1141	gency keportor: eremonial Role Events and Ticket/f	Pass Distr	ributions	А	Public Document
	Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Ignacio De Fuente, OACCA Commissioner			Date Stamp	California 802 For Official Use Only
	Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail	gmail.com		Amendment (Must P. Date of Original Filing:	rovide Explanation in Parl 3.) (month, day, year)
	Event Description: Warriors Season 2018-19 Provide Title/Exple Ticket(s)/Pass(es) provided by agency? Yes Was ticket distribution made at the behest Yes	anation	Face Value of Date(s)	Each Tickel/Pass \$	30480 Dect
3.	of agency official? Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit	" Use Section B to Number of Ticket(s)/ Passos	1	ual. • Use Section C to ident	ify an outside organization. suant to the agency's policy
	Name of Individual (Last, First) De La Fuente, Ignacio	Number of Ticket(s)/ Passes		Identify one of the fo	Income [
		2	Ceren	onial Role	Income 🗌
	C. Name of Outside Organization (include address and description)	Number of Tickel(s)/ Passes	Describe the	public purpose made purs	suant to the agency's policy
/ W		1.1 and 18942. De La Fuente		nat the distribution set for ACCA Commissioner	rth above, is in accordance 9.27.18 (month, day, year)

Warriors Basketball February 2019 Ignacio De La Fuente

•	Warriors v Lakers	2.2.19	(2) tickets
0	Warriors v Spurs	2.6.19	(2) tickets
•	Warriors v Heat	2.10.19	(2) tickets
•	Warriors v Jazz	2.12.19	(2) tickets
•	Warriors v Kings	2.21.19	(2) tickets
•	Warriors v Rockets	2.23.19	(2) tickets

Agency Report of: Ceremonial Role Events and Ti	cket/Pass Distributions	AA E	^e ublic Document
 Agency Name Oakland Alameda County Coliseum Aut	lhority	Date Stamp	For Official Use Only
Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title)	4800		
Area Code/Phone Number E-mail 510.383.4801		Date of Original Filling:	
2. Function or Event Information	M. M	No. 2001 Control Control	(month, day, year)
Does the agency have a ticket policy? Event Description: Warriors Season 20	Yes ☐ No ☐ Face Value of 18-19 Date(s)	of Each Ticket/Pass \$ 304 Sec 12HaCl	1.80 2 d
Ticket(s)/Pass(es) provided by agency?		Name of Source	Product (FILE Section 2nd States on property of Adoption process and the Adoption of Adoption (File Section 2nd Adoption (File Se
Was ticket distribution made at the behe of agency official?	st Yes □ No □ If yes:	Official's Name (Last, First)	- Indignity of the last of the
3. Recipients - Use Section A to Identify the agency's department A. Name of Agency, Department or Unit	Number	ridual. • Use Section C to identify	
B. Name of Individual (Last, First)	Number of Ticket(s)! Passes	Identify one of the foll	owing:
		orition Other Othe	Income []
Dobbins, Chris	2 to investiga	monial Role Other M ching "Genemonial Role" or "Other" describ te the efficiencies of the c d other events occurring a	perations of various
G. Name of Outside Organization (Include address and description)	Number	he public purpose made pursus	
. Verification		Marina de Caracter	
I have read and understand FPPC Regulation with the requirements.	s 18944.1 and 18942. I have verified	that the distribution set forth	nabove, is in accordance
Gignature of Agency Head or Designee	Chris Dobbíns Print Name	OACCA Commissioner	10,27,18 (month, day, year)
Comment:		15579 0000 000	

Warriors Basketball

February 2019

Chris Dobbins

	warriors v Lakers	2.2.19	(2) tickets
•	Warriors v Spurs	2.6.19	(2) tickets
•	Warriors v Heat	2.10.19	(2) tickets
@	Warriors v Jazz	2.12.19	(2) tickets
\$	Warriors v Kings	2.21.19	(2) tickets
•	Warriors v Rockets	2.23.19	(2) tickets

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		ч	W	11 11	6	U	ای	u	ш	10	F II.	J.

_					1	Control Manager Control Control
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Ignacio De La Fuente, OAC					
	Designated Agency Contact	(Name,Title)				
					Amendment (Must P	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510.383.4801	Idelafuente2012@	gmail.com		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation				X X X X X X X X X X X X X X X X X X X
777.5	Does the agency have a tick		⊠ No□ F	ace Value of	Each Ticket/Pass \$ _15	50.00
						**
	Event Description: Panic at	Provide Title/ Expla	nation	Date(s)	<u>/ 19 / 19</u>	
	Ticket(s)/Pass(es) provided			f no:		
	Tienes(e)/T des(es) previded	ay agonoy. 103			Name of Source	
	Was ticket distribution made	at the behest Yes	□ No⊠ ^I	f yes:	Official's Name (Last, First)	
	of agency official?				Oniciars Name (East, 1 iist)	
3.	Desinients					
ა.	Recipients • Use Section A to identify the ager	ocy's department or unit	Use Section R to	identify an individ	lual • Use Section C to ident	tify an outside organization
	- Ose Section A to identify the agen	cy s department of unit.	Number	T	itial. • Ose section C to ident	my an outside organization.
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
			1 43363			
	-					
	R Name of Indi	ividual	Number		1445	
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes		Identify one of the f	bilowing:
	De La Fuente, Ignacio				nonial Role Other	
	Do La Faorito, Igridoio		2	to promote t	king "Ceremonial Role" or "Other" det he Coliseum Complex	scribe below: for use by general
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	usinesses to maximize	, 0
				Cerem	nonial Role Other	Income
				If check	king "Ceremonial Role" or "Other" de	scribe below:
	C. Name of Outside O		Number of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy
	(include address and	i description)	Passes			
	-					
G.						
_						
4.	Verification			T proportion to the contract of the contract o	ar sayaras apayar maasaasaasa	and the same will be seen to be a
	I have read and understand FF with the requirements.	Regulations 18944	1.1 and 18942.	ı nave verified t	tnat the distribution set fo	orth above, is in accordance
	IIIIIIII X	/	Dolo Evert		0ACCA C	
	Signature of Agency Head or Design		De La Fuente		DACCA Commissioner	02.1.19 (month, day, year)
	John St. Golloff Toda of Doolgi					(mental, day, year)
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name California Date Stamp Oakland Alameda County Coliseum Authority Form

	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Ignacio De La Fuente, OAC	CA Commissioner				
	Designated Agency Contact (Name, Title)				
					Amandanas At 15	
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)
2	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	cet policy? Yes	⊠ No ☐ F	ace Value of	Each Ticket/Pass \$ 15	0.00
	Event Description: Santa Cr	uz Warriors	Г	Date(s) 2	<u>, 24 , 19</u>	1 1
	Zvork Booonphon.	Provide Title/ Expl	anation	Julio (0)		
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □ I	f no:	Name of Source	
	Man tinket distribution made	at the beheat	- · - 1	f yes:	Name of Source	
	Was ticket distribution made of agency official?	at the benest Yes	∐ No⊠ '	1 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	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	B. Name of Indi (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	De La Fuente, Ignacio		2	to promote t	nonial Role Other X ing "Ceremonial Role" or "Other" describe Coliseum Complex to usinesses to maximize	for use by general
	,			Cerem	ionial Role Other of "Other of "Other" description of "Other of "Other" description of "Other of "Other" description of "Other of "O	Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
					8	
4.	Verification	,				
	I have read and understand FP with the requirements.	PC Regulations 1894	4.1 and 18942.	I have verified t	hat the distribution set for	th above, is in accordance
			De La Fuente	· C	OACCA Commissioner	02.1.19
	Signature of Agency Head or Designation	ee F	rint Name		Title	(month, day, year)

4.	V	er	111	ca	tic	on	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 510.383.4801 Idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ ____ Yes ⊠ No □ Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: Was ticket distribution made at the behest Yes ☐ No ☒ If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: Jtop 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 I have read and understand FPP Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Signature of Algericy Head of Designee Print Name OACCA Commissioner 2.15.18

Comment:

with the requirements

Agency Report of: 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) 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 \$ \$304.80 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Warriors Date(s) 02 / 02 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ⊠ No 🗌 Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Passes 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 Other X Ceremonial Role Webb, Carolyn If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide 2 services to the Authority Income 🔲 Ceremonial Role Other [If checking "Ceremonial Role" or "Other" describe below:

n) of Ticket(s)/ Passes		it to the agency's policy
	State Control of the	
lations 18944.1 and 18942. I h	nave verified that the distribution set forth	above, is in accordance
Sabrina B. Landreth	City Administrator	3/ 1 /2019
Print Name	Title	(month, day, year)
	n) Passes Pations 18944.1 and 18942. I I	n) Passes Passes ations 18944.1 and 18942. I have verified that the distribution set forth a

