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) **OACCC** Commissioner Designated Agency Contact (Name, Title) Denise Jacinto, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510-272-6691 Denise.Jacinto@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 262.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Jonas Brothers concert Date(s) 12 / 12 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: . Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passos Alameda County Board of Supervisors, 2 District 1 To reward a county employee for his or her exemplary service to the public Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other \square 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	e distribution set forth above,	is in accordance
with the requirements				

Dissol -	Denise Jacinto	Ticket Administrator	12/12/19
Signature of Agency Head on Designee	Print 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 Form Oakland-Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) **OACCC Commissioner** Designated Agency Contact (Name, Title) Denise Jacinto, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-272-6691 Denise.Jacinto@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 305.55 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Oakland Raider game Date(s) 12 / 08 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. Passes Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes To promote attendance at a county sponsored Orozco, Luis event in or to maximize potential county 2 revenue for concession and parking sales Other 1 1 Income [Ceremonial Role 1 1 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. **Ticket Administrator** 12/9/19 Denise Jacinto Title (month, day, year) Print Name Signature of Agency Head or Designee

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) 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 \$ 125.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: KBLX Bay Area Reunion Date(s) 10 / 12 / Provide Title/ Explanation 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. of Ticket(s)/ Passes Number Name of Individual В. 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 to promote the Coliseum Complex for use by general public and businesses to maximize revenues Other \square Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Ignacio De La Fuente OACCA Commissioner 10.11.19 Print Name (month, day, year) Signature of Agency Head or Designee

Agency Report of:

					**		
١.	Agency Name	gency Name Pakland-Alameda County Coliseum Authority				alifornia 802	
	Oakland-Alameda County C					Form OUZ	
	Division, Department, or Regi	on (If Applicabl	e)			For Official Use Only	
	Barbara J. Parker, City Attor	rnev/OAACA	Official				
	Designated Agency Contact (Omolai		·		
	Designated Agency Contact (, value, value,					
		T= 17			Amendment (Must provide e	explanation in Part 3.)	
	Area Code/Phone Number E-mail (510) 238-3815 bparker@oaklandcityattorney.org			Date of Original Filing:			
_	(510) 238-3815		akianocityatto	rney.org	(Mo	onth, Day, Year)	
2.	Function or Event Infor				45 1 T 1 - 1/D A	262.50	
	Does the agency have a ticke	t policy?	Yes 🛛 No [of Each Ticket/Pass \$		
	Event Description Jonas Bro	thers		Date(s)12	2 , 12 , 19		
		Provide Title/Exp	planation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No[If no:	Name of Source		
		. 1 41 1 1 4					
	Was ticket distribution made a of agency official?	it the benest	No ⊠ Yes I	If yes:	Official's Name (Last, Fi	rst)	
3.	Recipients		e unite a lina San	tion B to Identify an Individ	uel _ e lige Section C to identify an	outside organization.	
	Use Section A to Identify the agency's department or unit. Use Section B to Identify an Individ Number of						
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant to the agency's policy		
			1 444(45)				
			1				
			+				
	Name of Individua	Number of		Ideally, and of the following.			
	B. Name of Individual (Lest, First)	Ticket(s)/ Puss(es)	Identify one of the following:				
				Ceremonial Role	Other 🛛	Income	
	McPherson, Malia		2		If checking "Ceremonial Role" or "Other" describe below:		
				To provide incentives to City and County employees that provide services to the Authority			
			-			Income	
					Other Inial Role" or "Other" describe below:	income 1	
	C Name of Outside Organ	nization	Number of	December the the mul	blic purpose made pursuant to the	aconovie policy	
	C. Name of Outside Organ (Include address and det	acription)	Ticket(s)/ Pass(es)	Describe the pur	Diff purpose made pursuant to me	agency a poncy	
				4			
	:		-				
	10.5						
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4.	Verification I have read and understand FPPC-Regulation	ulaliana 40044 4 -	ad 19040 I have ve	orified that the distribution set	forth above is in accordance with the	equirements	
	I nave read and understand FPPC Regu	nations 78944.1 at					
	John John		Barbara J.		y Attorney/OAACA Official	12/19/2019 (Month, Day, Year)	
	Signature of highey Head or Designer	9	Print Nam	ae) पा छ	(MONIN, Day, Tear)	
	Comment						
	Comment:						

