Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Ignacio De Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 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? Yes⊠ No□ Face Value of Each Ticket/Pass \$ Event Description: Warriors Season 2018-19 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🗵 No 🗌 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income _ De La Fuente, ignacio If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role Other _ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification C Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I have read and understand FP with the requirements

Ignacio De La Fuente OACCA Commissioner 9.27.18 Signature by Agency Head or Designee Print Name Title (month, day, year)

Cómment:

WARRIORS BASKETBALL JANUARY 2019

Ignacio De La Fuente

8	Warriors v Rockets	1.3.19	(2) tickets
•	Warriors v Knicks	1.8.19	(2) tickets
•	Warriors v Pelicans	1.16.19	(2) tickets
0	Warriors v 76ers	1.31.19	(2) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Lynette Gibson-McElhaney, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510.383.4801 Date of Original Filing: . rsavage@coliseum.com (month, day, year) 2. Function or Event Information Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Event Description: Warriors Season 2018-19 Date(s). Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ If no: Name of Source If yes: McElhaney, Lynette Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes City of Oakland to provide incentives to City employees that provide 2 services to the Authority Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role 🔲 Other [Income If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification

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

not submitted

Renee Savage

with the requirements &

Comment:

Signature of Agency Head or Designee

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

OACCA Ticket Administrator

WARRIORS BASKETBALL JANUARY 2019 LYNETTE MCELHANY

•	Warriors v Rockets	1.3.19	(2) tickets
•	Warriors v Knicks	1.8.19	(2) tickets
•	Warriors v Pelicans	1.16.19	(2) tickets
•	Warriors v 76ers	1.31.19	(2) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: , 510.383.4801 (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 304.80 Yes□ No□ Event Description: Warriors Season 2018-19 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. Name of Agency, Department or Unit A. of Tickel(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below: Dobbins, Chris Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below. 2 to investigate the efficiencies of the operations of various sporting and other events occurring at Collseum Complex Number Name of Outside Organization Ĉ, of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Chris Dobbins

Print Name

Signature of Agency Head or Designee

Comment:

10.27.18

(month, day, year)

OACCA Commissioner

WARRIORS BASKETBALL

JANUARY 2019

Chris Dobbins

•	Warriors v Rockets	1.3.19	(2) tickets
•	Warriors v Knicks	1.8.19	(2) tickets
•	Warriors v Pelicans	1.16.19	(2) tickets
•	Warriors v 76ers	1.31.19	(2) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Susan Muranshi, County Administrator, Alameda County Designated Agency Contact (Name, Tille) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.272.3862 Date of Original Filing: countyadministator@acgov.org (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 304.80 Event Description: Warriors Season 2018-19 Date(s) ___ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⋈ No □ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes County Administrator Official to promote the Coliseum Complex for use by the general public and businesses to maximise revenues Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other | If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other [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 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 Renee Savage OACCA Ticket Administrator

WARRIORS BASKETBALL JANUARY 2019

Susan Muranishi

•	Warriors v Rockets	1.3.19	(2) tickets
6	Warriors v Knicks	1.8.19	(2) tickets
•	Warriors v Pelicans	1.16.19	(2) tickets
•	Warriors v 76ers	1.31.19	(2) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 60.00 Does the agency have a ticket policy? Yes X No □ Event Description: PBR Date(s) _01 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No □ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 4 to investigate 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

Comment: _

I have read and understand I	FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth above	, is in accordance
with the requirements.		/4			

\bigcirc 0	Chris Dobbins	OACCA Commissioner	01.3.19	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

Δ	P	ubl	ic	Document 1	d.
		UNI		Documen	U.