Number

Name of Outside Organization

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 \$ \$304.80 Does the agency have a ticket policy? Yes X No 1 Event Description: Warriors Date(s) __02 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes⊠ No 🔲 Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Ceremonial Role Other X Income ___ Dunlap, Peter If checking "Ceremoniel 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 (Include address and description) of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy

4. Verification

the requirements.			
	Sabrina B. Landreth	City Administrator	3/ 1 /2019
Signature of Agency Head or Designee	Print Name	Tige	(month, day, year)

1.	Agency Name				Date Stamp	California O O	
	Oakland Alameda County C	oliseum Authority				Form OUZ	
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
	Office of the City Administra	tor					
	Designated Agency Contact (Name, Title)		·····	1		
	Sabrina B. Landreth, City Ad	dministrator			Amendment (Must	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail	-1	,		Florida Explanation in Fact 3.)	
	510-238-3301	slandreth@oakla	indca.gov		Date of Original Filing	: (month, day, year)	
2.	Function or Event Infor	mation	andra measara a mesido a crasa da a decesso amesido como a a a desimi				
	Does the agency have a tick	et policy? Ye	s⊠ No⊟ F	ace Value of	Each Ticket/Pass \$	\$304.80	
	Event Description: Warriors				<u>, 10 , 19</u>	, ,	
	Event Description.	Provide Title/Ex	planation	Jaie(5)	<i></i>		
	Ticket(s)/Pass(es) provided	by agency? Ye	s⊠ No□ I	f no:		See	
	\$64 \$1-1-4	at the frate and	19	yes: Landret	Name of Source th. Sabrina		
	Was ticket distribution made of agency official?	e at the benest Ye	s⊠ No□ "	yes	Official's Name (Last, First)	
	or agency official?						
3.	Recipients					Serina serin	
	• Use Section A to identify the agen	cy's department or unit.	• Use Section B to i	identify an individ	fual. • Use Section C to ide	ntify an outside organization.	
	Δ Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe th	e nublic numose made n	irsuant to the agency's policy	
		A large	Passes				
		.					
	•						
	Straight Ship - Produced with the American Ship and the Straight S			house in the second control control			
	B. Name of Indi	See the second s	· Number of Ticket(s)/		Identify one of the	following:	
	(Last, Firs	U =	Passes				
	Fleming, Valarie				monial Role Other IX Income II cking "Ceremonial Role" or "Other" describe below: Incentives to City employees that provide		
			2				
				services to t	limed 1		
				1	nonial Role 🔲 Other I king "Ceremonial Role" or "Other" o		
	,						
	Name of Outside O	A CONTRACTOR OF THE CONTRACTOR	Number				
	(include address and	description)	of Ticket(s)/ Passes	Describe th	ie public purpose made pu	rsuant to the agency's policy	
	Francisco Academics C. W. Control Manual Manual Line					A CONTRACT OF A STATE	
4.	Verification						
	I have read and understand FP	PC Regulations 189	44.1 and 18942.	l have verified t	that the distribution set	forth above, is in accordance	
	with the requirements.						
			na B. Landreth		City Administrator	3/ 1 /2019	
	-Signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)	
	Comment:						
				THE TAILS IN THE TOTAL CONTRACTOR OF THE TAIL		- community to the state of the	

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-		3831		E 3 1.1		3 E X I		

1.	Agency Name			THE STATE STATE SHIP STATE	Date Stamp	California 000
	Oakland Alameda County C	oliseum Authority	/			Form OUA
	Division, Department, or Reg		1	For Official Use Only		
	Office of the City Administra	itor	•			
	Designated Agency Contact ((Name, Title)			1	
	Sabrina B. Landreth, City Ad	dministrator	•		Amandment /Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mall				Torice Explandition at Fait 6.7
	510-238-3301	slandreth@oak	andca.gov		Date of Orlginal Filing	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Υ	es⊠ No⊟ F	ace Value of	Each Ticket/Pass \$ 🖁	60.00
	Event Description: La Arroll				<u>, 16 , 19</u>	, ,
	Event Description.	Provide Title/ E	xplanation	/alc(s)	Worksmitch/90-color	
	Ticket(s)/Pass(es) provided	by agency? Y	es⊠ No⊡ If	no:		
	IRland Sintent Higherth Alland was do	attha babaat	if	yes: Landret	Name of Source h, Sabrina	
	Was ticket distribution made of agency official?	e at the benest Y	es⊠ No⊡ "	yes	Official's Name (Last, First,)
	or agency officials					
3.	Recipients					
	 Use Section A to identify the agen 	cy's department or uni	t. • Use Section B to i	dentify an individ	lual. • Use Section C to ide	ntify an outside organization.
	Δ Name of Agency, Depa	ertment or Unit	Number of Ticket(s)/	Describe th	e public purpose made ou	irsuant to the agency's policy
			Passes		e lagger al minorestación.	
					-	
	E					
		accordingly about to Francisco Consula		MATERIAL CONTRACTOR CONTRACTOR		edora esco a fathour. He ramma languagen legando des a sel
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		_ identify one of the	following:
	1-10-2-2-5-0-7-4-11-1-12-5-3-5-7-2-5-3-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5			Ceren	nonial Role 🔲 Other [Ĭ Income ☐
	Orozco, Yolanda		2	1	king "Ceremonial Role" or "Other" o ncentives to City emp	
			_	services to t		ployees that provide
	**************************************			1	nonial Role 🔲 Other [Income 🔲
				if checi	king "Ceremonial Role" or "Other" d	lescribe below:
						•
	C Name of Outside O		Number of Ticket(s)/	Describe th	e public purpose made pu	irsuant to the agency's policy
	(include address and	description)	Passes			
	· ·	1.51.10.11.27.00				
				umpuranta de la constanta de l		
-		20-1				
4.	Verification					
	I have read and understand FP with the requirements.	PC Regulations 18	944.1 and 18942.	l have verified t	that the distribution set	forth above, is in accordance
	with the requirements.				A 4 A A A A A A A A A A	
	Signature of Agency Head or Design		rina B. Landreth Print Name		City Administrator	3/ 1 /2019 (month, day, year)
	Signature of Agonley House of Design		1 1011111111111111111111111111111111111		HIG	function, nak, healt
	Comment:					

Signature of Agency Head or Designee

Comment: _

I. Agency Name		Pass Distr	INGUVIIJ	NATIONAL STATE OF THE PROPERTY	Arubiii	<u>: Documen</u>
. Agonoj mano		,		Date Stam	201. 191. 191. 191. 191.	ornia 802
	Oakland Alameda County Coliseum Authority				850000000000000000000000000000000000000	
Division, Department, or Re	gion (if applicable)				Fai	Official Use Only
Office of the City Administr	rator				-	
Designated Agency Contact	t (Name,Title)				ļ	
Sabrina B. Landreth, City /	Administrator			Amendment	(Must Provide Expla	anation in Part 3.)
Area Code/Phone Number	E-mail	• • • • • • • • • • • • • • • • • • • •	у , стемеранизарежнегова		that the sac make	oranor ner un e.y
510-238-3301	slandreth@oaklan	dca.gov		Date of Original I	=lling:(month,	day, year)
2. Function or Event Info	rmation	armaniya a amaa daa aayaa aa aa aa aa ayaa aa aanaa a				
Does the agency have a ti	cket policy? Yes	⊠ No 🗆 F	ace Value of	Each Ticket/Pas	s \$ <u>\$ 60.00</u>	
Event Description: Monste	r Jam	Г	Date(s)02	, 16 , 19	,	1
Event Description,	Provide Title/Expl	nation	Jaio(3)			
Ticket(s)/Pass(es) provided	d by agency? Yes	⊠ No□ I	f no:	· · · · · · · · · · · · · · · · · · ·		
•			f yes: Landret	Name of Source		
Was ticket distribution mad	de at the behest Yes	⊠ No 🗆 📑	r yes: <u>Landrot</u>	Official's Name (Las	t, First)	
of agency official?				•	•	
A. Name of Agency, De		of Ticket(s)/ Passes		e public purpose ma	STANSFORM NEWSCO.	
B. Name of In	2004年4月1日日本中国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国	Number of Ticket(s)/		Identify one	of the following:	
Horton, Brianna		h mannonacticatic	Cerem	onial Role 🔲 💢	Other 🗵	Income
Horton, Dilama		2	To provide in	ing "Ceremonial Role" or "o	Other" describe below:	at provide
			services to the			
				onial Role \(\sum_{\text{ing *Ceremonial Role" or *C}} \)	Other Dother describe below:	Income
C. Name of Outside (Include address ar	Organization id description)	Number of Ticket(s)/ Passes	Describe the	a public purpose ma	de pursuant to th	e agency's policy
The second secon	The state of the s	The second secon	and the second s			e garage a superior de la companya d
E-00			1			
100-100-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			1			
Record Constraints and the second constraints are second constraints.						Samuelli (1868) (1864) (1864)
Verification I have read and understand F with the requirements.	PPC Regulations 1894	4.1 and 18942.	I have verified t	hat the distribution	n set forth above	e, is in accordan

Print Name

(month, day, year)

Title

1.	Agency Name	and the second s		Date Stamp	California 👩 🗘 🔿
	Oakland Alameda County Coliseum Authority		Form OUA		
	Division, Department, or Region (if applicable)	1	For Official Use Only		
	Office of the City Administrator				
	Designated Agency Contact (Name, Title)		***************************************]	
	Sabrina B. Landreth, City Administrator			Manager /	Provide Explanation in Part 3,)
	Area Code/Phone Number E-mail			☐ Amendment (wast	гтомов Explanation in Part 3.)
	510-238-3301 slandreth@oaklai	ndca.gov		Date of Original Filing	(month, day, year)
2	Function or Event Information		**************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
400		. IST	Eace Value of	Each Ticket/Pass \$ \frac{9}{2}	60.00
	Event Description: Monster Jam Provide Title/ Exp	Innation	Date(s)02	<u>/ 16 / 19</u>	
		No □	If no:		
	Total Control of the	140 LL		Name of Source	**************************************
	Was ticket distribution made at the behest Yes	⊠ No 🗆	If yes: Landret	n, Sabrina Official's Name (Last, First)	
	of agency official?			Official's Name (Last, Pilst,	,
- -3.	Recipients		COMMISSION OF THE PROPERTY OF		
J.	• Use Section A to identify the agency's department or unit.	• Use Section B to	o identify an individ	lual. • Use Section C to ider	tify an outside organization
		Number			
	A. Name of Agency, Department or Unit	of Ticket(s)/	Describe th		rsuant to the agency's policy
			We are a first than		
		· · · · · · · · · · · · · · · · · · ·		· ····	
		· ·			
	B. Name of Individual	Number			
	CLast, First)	of Ticket(s)/		Identify one of the	following:
	Preece, Greg		Cerem	ionial Role 🔲 Other 🛭	Income 🗌
	1 100001 0.109	2	To provide in	ing "Ceremonial Role" or "Other" d ncentives to City emp	escribe below: lovees that provide
			services to ti		
			1	onial Role Other	
			If check	ring *Ceremonial Role" or "Other" do	escribe below:
	C: Name of Outside Organization (Include address and description)	Number of Ticket(s)/-	Describe the	e public purpose made pu	rsuant to the agency's policy
	(include address and description)	Passes .			r PayMent of
					•
		<u> </u>			
	,			<u></u>	
	Verification				
	I have read and understand FPPC Regulations 1894 with the requirements.	4.1 and 18942.	. I have verified t	hat the distribution set f	orth above, is in accordance
		- D	_	02	
		a B. Landreth Print Name	<u> </u>	City Administrator	3/ 1 /2019
	Lightstar or rigority riods of doughton	1016140110		1140	(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 \$ \$60.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Monster Jam Date(s) __02__/_ 17 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s) Name of Individual Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income Sanders, Anthony 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 (include address and description) of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes

Verification			
I have read and understand EPPC Reg with the requirements.	ulations 18944.1 and 18942. I have v	rerified that the distribution set forth a	above, is in accordance
	Sabrina B. Landreth	City Administrator	3/ 1 /2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			•

Comment:

	gency Report or: eremonial Role Even	ıts and Ticket	/Pass Distri	ibutions	۵	Public Document
1.	Agency Name	Distriction of the second seco	on harmonius see Ameerican Ameerican kan ka	romanningstyre	Date Stamp	
	Oakland Alameda County Coliseum Authority				California 802	
	Division, Department, or Reg				-	For Official Use Only
	Office of the City Administra	ator				· ·
	Designated Agency Contact		, <u>,</u>		4	
	Sabrina B. Landreth, City A	dministrator				
	Area Code/Phone Number	E-mail		Manager - House	Amendment (Must	Provide Explanation in Part 3.)
	510-238-3301	slandreth@oakla	ındca.gov		Date of Original Filling:	(month, day, year)
2.	Function or Event Infor	mation		and the second s		
	Does the agency have a tick	ket policy? Ye	s⊠ No□ F	ace Value of	Each Ticket/Pass \$ \$	60.00
	Event Description: Monster	Jam		Date(s)02	<u>, 17 , 19</u>	1 1
		Provide Title/Exp	planation			enterminated to the second
	Ticket(s)/Pass(es) provided	by agency? Ye	s⊠ No∏ lf	f no:	Name of Source	
	Was ticket distribution made	e at the behest vo	c 1521 No.1⊐1 ∐	ves: Landrei	th, Sabrina	
	of agency official?	- a. () Dolloor 16:	2 DI 140 D	, , · <u></u>	Official's Name (Last, First)	
panen					odiniya ngaye ngawasan na n	
3.	Recipients • Use Section A to identify the agen	icy's department or unit.	• Use Section B to i	dentify an individ	lual, • Use Section C to iden	tify an outside organization.
	A, Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	· "你是一个一个一个一个一个	e public purpose madé pu	suant to the agency's policy
		WASHINITOON CO.				DAVE
	B. Name of Indi (Last, Fin	vidual si)	Number of Ticket(s)/ Passes		Identify one of the	
	Dunn, Johnny			Ceren	nonial Role Other 2	
			2	To provide in services to t	king "Ceremonial Role" or "Other" de ncentives to City empl he Authority	oyees that provide
				Cerem	nonial Role Other C	
	C. Name of Outside Or		Number of Ticket(s)/	□ Describe th		suant to the agency's policy
			A Passes			
4.	Verification					
	I have read and understand FPI with the requirements.	PC Regulations 1894	14.1 and 18942. I	have verified t	hat the distribution set fo	orth above, is in accordance
		Sabrir	na B. Landreth		City Administrator	3/ 1 /2019
	Signatore of Agency Head or Designo		Print Name		Title	(month day year)

Print Name

(month, day, year)

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1. Agency Name	Date Stamp California O O O
Oakland Alameda County Coliseum Authority	Form OUZ
Division, Department, or Region (if applicable)	For Official Use Only
Office of the City Administrator	
Designated Agency Contact (Name, Title)	SPACEMENT AND ADMINISTRATION OF THE PROPERTY O
Sabrina B. Landreth, City Administrator	Amendment (Must Provide Explanation in Part 3.)
Area Code/Phone Number E-mall	Amendment (wast Frovide explanation in Part 3.)
510-238-3301 slandreth@oaklandca.gov	Date of Original Filing:
2. Function or Event Information	
Does the agency have a ticket policy? Yes ☒ No ☐	Face Value of Each Ticket/Pass \$ \$ 150.00
Event Description: Panic At The Disco Provide Title/ Explanation	Date(s)/
Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □	If no:
	Name of Source
Was ticket distribution made at the behest Yes ⊠ No □	If yes: Landreth, Sabrina Official's Name (Last, First)
of agency official?	,
3. Recipients	·
	B to identify an individual. • Use Section C to identify an outside organization.
Numb	or .
A. Name of Agency, Department or Unit. of Ticks Passe	
A STATE OF THE PROPERTY OF THE	A CONTRACTOR OF THE PROPERTY O
Numb	
Clast, First) of Ticke	
Wetzel, Michael	Ceremonial Role Other 🗵 Income 🗌
2	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide
	services to the Authority
	Çeremonial Role Other Income Income
	If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization of Tickel	
Passe	
	,
4. Verification	
I have read and understand FPPC Regulations 18944.1 and 189 with the requirements.	342. I have verified that the distribution set forth above, is in accordance
Sabrina B. Landi Signature of Agency Head or Designee Print Name	CONTRACTOR
Signature of Agency fread of Designee Pfint Name	Title (month, day, year)
Comment:	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name California 8 Date Stamp

Oakiano Alameda County Collseum Authority					1	Î	For Official	la = O-li
Division, Department, or Region (if applicable) Office of the City Administrator							For Official	use Only
	Designated Agency Contact (•]			
	Sabrina B. Landreth, City Ad				Amendme	ent (Must Prov	ride Explanation in	Part 3.)
	Area Code/Phone Number	E-mail						,
	510-238-3301	slandreth@oakland	ica.gov		Date of Origin	nal Filing:	(month, day, yea	7)
2.	Function or Event Infor	mation	Service Control of Con	A Control of the Cont	in in the company was a second			
	Does the agency have a tick	cet policy? Yes [⊠ No 🗆	Face Value of	Each Ticket/F	ass \$ <u>\$30</u>	4.80	
	Event Description: Warriors			Date(s)02	, 21 , 19		, ,	
	Evolution,	Provide Title/ Explar	nalion	Dato(3)		- Execu-	//.	
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🗆	If no:	Name of Source			·
	Was ticket distribution made	at the beheet was	er —	If yes: Landret	h, Sabrina	:e	•	
	of agency official?	eat the beliest Yes E	No □	yes	Official's Name	(Last, First)		
.,,,,,,	or againey outleten.							
3.	Recipients							
	• Use Section A to identify the agen	cy's department or unit.		iđentify an individ	ual. • Use Section	n C to identify	an outside organ	ization.
	Δ. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe th	e public purpose	made pursua	ant to the agenc	y's policy
			Passes		1000000		10 m	
				· ·				
				-				
			Number				e la production de la constant	escale de la company
	B. Name of Indiv (Last, Firs	新生物是 \$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P	of Ticket(s)/ Passes		ldentify o	ne of the folio	owing:	
	Minor, Derin	enge yne meet keltigen y desplatet gent 4 M (1997 å 12 m m) min in 1997 til 1997 en 1997 til 1997 til 1997 til	and the second of the second o	Cerem	onial Role 🔲	Other 🔀	KI SECTION SECTION	Income
	MINIOI, DGIJII		2		ing *Ceremonial Role* ncentives to C		he below:	
	,			services to the	ne Authority	ity employ	ees mai prov	nue
				Cerem	onial Role 🔲	Other 🔲		Income 🔲
				If check	Ing "Ceremonial Role"	or "Other" describ	e below:	
	C. Name of Outside Or (include address and	The street and the st	Number = _of Ticket(s)/	Describe the	public purpose	made pursua	int to the agenc	
	- Total and		Passes					
	Y							
			ogway out		·····			
 [Verification							<u>, </u>
••	I have read and understand FPF	PC Regulations 18944.	1 and 18942	I have verified fi	hat the distribut	tion set forth	ahove is in a	ccordance
	with the requirements.		/ WV / Asi	vormou u			. 40010, 10 111 6	ouorauno o
		Sabrina	B. Landreth	l	City Adminis	strator	3/ 1	/2019
	Signature of Agency Head or Designe		nt Name		Title			, day, year)

rith the requirements.			,
	Sabrina B. Landreth	City Administrator	3/ 1 /2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 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 Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Event Description: Warriors Date(s) __02 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 Unitof Ticket(s)/-Passes 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) Раввев Ceremonial Role Other 🗵 Income ... Morris, Yolanda It 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 of Ticket(s)/ Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

Comment:

I have read and understand EPPC Regulations	18944.1 and 18942.	I have verified that the distributi	on set forth above, is in accordan	ice
with the requirements.	•		,	

	Sabrina B. Landreth	City Administrator	3/ 1 /2019
Signature of Agency Head or Designee	Print Name	Tille	(month, day, year)

	gency Report of: eremonial Role Even	ts and Ticket/F	ass Dis	tributions		A Public	c Document
	Agency Name Oakland Alameda County Coliseum Authority			Date Stam	p Calif	California Form 802	
	Division, Department, or Regi	,				Foi	r Official Use Only
	Office of the City Administra				j		
		Designated Agency Contact (Name, Title)					
	Sabrina B. Landreth, City Ad				Amendment	(Must Provide Expla	anation in Part 3.)
	Area Code/Phone Number	E-mail					
puine	510-238-3301	slandreth@oakland	dca.gov	in kak kan kan an an kan kan kan kan kan	Date of Original	Filing:(month,	day, year)
2.	Function or Event Inform	nation					
	Does the agency have a tick	et policy? Yes	⊠ No 🗌	Face Value of	Each Ticket/Pas	s \$ <u>\$ 100.00</u>	
	Event Description: Santa Cr	uz Warriors Provide Title/Expla	netion	Date(s)02	, 24 , 19		
	Ticket(s)/Pass(es) provided	•	No □	If no:			
					Name of Source		
	Was ticket distribution made	at the behest Yes	⊠ No 🗆	If yes: Landret	n, Sabrina Official's Name (Las	t Firet)	
	of agency official?				Onolora Warne (243	11, 1 1/31/	
3.	Recipients • Use Section A to identify the agen-	cy's department or unit. •			ual. • Use Section C	to identify an outsi	de organization.
	Δ. Name of Agency, Depa	rtment or Unit	Number of Ticket(s) Passes)/ Describe th	e public purpose m	ade pursuant to th	e agency's policy
	Market and the state of the sta				***************************************		
	B. Name of India	/idual	Number of Ticket(s)		landly See	of the following:	
	(Last, Firs		Passes			ville oliving	
	Lee, Darrell			E		Other 🔀	Income
			2	To provide in services to the	ing "Ceremonial Role" or " ncentives to City ne Authority	Other" describe below: employees th	at provide
					onial Role () ing "Ceremonial Role" or "(Other Other describe below:	Income
	C, Name of Outside Or (include address and		Number of Ticket(s) Passes	/ Describe the	e public purpose ina	ide pursuant to th	e agency's policy
						· · · · · · · · · · · · · · · · · · ·	-
					-		
	Verification I have read and understand FPI with the requirements	PC Regulations 18944	.1 and 1894.	2. I have verified ti	hat the distribution	n set forth above	, is in accordance

I have read and understand FPPC Regulation	ons 18944.1 and 18942.	I have verified that the distributi	on set forth above, is il	n accordance
with the requirements.	,		•	

Signature of Agency Head or Designee	Sabrina B. Landreth Print Name	City Administrator	3/ 1 /2019 (month, day, year)
Comment:	- The second as	- VILVENOS	

1.	Agency Name		64 Blees in State of State (1984) and Charles and Alberta in Commission of Charles and Cha	at general at the state of the same analysis per per the second to the same at the same at the same at the same	Date Stamp	California 202
	Oakland Alameda County C	•				FORM SUZA
	Division, Department, or Reg					For Official Use Only
	Scott McKibben, OACCA Ex					
	Designated Agency Contact	(Name, Title)				
	Area Code/Phone Number	l E-mail			Amendment (Must F	Provide Explanation in Part 3.)
	510.383.4801	smckibben1@gma	il.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			<u> </u>	
	Does the agency have a tick	ket policy? Yes [⊠ No□ F	ace Value of	Each Ticket/Pass \$ $\frac{3}{2}$	04.80
	Event Description: Warriors				<u>/ 02 / 19</u>	1 1
		Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [X No ☐ If	no:	Name of Source	
	Was ticket distribution made	at the behest Yes [No □ If	yes: McKibb	en, Scott Official's Name (Last, First)	
	of agency official?				Oπicial'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		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	5	rsuant to the agency's policy
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the t	following:
					nonial Role Other C sing "Ceremonial Role" or "Other" de	
					nonial Role Other C	
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's		
	Gratitude Network 349 Main Street suite 201	4	to provide or facility	pportunities to commu	inity groups to utilize the	
	Pleasanton, CA 94566	. h				
4.	Verification	10	<u> </u>			
	Lhave reall and understand P with the equipments	Por Regulations 18944	.1 and 18942. i	l have verified t	hat the distribution set fo	orth above, is in accordance
*	X MANACHAT KA	Scott	McKibben	OA	.CCA Executive Direc	tor 1.14.19
	Signature of Agency Highar or Design	e Pr	int Name		Title	(month, day, year)
	Comment:					

1.	Agency Name	AAAANIII BAAAANII AAAAA AAAAA AAAAA AAAAA AAAAA AAAAA AAAA	et et et en et en er en en en en et en en et en en en et en en en et en en en et en	in the second	Date Stamp	California 802	
	Oakland Alameda County C	_				For Official Use Only	
	Division, Department, or Reg	, ., ,		For Official Use Office			
	Scott McKibben, OACCA Ex						
	Designated Agency Contact	(Name,Title)			4874142444444444444444444444444444444444		
	Area Code/Phone Number	E-mail			Amendment (Must Pr	rovide Explanation in Part 3.)	
	510.383.4801	smckibben1@gma	ail.com		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation		27 Manual Control of the Control of		The state of the s	
	Does the agency have a tick	ret policy? Yes	⊠ No □	ace Value of l	Each Ticket/Pass \$ $\frac{30}{2}$	4.80	
	Event Description: Warriors	Basketball			02 / 19	1 1	
		Provide Title/ Expl	anation				
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □ I	f no:	Name of Source	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Was ticket distribution made	at the behest Vas					
	of agency official?	465		, <u> </u>	Official's Name (Last, First)		
3.	Pecipients • Use Section A to identify the agen A. Name of Agency, Depart		• Use Section B to Number of Ticket(s)/ Passes				
	B. Name of Indi	and the state of t	Number of Ticket(s)/ Passes		Identify one of the fo	ellowing:	
	McKibben, Scott		2	to investigate	onial Role Other Xing "Ceremonial Role" or "Other" design efficiencies of operate ents occurring at the C	cribe below: ions of various sporting	
				i	onial Role Other on "Other" descriptions of "Other" descriptions of the control o		
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy		
1	Verification I have read produnders by the with the reading product.			l have verified ti	hat the distribution set for	rth above, is in accordance	
1	VA WE KIND	- The manufacture of the same	t McKibben	OA	CCA Executive Directo		
ı	Signature of Agency Head or Designa	e F	rint Name		Title	(month, day, year)	
	Comment						

1.	Agency Name				Date Stamp	California Ong
	Oakland Alameda County C	oliseum Authority				Form OUZ
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Chris Dobbins, OACCA Cor	nmissioner				
	Designated Agency Contact	Name, Title)			1	
	Area Code/Phone Number	E-mail			. Amendment (Must F	Provide Explanation in Part 3.)
	510.383.4801	chrisdobbinslaw@	yahoo.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Information	mation			,	re)
	Does the agency have a tick	ret policy? Yes	⊠ No □ Fa	ace Value of I	Each Ticket/Pass \$ 笙	0
	Event Description: DIS Ne		D:		27,19	2 28,19
	Ticket(s)/Pass(es) provided			no:	Name of Source	
	Was ticket distribution made	at the behest Yes	□ No⊠ If	yes:	Officially Name (1 1 1 1 1 1 1	
	of agency official?				Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	cy's department or unit.	• Use Section B to id	lentify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy	
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	Dobbins, Chirs	,	4-2/27	to investigate	nonial Role Other Animal Role Other Animal Role Other Animal Role" or "Other" deserting the efficiencies of operation of the events that occ	scribe below:
				Cerem	onial Role Other ing "Ceremonial Role" or "Other" des	Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
	2					
1.	Verification		100			
	I have read and understand FP with the requirements.	PC Regulations 1894	4.1 and 18942. I	have verified ti	hat the distribution set fo	orth above, is in accordance
	UL	Chri	s Dobbins	0	ACCA Commissioner	02.15.19
	Signature of Agency Head or Designe	PSORT/2-2-	Print Name	<u> </u>	Title	(month, day, year)
	Comment:					

Agency Report of: 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) 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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No □ Event Description: Monste 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 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 Ceremonial Role Other X Income 4 Per Dobbins, Chirs If checking "Ceremonial Role" or "Other" describe below:

	utside Organization ress and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	(w)		
Verification I have read and unders	tand FPPC Regulations 1	8944.1 and 18942. I	have verified that the distribution set forth above, is in accordanc

Chris Dobbins

Print Name

Signature of Agency Head or Designee

Comment:

4 PM

FPPC Form 802 (2/2016)

to investigate the efficiencies of operations of various

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

OACCA Commissioner

Ceremonial Role

sporting and other events that occur at Coliseum Complex

Other

Income

02.15.19

(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) 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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: YN Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Was ticket distribution made at the behest Yes ☐ No ☒ If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Dobbins, Chirs 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 Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

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

\sim	Chris Dobbins	OACCA Commissioner	02.15.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			1.000.000.000.000.000.000.000.000.000.0

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) 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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ **Event Description:** Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Name of Source Was ticket distribution made at the behest Yes ☐ No 🖂 If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income Dobbins, Chirs 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 Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below

4.	Verification		

Comment:

Name of Outside Organization

(include address and description)

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

Number

of Ticket(s)/

Passes

7///	Chris Dobbins	OACCA Commissioner	02.15.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year

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

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//				11 11	0	11 1	0	0		RANGE OF THE PARTY	7	0	B/S	11	۴.
A	-	8.8	пи				IL B	8 -	пп	ш	ш	(11	ш	и.
B B	ш	64	~		$\mathbf{\circ}$		\smile	$\mathbf{\circ}$	w	8 8	ш	S	8 1	9	à.

1.	Agency Name				Date Stamp	California Q02
	Oakland Alameda County C	oliseum Authority				Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Chris Dobbins, OACCA Con	nmissioner			8	
	Designated Agency Contact (Name, Title)				
					Amondment (Must B	rovide Explanation in Part 3.)
	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 Inform	mation				150
	Does the agency have a tick	cet policy? Yes [⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$	150 -
	Event Description: Pont	Cat Drs.	co [Date(s) <u>2</u>	,19,19	
	Ticket(s)/Pass(es) provided	by agency? Yes	X No □ I	f no:		
		7070	1	,	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	rtment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy
			Passes			
				-		
				-		
			Number	5 90 10 20 10		
	B. Name of Indi		of Ticket(s)/ Passes		Identify one of the fe	ollowing:
		A STATE OF S	1 43363	Caram	nonial Role Other X	Income
	Dobbins, Chirs			If check	king "Ceremonial Role" or "Other" des	scribe below:
			2		e the efficiencies of op	perations of various ur at Coliseum Complex
					nonial Role Other C	
					king "Ceremonial Role" or "Other" des	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	Name of Outside Or	rganization	Number	Describedh		
	C. (include address and		of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
١.	Verification					
	have read and understand FP.	PC Regulations 18944.	.1 and 18942.	I have verified t	that the distribution set fo	orth above, is in accordance
	with the requirements.					
		Chris	Dobbins	C	DACCA Commissioner	02.15.19
	Signature of Agency Head or Design	ee Pr	int Name		Title	(month, day, year)
	Commont					
	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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Date(s) **Event Description:** Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Ceremonial Role Other X Income Dobbins, Chirs 2 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 Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

In	ave	e read	a ana u	ınaersı	ana FP	PC Re	gulations	3 18944.	1 and	18942.	I have	verified that	at the	distribution	n set forth	above.	is in ac	cordance
			quirem															
	-	7																

	Chris Dobbins	OACCA Commissioner	02.15.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

AN.	Prop.	w n		PPs -	
	$\nu_{\rm II}$	h	10	Docu	manni
	ı u	MI	16		

1.	Agency Name					Date Stamp	California 202	
	Oakland/Alameda County C	Coliseum Autho	rity				Form OUZ	
	Division, Department, or Reg	ion (if applicable)					For Official Use Only	
	OACCA Commissioner							
	Designated Agency Contact	(Name, Title)						
	Lee Ann Fergerson, Ticket	Administrator				Amandment (Must Ba	vide Foots with a fe Bod 21	
	Area Code/Phone Number	E-mail				Amendment (Must Pro	vide Explanation in Part 3.)	
	510-219-6562	leeann.ferger	son@a	acgov.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation						
	Does the agency have a tick	ket policy?	Yes 2	No□	Face Value of	Each Ticket/Pass \$ 304	1.80	
	Event Description: Warriors	vs Jazz			Date(s)02			
	Event Description.	e/ Explan	ation	Date(s)				
	Ticket(s)/Pass(es) provided	Yes 🛭	No□	If no: GSW				
					If yes: Hagger	Name of Source		
	Was ticket distribution made	Yes [] No □	if yes: 110ggor	Official's Name (Last, First)			
	of agency official?							
3.	Recipients							
•	• Use Section A to identify the agen	unit. • U	Jse Section B	to identify an individ	lual. • Use Section C to identif	y an outside organization.		
	A. Name of Agency, Depa		Number of Ticket(s)	Т	e public purpose made pursu			
			Passes					
		Name of the American		Number				
	B. Name of Indi			of Ticket(s)	,	Identify one of the following:		
	(Last, Fir.	31)		Passes	507			
						nonial Role Other Other Officer of "Other" descriptions of the control of the con	ibe below:	
					Cerem	nonial Role Other	Income	
					RelASS and experience	king "Ceremonial Role" or "Other" descr	anni and	
	Name of Outside O	rganization		Number	Describe th	o nublic nurnose mede como	iant to the agencyle nelle:	
	C. (include address and			of Ticket(s). Passes	Describe (ii	e public purpose made pursu	ant to the agency's policy	
	Sunol Business Guild					**************************************		
	P.O. Box 94 Sunol, CA 94	586		2	To rew	ard a school or non-pro	fit organization for	
						its contributions to the	community	
4.	Verification							
	I have read and understand FP	PC Regulations	18944.	1 and 1894	2. I have verified t	that the distribution set for	th above, is in accordance	
	with the requirements.	0 /				300	V2	
	VIII WILL	L	ee Anr	Fergerso	n	Ticket Administrator	12/30/19	
	Signature of Agency Head or Design			nt Name	1	Title	(month, day, year)	
	Comment. Proceeds go tow	ards Scouts, C	esponse Team), Schola	arships or local K-8				

Agency Name	Date Stamp	California 802			
Oakland-Alameda County Coliseum Au				For Official Use Only	
Division, Department, or Region (If Application)	ble)				
Barbara J. Parker, City Attorney/OAAC/	A Official				
Designated Agency Contact (Name, Title)			1		
			Amendment (Must pro	ovide analomatic in Bod 2.1	
Area Code/Phone Number E-mail				· ·	
(510) 238-3815 bparker@c	oaklandcityatto	orney.org	Date of Original Filing: _	(Month, Day, Year)	
Function or Event Information				22.22	
Does the agency have a ticket policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	60.00	
Event Description Monster Jam		Date(s)02	2 , 16 , 19		
Provide Title/Ex	xplanation				
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No[☐ If no:	Name of Sour		
Most inket distribution made at the habest				rce	
Was ticket distribution made at the behest of agency official?	No ⊠ Yes [If yes:	Official's Name (La	ast. First)	
			1		
Recipients • Use Section A to identify the agency's department of	or unit. • Use Sect	tion B to identify an individu	ual. • Use Section C to identif	fy an outside organization.	
A. Name of Agency, Department or Unit	Number of	DESCRIPTION OF THE PROPERTY OF	lic purpose made pursuant to	A CAMPAGNA A A A A A A A A A A A A A A A A A A	
PAL Name of Agency, Department of Onit	Ticket(s)/ Pass(es)	Describe the pub	o the agency's policy		
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	g:	
Ortiz, Celso	Pass(es)	Ceremonial Role	Other Other Other Other Other Other Other	Income	
,	2	To provide incentives to City and County employees that pro services to the Authority			
	2	Ceremonial Role	Other all Role" or "Other" describe below.	Income 🗌	
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	o the agency's policy	
	Pass(es)				
Verification					
have read and understand FPPC Regulations 18944.1 an	nd 18942. I have verii	ified that the distribution set fo	rth above, is in accordance with t	the requirements.	
Barbare & Sork	Barbara J. Pa	arker City	Attorney/OAACA Offici	al 03/13/2019	
Signature of Agericy Head or Designee	Print Name		Title	(Month, Day, Year)	

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name Oakland-Alameda County C Division, Department, or Regi		Date Stamp	California 802 Form For Official Use Only		
	Barbara J. Parker, City Attor Designated Agency Contact (Official			
action on the Contract of the	Area Code/Phone Number (510) 238-3815		ıklandcityatto	orney.org	Date of Original Filing:	200
2.	Function or Event Information Does the agency have a ticked Event Description La Arrollad	policy?	of Each Ticket/Pass \$ 2 _ _/ 16 _/ 19			
	Ticket(s)/Pass(es) provided by Was ticket distribution made a of agency official?	7	Yes⊠ No No⊠ Yes		Name of Sou Official's Name (L	
3.	Recipients • Use Section A to identify the agency	's department or	unit. • Use Sec			
	A. Name of Agency, Department	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant (to the agency's policy
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
	Butler, Eric		2	Ceremonial Role If checking "Ceremonial To provide incentive services to the Aut	Income In	
			2		Other Dial Role" or "Other" describe below.	Income 🗌
2.5	C , Name of Outside Organi: (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant t	o the agency's policy
	Verification					
	have read and understand FPPC Regula Mutar A Surf Signature of Agency Head or Designee		18942. I have ver Barbara J. P Print Name	arker City	orth above, is in accordance with Attorney/OAACA Offic Title	
(Comment:					

Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title)	1.	Agency Name Oakland-Alameda County Co	olisaum Auth	Date Stamp	California 802				
Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title) Area Code/Phone Number						-	For Official Use Only		
Area Code/Phone Number E-mail									
Area Code/Phone Number (510) 238-3815 bparker@oaklandcityattorney.org Date of Original Filing:		vanta na esta este este este este este este est		Official					
Area Code/Phone Number (510) 238-3815 Dearker@aklandcityattorney.org Date of Original Filling:		Designated Agency Contact (A	varne, ridej						
Date of Original Filing: Month, Day, Year]		A 0 1 /DL N 1 T	F		The state of the s	Amendment (Must pl	rovide explanation in Part 3.)		
Provide TitleExplanation Pace Value of Each Ticket/Pass \$ 60.00		A C		aklandaitvatt	ornov ora	Date of Original Filing:			
Does the agency have a ticket policy? Event Description Monster Jam Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest 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 * Number of Ticket(s)/ Pass(es) * Pass(es) * Describe the public purpose made pursuant to the agency's policy * Pass(es) * To rovide incurring to Ceremonial Role * Other Section of the following: * Pass(es) * Provide incurring to Ceremonial Role * Other Section of the following: * Pass(es) * Or or ordinar Auction or Commonwal Pole* or Other or or Other				акіапоспуапо	orney.org	Date of original raining.	(Month, Day, Year)		
Event Description Monster Jam	2.			50477 - 37167		(E- T- 1/D 0	60.00		
Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last. First) Recipients - Use Section A to identify the agency's department or unit Use Section B to identify an individual Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy B. Name of Individual Number of Ticket(s) Pass(es) Ceremonial Role Other Other Income Inc				Yes ⊠ No	Accessed to the control of the contr				
Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last. First) Recipients - Use Section A to identify the agency's department or unit Use Section B to identify an individual Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy B. Name of Individual Number of Ticket(s) Pass(es) Ceremonial Role Other Other Income Inc		Event Description Monster Jan	M	James Ham	Date(s)0	2 , 17 , 19			
Was ticket distribution made at the behest of agency official? No Yes			*	nanation					
Was ticket distribution made at the behest of agency official? No Yes		Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No	☐ If no:	Name of Sou	urce		
**Name of Agency, Department or unit. **Use Section B to identify an individual. **Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(e)/ Pass(es) Describe the public purpose made pursuant to the agency's policy		Was ticket distribution made at	the behest	No 🖾 Voc					
See Section A to Identify the agency's department or unit. Subsection B to Identify an individual. Subsection C to Identify an outside organization.			tile believe	Official's Name (L	ast, First)				
See Section A to Identify the agency's department or unit. Subsection B to Identify an individual. Subsection C to Identify an outside organization.	3	Recipients		M M THE TOTAL CONTROL					
A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es)	•		s department or	unit. • Use Sec	ction B to identify an individ	lual. • Use Section C to ident	ify an outside organization.		
B. Name of Individual (Last, Feet)		A. Name of Agency, Departmen	at or Unit	Ticket(s)/	Describe the pul				
Forte, Mark Caremonial Role Other Income Income	2		Manager of Value of Control of Co						
Forte, Mark 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 Income		B. Name of Individual		Ticket(s)/		Identify one of the following	ng:		
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es)	,	Forte, Mark			AND DESIGNATION OF THE PROPERTY OF THE PROPERT		Income		
C. Name of Outside Organization (include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) 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. Barbara J. Parker City Attorney/OAACA Official 03/13/2019				2		employees that provide			
C. Name of Outside Organization (Include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Name of Outside Organization (Include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Include address and description Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es)	4			2			Income 🗌		
Thave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara J. Parker City Attorney/OAACA Official 03/13/2019			Ticket(s)/	Describe the pub	olic purpose made pursuant i	to the agency's policy			
			ions 18944.1 and	l 18942. I have vel	rified that the distribution set fo	orth above, is in accordance with	n the requirements.		
		Sarbare la Land		Barbara J. F	Parker City	/ Attorney/OAACA Offic	cial 03/13/2019		
(World, Day, Tear)	-	Signature of Agency Head or Designee	TORKE NAME OF THE PARTY OF THE	Title	(Month, Day, Year)				
Comment:	,	Comment							

1.	Agency Name		Date Stamp	California 802					
	Oakland-Alameda County C				_	For Official Use Only			
	Division, Department, or Regi	ion (If Applicabl	e)			Control State Co			
	Barbara J. Parker, City Attor		Official						
	Designated Agency Contact (Name, Title)							
	Area Code/Phone Number	E-mail			Table Control				
	(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Inform	mation				450.00			
	Does the agency have a ticker	t policy?	Yes 🗵 No	☐ Face Value of	of Each Ticket/Pass \$	150.00			
	Event Description Panic at th	e Disco		Date(s) 02	. , 19 , 19	1 1			
	Event Description								
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:					
		V 201 V 10 11							
	Was ticket distribution made a of agency official?	t the behest	No ⊠ Yes	☐ If yes:	Official's Name (Las	st. First)			
100					Omera was a second	on, r moty			
	Recipients	l's denartment or	unit allea Sac	tion R to identify an individu	a Use Section C to identify	an outside organization			
		1.00 X VS 1.00 M/A TO	Number of		And the second of the second of the second				
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	Form For Official Use Only Amendment (Must provide explanation in Parl 3.) Part of Original Filling:			
	B. Name of Individua		Number of Ticket(s)/		Identify one of the following				
Ġ.	(Loai, Frior)		Pass(es)	regueros en la companya de la compa					
	La, Nikki				☐ Other ☑ al Role" or "Other" describe below:	Income 🔲			
			2	To provide incentives to City and County employees that provide services to the Authority					
				Ceremonial Role	Other	Income			
			2	If checking "Ceremonia	al Role" or "Other" describe below:				
•			Number of						
	C. Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy			
0.8									
	Verification	E of Desirants of Spiritary (Artificial Spiritary)							
		ations 18944.1 and	18942. I have ver	rified that the distribution set fo	rth above, is in accordance with th	ne requirements.			
	Varbace 1 (Ale	B	Barbara J. F	arker City	Attorney/OAACA Officia	al 03/13/2019			
22	Signature of Agency Head or Designee		Print Name	The second secon	Title	(Month, Day. Year)			
	U								
(Comment:								

						711 GIOTIO DOCUMENTO
1.	Agency Name			Date Stamp	California 802	
	Oakland-Alameda County C	Coliseum Auth	ority			Form 002
	Division, Department, or Reg					For Official Use Only
	Barbara J. Parker, City Atto	rnev/OAACA	Official			
	Designated Agency Contact (
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 238-3815	The second second	aklandcityatt	ornev ora	Date of Original Filing:	
2.	Function or Event Infor			(Month, Day, Year)		
6.	Does the agency have a ticke		Vac 🔽 Na	☐ Face Value o	f Each Ticket/Pass \$ _	100.00
		2010 NOVE - 2010	Yes 🗵 No			
	Event Description Santa Crus	Provide Title/Exp	JKIANOMA CI Ianation	Date(s)		
	Ti-1-1/-\UD/\					
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of So	ource
	Was ticket distribution made a	t the behest				
	of agency official?		Official's Name (Last, First)		
3.	Recipients					
	Use Section A to identify the agency	's department or	al. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy
			Pass(es)			
			-			
,			Number of		mment teerstood talendaring to the first terms.	
	B. Name of Individua		Ticket(s)/ Pass(es)	167 N H 12 182	Identify one of the follow	ing:
18		THE RESIDENCE OF THE PERSON OF		Ceremonial Role	Other 🛛	Income
	Butler, Eric		2	If checking "Ceremonia	al Role" or "Other" describe below:	
						employees that provide
1,			 	services to the Auth	iority	
				Ceremonial Role	Other I	Income
			2	ii dicening deterione	arrole or Other describe below.	
-	C, Name of Outside Organi	zation	Number of			
	" (include address and desc		Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant	to the agency's policy
						
-	Verification					
	have read and understand FPPC Regula	ntions 18944.1 and	18942. I have vei	rified that the distribution set for	rth above, is in accordance with	h the requirements.
	Barban b (Rich	1	Barbara J. F		Attorney/OAACA Offi	
-	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
						,
(Comment:					

1.	Agency Name		Date Stamp	California 802		
	Oakland-Alameda County C	Coliseum Auth	ority			Form
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Barbara J. Parker, City Atto	rnev/OAACA	Official			
	Designated Agency Contact	Value of the second of the sec			-	
	Area Code/Phone Number	E-mail	-		Amendment (Must p	provide explanation in Part 3.)
	(510) 238-3815	bparker@oa	klandcitvatt	ornev.org	Date of Original Filing:	Mark Day Vard
2.	Function or Event Infor		, ,		(Wonth, Day, Year)	
	Does the agency have a ticke		Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$ _	304.80
	Event Description Warriors v					
	Event Description	Provide Title/Exp	.] 02] 10			
	Ticket(s)/Pass(es) provided by	v agency?	Yes⊠ No	□ If no:		
		, «90.10) .	162 🔯 140		Name of So	urce
	Was ticket distribution made a	t the behest	No ⊠ Yes	☐ If yes:	Official's Name (I	11.520
CHARLES	of agency official?		Official's Name (I	_ast, First)		
3.	Recipients	da danadaanka u	uulk . Usa Ca	offen Dåe identife en ledicide		
1	Use Section A to identify the agency	and the second second	Number of	THE RESERVE OF THE RESERVE OF		
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	to the agency's policy	
	B. Name of Individua		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
1.5	C-4- NA-1			Ceremonial Role	Income	
	Forte, Mark		2	If checking "Ceremonial Role" or "Other" describe below. To provide incentives to City and County employees that		
				services to the Auth		employees that provide
125				Ceremonial Role		Income
			2	If checking "Ceremonia	al Role" or "Other" describe below:	
			_			
1			Number of			The state of the s
(Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
-		Market 10 pc 4424 8 100	1 035(65)	ac than an ann an an an an an an an an		words a second or supplied the second of the
•						
-	Verification					
	have read and understand FPPC Regula	ations 18944.1 and	18942. I have ve	rified that the distribution set for	rth above, is in accordance with	the requirements.
	But a (this	0	Barbara J. F		Attorney/OAACA Office	N. De State Control of the Sta
-	Signature of Agency Head or Designee	u.	Print Name		Title	(Month, Day, Year)
	V					in the control of th
(Comment:					

						A I abile becamen	
1.	Agency Name		Date Stamp	California 802			
	Oakland-Alameda County C	Coliseum Auth	ority			Form 002	
	Division, Department, or Reg	ion (If Applicable	9)			For Official Use Only	
	Barbara J. Parker, City Atto	rnev/OAACA	Official				
	Designated Agency Contact		Omora		-		
	,						
		I me			Amendment (Must pr	ovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail		2	Date of Original Filing:(Month, Day, Year)		
-	(510) 238-3815	bparker@oa	Klandcityatt	orney.org	Date of Original Filling.	(Month, Day, Year)	
2.	Function or Event Infor			304.80			
	Does the agency have a ticke	70 (E.S.	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$	30-4.00	
	Event Description Warriors v	San Antonio	Spurs anation	Date(s)02	, 06 , 19		
	Ticket/o\/Desc/co\ provided by			If no:			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🛛 No		Name of Sou	rce	
	Was ticket distribution made a	t the behest	No ⊠ Yes	☐ If yes:			
	of agency official?		П усо	Official's Name (L	ast, First)		
3.	Recipients						
-	Use Section A to identify the agency	's department or (unit. • Use Se	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	to the agency's policy		
	B. Name of Individua	l	Number of Ticket(s)/ Pass(es)	our destriction	Identify one of the following	99:	
	Smith, Jamie			Ceremonial Role		Income	
	Cintil, Gamio		2	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that			
	Factor 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			services to the Auth		omployees that provide	
				Ceremonial Role	Ceremonial Role Other I		
			2				
,	Name of Outside Organi	zation	Number of				
	(include address and desc		Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	o the agency's policy	
•	Barbare J. Gari	G ₀					
	Verification /	Name and Address of the Owner, where	10040 15	effeed that the distribution			
1	have read and understand FPPC Regula						
	Signature of Agency Head or Designee		Barbara J. F		Attorney/OAACA Offic		
	Signalar or agricy read or besignee		r nni iyani		Title	(Month, Day, Year)	
(Comment:						

	A CONTRACTOR OF THE CONTRACTOR					711 dibito Becaminent	
1.	Agency Name		Date Stamp	California 802			
	Oakland-Alameda County C	Coliseum Auth	ority			Form For Official Use Only	
	Division, Department, or Reg	ion (If Applicable	?)			For Official Ose Offiy	
	Barbara J. Parker, City Atto	rnev/OAACA	Official				
	Designated Agency Contact (
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 238-3815	bparker@oa	klandcitvatto	ornev.ora	Date of Original Filing: .	Manth Day Vearl	
2	Function or Event Infor				(Worth, Day, Year)		
fin z	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	304.80	
		-0. ************************************	Tes M INO				
	Event Description Warriors v	Provide Title/Expl	anation	Date(s)	10 19		
	Tieket(s)/Dess(es) provided by	• • • • • • • • • • • • • • • • • • •		If no:			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	[] II IIO	Name of Soc	urce	
	Was ticket distribution made a	at the behest	No ⊠ Yes	☐ If yes:			
	of agency official?		Official's Name (L	ast, First)			
3.	Recipients						
	Use Section A to identify the agency	y's department or	ial. • Use Section C to ident	ify an outside organization.			
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Use Section B to identify an individual. • Use Section C to identify an outside or er of t(s)/ (es) Describe the public purpose made pursuant to the agency's (es)			
			Pass(es)	And the same of th		And the second	
			Number of	A Table Committee of the State	is a principal with the con-		
	B. Name of Individua	al management	Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
				Ceremonial Role Other			
	Perada, David		2		al Role" or "Other" describe below:		
				services to the Auth		employees that provide	
				Ceremonial Role	Other	Income	
				Control of the Contro	al Role" or "Other" describe below.	moone 🖸	
			2				
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy	
ļ	(include address and des	cription)	Pass(es)				
	Verification						
	I have read and understand FPPC-Regul	D			orth above, is in accordance with	the requirements.	
	Barbare & Gart		Barbara J. F		Attorney/OAACA Office	cial 03/13/2019	
	Signature of Age(no) Head or Designee		Print Name	9	Title	(Month, Day, Year)	
	Comment:						

Div Ba De Are (5-	gency Name akland-Alameda County Cousion, Department, or Registron, Department, or Registron, Department, or Registron, Department, Oity Attorion and Agency Contact (10) 238-3815 Inction or Event Information	ion <i>(If Applicabl</i> rney/OAACA	θ)		Date Stamp	California 802 Form For Official Use Only
Ba De Are (5) 2. Fu	vision, Department, or Regi arbara J. Parker, City Attor signated Agency Contact (ea Code/Phone Number 10) 238-3815	ion (If Applicable rney/OAACA (Name, Title) E-mail	θ)			
Are (5:	arbara J. Parker, City Attor signated Agency Contact <i>(</i> ea Code/Phone Number 10) 238-3815	rney/OAACA Name, Title)				For Official Use Only
(5° 2. Fu	signated Agency Contact <i>(</i> ea Code/Phone Number 10) 238-3815	Name, Title)	Official			
(5° 2. Fu	signated Agency Contact <i>(</i> ea Code/Phone Number 10) 238-3815	Name, Title)				
(5° 2. Fu	ea Code/Phone Number 10) 238-3815	E-mail			1	
(5° 2. Fu	10) 238-3815					
(5° 2. Fu	10) 238-3815				Amendment (Must pro	ovide explanation in Part 3.)
2. Fu			klandoitvatte	ornov ora	Date of Original Filing: _	
Do	inction or Event Infor		ananuchyan	eriolog	3	(Month, Day, Year)
	an the amount become a tiples		200	F \/-\/	For the Tisket Door of	304.80
	es the agency have a ticke		Yes 🗵 No		f Each Ticket/Pass \$	
Eve	ent Description Warriors v	. Utah Jazz Provide Title/Exp.		Date(s)02	12 , 19	
		Flovide Tille/Exp	lanation			
Tic	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐			☐ If no:	Name of Sour	rce
\//a	s ticket distribution made a	t the hehest	N- V			
	agency official?	it the benest	No ⊠ Yes	LI If yes:	Official's Name (La	ast, First)
3 Pc	ecipients					
	se Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individu	ial. • Use Section C to identif	fy an outside organization.
A.			Number of Ticket(s)/		lic purpose made pursuant t	
-			Pass(es)			THE RESERVE OF THE PARTY OF THE PARTY OF
В.	B. Name of Individual		Number of Ticket(s)/		Identify one of the followin	g:
. 1/			Pass(es)	Ceremonial Role	Other 🗵	Income
LLa	LLamas, Pelayo		2		al Role" or "Other" describe below:	
			-	To provide incentive services to the Auth		employees that provide
				Ceremonial Role	Other	Income
			2	ii checking Gerenionii	al Role" or "Other" describe below.	
-	Name of Outside Organi	zation	Number of			
C .	(include address and desc		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
-					-	
	rification e read and understand F <i>PP</i> C Regula	ations 18944 1 and	18942 have ver	rified that the distribution set fo	rth above is in accordance with	the requirements
K	July & Jork	- J	Barbara J. F		Attorney/OAACA Offic	
1	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)

						STATE SHEET STATE STATE	
1.	Agency Name		Date Stamp	California 802			
	Oakland-Alameda County Coliseum Authority					Form 002	
	Division, Department, or Reg	ion (If Applicable		For Official Use Only			
	Barbara J. Parker, City Atto	rnev/OAACA					
	Designated Agency Contact						
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 238-3815	bparker@oa	klandcitvatto	ornev.ora	Date of Original Filing: _	(Month Day Vood	
2	Function or Event Infor			(Month, Day, Year)			
fine w	Does the agency have a ticke		of Each Ticket/Pass \$	304.80			
	Event Description Warriors v. Sacramento Kings Date(s) 02 1 19						
	Ticket(s)/Pass(es) provided b	No. 100 200 200 April 200					
	Ticket(s)/Fass(es) provided b	y agency?	Yes⊠ No		If no:		
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes:			☐ If yes:	Official's Name (L		
	of agency official?				Official's Name (L	ast, First)	
3.	Recipients	V					
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant (to the agency's policy	
		1,000 aut 1,000 25 1,00	1 400(60)		10 180 200 C		
						Annual Control of the	
	B. Name of Individual		Number of Ticket(s)/	Identify one of the following:			
	(Leas, rust)		Pass(es)				
	Gill, Harveen				Other 🔀 al Role" or "Other" describe below:	Income L	
	75		2			employees that provide	
				services to the Auth	nority	32 - 252	
				Ceremonial Role	ASSESSMENT NO.	Income	
			2	If checking "Ceremonia	al Role" or "Other" describe below:		
	Name of Outside Organ	Number of					
	Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy	
÷							
	Verification					THE RESIDENCE OF THE PARTY OF T	
	have read and understand FPPC Regul	ations 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements.	
	Vaisac 1 Par	P.	Barbara J. F	Parker City	Attorney/OAACA Office	cial 03/13/2019	
•	Signature of Agency Head or Designee	-	Print Name		Title	(Month, Day, Year)	

(Comment:						

1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C			For Official Use Only		
	Division, Department, or Reg	ion (If Applicabl				
	Barbara J. Parker, City Atto					
	Designated Agency Contact	(Name, Title)				
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 238-3815		aklandcityatt	ornev.org	Date of Original Filing: _	Marilla Davi Varia
2.	Function or Event Infor			,		(Month, Day, Year)
	Does the agency have a ticke		Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$	304.80
	Event Description Warriors v					
	Event Description	Provide Title/Exp	lanation	Date(s)	2 , 23 , 19	
	Ticket(s)/Pass(es) provided by					
	ricket(3)// ass(es) provided b	y agency:	Name of Sou	rce		
	Was ticket distribution made a	t the behest	Official's Name (La			
	of agency official?			•	Official's Name (La	ast, First)
3.	Recipients					
	Use Section A to identify the agency	's department or		ction B to identify an Individu	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	to the agency's policy
	The second property and the second		Pass(es)			
			-			
	B. Name of Individua	Number of	Identify one of the following:			
	(Last, First)					Ticket(s)/ Pass(es)
				Ceremonial Role	Other 🛛	Income
	Smith, Jamie		2		al Role" or "Other" describe below.	
		_	To provide incentives to City and County employees that provide services to the Authority			
				Ceremonial Role	Al Role" or "Other" describe below:	Income
	×		2	ē		¥
1	C Name of Outside Organization Nur			Describe Meanwhi	public purpose made pursuant to the agency's policy	
	(include address and desc	cription)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
. 1	Verification					
	have read and understand FPPC Regula	ations 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements.
	Kartan & Mike	2	Barbara J. F		Attorney/OAACA Offic	
-	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
- (Comment					

Oakland/Alameda County Coliseum Authority Division, Department, or Region (if applicable) OACCA Commissioner Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Area Code/Phone Number E-mail 510-272-6691 leeann.fergerson@acgov.org Date of Original Filing:	502
OACCA Commissioner Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Area Code/Phone Number E-mail 510-272-6691 leeann.fergerson@acgov.org Date of Original Filing:(month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes 🗵 No 🗆 Face Value of Each Ticket/Pass \$ 304.80	Name and Address of the Owner, where the Party of the Owner, where the Party of the Owner, where the Owner, which the Owner,
Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Area Code/Phone Number E-mail Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ 304.80	Only
Lee Ann Fergerson, Ticket Administrator Area Code/Phone Number E-mail 510-272-6691 leeann.fergerson@acgov.org Date of Original Filing:	
Area Code/Phone Number E-mail Amendment (Must Provide Explanation in Part 510-272-6691 leeann.fergerson@acgov.org Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 304.80	
Area Code/Phone Number E-mail	
2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ 304.80	rt 3.)
Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ 304.80	-
Provide Title/ Explanation	-
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: GSW	
Was ticket distribution made at the behest Yes XI No CI If yes: Haggerty, Scott	
Officially Manager (I and State)	
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	tion.
A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's p	
Passes	
DISTRICT 1 2 To reward a County employee for his or her	*
exemplary service to the public or to encourage	ge
staff development	
Number	
B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes	
	Income
If checking "Coremonial Role" or "Other" describe below:	
Ceremonial Role Other Inc	Income
If checking "Ceremonial Role" or "Other" describe below:	
Name of Outside Organization Number	
C. Name of Outside Organization of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's po	policy
I. Verification	
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in according	ordanca
with the requirements.	Jidance
Lee Ann Fergerson Ticket Administrator 2/1/19	Q
Signature of Agency Head or Designee Print Name Title (month, day,	
Comment: All proceeds will go to Livermore Community Service Projects, Grants for Schools and Local Groups & n	*

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland/Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only **OACCA Commissioner** Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-219-6562 Date of Original Filing: leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors vs Kings Date(s) _ 02 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: GSW Yes X No I Name of Source Was ticket distribution made at the behest Yes ☐ No ☐ · If yes: Haggerty, Scott of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other \square Income If checking "Coremonial 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 Emma C. Smith Elementary School 2 To reward a school or non-profit organization for 391 Ontario Drive, Livermore, CA 94550

Verification

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

/	1 (
Signature of Ac	ency Ha	ad or Doe	ianoo

Lee Ann Fergerson

Ticket Administrator

12/30/19

Print Name Fundraiser to contribute to math, arts, science and technology in the school

its contributions to the community

(month, day, year)