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1. Agency Name				Date Stamp	California 802		
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							
Area Code/Phone Number	E-mail			Amendment (Must prov	ide explanation in Part 3.)		
(510) 238-3815	bparker@oa	klandcityatto	orney.org	Date of Original Filing:(Month, Day, Year)			
2. Function or Event Infor					(WORLD, Day, 1861)		
Does the agency have a ticke		Yes 🛛 No	☐ Face Value o	f Each Ticket/Pass \$	305.55		
Event Description Oakland	Ralders v. Ten			, 8 , 19			
Event Description	Provide Title/Expl	anation	Date(s)				
Ticket(s)/Pass(es) provided b	v agency?	Yes⊠ No	☐ If no:	Name of Source			
		TOO EM TOO		Name of Source	æ		
Was ticket distribution made of agency official?	at the behest	No 🛛 Yes	☐ If yes:	Official's Name (Las	et Eiret		
				Ciliciai S ivanie (Las	п, т ногу		
 Recipients Use Section A to identify the agence 	v's denartment or	unit a liee Sec	tion 8 to identify an individu	al a liee Section C to Identify	an outeide omanization		
A. Name of Agency, Departm	A. Name of Agency, Department or Unit			olic purpose made pursuant to the agency's policy			
B. Name of Individu	Number of Ticket(s)/		Identify one of the following	3 :			
		Pass(es)	Ceremonial Role	Other 🛛	Income 🔲		
Forte, Mark				al Role" or "Other" describe below:	income [
		2		es to City and County employees that provide			
			services to the Auth	nority			
			Ceremonial Role		Income		
			ir cnecking "Geremoni	el Role" or "Olher" describe below:			
C. Name of Outside Organ	nization	Number of			the second polley		
(include address and de	scription)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy		
			(á				
. Verification							
I have read and understand RPPC Regu	ilations 18944.1 and	l 18942. I have ve	rifled that the distribution set fo	orth above, is in accordance with t	he requirements.		
any Sh		Barbara J. f	Parker City	Attorney/OAACA Offici	ial 12/19/2019		
Signature of Agency Head or Designer	•	Print Name		Tille	(Month, Day, Year)		
Comment:							

1.	Agency Name				Date Stamp	California 202	
	Oakland-Alameda County C	oliseum Auth		Form OUZ			
	Division, Department, or Regi	ion (If Applicable	9)			For Official Use Only	
	Barbara J. Parker, City Attor	rnov/OAACA					
	Designated Agency Contact (Onicial			-	
	Doolghatourigency Contact (,,,,,,,,,,,,					
	7 2 7 12 1				Amendment (Must pro	ovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Date of Original Fillings		
	(510) 238-3815		ıklandcityatto	orney.org	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Inform					125.00	
	Does the agency have a ticker	•	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	123.00	
	Event Description Family Brid	dges - Along	with Ekin	Date(s)12	. 07 , 19		
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	☐ If no:	Name of Sou		
	Was ticket distribution made a of agency official?	it the benest	No ⊠ Yes	If yes:	Official's Name (L	ast First)	
_					Ometave reame (E		
3.	Recipients	la denortment er	unit a lina Cas	stian B to Identify an individu	ust a Lieo Socilor C to identi	ifu sa cutaldo escanisation	
	Use Section A to Identify the agency's department or unit. Use Section B to Identify an individual Number of						
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pasa(es)	Describe the pub	ilic purpose made pursuant to the agency's policy		
3			1 333(33)				
				12			
1							
	B. Name of Individua	1	Number of				
	(Lest, First)		Ticket(s)/ Pass(es)		Identify one of the following	1g:	
				Ceremonial Role	Other 🛛	Income	
	Li, Sophia		2		ial Role" or "Other" describe below:		
			_	services to the Auth		employees that provide	
	No.						
					Other Dial Role" or "Other" describe below:	Income	
		×					
	C. Name of Outside Organ	Ization	Number of	December 4house	It	to the angents as less	
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency a policy	
						3	
_	Vouification						
	Verification I have read and understa <u>nd F</u> PPC Regul	ations 18944 1 and	i 18942. I have ve	edfied that the distribution set fo	orth above, is in accordance with	h the requirements	
	23. 00	and too the time					
	Signature of Agency Head or Designee		Barbara J. I		Attorney/OAACA Offic	cial 12/19/2019 (Month, Day, Year)	
	organica of Agency Head of Designee		run wam		MIG	(monus, Day, 16ar)	
	Comment:						

1.	Agency Name		Date Stamp California Q 0 2				
	Oakland-Alameda County Co	oliseum Auth	ority			Form OUZ	
	Division, Department, or Region				i	For Official Use Only	
	Parhara I Parkar City Attar	nov/O A A C A	Official				
	Barbara J. Parker, City Attorn Designated Agency Contact (A		Official				
	beargnated Agency Contact (vanio, rilio)					
	A	=			Amendment (Must pi	rovide explanation in Part 3.)	
	AUTHORITHOUSE TRANSPORTATION AND ASSESSMENT OF SALE.	E-mail	.klandaituatta	ornov ora	Date of Original Filing:		
_	(510) 238-3815		aklandcityatto	orney.org	Date of Original Finings	(Month, Day, Year)	
•	Function or Event Inform			To an Make a	of Each Ticket/Pass \$	125.00	
	Does the agency have a ticket		Yes⊠ No				
	Event Description Family Brid	ges - Along Provide Title/Exp	with Ekin	Date(s)12	2 , 07 , 19		
		The Control of the Co	lanation				
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No	☐ If no:	Name of Source		
	Was ticket distribution made at	the behest	No⊠ Yes				
	of agency official?				Official's Name (L	ast, First)	
	Recipients						
	Use Section A to identify the agency	's department or	ual. • Use Section C to Ident	ify an outside organization.			
	A. Name of Agency, Department or Unit Number of Ticket(s)/			Describe the public purpose made pursuant to the agency's policy			
			Pass(es)				
	Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:		
			1	Ceremonial Role	Other 🛛	Income [
	Yuen, Alan		2	II checking *Ceremon	If checking "Ceremonial Role" or "Other" describe below:		
						employees that provide	
			-	services to the Autl			
				I	Other in Oth	Income 🔲	
				, and any	2		
	C. Name of Outside Organia		Number of	Describe the pub	olic purpose made pursuant	to the econou's notice	
	(Include address and desc	ription)	Ticket(s)/ Pass(es)	Describe the pub	nic purpose made pursuant	to the agency a policy	

	Verification		.1				
•	I have read and understand FPPC Regula	ations 18944.1 an	d 18942. I have ve	erified that the distribution set f	orth above, is in accordance wit	h the requirements.	
	(Dy g) so		Barbara J. I	Parker City	y Attorney/OAACA Offi	icial 12/19/2019	
	Signature of Agency Head or Designee	22 1	Print Nam		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) Finance Department, City of Oakland Designated Agency Contact (Name, Title) Adam Benson, Finance Director-JPA Member Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-2026 abenson@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes □ No □ Event Description: Along with Ekin Date(s) __12 / 07 / 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. 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: Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below 2 Provide incentives to City and County employees 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 of Ticket(s)/ Passes

4. Verification

I have read and understand FPPC Regulations 189	944.1 and 18942.	I have verified that the	distribution set forth about	ve, is in accordance
with the requirements.				

(Win De	Adam Benson	Finance Director	12-6-19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ceremonial Role Events and Ticket/Pass Distributions A Public Do	
Online of Alamada County Colineum Authority	802
Division, Department, or Region (if applicable)	al Use Only
Finance Department, City of Oakland	
Designated Agency Contact (Name, Title)	
Adam Benson, Finance Director-JPA Member	in Part 3.)
Area Code/Phone Number E-mail Date of Original Filing:	
510-238-2026 abenson@oaklandca.gov (monin, day, y	
2. Function or Event Information	,59
Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$	
Event Description: Jonas Brothers Concert Date(s) 12 / 12 / 19	
Provide Titles Explanation	
Ticket(s)/Pass(es) provided by agency? Yes No No If no:	
Was ticket distribution made at the behest Yes No If yes:	
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 o	ganization.
Number Name of Agency, Department or Unit of Ticketts) Describe the public purpose made pursuant to the ag	ency's policy
Passes	
Number: Number: Identify one of this following:	
(Last, First). Passes	
Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below:	Income
Connie Chu Provide incentives to City and County employ	ees
Ceremonial Role Other O	Income
If checking "Ceremonial Role" or "Other" describe below:	
	A CONTRACTOR OF THE PARTY OF THE PARTY OF
Name of Outside Organization Number Describe the public purpose made pursuant to the a	gency's policy
C. (include address and description): Passes	STREET, ST.
*	
4. Verification	
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, it	s in accordance
with the requirements.	
Adam Benson Finance Director	7-6-19 (month, day, year)
Signature of Agency Head or Designee Print Name Title	monus, day, year)
Comment:	

Agency Report of:

						Tit done boodinont	
1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C	Coliseum Auth		1 01111			
	Division, Department, or Reg	ion (If Applicabl	e)		i	For Official Use Only	
	Barbara J. Parker, City Attor	rney/OAACA	Official				
	Designated Agency Contact (1				
	Area Code/Phone Number	E-mail	Amendment (Must pro	ovide explanation in Part 3.)			
	(510) 238-3815		aklandcityatto	ornev.ora	Date of Original Filing: _	(Marile Dr. W.	
2.	Function or Event Infor			-,		(Month, Day, Year)	
	Does the agency have a ticker		Yes⊠ No	Face Value o	of Each Ticket/Pass \$	305.55	
	Event Description Oakland R	•					
	Event Description	Provide Title/Exp	lanation	Date(s)	! , 15 , 19		
	Ticket(s)/Pass(es) provided by			□ If no:			
		agonoyi	Yes 🗵 No	L 1110	Name of Source		
	Was ticket distribution made a	t the behest	No 🛛 Yes	☐ If yes:	Official's Name (La		
	of agency official?				Official's Name (La	est, First)	
3.	Recipients						
	Use Section A to Identify the agency's department or unit. Use Section B to Identify an Individu Number of				ial. • Use Section C to identif	fy an outside organization.	
	A. Name of Agency, Departme	Ticket(s)/	Describe the public purpose made pursuant to the agency's policy				
1			Pass(es)				
-			1				
		4.2					
	B. Name of Individua	Number of		Identify one of the following:			
	(Losi, First)		Ticket(s)/ Pass(es)		Identify one of the followin		
	Smith Jamio			Ceremonial Role		Income	
	Smith, Jamie		2		ial Role" or "Olher" describe below: es to City and County e	amployage that provide	
				services to the Auth		mpioyees that provide	
				Ceremonial Role	Other	Income [
					al Role" or "Other" describe below:		
,			N				
	C. Name of Outside Organi (Include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy	
		64	Pass(es)		-		
_							
	Verification	oliono danada	d 48040 / have	and the man and the second	adh abasa fa la second second	the analysis week	
	I have read and understand FPPC Regul	auons 18944 1 and					
9	Significant Agency Head or Decisiones		Barbara J. F		Attorney/OAACA Office		
	Signature of Agency Head or Designee		Print Name	9	Tille	(Month, Day, Year)	
١	Comment:						

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) Henry Gardner, OACCA Interim Executive Director Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510.383.4801 HGardner@oaccjpa.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 305.55 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Raiders Football Date(s) __12__/ 15 , 19 Provide Title/ Explanation 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income Gardner, Henry 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 Other \square Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: per day 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 Regulation	ns 18944.1 and 18942	. I have verified that the distr	ibution set forth above,	is in accordance
with the requirements of				

Singly of Agreey Heather Designee

Henry Gardner

Interim Executive Director

12.11.19

Signature of Agency Head of Designer

Comment:

Print Name

Tit

(month, day, year)

Ceremonial Role Events a	and licket/Pass	DISTRIBUTIO	ns	Α	Public Document			
. Agency Name	11			Date Stamp	California 802			
Dakland Alameda County Coliseum Authority					For Official Use Only			
Division, Department, or Region	(if applicable)	3		*	For Official date Office			
Loren Taylor	I 8 8	a (e)						
Designated Agency Contact (Nam	e,Title)		287	1				
Renee Savage- OACCA Execut	ive Assistant			Amendment (Must P	rovide Explanation in Part 3.)			
Area Code/Phone Number E-r	nail			**	* , * *			
510-383-4801 RS	Savage@coliseum.co	m		Date of Original Filing:	(month, day, year)			
Function or Event Information	tion	1 1,		ach Ticket/Pass \$	375.55			
Does the agency have a ticket	oolicy? Yes 🗖 1	No ☐ Face Va	lue of Ea	ach Ticket/Pass \$ 🖴				
Event Description:	Dideicie Aquarsia 15 19							
Ticket(s)/Pass(es) provided by	agency? Yes 🛛 1			Name of Source				
Was ticket distribution made at	the hehest Von 1871	If ves:	aylor, Lo	oren #				
of agency official?	THE DOLIGON 168 M	мо Ш		Official's Name (Last, First)				
or agency officials								
. Recipients								
• Use Section A to identify the agency's	department or unit. • Use S	Section B to identify:	n individu	al. • Use Section C to iden	tify an outside organization.			
A . Name of Agency, Departm	ent or Unit	Number Ticket(s)/ De Passes	scribe the	public purpose made pu	suant to the agency's policy			
A. T. Market and M. C.			*/	120				
	- -							
		110 E 2 S		5 6 5				
		Number	erally for					
B. Name of Individual (Last, First)	lal o	f Ticket(s)/ Passes		identify one of the				
ACCOMMON DESIGNATION OF THE PROPERTY OF THE PR	are consideration of the control of	SISTEMATINE STREET		onial Role Other				
laylor / Lor	ren	2	If checkir	ng "Ceremonial Role" or "Other" o	escribe below:			
	- W	101	ersi	9nt of fac	ities ovevents			
		81 380	Ceremo	onial Role Other I	Income			
5 9				ng "Ceremonial Role" or "Olher" o	220			
. S ⊗		140	rat 1	have recd	City funding or s			
C. Name of Outside Orga (include address and de	nization scription)	Number of Ticket(s)/ D Passes	escribe the	public purpose made pu	rsuant to the agency's policy			
ETONOMIA DE LA PORTA DEL PORTA DE LA PORTA DE LA PORTA DEL PORTA DE LA PORTA DEL PORTA DE LA PORTA DE LA PORTA DE LA PORTA DE LA PORTA DEL PORTA DE LA PORTA DE LA PORTA DE LA PORTA DEL PORTA DE LA PORTA DEL PORTA DE LA PORTA DEL PORTA D		72						
	-	-						
Xe	-				9			
. Verification	. 61	H			E-14h -have is in assaudance			
I have read and understand FPPC	Regulations 18944.1 a	and 18942. I have	verified ti	hat the distribution set	torth above, is in accordance			
with the requirements.		3. "	* .	A C C A C	¥			
Jany	Loren			ACCA Commission	(month, day, year)			
Signature of Agency Head or Designee	Print l	vame		inte	(morning asy) youry			
Comment.				9 5 5				

Agency Report of:

A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Loren Taylor 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: RSavage@coliseum.com 510-383-4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 【 No □ TitanS_{Date(s)} 12 / 8 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: 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. Name of Agency, Dapartment or Unit Describe the public purpose made pursuant to the eyeng Income Ceremonial Role If checking "Ceremonial Role" Other Ceremonial Role If checking "Ceremonial Role Name of Outside Organization 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have venified that the distribution set forth above, is in accordance with the requirements. OACCA Commissioner Loren taylor (month, day, year) Print Name Head or Designee

Agency Report of:

Ι.	Agency Name					Date Stamp	California 802
	Oakland Alameda County C	oliseum Autho	ority				Form OUZ
	Division, Department, or Regi	on (if applicable)				For Official Use Only
	Ignacio De La Fuente, OAC	CA Commissi	oner				
	Designated Agency Contact (Name, Title)					
						Amendment (Must P	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail					Total Explanation III are sty
	510.383.4801	Idelafuente2	:012@gr	mail.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy?	Yes 🗵	No □ F	ace Value of	Each Ticket/Pass \$	25.00
	Event Description: Family B	ridges Provide To	itle/ Explana	C)ate(s) <u>12</u>	<u>, 07 , 19</u>	
	Ticket(s)/Pass(es) provided				no:	Name of Source	
	Was ticket distribution made	at the behes	t Yes [] No□ ^{If}	yes:	Official's Name (Last, First)	
	of agency official?						
3.	Recipients • Use Section A to identify the agen	cy's department o	runit. • U		identify an individ	lual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Depart	artment or Unit		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	B. Name of Indi			Number of Ticket(s)/ Passes	=	Identify one of the f	following:
					1	nonial Role Other Deking "Ceremonial Role" or "Other" de	
	De La Fuente, Ignacio -7:0	00PM	9)	2	to promote t	monial Role Other Deking "Ceremonial Role" or "Other" dehe Coliseum Complex	escribe below: c for use by the general
	C. Name of Outside O (include address and	rganization I description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pui	rsuant to the agency's policy
_	Verification /						
+.	I have read and understand FF with the requirements.	PPC Regulation	s 18944.	1 and 18942.	l have verified	that the distribution set f	forth above, is in accordance
	Signature of Agency Head or Design			e La Fuente	e	OACCA Commissione	
	Comment:	ice	Pri	nt Name		пце	(month, day, year)

١.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C					
	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	
					Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (wast	Provide Explanation in Part 3.)
	510.383.4801	Idelafuente2012@	gmail.com		Date of Original Filing:	(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 \$ 2	<u>!62.50</u>
	Event Description: Jonas Br				<u>, 12 , 19</u>	
	Lveni Description.	Provide Title/Expla	nation	Jale(S)		
	Ticket(s)/Pass(es) provided	by agency? Yes I	□ No □ □	f no:		,
	Man distribution of the	-4.4b 4b		fues	Name of Source	
	Was ticket distribution made of agency official?	e at the benest Yes [」 No □ '	f yes:	Official's Name (Last, First,	
	or agency official?					
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	lual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Depa	ortment or Unit	Number of Ticket(s)/	Describe th	o public purposa mada pu	irsuant to the agency's policy
	A. Walle of Agency, Depa	Titllent of onit	Passes	Describe til	e public purpose made pu	isuant to the agency's policy
		94				
	2					
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	following:
			1 45050	Cerem	nonial Role Other [X Income □
					king "Ceremonial Role" or "Other" o	
	De La Fuente, Ignacio -7:0	OPM		Cerem	nonial Role Other	X Income
	20 Ed 1 donto, ignadio 11.0	2	If check	king "Ceremonial Role" or "Other" d	lescribe below:	
					usinesses to maximiz	x for use by the general ze revenues
	C. Name of Outside O		Number of Ticket(s)/			rsuant to the agency's policy
	(include address and	description)	Passes	Describe in	e pablic parpose made pa	radant to the agency a policy
	E					
				1		
_						
	Verification /					
	I have read and understand FP with the requirements.//	PC Regulations 18944	1 and 18942.	I have verified t	that the distribution set	forth above, is in accordance
	war the reducements.					
	Signed up of Assess Head		De La Fuente		DACCA Commissione	
	Signature of Agency Head or Design	Р	rint Name		Title	(month, day, year)
	Comment:					

	nts and Ticket/Pa			A Pub	116	
Agency Name					alifornia 802	
Oakland Alameda County (Coliseum Authority	For Official Use Or				
Division, Department, or Region (if applicable) Office of the City Administrator				, or orninal out only		
				7 .		
Designated Agency Contact (Name, Title)						
Sabrina B. Landreth, City A	Administrator			Amendment (Must Provide E	explanation in Part 3.)	
Area Code/Phone Number	E-mail			Manage (manage)		
510-238-3301	slandreth@oakland	ca.gov		Date of Original Filing:	nth, day, year)	
Function or Event Info	rmation		78	#40E 0	0	
Does the agency have a tid	cket policy? Yes	No□ Fa	ace Value of	Each Ticket/Pass \$ \frac{\$125.00}{2}	<u></u>	
Event Description: Family				<u>, 07 , 19 </u>	1 1	
Event Description.	Provide Title/Explan	nation	210(0)			
Ticket(s)/Pass(es) provided	d by agency? Yes	⊠ No 🗆 If	no:			
			yes: <u>Landre</u>	Name of Source		
Was ticket distribution mad	le at the behest Yes	No 🗆 📑	yes:	Official's Name (Last, First)		
of agency official?	•					
B. Name of Ir		Number of Ticket(s)/	MAN T	identify one of the follow		
				A TO THE PARTY OF		
Chan, Jasmine	9	2	To provide	monial Role Other Scribe be incentives to City employee the Authority.	Income	
Chan, Jasmine	29 18 18 18 18 17 10 V	2	To provide services to		Income s that provide	
Chan, Jasmine Name of Outside	o Organization and description)	Number of Ticket(s)/	To provide services to Cere	cking "Ceremonial Role" or "Other" describe be incentives to City employee the Authority. monial Role	Income s that provide Income elow:	
Name of Outside	o Organization and description)	Number of Ticket(s)/	To provide services to Cere	cking "Ceremonial Role" or "Other" describe be incentives to City employee the Authority. monial Role Other cking "Ceremonial Role" or "Other" describe be the public purpose made pursuant	Income s that provide Income elow:	
Name of Outside	e Organization and description)	Number of Ticket(s)/	To provide services to Cere	cking "Ceremonial Role" or "Other" describe be incentives to City employee the Authority. monial Role Other cking "Ceremonial Role" or "Other" describe be the public purpose made pursuant	Incomelow: Incomelow: Incomelow: Incomelow: Incomelow:	
Name of Outside (linclude address a	and description)	Number of Ticket(s)/ Passes	To provide services to	cking "Ceremonial Role" or "Other" describe be incentives to City employee the Authority. monial Role Other cking "Ceremonial Role" or "Other" describe be the public purpose made pursuant	Income s that provide Income elow:	
C. Name of Outside (include address a	FPPC Regulations 1894	Number of Ticket(s)/ Passes	To provide services to Cere It che Describe	cking "Ceremonial Role" or "Other" describe be incentives to City employee the Authority. monial Role Other cking "Ceremonial Role" or "Other" describe be ching "Ceremonial Role" or "Other" describe be the public purpose made pursuant	Income s that provide Income elow:	

	vents and Ticket	1 400 210111		Date Stamp	California O O
Agency Name					California 802
Oakland Alameda Coul					For Official Use Only
Division, Department, or	Region (if applicable)				
Office of the City Admir		10			
Designated Agency Con	tact (Name, Title)		35		
Sabrina B. Landreth, C	ity Administrator			Amendment (Must	Provide Explanation in Part 3.)
Area Code/Phone Numb	er E-mail		o .		
510-238-3301	slandreth@oakla	andca.gov		Date of Original Filing	(month, day, year)
Function or Event I	nformation				\$262.50
Does the agency have	a ticket policy? Ye	es⊠ No∏ Fa	ace Value of	Each Ticket/Pass \$	
Event Description: Jon	nas Brothers	D	ate(s) 12	<u>, 12 , 19</u>	
Event Description.	Provide Title/ E.	xplanation	9	£	
Ticket(s)/Pass(es) prov	vided by agency? Ye		no:	Name of Source	
		If	yes: Landre	th, Sabrina	
	made at the behest You	es⊠ No∐ "	y 00	Official's Name (Last, Firs	0
of agency official?					
A. Name of Agend	y, Department or Unit	Number of Ticket(s)/ Passes	Describe t	he public purpose made p	pursuant to the agency's polic
	4			ÿ.	
	e of Individual Last, First)	Number of Ticket(s)/ Passes		Identify one of th	e following:
Monetta, John	8	2	Raffle Win	emonial Role Other ecking "Ceremonial Role" or "Other ner for City Administr	r⊠ Incom <i>describe below:</i> ator's 2019 Annual Ope
in the same to be			House	emonial Role Other	Incom
				ecking "Ceremonial Role" or "Other	—
C. Name of O	utside Organization ress and description)	Number of Ticket(s)/ Passes	Describe		pursuant to the agency's poli
A CONTRACT C		3.50.69182.50		10	Ø
	19 <u>19</u> 197			82	i 2
. Verification			1		
I have read and unders	tand FPPC Regulations 1	8944.1 and 18942	. I have verifie	d that the distribution s	et forth above, is in accord
with the requirements.					
with the requirements.	Sa	brina B. Landreti	h	City Administrate	or 1/1/2020

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 Face Value of Each Ticket/Pass \$ \$305.55 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Raiders vs Titans 12 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 Passes Number Name of Individual of Ticket(s)/ identify one of the following: (Last, First) Passes Other 🔀 Ceremonial Role 🔲 Chase, Carmela 2019 Employee Appreciation Raffle Winner 2 Other 🔲 Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator 1/1/2020 Signature of Agency Head or Designee Print Name (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$305.55 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: Raiders vs Jaguars Date(s) 12 , 15 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: . Yes 🛛 No 🗌 Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes. Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role 🔲 Other 🗵 Income Landreth, Sabrina 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 Income 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (Include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator 1/1/2020

Print Name

Signature of Agency Head or Designed

Comment:

(month, day, year)