PLAYOFFS 2019

GOLDEN STATE WARRIORS v ROCKETS

ROUND TWO

GAME -1

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 Mc Kibben 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 \$ 312.50 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Warriors Playoffs -Round 2 E game 1 Date(s) __4 / 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? 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X McKibben, Scott If checking "Ceremonial Role" or "Other" describe below: 4 to investigate the efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other _ Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification

Scott McKibben OACCA Executive Director 4.29.19
Signature of Agency Head of Dusignee Print Name Title (month, day, year)

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.

Δ	P	ub	lic	Dog	:un	ent
	11	UN			<i>-</i> (.4	

1.	Agency Name				Date Stamp	California OOO		
	Oakland Alameda County C	oliseum Authority				Form OUZ		
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only		
	Ignacio De La Fuente, OAC	CA Commissioner						
	Designated Agency Contact (Name, Title)			1			
	Area Code/Phone Number	E-mail			. Amendment (Must F	Provide Explanation in Part 3.)		
	510.383.4801	idelafuente2012@g	amail.com		Date of Original Filing:	(month, day, year)		
_	Frankling of Frankling		2.			(monui, day, year)		
۷.	Function or Event Infor	3			3.	12.50		
	Does the agency have a tick			ace Value of	Each Ticket/Pass \$ 3	12.50		
	Event Description: Warriors Playoffs -Round 2 -E game 1 Date(s) 4 / 28 / 19							
	T1 // VB / /	Provide Title/ Explai	nation					
	Ticket(s)/Pass(es) provided	by agency? Yes [f no:	Name of Source				
	Was ticket distribution made	at the behest ves r						
	of agency official?	ar me pomocr 162 [f yes:	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 ident	ify an outside organization.		
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy					
			Passes					
	·							
			Number					
	B. Name of Indi		of Ticket(s)/ Passes	Identify one of the following:				
	and the second of the second o		rasses	Company	and a large of the	Income 🔲		
	De La Fuente, Ignacio		2	If checking "Ceremonial Role" or "Other" describe below:				
					e the efficiencies of op			
						ur at Coliseum Complex		
					nonial Role Other cing "Ceremonial Role" or "Other" des	NA PROPERTY OF THE PROPERTY OF		
			Number					
	C. Name of Outside Or (include address and		of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
			1 40000					
1	Verification	1						
		DC Descriptions 40044	4		L-111 P-17-C	W 3		
	I have read and understand FPI with the requirements	C Regulations 18944.	.1 and 18942.	i nave veritied ti	nat the distribution set to	orth above, is in accordance		
	MAMMA XVII	Zamania F) o l o F	<u>~</u>	NACCA C ' '	4.00.40		
	Signature of Agency Head or Designation		De La Fuente		DACCA Commissioner			
	e.g.natare strigging fledd of Designi	FI	in Name		Tide	(month, day, year)		
	Comment:							

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Playoffs -Round 2 -E game 1 Date(s) 4 / 28 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number 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 Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Income Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of operations of various

C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
! <i>6</i> ! -	ation		

Chris Dobbins

Print Name

with the requirements.

Comment: _

Signature of Agency Head or Designee

(month, day, year)

OACCA Commissioner

sporting and other events that occur at Coliseum Complex

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

Other

Ceremonial Role

4.26.19

Income |

1.	Agency Name Oakland-Alameda County C	Coliseum Auth	nority		Date Stamp	California 802	
	Division, Department, or Regi					For Official Use Only	
	Barbara J. Parker, City Attor	rney/OAACA	Official				
	Designated Agency Contact (Name, Title)					
					Amendment (Must provide explanation in Part 3.		
	Area Code/Phone Number	E-mail					
mate	(510) 238-3815	A STREET, STATE OF STATE OF STATE OF STREET, STATE OF ST	aklandcityatte	orney.org	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Inform		ens. I pro-	_ =	(E T 10 A	312.50	
	Does the agency have a ticke	10000	Yes ⊠ No		f Each Ticket/Pass \$		
	Event Description Warriors v	Provide Title/Exp	and 2, Game	1 Date(s)04	2819		
	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 yes:		,,,,	
	of agency official?		Official's Name (L	ast, First)			
3.	Recipients					The state of the s	
	Use Section A to identify the agency	's department or	The Manufacture of the Property of the Party	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant i		
			Pass(es)				
			†				
	Name of Individua		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
	Early, Shavonda				Other 🗵	Income	
	Larry, Orlavorida		2	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that provide			
				services to the Authority			
				Ceremonial Role	Other	Income	
				If checking "Ceremonia	al Role" or "Other" describe below:		
	C Name of Outside Organi	zation	Number of				
	(include address and desc		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy	
	Verification						
114	I have read and understand FPPC Regula						
	ade Soil	7	Barbara J. F		Attorney/OAACA Office		
	Signalure of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)	
	Comment:						

Agency Report of:

m,				F24 I	Parent		indina is a time	Distributions
۰	orom	inni:	1 1	$\mathbf{H} \cap \mathbf{D}$	-Wonte	വവസ	IICKOTIPACE	Incrnainanc
~	~! ~!E	LOTTIL	* .	1/010		CALL OF	HUNGUI GGG	LIJUNUUUID

					, a	I GIOTIO E COMMITO I C	
1.	Agency Name		Date Stamp	California 802			
	Oakland Alameda County C					Form For Official Use Only	
	Division, Department, or Reg					For Official Use Only	
	Office of the City Administra		(C)		_		
	Designated Agency Contact	•					
	Sabrina B. Landreth, City A				Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail 					
	510-238-3301	slandreth@oakland	lca.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticl 人のいんしか Event Description: Warriors	ret policy? Yes [Play I FS -c	ace Value of late(s)04	Each Ticket/Pass \$ \$\frac{\$}{28} 19	312.50		
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🔲 If	no:			
	Was ticket distribution made of agency official?	eat the behest Yes [⊠ No 🗆 lf	yes: <u>Landret</u>	Name of Source h, Sabrina Official's Name (Last, First)		
3.	Recipients ,		Andrew Company of the	O TOTAL STATE OF THE STATE OF T			
	Use Section A to identify the agen	cy's department or unit.	Use Section B to i	dentify an individ	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Depa	rtment or Unit	Number — of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
						The state of the s	
		and the second s	,	- PWK-medicados	VV-0.000-100-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	**************************************	
	B. Name of Indi (Last; Fir		Number of Ticket(s)/ Passes	7.755.W	Identify one of the f	ollowing:	
	Landreth, Sabrina	•	2	To investigat	nonial Role Other Date of the Country of the Countr	- tour	
				Cerem	onial Role Other cing "Ceremonial Role" or "Other" de.	Income	
	C. Name of Outside O	ganizátion déscription)	Number of Ticket(s)/ Passes		e public purpose made pur	suant to the agency's policy	
	•						
4.	Verification						
	I have read and understand FP with the requirements.	PC Regulations 18944.	1 and 18942. I	have verified ti	hat the distribution set fo	orth above, is in accordance	
		Sabrina	B. Landreth		City Administrator	4/ 26 /2019	
	Signature of Agency Head or Design	ee Pri	int Name	Wantana	Title	(month, day, year)	
	Comment:				· ·	· · ·	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form For Official Use Only Division, Department, or Region (if applicable) Finance Department, City of Oakland Designated Agency Contact (Name, Title) Katano Kasaine, Finance Director- JPA Member Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510-238-2989 kkasaine@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No Event Description: Warriors vs Rockets game Date(s) __04__/_ 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 of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Number of Ticket(s)/ Name of Individual Identify one of the following: (Lest First) Ceremonial Role Other 🔲 Katano Kasaine If checking "Ceremonial Role" or "Other" describe below: 2 to provide incentives to City and County employees that provide Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's policy.

4. Verification

Comment:

with the requirement	ents.	_						
11 am	11111	1/	alana Kasa	ina	-	inanaa Diraata	_	04/00/0040

Katano Kasaine

Finance Director

04/30/2019

Signature of Agency Head or Designee

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland-Alameda County Administrator, Alameda County For Official Use Only Division, Department, or Region (if applicable) County Administrator's Office Designated Agency Contact (Name, Title) Susan Muranishi ☐ 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 312.50 Does the agency have a ticket policy? Yes ⊠ No ☐ Face Value of Each Ticket/Pass \$. Event Description: Warriors Playoff Game Date(s) _ 04 / 28 / 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. Passes To provide incentives to City and County employees that 2 CAO provide services to the Authority 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 _ 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

Verification

l have read and understand FPPC Regulations :	18944.1 and 18942.	I have verified that the distr	ribution set forth above,	is in accordance
with the requirements.			- ·	
1. 4 - 1.1				

ith the requirements.			coro, lo in accordance
Marites Ward for	Susan S. Muranishi	County Administrator	4/26/19
Signature of Agency Head or Designer The	Walth Print Name	Title	(month, day, year)
Comment:			

1.	Agency Name	e de la companya de l	ann an talan an a		Date Stamp	California OOO
	Oakland Alameda County C	Coliseum Authority		•	'	Form さ U⊿
	Division, Department, or Reg	ion (if applicable)			_	For Official Use Only
	Loren Taylor, OACCA Com	mission				
	Designated Agency Contact	(Name,Title)				
	Renee Savage - OACCA Ex	recutive Assistant				
	Area Code/Phone Number	E-mail			Amendment (Must i	Provide Explanation in Part 3.)
I mercania	510.383.4801	RSavage@colise	um.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation	of the proper measure and the first of the second second			
	Does the agency have a tick	ket policy? Yes	⊠ No□	Face Value of	Each Ticket/Pass \$ 3	12.50
	Event Description: GSW Pla					
	Event Description.	Provide Title/ Expl	anation	Date(s) <u>04</u>	1_20/	
	Ticket(s)/Pass(es) provided			lf no:		
					Name of Source	
	Was ticket distribution made	at the behest Yes	⊠ No □	f yes: Loren T	Official's Name (Last, First)	
	of agency official?				Official a Marile (Last, 1 Ifal)	•
3.	Recipients			one and the second seco		tti kalannaan maanaan maanaan ja
٠.	• Use Section A to identify the agen-	ry's department or unit	• Ilea Caction B to	identifican indical	hal arras Castian Castian	Me
	Coccertain A to identity the agent	cy s department or unit.	Number	identiry an individ	iual, * Use Section C to iden	tity an outside organization.
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy
			Passes			
						•
	•			1 .		
			Number			
	B. Name of Indi\ (Last, Firs		of Ticket(s)/	a delenación de marcos de	Identify one of the f	ollowing;
	Lasting	7	Passes		<u> </u>	
	Whitaker, Mya				ionial Role Other X ing "Ceremonial Role" or "Other" des	
		,	2	Rewarding a	community activist fo	r her service to the City
				of Oakland		
				ī	onial Role Other Other Onial Role Other Other	· · · · · · · · · · · · · · · · · · ·
			1	ii oncom	ing ocromonarivae or other dec	осное регон.
		do Polito sono Barranno la colonia del		7 0000000000000000000000000000000000000		
	C. Name of Outside Or		Number of Ticket(s)/	Describe the	e public purpose made pur	suant to the agency's policy
			Passes		10334	
		-		 		
		·····				
				1		
NO PERSONAL PROPERTY OF THE PERSONAL PROPERTY	and to produce the second of t			anning and the second of the second of the second		and the state of t
١. ١	Verification			•		
i	I have read and understand FPF	PC Regulations 18944	1.1 and 18942.	l have verified ti	hat the distribution set fo	rth above, is in accordance
١	with the requirements.					
	Maria		en Taylor	0	ACCA Commissioner	04/28/19
•	Signature of Agency Head or Designe	e P	rint Name		Title	(month, day, year)
	Comment		•			
	Comment:	· · · · · · · · · · · · · · · · · · ·			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	V \					**************************************
	\ /					FPPC Form 802 (2/2016)

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) Leah Doyle-Stevens, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-272-6691 Date of Original Filing: Leah.Doyle-Stevens@acgov.org (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: Gldn State Warriors Playoff Game E Date(s) _ 04 28 / 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 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 To promote attendance at a county sponsored Bernardin, Mark event in order to maximize potential county 2 revenue for concession and parking sales. 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.

Ticket Administrator

O4/29/19

Signature of Agency Heador Designee

Print Name

Title

(month, day, year)

Comment: _

PLAYOFFS 2019

GOLDEN STATE WARRIORS V ROCKETS

ROUND TWO

GAME -2

	Agency Name		Date Stamp California 802					
	Oakland Alameda County C	oliseum Authority			Form	002		
	Division, Department, or Regi	ion (if applicable)				For Official	Use Only	
	Scott Mc Kibben OACCA Ex	recutive Director						
	Designated Agency Contact (Name, Title)						
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)			
	510.383.4801	smckibben1@gma	il.com		Date of Original Filing:	(month, day, ye	(month, day, year)	
2.	Function or Event Inform	mation				~		
	Does the agency have a tick	ket policy? Yes [⊠ No □ F	ace Value of	Each Ticket/Pass \$ $\frac{3}{}$	12.50		
	Event Description: Warriors		game 2					
	Ticket(s)/Pass(es) provided			f no:				
	(-)() p	., .g, . 100 [A NOLL		Name of Source			
	Was ticket distribution made	at the behest Yes [□ No⊠ I	f yes:	Official's Name (Last, First)			
	of agency official?				Official's Name (Last, Filst)			
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 iden	tify an outside orga	nization.	
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy					
	B. Name of Indi	Number of Ticket(s)/		Identify one of the	following:			
	(Last, 1 in	31)	Passes					
	McKibben, Scott	4	Ceremonial Role Other I Inc If checking "Ceremonial Role" or "Other" describe below: to investigate the efficiencies of operations of various sporting and other events that occur at Coliseum Com			Income rious		
				sporting and	other events that occ	cur at Coliseun	Complex	
				Cerem	other events that occurred and the Common of			
	C. Name of Outside O		Number of Ticket(s)/ Passes	Cerem If check	nonial Role Other	 escribe below:	Income	
			of Ticket(s)/	Cerem If check	nonial Role Other or "Other" de	 escribe below:	Income	
	(include address and		of Ticket(s)/	Cerem If check	nonial Role Other or "Other" de	 escribe below:	Income	
4.		I description)	of Ticket(s)/ Passes	Cerem If check Describe th	nonial Role	ascribe below:	Income C	
4.	Verification have read and understand FP	PC Regulations 18944	of Ticket(s)/ Passes	Cerem If check Describe th	nonial Role	ascribe below: rsuant to the agen	Income C	

Δ	Pu	h	ic	Doc	ım	en	í
	I W	10.21				C	U.

1.	Agency Name				Date Stamp	California OOO	
	Oakland Alameda County C	oliseum Authority				Form OUZ	
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
	Chris Dobbinsm OACCA Co	mmissioner					
	Designated Agency Contact	Name, Title)			-		
					Amandment (Mark 6		
	Area Code/Phone Number	E-mail			Amendment (wast?	rovide Explanation in Part 3.)	
	510.383.4801	chrisdobbinslaw@y	yahoo.com		Date of Original Filing: .	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	cet policy? Yes [⊠ No □ F	ace Value of l	Each Ticket/Pass \$ $\frac{3}{2}$	12.50	
	Event Description: Warriors	Playoffs -Round 2 F	game 2	Date(s)4	<u>/ 30 / 19</u>		
	Ticket(s)/Pass(es) provided			f no:			
					Name of Source	,	
	Was ticket distribution made	at the behest Yes [□ No⊠ I	f yes:	Official's Name (Last, First)		
	of agency official?				,,		
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 ident	ify an outside organization.	
	A. Name of Agency, Depa		Number of Ticket(s)/			suant to the agency's policy	
			Passes				
				-			
	B. Name of Indi	Number of Ticket(s)/ Passes	of Ticket(s)/ Identify one of the following:				
	Dobbins, Chris				Ceremonial Role Other IX Income If checking "Ceremonial Role" or "Other" describe below: to investigate the efficiencies of operations of various sporting and other events that occur at Coliseum Completions		
		-		Cerem	nonial Role Other king "Ceremonial Role" or "Other" des	Income	
	C. Name of Outside O	Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy		
4.	Verification			1			
	I have read and understand FP with the requirements.	PC Regulations 18944.	.1 and 18942.	I have verified t	that the distribution set fo	orth above, is in accordance	
ď		Chuic	s Dobbins		NCCA Commission	4.00.40	
	Signature of Agency Head or Design		int Name		DACCA Commissioner Title	4.29.19 (month, day, year)	
					through the	(, aay) yaary	
	Comment:						

1.	Agency Name	2000 A Sommittee out of South Holders that Containing the American Section 1997 and Augustan		Miles (Miles (Mi	Date Stamp	California o o o	
	Oakland Alameda County C	oliseum Authority				Form 802	
	Division, Department, or Reg	-				For Official Use Only	
	Ignacio De La Fuente, OAC	CA Commissioner					
	Designated Agency Contact (Name, Title)					
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)	
	510.383.4801	idelafuente2012@g	rmail com		Date of Original Filing	:(month, day, year)	
-			J. M. G. M.	eren and the second	and the second s	(month, day, year)	
2.	Function or Event Infor	mation			,	140 50	
	Does the agency have a tick	ret policy? Yes [XI No □ F	ace Value of	Each Ticket/Pass \$ 3	06.210	
	Event Description: Warriors	Playoffs -Round 2 -F	game 2	ate(s) 4	<u>/ 30 / 19</u>	1 1	
		Provide Title/Explai	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes [☑ No 🔲 If	no:	Name of Source		
	Was ticket distribution made	at the hehest Van F		: yes:			
	of agency official?	at the beliest Yes [그 100점	, co.	Official's Name (Last, First)	
	or agency emolar:						
3.	Recipients			A Company of the Comp			
	 Use Section A to identify the agen 	cy's department or unit. •	Use Section B to i				
	A. Name of Agency, Depa		Number of Ticket(s)/		e public purpose made pu	rsuant to the agency's policy	
			Passes				
			<u> </u>				
		en e	Number				
	B. Name of Indi (Last, Fire	of Ticket(s)/ Passes		Identify one of the following:			
	De La Fuente, Ignacio				nonial Role 🔲 Other [_	
	· · · · · · · · · · · · · · ·		2	to investigate the efficiencies of operations of various			
	ADDRESS OF THE PROPERTY OF THE					cur at Coliseum Complex	
				Cerem	onial Role 🔲 💮 Other [Income	
				If check	king "Ceremonial Role" or "Other" o	lescribe below:	
	C. Name of Outside Or		Number of Ticket(s)/	Describe the	the public purpose made pursuant to the agency's po		
	(include address and	description)	Passes				
						NOVEMBER OF THE PROPERTY OF TH	
/-/····/—		inidiana ayyariya nadiminida ama maga tiginiya na ayayiya niya maa iya na aa ahaa maa na ariinid		Newson, the first and first think a state of the state of	al out at the summer of the su	anomies ser par esparament anomies se mongrepo por por parte por parte productiva de la mesta como antigene ant	
4.	Verification						
	I have read and understand FP with the requirements.	PC Regulations 18944.	.1 and 18942. i	have verified t	hat the distribution set	forth above, is in accordance	
		Ignacio Γ	De La Fuente	(DACCA Commissione	er 4.26.19	
	Signature of Agency Head or Design		int Name		Title	(month, day, year)	
/	M					·	
/	Comment:				<i></i>		

1.	Agency Name	Date Stamp	California 802					
	Oakland-Alameda County C		For Official Use Only					
	Division, Department, or Regi		For Official Use Offiy					
	Barbara J. Parker, City Attor							
	Designated Agency Contact (1					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)		
	(510) 238-3815	bparker@oa	klandcityatto	orney.org	Date of Original Filing: _	(Month, Day, Year)		
2.	Function or Event Inforr	nation				040.50		
	Does the agency have a ticket	The same of the sa	Yes 🗵 No		f Each Ticket/Pass \$	312.50		
	Event Description Warriors v	Rockets/Rou	nd 2, Game	2 Date(s) 04	, 30 , 19	1 1		
	= Boodiption	Provide Title/Expl	anation	Date(3)	the state of the s			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🛛 No	☐ If no:	Name of Sour			
	VAC - P-1 - 1 - P-1 - P - P - P - P - P - P				Name of Sour	rce		
	Was ticket distribution made a of agency official?	t the behest	No 🛛 Yes	☐ If yes:	Official's Name (La	ast. First)		
2								
ა.	Recipients • Use Section A to identify the agency	r's department or	unit. • Use Sec	ction B to identify an individu	ial. • Use Section C to identif	v an outside organization.		
	A. Name of Agency, Departme	the supplier of the supplier o	Number of		APPENDING BUTCHES AND THE	100 Sec. 100 To 100 Sec. 100		
	от наше от Аденсу, реракте	ico oliit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy		
		201-000						
				Identify one of the following:				
	B. Name of Individua	1 92 (Number of Ticket(s)/ Pass(es)					
	Daylor Barbara I			Ceremonial Role		Income		
	Parker, Barbara J.		2	to Political Pt Builder State	al Role" or "Other" describe below:	tions of the vertices		
					efficiencies of the operations of the various events that occur at Coliseum Complex			
	***************************************			Ceremonial Role	Other 🗆	Income		
					al Role" or "Other" describe below:	income		
			10.					
					en Karan V sono i una mana nada menangan			
	C. Name of Outside Organi		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to	o the agency's policy		
	(include address and desc	supuon).	Pass(es)					
	Verification							
1	I have read and understand FPPC Regula	alions 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.		
1	Juban Jan	2	Barbara J. F		Attorney/OAACA Offic			
	Signature of Agency Head or Designee		Print Name	e	Tille	(Month. Day. Year)		
	Comment:							

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (If applicable) Loren Taylor, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Warriors vs Rockets Playoff Game 2 Date(s) _______04 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: , If yes: Loren Taylor Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income Midori Tabata If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a community activist for his/her service to the City of 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)

Verification		•	
I have read and understand FPPC Regu	lations 18944.1 and 18942. I hav	re verified that the distribution set forth at	ove, is in accordance
with the requirements.			
Mark	Loren Taylor	OACCA Commissioner	11/30/18
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 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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No □ Event Description: Warriors 04 Date(s) _ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No 🗌 If no: Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients Use Section A to Identify the agency's department or unit.
 Use Section B to Identify an individual.
 Use Section C to Identify an outside organization. Number -- Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Minor, Greg If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other __ Income 🔲 If checking "Ceremonial Role" or "Other" describe below: 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

Sabrina B. Landreth

Print Name

with the requirements.

Comment:

Signature of Agency Head of Designee

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

4/ 29/2019

(month, day, year)

City Administrator

Title

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 For Official Use Only Division, Department, or Region (if applicable) County Administrator's Office Designated Agency Contact (Name, Title) Susan S. Muranishi Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510/272-6984 Date of Original Filing: countyadministrator@acgov.org (month, day, year) 2. Function or Event Information Yes ⊠ No ☐ Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? OUN & Warriors Playoff Game 2 04 Date(s) _ Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes CAO To provide incentives to City and County employees that 2 provide services to the Authority. Number B. Name of Individual 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 | 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. Susan S. Muranishi County Administrator Title (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form For Official Use Only Division, Department, or Region (if applicable) Finance Department, City of Oakland Designated Agency Contact (Name, Title) Katano Kasaine, Finance Director- JPA Member Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510-238-2989 kkasaine@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ __ Yes ☐ No ☐ Event Description: Warriors vs Rockets Date(s) __04__/_ 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. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Number Name of Individual identify one of the following: of Ticket(s)/ Passes Ceremonial Role Other 🔲 **Brittany Hines** If checking "Ceremonial Role" or "Other" describe below: 2 to provide incentives to City and County employees that provide Ceremonial Role Other 🔲 Income ___ If checking "Ceremonial Role" or "Other" describe below. Number of Ticket(s)/ Passes Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's policy

4. Verification

Comment:

I have read and understar	nd FPPC Regulations	: 18944.1 an	nd 18942. I have	e verified that the di	istribution set f	orth above, is in accordance
with the requirements.	^ _					
1/01 . //	·					

Cetino Kosan

Katano Kasaine

Finance Director

5/1/2019

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland/Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only **OACCA Commissioner** Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-272-6691 Leah.Doyle-Stevens@acgov.org (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: Gldn State Warriors Playoff Game F Date(s) __04__/ 30 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: GSW 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 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 To promote attendance at a county sponsored Imhoff, Frank event in order to maximize potential county 2 revenue for concession and parking sales. 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 FPPQ Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Leah Doyle-Stevens

Print Name

Signature of Agency Head or Designed

Comment:

04/29/19

(month, day, year)

Ticket Administrator

Title

PLAYOFFS 2019

GOLDEN STATE WARRIORS V ROCKETS

ROUND TWO

GAME -5

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Loren Taylor, 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 LTaylor@oaklandca.gov (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 2 Game G Date(s) ___5_ Provide Title/ Explanation 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 Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department or Unit of Ticket(s)/ Passes City of Oakland to provide incentives to City and County employees that 2 provide services to the Authority Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

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

Loren Jaylou	Loren Taylor	OACCA Commissioner	5.21.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Commont			

1.	Agency Name Oakland/Alameda County C		Date Stamp	California 802				
	Division, Department, or Reg	ion (if applicable)				For Official Use Only		
	OACCA Commissioner Designated Agency Contact (Momo Tilla						
	Leah Doyle-Stevens, Ticket	•						
	Area Code/Phone Number	E-mail	· · · · · · · · · · · · · · · · · · ·	#\$	Amendment (Must I	Provide Explanation in Part 3.)		
			_		Date of Original Filing:			
	510-272-6691	Leah.Doyle-Stever	is@acgov.org		Date of Original Filling.	(month, day, year)		
2.	Function or Event Infor	mation						
	Does the agency have a tick	ket policy? Yes	Each Ticket/Pass \$ <u></u>	12.50				
	Event Description: GSW Pla	ayoffs Round 2 Gam Provide Title/Expla	<u>, 08 , 19</u>					
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🔲 If	no:				
	Was ticket distribution made of agency official?	e at the behest Yes	⊠ No 🗆 If	yes: <u>Hagger</u>	Name of Source ty, Scott Official's Name (Last, First)			
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Dapa	Use Section B to i Number of Ticket(s)/ Passes	Ī		tify an outside organization. rsuant to the agency's policy			
	B. Name of Indi	Number of Ticket(s);		Identify one of the	following:			
	Greis, Mike	st)	Passes 2	eve	promote attendance at a county sponsored event in order to maximize potential county evenue for concession and parking sales.			
				i	ionial Role Other L	aromo		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy		
4	Verification					THE AMERICAN STREET		
T	I have read and understand FP with the legunements.	1/1/2		l have verified t	hat the distribution set f	orth above, is in accordance		
T	Signature of Agency Head or Design		oyle-Stevens	жения на намения на на намения на намения на намения на намения на	Title	5/3/19 (month, day, year)		
	Comment:	mm. omno is so			· · · · · · · · · · · · · · · · · · ·			

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) Susan S. Muranishi 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? Face Value of Each Ticket/Pass \$ 312.50 Yes ⊠ No □ Event Description: Warriors Playoff Game a Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes CAO To provide incentives to City and County employees that 2 provide services to the Authority. Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy 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

Susan S. Muranishi County Administrator

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

Comment:

with the requirements.

1.	Agency Name Oakland-Alameda County C Division, Department, or Regi		Date Stamp	California 802 Form 801				
	Barbara J. Parker, City Attor Designated Agency Contact (rney/OAACA						
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)		
1923	(510) 238-3815	bparker@oa	klandcityatto	orney.org	Date of Original Filing: _	(Month, Day, Year)		
2.	Function or Event Inform			010.50				
	Does the agency have a ticker		Yes 🗵 No		f Each Ticket/Pass \$	312.50		
	Event Description Warriors v	Rockets/Rou	nd 2, Game	3 Date(s)05	, 08 , 19			
	Ticket(s)/Pass(es) provided by	/ agency?	Name of Sou	rce				
	Was ticket distribution made a of agency official?	t the behest	No ☑ Yes	☐ If yes:				
3.	Recipients		-	· · · · · · · · · · · · · · · · · · ·		100)		
	Use Section A to identify the agency	's department or i	TO CHESTOP CONTRACTOR WAS ACCUSED AND	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 publ	lic purpose made pursuant to the agency's policy			
	B. Name of Individua	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:			
	Parker, Barbara J.	2	If checking "Ceremonia" To investigate the e	Other Other Grant Coller' describe below: officiencies of the operation				
				sporting and other e	events that occur at Co			
				ORDANIA DOCUMENTA DE LA CANTONIA DEL CANTONIA DE LA CANTONIA DEL CANTONIA	Other al Role" or "Other" describe below:	Income		
	C. Name of Outside Organization (Include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy		
•								
	V							
	Verification	.00		PRODUCTION NAME OF THE PRODUCTION OF THE PRODUCT				
	I have read and understand FPP6 Regula							
	Signature of Agency Head or Designee		Barbara J. F		Attorney/OAACA Offic	04/29/2019 (Month, Day, Year)		
	Comment:							

Α	P	ub	li	C	Doc	u	m	e	n	Ĺ

1.	Agency Name			1	Date Stamp	California 802	
	Oakland Alameda County C	oliseum Authority				Form OV/4	
	Division, Department, or Regi	ion (if applicable)			1	For Official Use Only	
	Ignacio De La Fuente, OAC	CA Commissioner					
	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 Inform	mation		COMMANDE STATE OF THE STATE OF			
	Does the agency have a tick	et policy? Yes	⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$ 3	312.50	
	Event Description: Warriors		3 game 5		<u>/ 8 / 19</u>		
	Ticket(s)/Pass(es) provided	•		f no:	Name of Source		
					Name of Source		
	Was ticket distribution made of agency official?	at the behest Yes [□ No⊠ ^{II}	f yes:	Official's Name (Last, First,		
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	identify an individ	lual. • Use Section C to iden	ntify an outside organization.	
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Jagers Saar				
			Number				
	B. Name of India (Last, Firs		of Ticket(s)/ Passes		Identify one of the following:		
	De La Fuente, Ignacio	2	Ceremonial Role Other I Income If checking "Ceremonial Role" or "Other" describe below: to investigate the efficiencies of operations of various sporting and other events that occur at Coliseum Complex				
				1	nonial Role		
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy	
	,						
<u></u>	Verification		- Parking and the second and the sec		SHIP CONTRACTOR AND C		
	I have read and understand FP with the requirements,	PC Regulations 18944.	.1 and 18942.	I have verified t	hat the distribution set i	forth above, is in accordance	
	Ignacio De La Fuente				DACCA Commissione		
	Signature of Agency Head or Designo	uu Pi	arr Malike		rige	(month, day, year)	
	Comment:						

Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Chris Dobbinsm OACCA Commissioner Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail	☐ Amendment (Must Pro	
Chris Dobbinsm OACCA Commissioner Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail	Date of Original Filing:	vide Explanation in Part 3.)
Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail	Date of Original Filing:	
Area Code/Phone Number E-mail	Date of Original Filing:	
	Date of Original Filing:	
	Date of Original Filing:	
F10 000 1001		
510.383.4801 chrisdobbinslaw@yahoo.com	046	(month, day, year)
2. Function or Event Information		The statestand
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of	Each Ticket/Pass \$ 312	2.50
Event Description: Warriors Playoffs -Round 2 G game 5 Provide Title/ Explanation Date(s)5	<u> </u>	
	Name of Source	
Was ticket distribution made at the behest Yes ☐ No ☒ If yes: of agency official?	Official's Name (Last, First)	
3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individent	dual. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit Number of Ticket(s)/ Passes Describe the	ne public purpose made pursu	uant to the agency's policy
B. Name of Individual Number of Ticket(s)/	Identify one of the fol	lowing:
(Last, First) Passes		
2 to investigat	monial Role Other king "Ceremonial Role" or "Other" describe the efficiencies of oped other events that occu	erations of various
	monial Role Other Other or "Other" descri	Income Income
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes Describe the passes	ne public purpose made pursu	uant to the agency's policy
4. Verification		
Thave read and understand FPPC Regulations 18944.1 and 18942. I have verified with the requirements.	that the distribution set for	th above, is in accordance
Chris Dobbins	DACCA Commissioner	4.29.19
Signature of Agency Head or Designee Print Name	Title	(month, day, year)
Comment:		

Λ	D	1 hal	io	00	um	01	94
	1 6	A LU I			um	6	118.

1.	Agency Name				Date Stamp	California OOO	
Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Scott McKibben, OACCA Executive Director						Form OUZ	
					1	For Official Use Only	
					-		
	Designated Agency Contact	(Name, Title)					
					Amendment (Must Pro	ovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			/ monument (mast / re	Svide Explanation III I all 5.)	
	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 tick	ket policy? Yes I	X No□ F	ace Value of	Each Ticket/Pass \$ 31	2.50	
	Event Description: Warriors	Playoffs-Round 2 G	game 5		<u>, 8 , 19</u>		
	Ticket(s)/Pass(es) provided	Provide Title/ Expla		f no:			
	Transitation assistant provided	by agency: Test		1110.	Name of Source	2	
	Was ticket distribution made	e at the behest Yes [□ No⊠ ^I	f yes:	Official's Name (Last, First)		
	of agency official?				Official's Name (Last, 1 list)		
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 identif	fy an outside organization.	
	A. Name of Agency, Depart		Number of Ticket(s)/		e public purpose made purs		
			Passes				
	D. Nama of Indi		Number		TO VERY AND DESCRIPTION OF THE PARTY OF THE		
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes		Identify one of the fo	llowing:	
	McKibben, Scott			Cerem	nonial Role Other X	Income	
	Workborn, Goott		2		king "Ceremonial Role" or "Other" desc e efficiencies of operati	ons of various sporting	
					ents that occur at Colis		
				Cerem	nonial Role Other	Income	
				If check	king "Ceremonial Role" or "Other" desc	ribe below:	
	C. Name of Outside O (include address and		Number of Ticket(s)/	Describe the	e public purpose made purs	uant to the agency's policy	
	(morade address and	description	Passes			Transfer to the second	
		1					
l.	Verification	1					
t e		PO Regulations 18944	1 and 18042	I have verified t	hat the distribution set for	th above is in accordance	
	have read and understand APFQ Regulations 18944.1 and 18942. I have with the requirements.				EXECUTIVE DIRECTOR		
	\ - \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	McKibben	⊢	Scott McKibben	5.1.19		
	Signature of Agency Head or Design		int Name		Title	(month, day, year)	
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only 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 Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: Warriors Playoffs-Round 2 G game 5 Date(s) 5 / 8 / 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 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 Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy (include address and description) Passes People to People Foundation to promote the Coliseum Complex for use by general 4 3905 Kern Ct public and businesses to maximize revenues Pleasanton, CA 94588 4. Verification Lhave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

Scott McKibben OACCA Executive Director 5.1.19
Signature of Agency Head of 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 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 \$ \$312.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Date(s) __05__/ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ⊠ No 🗆 Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients Use Section A to identify the agency's department or unit, Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Number Name of Individual (Last, First) Identify one of the following: of Ticket(s)/ Passes Other X Ceremonial Role Morris, Yolanda 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) Verification

vernication			
have read and understand FPPC Regulation in the requirements.	llations 18944.1 and 18942. I have ve	erified that the distribution set forth a	bove, is in accordance
	Sabrina B. Landreth	City Administrator	4/ 29/2019.
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:	· •		