1.	Agency Name				Date Stamp	California OOO	
	Oakland Alameda County C	Coliseum Authority			*	Form 8UZ	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Chris Dobbins, OACCA Cor	mmissioner				,	
	Designated Agency Contact (Name, Title)						
	Area Code/Phone Number	E-mail			. Must Pro	ovide Explanation in Part 3.)	
	510.383.4801	chrisdobbinslaw@	yahoo.com		Date of Original Filing: _	(month, day, year)	
2	Function or Event Infor	mation				(monui, day, year)	
۷.					- 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	00	
	Does the agency have a tick				Each Ticket/Pass \$ $\frac{60}{1}$		
	Event Description: Harlem 0	Globetrotters		Date(s) <u>01</u>	<u>, 12 , 19</u> _	01 , 19 , 19	
	Ticket(s)/Pass(as) provided	Provide Title/Exp		f			
	Ticket(s)/Pass(es) provided	by agency? Yes	S⊠ No □ I	T no:	Name of Source		
	Was ticket distribution made	e at the behest Yes		f yes:			
	of agency official?	100			Official's Name (Last, First)		
3.	Recipients						
	Use Section A to identify the agen	cy's department or unit.		identify an individ	ual. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy	
	0		(4				
	s						
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:	
	Dobbins, Chris				onial Role Other X	Income 🗌	
			4- 1/12	If checking "Ceremonial Role" or "Other" describe below: to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex			
	(A.						
			1000 0000 0000 000		onial Role Other	Income	
			2- 1/19	If check	ing "Ceremonial Role" or "Other" descr	ibe below:	
	C. Name of Outside Or (include address and		Number of Ticket(s)/	Describe the	e public purpose made pursu	ant to the agency's policy	
			Passes				
			-				
			1				
A	Varification						
÷.	Verification	DC Dogwistians 4004	110010010	l barra'C	L-11L- N-19 0	To me to some the total and th	
	I have read and understand FP with the requirements.	ro Regulations 1894 ———	4.1 and 18942.	ı nave verified ti	nat the distribution set fort	n above, is in accordance	
	Company of the state of the sta	Oh	io Dobbine	_	1000 O ' '	04.0.40	
	Signature of Agency Head or Design		ris Dobbins Print Name		ACCA Commissioner	01.3.19 (month, day, year)	
	nere the state of the second sector of the s	overes.	over country and sold			(month, day, year)	
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 chrisdobbinslaw@yahoo.com Date of Original Filing: . (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 1500.00 Yes ⊠ No □ Event Description: Elton John Concert Date(s) _ 01 / 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 B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Dobbins, Chris Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below: 2 to investigate 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

Verification

1	Haver	ead and understand FPPC	Regulations 18944.	1 and 18942. I	have verified that the	distribution set forth	ahove	is in accordance
V	with the	e requirements.					above,	is in accordance
	/ /	/ 1						

	Chris Dobbins	OACCA Commissioner	01.3.19	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				

A Public Docum	en	t
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Ι.	Agency Name				Date Stamp	California OAO
	Oakland Alameda County C	•				Form OU/4
	Division, Department, or Reg	ion (if applicable)	.,		•	For Official Use Only
	Ignacio De La Fuente, OAC					
	Designated Agency Contact	(Name, Title)				
					Amendment (Must I	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	A CONTRACTOR OF THE STATE OF TH			
	Does the agency have a tick	ket policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$ <u>6</u>	0.00
	Event Description: Harlem C				<u>, 12 , 19</u>	01 , 19 , 19
	Event Description:	Provide Title/ Expl	anation	Date(s)		01 / 19 / 19
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □ Ⅱ	f no:	Name of Source	
	Was ticket distribution made	eat the behest Yes	□ No⊠ ^{II}	f yes:	Official's Name (Last, First)	, , , , , , , , , , , , , , , , , , , ,
	of agency official?					
3.	Recipients		PARTER STATE S		and the state of t	
	• Use Section A to identify the agen	cy's department or unit.	• Use Section B to i	identify an individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Depa	ertment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pui	rsuant to the agency's policy
	Name and the second sec					
						· · · · · · · · · · · · · · · · · · ·
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes	i	Identify one of the f	following:
	De La Fuente, Ignacio			Cerem	nonial Role Other D	Income □
	De La Fuerne, Igriacio		4- 1/12	to investigate	ding "Ceremonial Role" or "Other" de e efficiencies of opera	escribe below:
					rents that occur at Col	
			2 -1/19		nonial Role Other C ding "Ceremonial Role" or "Other" de	
	C. Name of Outside Or		Number of Ticket(s)/	Describe the	e public purpose made pur	suant to the agency's policy
	·		Passes			
						-
III SIIZS	Verification /					er telegraphic de la company de la compa
	I have read and understand FP.	PC Regulations 1804	4 1 and 18042	l have verified t	hat the distribution set 6	orth ahous is in assardance
	with the requirements.	Criogalations 1054	7. 1 GHU 10072. I	mave vermeu t	nacine distribution SULT	этт авоче, ть т ассотавпсе
	I MAMAKI	Innacio	De La Fuete	_	ACCA Commissione	r 01.3.19
	Signature of Agency Head or Designation		Print Name		Title	(month, day, year)
,						,
/	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: . Idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 60.00 Yes⊠ No□ Event Description: PBR Date(s) 01 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? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Α. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes De La Fuente, Ignacio Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below: to investigate 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. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

have read and understand FPPC Reg	ulations 18944.1 and 18942. I have	verified that the distribution set forth at	novo is in accordance
with the requirements.		samed that the distribution set forth at	iove, is in accordance
MAMA XI	Ignacio De La Fuete	OACCA Commissioner	01.3.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
			(month, day, year)
Comment:			

4. Verification

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 Idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 1500.00 Yes ⊠ No 🗆 Event Description: Elton John Concert Date(s) __01 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Was ticket distribution made at the behest Yes ☐ No ☑ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Α. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 to investigate 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. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes**

I have read and	understand F	PPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth ab	ove is in	accordance
with the requirer	ments. //				a.e	010, 13 111	accordance

Martine recommendents.			
	Ignacio De La Fuete	OACCA Commissioner	01.3.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

1.	Agency Name				Date Stamp California		
	Oakland Alameda County C	oliseum Authority				Form 802	
	Division, Department, or Reg					For Official Use Only	
	Scott McKibben, OACCA Ex	xecutive Diector					
	Designated Agency Contact (
					☐ Amendment ////www.	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail	, , , , , , , , , , , , , , , , , , ,			точие ехріанацов іп Рап 3.)	
	510.383.4801	smckibben1@gr	mail.com		Date of Original Filing:	(month, day, year)	
2. Function or Event Information					- Marie and - Mari		
	Does the agency have a tick		es⊠ No∏ I	Face Value of	Each Ticket/Pass \$ $\frac{3}{}$	04.80	
	Event Description: Warriors						
	Event Description: 114111015	Provide Title/ Ex		Date(s)1	19		
	Ticket(s)/Pass(es) provided			f no:	Name of Source		
				, Hannert	Name of Source		
	Was ticket distribution made	at the behest γ_{ϵ}	es⊠ No□ ^I	f yes: Haggert	Official's Name (Last, First)		
	of agency official?				·		
3.	Recipients	Section and the section of the secti		NAME OF THE OWNER OWNER OF THE OWNER O	and the second		
	• Use Section A to identify the agen	cy's department or unit	. • Use Section B to	identify an individ	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy	
			1 43363				
				ĺ			
	B. Name of Indiv	vidual	Number of Ticket(s)/		Identify one of the f	ollowing	
	(Last, Firs	st)	Passes		identity one of the f	ollowing:	
				1	onial Role Other		
				If check	ing "Ceremonial Role" or "Other" de	scribe below:	
				1	onial Role Other Cing "Ceremonial Role" or "Other" de		
				ii oneoni	Seremental Folk Of Other US	DOLOW,	
	No.		Number				
	C. Name of Outside Or (include address and		of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy	
	Livermore Winegrowers As	sociation		to promote th	ne Coliseum Compley	for use by the general	
	3585 Greenville Rd	COGIATION	20		usinesses to maximize		
	Livermore, CA 94550/						
	/_						
4.	Verification #			W. Commission of the Commissio			
THE REAL PROPERTY.	I have feed and undergood FPI	PC Regulations 189	44.1 and 18942.	l have verified ti	hat the distribution set fo	orth above, is in accordance	
1	with the reduite ments!	^					
1)	X /IM/XW/IIWM		ott McKibben		Executive Director	12.5.18	
1	Signature de Agendy Head or Designe	98	Print Name	***************************************	Title	(month, day, year)	
	Comment:						

Δ	Pι	ıbl	lic	Document

1.	. Agency Name				Date Stamp California O O O		
	Oakland Alameda County C	Coliseum Authority				Form 802	
	Division, Department, or Reg				1	For Official Use Only	
	Scott McKibben, OACCA Ex	xecutive Diector					
	Designated Agency Contact						
					gament .		
	Area Code/Phone Number	E-mail			∐ Amendment (Must F	Provide Explanation in Part 3.)	
	510.383.4801	smckibben1@gm	ail.com		Date of Original Filing:	(month, day, year)	
	Function or Event Infor			2000 - 10		(month, day, year)	
Æ.			.	F	- 1 - 31	04 80	
	Does the agency have a tick				Each Ticket/Pass \$ $\frac{36}{2}$		
	Event Description: Warriors	Basketball		Date(s) <u>1</u>	<u>, 11 , 19</u>		
	Ticket(s)/Pass(es) provided	Provide Title/Exp		If no:			
	nononom assies, provided	by agency: Yes	⊠ No 🔲 I	ii (IU	Name of Source		
	Was ticket distribution made	at the behest Yes	⊠ No□ 「	f yes: McKibbe	en, Scott Official's Name (Last, First)		
	of agency official?				Official's Name (Last, First)		
<u></u>	Daninia 1 -	A STATE OF THE STA	y dan many many many many many many many ma				
3.	Recipients • Use Section A to identify the agen-	over depositment out '	a Ylon Contl. Di	1316	i von en en en		
	Use Section A to identify the agen-	cy s ucpartment or unit.	Use Section B to Number	identity an individ	uai. • Use Section C to ident	ity an outside organization.	
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/	Describe the	he public purpose made pursuant to the agency's policy		
			Passes				
			Number				
	B. Name of Indiv (Last, Firs		of Ticket(s)/ Passes		Identify one of the fe	ollowing:	
	, , , , , , , , , , , , , , , , , , , ,	-	1 43003	Caram	onial Pole D	1 , <u> </u>	
				1	onial Role Other ing "Ceremonial Role" or "Other" des		
				Сегет	onial Role Other	Income	
					ing "Ceremonial Role" or "Other" des		
	C. Name of Outside Or		Number	Donorite 4	aublia nu		
	(include address and	description)	of Ticket(s)/ Passes	Describe the	public purpose made pure	suant to the agency's policy	
	Taylor Family Foundation		00	provide oppo	rtunities to community	groups to utilize the	
	5555 Arroyo Street		20	facility			
	Livermore, CA 94550						
Ĺ	Verification , .				499000000000000000000000000000000000000	And a series of the series of	
Series Series	I bave read and understand FPF	PC Regulations 1894	4.1 and 18942.	l have verified th	nat the distribution set fo	rth above, is in accordance	
-	with the requirements					,	
	K \ MDXANNKW	Scot	t McKibben		Executive Director	12.5.18	
•	Signature of Agency Head of Designe	ee F	Print Name		Title	(month, day, year)	
	Comment:						
	CONTRICUIT.						

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 Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 1,500 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Elton John Date(s) __1 Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☐ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Alameda County Supervisor Scott Haggerty To obtain oversight of facilities or events that have 2 received county funding or support Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income _ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

Comment:

I have read and understand FPPC Regulations	18944.1 and 18942	. I have ventied that the	distribution set forth above.	is in accordance
with the requirements.			ertuur tuudokkii tokka kunnak kiinin tuon ja maankin tiinid kuun katin kiinin tuonid tuonid kun tuonid kati tu	

	teller	M	Ave	6
٦	Signature of Agency He	ad or Dec	anaa	

Lee Ann Fergerson

Ticket Administrator

1/22/19

Print Name

Title

(month, day, year)

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

4. Verification

Comment:

I have read and understa	nd FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth ab	ove, is in accordance
with the requirements.	01				
A I I I I I	1.				

	4	W	W	10	1/	N	
_	Signa	ature of	Agendy	Head	or D	esiun	ee

Lee Ann Fergerson

Ticket Administrator

1/22/19

Print Name

Title

(month, day, year)

Λ	DI	ıhl	ic	Docun	noni
~	Γ	JUL	16	DOCUI	nem

1.	Agency Name					Date Stamp	California Ono		
	Oakland/Alameda County C	oliseum Autho	rity				Form 802		
	Division, Department, or Reg	ion (if applicable)				1	For Official Use Only		
	OACCA Commissioner								
	Designated Agency Contact ((Name, Title)							
	Lee Ann Fergerson					П A			
	Area Code/Phone Number	E-mail				Amendment (Must I	Provide Explanation in Part 3.)		
	510-272-6691	leeann.ferge	rson@a	acgov.org		Date of Original Filing:	(month, day, year)		
2.	Function or Event Inform	mation					1 - 00		
	Does the agency have a tick	ket policy?	Yes 🗵	No□	Face Value of	Each Ticket/Pass \$ _	6000		
	Event Description: Supercro			🗀	Date(s)1	, 26 , 19			
	Event Description:	Provide Titi	le/ Explana	ation	Date(s)	/			
	Ticket(s)/Pass(es) provided			No□	If no: GSW				
						Name of Source	N N		
	Was ticket distribution made	at the behest	Yes [] No □	If yes: Hagger	Official's Name (Last, First)			
	of agency official?					omorar o reamo (Edot, 7 mot)			
3.	Recipients								
٥.	• Use Section A to identify the agen	cv's department or	lual . Hea Saction C to iden	atify an outcide organization					
	ose occion it to identify the agen	e, s department of	dai. Ost section C to iden	thy an outside organization.					
	A. Name of Agency, Depa	rtment or Unit		Number of Ticket(s)	/ Describe th	e public purpose made pu	rsuant to the agency's policy		
				Passes					
					×				
						Acies Cilia IIII in March 1997			
				Number					
	B. Name of India (Last, First			of Ticket(s)	<i>,</i>	Identify one of the	following:		
	(Last, 1 iis	ot/		Passes					
	Larson, Terry			2 eve		omote attendance at a county sponsored nt in order to maximize potential county enue for concession and parking sales.			
						monial Role U Other U Income I			
			- 8 1			king "Ceremonial Role" or "Other" de			
	Name of Outside Or	raanization		Number					
	C. (include address and			of Ticket(s)	Describe th	e public purpose made pu	rsuant to the agency's policy		
						, W			
1	Verification								
T a	I have read and understand FP	C Regulations	18011	1 and 1804	2 I have verified t	that the distribution set f	orth above is in accordance		
	with the requirements,	o Negurations	mat the distribution set f	orar above, is in accordance					
	ATTO DI DUNG				n	Ticket Administrator	4/20/40		
	Signature of Agency Head or Design	Fergerson		Title	1/22/19 (month, day, year)				
	Signature of Figure Print Marite					(2555)T	The street was beautiful		
	Comment:								

A	PL	dı	lic	Docu	ıme	nt

1.	Agency Name Oakland Alameda County C Division, Department, or Regi				Date Stamp	California 802 Form 801		
	Scott McKibben, OACCA Ex	,						
	Designated Agency Contact (.01	WOODSTOND THE WOOD OF THE PARTY		<u> </u>		
		,						
	Area Code/Phone Number	E-mail				. Amendment (Must)	Provide Explanation in Part 3.)	
	510.383.4801	smckibben1	@gmail	.com		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	nation	raesti vasasti vasasiusisti etisas	nnnannet (fanset far eg spinnnannet (far eg sent e	-tunkt-118818-killeteliste-tunnastunkt-unutt-	L		
	Does the agency have a tick	ket policy?	Yes D	No∏ F	ace Value of	Each Ticket/Pass \$ 1	500.00	
	Event Description: Elton Joh					<u>/ 18 / 19</u>		
	Event Description	Provide Tit	le/ Explan	ation	Jale(S)			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🛭	No□ If	no:	Name of Source		
	Was ticket distribution made	at the beheet	V 15		yes: McKibb	en,Scott		
	of agency official?	at the penest	Yes 🗠	л ПоИ г.	y C O	Official's Name (Last, First)		
		2000-20	reed tunner out out the test Authorite	minganinanganasannasannasannasannas	erretannes (egeneratures en transportant en transportant en transportant en transportant en transportant en tr			
3.	Recipients							
	Use Section A to identify the agen	cy's department or	unit. • I		dentify an individ	lual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit			Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy	

	B. Name of Indi (Last, Fir.			Number of Ticket(s)/ Passes		Identify one of the following:		
					1	nonial Role Other C king "Ceremonial Role" or "Other" de	_	
	,				1	nonial Role Other C	_	
	C. Name of Outside O			Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy	
	Gratitude Network 349 Man Street #201			4		Coliseum Complex fo ses to maximize reve	or use by general public nues	
	Pleasanton, CA 94566							
4.	Verification I have read and understand FP with the negative regions	The second secon	Scott	VicKibben	l have verified i	Executive Director	01.3.19	
	Comment:	ee	Prì	nt Name		Title	(month, day, year)	

1.	Agency Name		55001111111111111111111111111111111111	Date Stamp California							
	Oakland Alameda County C	oliseum Author	ity			Form 802					
	Division, Department, or Reg	on (if applicable)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	For Official Use Only					
	Scott McKibben, OACCA Ex	cecutive Directo	or								
	Designated Agency Contact (Name, Title)			-						
					□ Amendment (Must	Provide Explanation in Part 3.)					
	Area Code/Phone Number	E-mail			Turionality (mast rovide Explanation Riv alt 6.)						
	510.383.4801	smckibben1@	gmail.com		Date of Original Filing	(month, day, year)					
2.	Function or Event Inform	nation		ood fi bahaadaa ayaa qaa ayaa qaa aaaa aa aa aa aa aa aa aa aa aa a							
	Does the agency have a tick	et policy?	Yes⊠ No ☐ F	ace Value of	Each Ticket/Pass \$ _	1500.00					
	Event Description: Elton Joh	-			<u></u>						
	Event Description:	Provide Title	/ Explanation	ate(s) U	10 110						
	Ticket(s)/Pass(es) provided			Name of Source							
	Was ticket distribution made	at the behest	Yes ☐ No ☒ IT	yes:	Official's Name (Last, First)						
	of agency official?										
3.	Recipients				The second secon						
	-	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.									
	A. Name of Agency, Depa		Number of Ticket(s)/			rsuant to the agency's policy					
			Passes								
		,									
	B. Name of India (Last, Firs		Number of Ticket(s)/	1.	Identify one of the following:						
			Passes		D	J					
	McKibben, Scott		4	If check	nonial Role Other Other Other Other Other Other Other Other Other	escribe below:					
			4	to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex							
					ionial Role O Other						
					ing "Ceremonial Role" or "Other" d						
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's po							
			F 43562								
		7									
	. /										
inemies	Verification /			AND SUMMERS AND ADDRESS OF THE SUMERS AND ADDRESS OF THE SUMMERS AND ADDRESS OF THE SUMERS AND ADDRESS OF THE SUMER							
,	Lhave read and understand FP	PC Regulations 1	8944.1 and 18942. I	have verified t	hat the distribution set t	orth above, is in accordance					
The state of the s	with the requirements										
	X NIXIWAM NI	1	Scott McKibben		Executive Director	01.3.19					
	Signature WASendy Head or Designe		Print Name		Title	(month, day, year)					
	Commont:										
	Comment:										

Agency Report of:

-		[.				
(Ceremon	ial	Role	Events	and Ticket/Page	Distributions

Agency Name Date Siamp	4	AgonoviNamo			THE THE PARTY OF T	1		
Division, Department, or Region (if applicable) OACAC Commissioner Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Area Gode/Phone Number 150-272-6691 Leeann fergerson@acgav.org Date of Original Filing:	١,		National Oations			Date Stamp		
OACCA Commissioner Designated Agency Contact (Namo, Tide) Lee Ann Fergerson, Ticket Administrator Area Code/Phone Number E-mail leeann.fergerson@acgov.org Date of Original Filine:				utnonty				
Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Area Code/Phone Number S-mail Date of Original Filling: Incells, day, yeard 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 304.80 Event Description: Warriors vs. Rockets Parks's Tate/Expanasion Date (s) 1 3 49 (9			топ (п аррясавіе)				,,	
Lee Ann Fergerson, Ticket Administrator Area Code/Phone Number E-mail 510-272-6691 Leeann.fergerson@acgov.org Date of Original Filing: Imonits. day, year] 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 304.80 Event Description: Warriors vs. Rockets Date (s) 1 / 3 3 / 4 / 4			/A		CONTRACTOR OF THE CONTRACTOR O	_		
Area Code/Phone Number E-mail								
Date of Original Filing:						Amendment (Must F	rovide Explanation in Part 3,)	
2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No ☐ Face Value of Each Ticket/Pass \$ 304.80 Event Description: Warriors vs. Rockets Provide Table Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No ☐ If no: GSW Was ticket distribution made at the behest Yes ☒ No ☐ If no: GSW Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Haggerty, Scott 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 individual of ticket(s)/Passes B. Name of Agency, Department or Unit		Area Code/Phone Number	E-mail			N.		
Does the agency have a ticket policy? Event Description: Warriors vs. