	(Month, Day. Year)	
Comment:						

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-		45/1			uu	1 6 6 7		ь.

Agency Name	nd Ticket/Pass Dist	induono	Date Stamp	A Public Document
Oakland Alameda County Coliseu	ım Authority		Sate Stamp	Form 802
Division, Department, or Region (if		For Official Use Only		
Scott Haggerty, OACCA Commiss				
Designated Agency Contact (Name,	Title)			
			☐ Amendment (Mi	ıst Provide Explanation in Part 3.)
Area Code/Phone Number E-ma	Ì			,
925.803.7289 Leal	925.803.7289 Leah.doyle-stevens@acgov.org			
Function or Event Information	on	<u> </u>		040 50
Does the agency have a ticket po	licy? Yes ⊠ No 🗌	Face Value of	Each Ticket/Pass \$	312.50
Event Description: GSW Playoff I	Round One- Game 1	Date(s)4	<u>/ 13 / 19</u>	
Ticket(s)/Pass(es) provided by ag	Provide Title/ Explanation	If no:		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	11	Name of Source	2110
Was ticket distribution made at th	e behest Yes ☑ No ☐	If yes: Hag	Official's Name (Last, F	irst)
of agency official?			•	
Recipients				
• Use Section A to identify the agency's de		o identify an indivi	lual. • Use Section C to i	dentify an outside organization.
A. Name of Agency, Department		Describe ti	ne public purpose made	pursuant to the agency's policy
	Passes			
R Name of Individual	Number of Ticket(s)		Identify one of	the following:
B. Name of Individual (Last, First)	Number of Ticket(s) Passes			
(Last, First)	of Ticket(s) Passes	Cerei	nonial Role 🔲 Oth	er 🗵 Income 🗔
(Last, First)	of Ticket(s)	Cerei If chec	nonial Role Othe	er 🗵 Income 🗀
(Last, First)	of Ticket(s) Passes	Cerell fiched	nonial Role Oth	er Imported in Income I
(Last, First)	of Ticket(s) Passes	Cerei	nonial Role	er 🗵 Income 🗆 er" describe below: COUSCUM er 🗌 Income 🗀
(Last, First)	of Ticket(s) Passes	Cerei	nonial Role Other or "Other or "Oth	er 🗵 Income 🗆 er" describe below: COUSCUM er 🗌 Income 🖸
Nayar, Priya	of Ticket(s) Passes 2 Number of Ticket(s)	Cerei If chec	nonial Role Other Community Other Comm	er 🗵 Income 🗆 er" describe below: COUSCUM er 🗌 Income 🗀
Nayar, Priya	of Ticket(s) Passes 2 Number of Ticket(s)	Cerei If chec	nonial Role Other Community Other Comm	er 🗵 Income C er" describe below: COUSCUM er 🔲 Income C er" describe below:
Nayar, Priya	of Ticket(s) Passes 2 Number of Ticket(s)	Cerei If chec	nonial Role Other Community Other Comm	er 🗵 Income C er" describe below: COUSCUM er 🔲 Income C er" describe below:
Nayar, Priya	of Ticket(s) Passes 2 Number of Ticket(s)	Cerei If chec	nonial Role Other Community Other Comm	er 🗵 Income [er" describe below: COUSCUM er 🔲 Income [er" describe below:
Nayar, Priya	of Ticket(s) Passes 2 Number of Ticket(s)	Cerei If chec	nonial Role Other Community Other Comm	er 🗵 Income [er" describe below: COUSCUM er 🔲 Income [er" describe below:
Mayar, Priya C. Name of Outside Organiza (include address and descr	of Ticket(s) Passes 2 Number of Ticket(s)	Cerei If chec	nonial Role Other Community Other Comm	er 🗵 Income [er" describe below: COUSCUM er 🔲 Income [er" describe below:
C. Name of Outside Organiza (include address and description)	of Ticket(s) Passes 2 Number of Ticket(s) Passes	Cerei	nonial Role Other king "Ceremonial Role" or "Other One Other Ceremonial Role" or "Other Ceremonial Role" or "Other Ceremonial Role" or "Other Public purpose made	er income in
Mayar, Priya C. Name of Outside Organiza (include address and descr	of Ticket(s) Passes 2 Number of Ticket(s) Passes	Cerei	nonial Role Other king "Ceremonial Role" or "Other One Other Ceremonial Role" or "Other Ceremonial Role" or "Other Ceremonial Role" or "Other Public purpose made	er income in
C. Name of Outside Organiza (include address and description) Verification I halve read and understand FPPC R	of Ticket(s) Passes 2 Number of Ticket(s) Passes	Cerei If check Cerei If check Cerei If check Describe to	nonial Role Other king "Ceremonial Role" or "Other One Other Ceremonial Role" or "Other Ceremonial Role" or "Other Ceremonial Role" or "Other Public purpose made	er income in

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland-Alameda County Administrator, Alameda County Form Division, Department, or Region (if applicable) For Official Use Only County Administrator's Office Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-272-6984 **Date of Original Filing:** countyadministrator@acgov.org (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ \$312.50 Event Description: Warriors Playoff Game Date(s) 04 / 13 / 19 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? 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 Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes To provide incentives to City and County employees that 2 CAO provide services to the Authority Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🔲 Income | If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

I have read and understand FP	PC Regulations	18944.1 and 18942.	I have verified that the	e distribution set forth above	is in accordance
with the requirements.	75		and the second s	aloundation out forth above,	, is in accordance
C					

me thor	xten	Susan S. Muranishi
nature of Agency Head or	Designee A	Drint Momo

County Administrator

4-12-19 (month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 Idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: GSW Playoffs Round One Game-1 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. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X De La Fuente, Ignacio Income _ If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role Other Income __ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

have read and understand FPPC Regulations 18	3944.1 and 18942. I have verified that the	distribution set forth above, is in accordance
have read and understand FPPC Regulations 18 with the requirements		, io iii 2000, uui 100
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11/100000	Ignacio De La Fuente	OACCA Commissioner
Signature of Agency Head or Designee	Print Name	Title

4.12.19 Print Name

Comment:

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

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			SEC N VETER BY VOIC BENEFITS	241
	510.383.4801	chrisdobbinslaw@y	ahoo.com		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes [⊠ No □ Fa	ace Value of	Each Ticket/Pass \$ 312	2.50
	Event Description: GSW Pla					
	Event Description.	Provide Title/ Explan		ate(s)		
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🔲 If	no:	Name of Source	
	Was ticket distribution made	e at the benest Yes [」No⊠ "	yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
	 Use Section A to identify the ager 	ncy's department or unit. •	Use Section B to ic	lentify an individ	lual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy
			Fasses			
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Dobbins, Chris		2		nonial Role Other Ki king "Ceremonial Role" or "Other" desc	Income In
				Olimpia Company	monial Role Other Other Other Other Other	
				n chec	Sold and a strong doctor	
	51.301 mayor miles a	WEST	Number			
	C. Name of Outside C (include address and		of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy
			1 83563			
-2						
4	Verification					
**	I have read and understand FF	PPC Regulations 18944	.1 and 18942. I	have verified	that the distribution set for	rth above, is in accordance
	with the requirements.	9				
	101	Chris	s Dobbins	(OACCA Commissioner	4.12.19
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Christin Hill, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.83.4801 Date of Original Filing: christinhill@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes⊠ No□ Event Description: GSW Playoffs Round 1 Game 1 Date(s) 4 / 13 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. 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 Hill, Christin If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Π Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Verification

i nave read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth above	is in accordance
with the requirements.			and and the control of the control	io iii addoradiioo

Chaost AU	Christin Hill	OACCA Commissioner	4.12.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

C.	eremonial Role Even	ts and Ticket/P	'ass Distri	ibutions		A Publ	ic Document
1.	Agency Name	,		,	Date Stamp	Ca	lifornia 802
	Oakland Alameda County C		·	######################################			
	Division, Department, or Regi			, l	For Official Use Only		
	Office of the City Administra						
1	Designated Agency Contact (Name, Title)		Y]		
	Sabrina B. Landreth, City Ad	dministrator	·		Amendment (Must Provide Fy	planation in Part 3.1
	Area Code/Phone Number	E-mail		· · · · · · · · · · · · · · · · · · ·	Transferrence (moder round Explanation in rate of		
	510-238-3301	slandreth@oakland	dca.gov		Date of Original F	iling:(mon	th, day, year)
2.	Function or Event Infor	mation				\$ 040.50	
	Does the agency have a tick	cet policy? Yes	⊠ No 🗆 🗜	ace Value of	Each Ticket/Pass	\$ \$ 312.50	
	Event Description: Warriors			Date(s)04	<u>, 13 , 19</u>		<i>J</i> /
		Provide Title/ Expla		fno:			
	Ticket(s)/Pass(es) provided	by agency (Yes)		f no:	Name of Source		
	Was ticket distribution made	at the behest Yes	⊠ No 🗆 📑	f yes: <u>Landret</u>	h, Sabrina Official's Name (Last)	Eirot)	
	of agency official?		-		Uniciai s Name (Last;	rusy	
3.	Recipients						
	• Use Section A to identify the agen	cy's department or unit. •		identify an individ	lual. • Use Section C t	o identify an ou	tside organization.
	A, Name of Agency, Depa	irtment or Unit	Number of Ticket(s)/ Passes	Describe th	ie public purpo <u>s</u> e ma	de pursuant to	the agency's policy
		ì					
	W. C.				·	 	
		· .					
•	B. Name of Indi	yidual /	Number of Ticket(s)/		Identify one o	f the following	•
	(Last, Fir	9() 	Passes 🖂	2. 经用品类		57	
	Smith, Maraskeshia					ther 🔀 ther" describe below	Income ∟' w:
			2	To provide in services to t	king "Ceremonial Role" or "O ncentives to City he Authority	employees	that provide
				Ceren	nonial Role 🔲 💮 O	her 🔲	Income
			-	If check	king "Ceremonial Role" or "O	ther" describe below	v.
	error 1 de este 1 de este 1 de este de la constant				ra valadona e obrada en propositiva e e o do	Season Section (1985)	a total and the same and the same
	C. Name of Outside O		Number of Ticket(s)/	Describe th	e public purpose mad	le pursuant to	the agency's policy
			Passes			A STATE OF THE STA	
							•
					COMPONENTS AND A STATE OF THE S		:
							de la companya de la
4.	Verification				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	I have read and understand FP with the requirements.	PC Regulations 18944	1.1 and 18942.	i nave verified	tnat the distribution	set forth abo	ove, is in accordance
	Q1 -	e Cohrino	a B. Landreth		City Administra	tor	4/ 11 /2019
	Signature of Agency Head or Design		int Name	- Alectrical Distriction of the Control of the Cont	City Administra	ıUI	4/ 11 /2019 (month, day, year)
	Commont	:	4			•	
	Comment:						

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Aleda County Coliseum Authority Division, Department, or Region (if applicable) For Official Use Only Loren Taylor, OACCACommissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510.238.6672 LTaylor@oaklandca.gov Date of Original Filing: (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312,50 Does the agency have a ticket policy? Yes No Event Description: GSW Playoffs Round 1 Game 1 13 / Provide Tille/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ Name of Source If yes: Taylor, Loren 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 of Ticket(s)/ ldentify one of the following: (Last, First) Passes Ceremonial Role Other 🔲 Income [If checking "Ceremonial Rote" or "Other" describe below: Ceremonial Role Other ___ Income ... If checking "Ceremonial Role" or "Other" describe below Number. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy. of Ticket(s)/ (include address and description) Passes: Oakland Ed Fund #5- provide opportunities to community groups to utilize 2 520 3rd Street-Suite 109 the facility Oakland, CA 94612 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

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. Loren Taylor OACCA Commissioner 4.12.19 Signature of Agency Heed or Designee Print Name Tille (month, day, year) Comment:

PLAYOFFS 2019

GOLDEN STATE WARRIORS v CLIPPERS

ROUND ONE

GAME -2

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

Δ	P	uhl	lic	Document
		UIIUI	11100	

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Authority				Tollii OOL
	Division, Department, or Regi					For Official Use Only
	Ignacio De La Fuente, OAC	CA Commissioner				
	Designated Agency Contact (
	5. · · · · · · · · · · · · · · · · · · ·					
	Area Code/Phone Number	E-mail			. Amendment (Must Pri	ovide Explanation in Part 3.)
	510.383.4801	Idelafuente2012@	gmail.com		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ret policy?	⊠ No□ Fa	ce Value of	Each Ticket/Pass \$ 31	2.50
	Event Description: GSW Pla	Provide Title/ Expla	nation Da	ite(s)	<u>/ 15 / 19</u>	
	Ticket(s)/Pass(es) provided			no:		
		, , , , , , , , , , , , , , , , , , , ,			Name of Source	
	Was ticket distribution made	at the behest Yes	□ No⊠ ^{If y}	/es:	Official's Name (Last, First)	
	of agency official?				3,113,113,113,113,113,113,113,113,113,1	
3.	• Use Section A to identify the agen A. Name of Agency, Depart		Number of Ticket(s)/ Passes		lual. • Use Section C to identine public purpose made purs	
	B. Name of Individual (Last, First) De La Fuente, Ignacio		Number of Ticket(s)/ Passes		Identify one of the fo	
			2		nonial Role Other Kiking "Ceremonial Role" or "Other" des	
			i,		monial Role Other Characteristics of the Control of	Notice and the second section and the s
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
4.	Verification	1				
	I have read and understand FF with the requirements.	PPC Regulations 1894	4.1 and 18942. I	have verified	that the distribution set fo	orth above, is in accordance
) Immasis	Do La Eventa	,	OACCA Commissioner	4.12.19
	Signature of Agency Head or Design		De La Fuente		OACCA Commissioner	4.12.19 (month, day, year)
	Comment:	100			Huo	(month, day, your)
		p and a supplemental to the supplemental to th				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: chrisdobbinslaw@yahoo.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes⊠ No□ Event Description: GSW Playoffs Round One Game-2 Date(s) __4 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 Income Ceremonial Role Other _ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (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.

Chris Dobbins OACCA Commissioner 4.12.19

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

Comment:

Ag Ce	ency Report of: remonial Role Even	ts and Ticket/Pa	ass Distrik	outions	Α	Public Document
1.	Agency Name			eres eres eres eres eres eres eres eres	Date Stamp	California 802
	Oakland Alameda County C	Coliseum Authority				Form OUA
	Division, Department, or Reg					For Official Use Only
1	Office of the City Administra	ator				
	Designated Agency Contact					
	Sabrina B. Landreth, City A	dministrator			Amendment (Must i	Provide Explanation in Part 3.)
7	Area Code/Phone Number	E-mail		•	, , , , , , , , , , , , , , , , , , , ,	
	510-238-3301	slandreth@oakland	ca.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			·	240.50
	Does the agency have a tic	ket policy? Yes [2	No∏ Fa	ace Value of	Each Ticket/Pass \$ $\frac{\$}{}$	312.50
	Event Description: Warriors	- Playoffs	Da		<u>, 15 , 19</u>	
	•	Provide litte/Explan		no:		
	Ticket(s)/Pass(es) provided	by agency? Yes D			Name of Source	1000000
	Was ticket distribution made	e at the behest Yes 2	No□ If	yes: <u>Landret</u>	h, Sabrina Official's Name (Last, First)	
	of agency official?		• .		Officials Ivanie (Last, First)	•
^	P!!					
3.	Recipients • Use Section A to identify the agen	ncy's department or unit. • 1	Use Section B to id	lentify an individ	lual. • Use Section C to idea	tify an outside organization.
			Number			
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
_						•
						·
	B: Name of Ind		Number of Ticket(s)/ Passes		Identify one of the	fallowing;
			7.0000	Coron	nonial Role Other [X Income \(\square\)
	Keene, Marcus		2		king "Ceremonial Role" or "Other" o ncentives to City emp	
			_		ncentives to City emp the Authority	loyees that provide
		-	,		nonial Role Other	
		•		If chec	king "Ceremonial Role" or "Other" d	escribe below:
						5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	C. Name of Outside C		Number of Ticket(s)/ Passes	*Describe th	ne public purpose made pu	rsuant to the agency's policy
	200 C C C C C C C C C C C C C C C C C C					
						, , , , , , , , , , , , , , , , , , ,
				·		
I						
	Verification					
	I have read and understand Fi with the requirements	PPC Regulations 18944	.1 and 18942. I	have verified	that the distribution set	forth above, is in accordance
	May Minh 7				Other Administrations	41 44 10040
	Sanature of Agency Head or Desig		B. Landreth		City Administrator	4/ 11 /2019 (month, day, year)
	Albuature of Adelicy (Lead of Desig	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	•	Committee of any
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name **Form** Oakland-Alameda County Administrator, Alameda County For Official Use Only Division, Department, or Region (if applicable) County Administrator's Office Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: countyadministrator@acgov.org 510-272-6984 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Playoff Game 04 , 15 , Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If yes: Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit Passes To provide incentives to City and County employees that 2 provide services to the Authority CAO Number Identify one of the following: Name of Individual of Ticket(s)/ (Last, First) Passes Other 🔲 Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (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

Susan S. Muranishi

with the requirements.

Comment:

Signature of Agency Head or Designer

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

County Administrator

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

Ceremonial Role Events and Ticket/Pass Distributions	No. and and an	A Public Document
. Agency Name	Date Stamp	California 802
Oakland Alameda County Coliseum Authority		
Division, Department, or Region (if applicable)		For Official Use Only

Pass(es) provided	on (if applicable) mmissioner Name, Title) E-mail Leah.doyle-stevel mation ret policy? Yes ayoff Round One- G	s⊠ No □ Same 2	Face Value of Date(s) 4	Date of Original Filing:	orm OV Z or Official Use Only clanation in Part 3.) h, day, year)		
gerty, OACCA Cord Agency Contact (all Phone Number 7289 and or Event Informagency have a tick scription: GSW Plate Pass(es) provided the distribution made	mmissioner Name, Title) E-mail Leah.doyle-stever mation ket policy? Yes ayoff Round One-O Provide Title/ Exp by agency? Yes	s⊠ No □ Same 2	Face Value of Date(s) 4	Date of Original Filing:	olanation in Part 3.)		
d Agency Contact (1) //Phone Number //289 n or Event Informagency have a tick scription: GSW Plate Pass(es) provided t distribution made	E-mail Leah.doyle-stevel mation ket policy? Yes ayoff Round One- G Provide Title/ Exp by agency? Yes	s⊠ No □ Same 2	Face Value of Date(s) 4	Date of Original Filing:	·		
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r or Event Informagency have a tick scription: GSW Plate Pass(es) provided the distribution made	Leah.doyle-stevel mation ket policy? Yes ayoff Round One- G Provide Title/ Exp by agency? Yes	s⊠ No □ Same 2	Face Value of Date(s) 4	Date of Original Filing:	·		
r or Event Informagency have a tick scription: GSW Plate Pass(es) provided the distribution made	Leah.doyle-stevel mation ket policy? Yes ayoff Round One- G Provide Title/ Exp by agency? Yes	s⊠ No □ Same 2	Face Value of Date(s) 4	Each Ticket/Pass \$ 312.50	h, day, year)		
agency have a tick scription: GSW Pla Pass(es) provided t distribution made	mation ket policy? Yes ayoff Round One- G Provide Title/ Exp by agency? Yes	s⊠ No □ Same 2	Face Value of Date(s) 4	Each Ticket/Pass \$ 312.50	h, day, year)		
agency have a tick scription: <u>GSW Pla</u> Pass(es) provided t distribution made	ket policy? Yes ayoff Round One- G Provide Title/ Exp by agency? Yes	Same 2	Date(s)4	<u>/ 15 / 19</u>	· · · · · · · · · · · · · · · · · · ·		
scription: GSW Pla Pass(es) provided t distribution made	Provide Title/Exp by agency? Yes	Same 2	Date(s)4	<u>/ 15 / 19</u>	· /		
Pass(es) provided t distribution made	by agency? Yes	lanation	Date(s)4	<u>/ 15 / 19</u>	·		
t distribution made	by agency? Yes		If no:				
t distribution made	,						
	at the behest γes	L.					
		s ⊠ No□	If yes:	Name of Source 19 11 Scott 1 Jofficial's Name (Last, First)	Hardware Commence of the Comme		
	cy's department or unit.	• Use Section B	to identify an indivi	dual. • Use Section C to identify an out	tside organization.		
Name of Agency, Depa	artment or Unit	Number of Ticket(s) Passes	γ Describe th	ne public purpose made pursuant to	the agency's policy		
Name of Indi	Vidual	Number of Ticket(s)	V	Identify one of the following			
(Last, Fir	st)	Passes					
elson, m	att	2	If chec	cking "Ceremonial Role" or "Other" describe below			
			Cere	monial Role Other	Income		
		Number of Ticket(s) Passes	y Describe ti	he public purpose made pursuant to	the agency's policy		
	Name of Indi (Last, Fir Clast, Fir Name of Outside O (include address and	Name of Individual (Last, First) Name of Outside Organization (include address and description)	Name of Agency, Department or Unit. Name of Agency, Department or Unit. Number of Ticket(s) Passes Number of Ticket(s) Passes	Name of Individual (Last, First) Name of Outside Organization (Include address and description) Name of Outside Organization (Include address and description) Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Cerea (Include address and description) Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Cerea (Include address and description) Number of Ticket(s)/ Passes	Name of Individual (Last, First) Number of Ticket(s)/ Passes Number of Ceremonial Role Other Image: Number of Ticket(s)/ Passes Number of Other Image: Number of Ticket(s)/ Passes Number of Outside Organization (Include address and description) Number of Ticket(s)/ Passes Number of Outside Organization (Include address and description) Number of Ticket(s)/ Passes		

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

with the requirements.		
Vartical	Scott Haggerty	OACCA Commissioner
SQUELLY DESERVE	Ocott Haggorty	O/ (OO) (OOI III III II II II II II II II II II
Sighature of Agency Head∤or Designee	Print Name	Title

Comment:

4.12.19 (month, day, year) Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Scott McKibben, Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 smckibben1@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Playoffs/ Round 1-game 1-B 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 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 A. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Income _ McKibben, Scott If checking "Ceremonial Role" or "Other" describe below: 4 to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification

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

Scott McKibben Print Name

Comment:

Executive Director

4.10.19

Title

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Aleda County Coliseum Authority For Official Use Only Division, Department, or Region (If applicable) Loren Taylor, OACCACommissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation In Part 3.) Area Code/Phone Number E-mail Date of Original Filing: LTaylor@oaklandca.gov 510.238.6672 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes No Event Description: GSW Playoffs Round 1 Game 2 15 / Date(s) _ Ticket(s)/Pass(es) provided by agency? Yes⊠ No 🗆 If no: Name of Source If yes: Taylor, Loren Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number of Ticket(s)/ Passes Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Name of Individual (Last, First) identify one of the following: В. Ceremonial Role Other 🔲 Income 🔲 If checking "Ceremonial Role" or "Other" describe below. Other Incoma Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes. #5- provide opportunities to community groups to utilize Oakland Ed Fund 2 the facility 520 3rd Street-Suite 109 Oakland, CA 94612 4. Verification

I have read and understand FPPC Regulations	18944.1 and 18942	t. I nave ventied that the distributi	on set τοπη above, is in accordance
with the requirements.	į.		

Limb	Loren Taylor	OACCA Commissioner	4,12.19
Signature of Agency Head or Designes	Print Name	Tille	(month, day, year)
Comment:			
~ \ /			HODGE AND INCOME

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) For Official Use Only Finance Department, City of Oakland Designated Agency Contact (Name, Title) Katano Kasaine, Finance Director- JPA Member ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-2989 Date of Original Filing: kkasaine@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes ☐ No ☐ Event Description: GSW Round 1- game 2 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. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Number of Ticket(s) Passes Name of Individual identify one of the following: Ceremonial Role Kasaine, Katano If checking "Ceremonial Role" or "Other" describe below: 2 to provide incentives to City and County employees that provide Ceremonial Role Other 🔲 Income ___ If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Name of Outside Organization (Include address and description) 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 Q02	
	Oakland-Alameda County (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		Omoidi		-		
	Area Code/Phone Number	E-mail			☐ Amendment (Must provide explanation in Part 3.)		
	(510) 238-3815	bparker@oa	klandcitvatte	orney ora	Date of Original Filing: _		
7	Function or Event Infor		Maridonyani	omey.org		(Month, Day, Year)	
۵.	Does the agency have a ticket		Yes⊠ No	□ Ecos Volus	of Each Ticket/Pass \$	312.50	
	5 2		1 ace value (Lacii Tickel/Pass \$			
	Event Description Warriors v Clippers/Round 1, Game 2 Provide Title/Explanation Provide Title/Explanation Provide Title/Explanation						
	TILIVID						
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🛛 No	☐ If no:	Name of Source		
	Was ticket distribution made a	at the behest					
	of agency official?		No ⊠ Yes	П усз	Official's Name (Last, First)		
	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	y an outside organization.	
	A. Name of Agency, Departme	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant to	the agency's policy		
			Pass(es)		Mark to the second of the seco		
			 				
	D Name of Individua	Number of	AND THE PERSON OF THE PERSON O		Krisopagegwa uni e e u e e e		
	B. Name of Individual (Lust, First)		Ticket(s)/ Pass(es)	Identify one of the following:			
	Parker, Barbara J.			Ceremonial Role	Other 🛛	Income	
			2	55.550 Al 300 Al 300 Al	al Role" or "Other" describe below:		
				To investigate the	efficiencies of the operate events that occur at Col	tions of the various	
					ial Role" or "Other" describe below.	Income	
			.29				
	C. Name of Outside Organization		Number of Ticket(s)/			the agency's policy	
	(include address and des	cription)	Pass(es)			are agency 5 poncy	
- 5							
	Verification	CONTRACTOR OF STREET					
1	have read and understand FPPC Regula	ations 18944.1 and	18942. I have ver	rified that the distribution set fo	orth above, is in accordance with t	he requirements.	
9	Our Shi		Barbara J. P	arker City	Attorney/OAACA Officia	al 04/11/2019	
	Signature of Agency Head or Designee	V 0	Print Name		Title	(Month, Day, Year)	
7	Comment:						
•	COMMITTEEL.						

PLAYOFFS 2019

GOLDEN STATE WARRIORS v CLIPPERS

ROUND ONE

HOME GAME -3

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) Scott McKibben, Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 smckibben1@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Playoffs/ Round 1-game 1-43 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 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 McKibben, Scott If checking "Ceremonial Role" or "Other" describe below: 4 to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other | Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ C. Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification

Executive Director 4.10.19 Head or Designee Print Name Title (month, day, year) Comment:

Scott McKibben

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

I have read and understand

with the requirements

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document Date Stamp California 1. Agency Name **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: GSW Playoffs Round One Game-3 Date(s) -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☑ No ☐ Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No 🛛 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income ___ Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes

4.	Verifi	ca	tion
The state of the s		١ ١	

Comment:

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

/	1		
Signature	of Ag	ency Head or Designee	-

Chris Dobbins

OACCA Commissioner

4.12.19

nature 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 Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ 510.383.4801 Idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: GSW Playoffs Round One Game-3 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

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 reguirements.					, , - , , , , , , , , , , , , , , , , ,

MULLION	Ignacio De La Fuente	OACCA Commissioner	4.12.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
comment:			

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

A Public Document

1.	Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (If applicable)			Date Stamp	California ඉ介つ		
					Form OUZ		
					For Official Use Only		
	Scott Haggerty, OACCA Commissioner						
	Designated Agency Contact (Name, Title)						
					Amendment (Must)	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	925.803.7289	Leah.doyle-stevens@acgov.org			Date of Original Filing:(month, day, year)		
2.	. Function or Event Information						
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ 312.50						
	Event Description: GSW Playoff Round One- Game 3 Date(s) 4 / 24 / 19 //						
	Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no:						
	Was ticket distribution made at the behest Yes☑ No ☐ If yes: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐						
3.	Recipients **Live Section A to identify the agency's deposit point or unit. **Live Section B to identify an individual. **Live Section B to identify an individual i						
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe t	he public purpose made pu	rsuant to the agency's policy	
		Design Association with the control of the control					
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	following:	
			·············	Cere	monial Role Other 2	income 🔲	
	Dean, velma	•	2	I .	cking "Ceremonial Role" or "Other" de	A 1	
	tear, vo		//	#4	to promot 1	Collseum	
				1	monial Role Other		
				If che	cking "Ceremonial Role" or "Other" de	escribe below:	
			Number				
	C. Name of Outside O		of Ticket(s)/	Describe t	he public purpose made pur	rsuant to the agency's policy	
			Passes	i v tet 198 min senerali			
	Commence of the Commence of th						
4.	Verification		and the second s				
	I have read and understand FP.	PC Regulations 18944	1.1 and 18942.	have verified	that the distribution set fo	orth above. is in accordance	
	with the requirements.	Marine				and the first of the second of	
	Scott Haggert			1	OACCA Commissione	r 4.12.19	
•	Signature of Agency Head or Design		rint Name		Title	(month, day, year)	
	Comment	J					
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) For Official Use Only Loren taylor, OACCA Commissioner Designated Agency Contact (Name, Title) Renee Savage- OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-383-4801 Date of Original Filing: RSavage@coliseum.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description: Warriors Vs. Clippers Playoffs Round 1 Date(s) __4 Provide Title/ Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 Name of Source If yes: Taylor, Loren 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. 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 Thompson, Jackie Ceremonial Role Other 🗵 Reward Community activist for their service to the City of 2 Oakland 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 regulirements. Loren Taylor OCCA Commissioner 4/22/19 y Head or Designee (month, day, year) FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland-Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the County Counsel, County of Alameda Designated Agency Contact (Name, Title) Donna Ziegler Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-272-6700 donna.ziegler@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$\frac{\$312.50}{} Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: Warriors vs. Clippers Game Date(s) __04__/ 24 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Donna Ziegler 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 Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Office of the County Counsel To provide incentives to the City and County employees 2 who provide services to the Authority Number Name of Individual B. 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 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. Donna R. Ziegler County Counsel 04/22/2019 Signature of Agency Head or Designee Print Name

Comment:

(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 Administrator, Alameda County Form Division, Department, or Region (if applicable) For Official Use Only County Administrator's Office Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-272-6984 countyadministrator@acgov.org (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? 312.50 Face Value of Each Ticket/Pass \$ _ Yes X No □ Event Description: Warriors Playoff Game Date(s) _04 / 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. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes To provide incentives to City and County employees that 2 CAO provide services to the Authority Number В. 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: Name of Outside Organization Number C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification

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

Susan S. Muranishi

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment:

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name			Date Stamp	California Q02			
Oakland-Alameda County Coliseum Autl		Form 8UZ					
Division, Department, or Region (If Applicable	-	For Official Use Only					
Barbara J. Parker, City Attorney/OAACA							
Designated Agency Contact (Name, Title)	Official		_				
a construction of the contract (Marie, Mile)							
Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3)				
ACCURACY CONTRACTOR CO	aklandcitvatt	ornev ora	Date of Original Filing: _				
2. Function or Event Information	, , , , , , , , , , , , , , , , , , ,						
Does the agency have a ticket policy?	of Each Ticket/Pass \$	312.50					
Event Description Provide Title/Exp	Event Description Warriors v Clippers/Round 1, Game 5 Date(s) 04 / 24 / 19						
Ticket(s)/Pass(es) provided by agency?	Voc IVI No	□ If no:					
3	Yes 🛛 No	П 1110	Name of Sou	rce			
Was ticket distribution made at the behest of agency official?	No⊠ Yes	☐ If yes:	Official's Name (La				
			Official's Name (La	ast, First)			
A	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		(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	STOR SOFTWARE UNIT CONT. CO. C.			
A. Name of Agency, Department or Unit	Ticket(s)/ Describe the publication Pass(es)		lic purpose made pursuant to the agency's policy				
	Number of	40.00	DECEMBER MANY CARDENS OF VOTE SEC. A STORE SEC.				
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following:				
	1 435(65)	Ceremonial Role	Other 🛛	Income			
Parker, Barbara J.		Productive op a general operation of the control of	al Role" or "Other" describe below:	income [
	2	To investigate the efficiencies of the operations of the various					
F	-		vents that occur at Co	liseum Complex			
		Towns and the second se	Other I	Income			
	9	manashing constitution	Those of Other describe below.				
C. Name of Outside Organization	Number of Ticket(s)/	Describe the public	C nurnosa mada nureuant to	the granula valle.			
(include address and description)	Pass(es)		c purpose made pursuant to the agency's policy				
				The state of the s			
Verification	0200 000						
I have read and understand FPPC Regulations 18944.1 and			th above, is in accordance with t	he requirements.			
	Barbara J. P		Attorney/OAACA Offici	al 04/11/2019			
Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)			
Comment:							

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-3301 slandreth@oaklandca.gov Date of Original Filing: (month, day, year, 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \$312.50 Yes ⊠ No 🗆 Event Description: Warriors / Plauoff-9ame 3 Date(s) __04__/ 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: 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 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 of Ticket(s)/ Identify one of the following: (Last, First). Passes Landreth, Sabrina Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below: To investigate the efficiencies of the operations of the 2 various sporting & other events that occur at the Coliseum. Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes (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 4/ 24 /2019 Signature of Agency Head or Designee Print Name

Comment: _

(month, day, year)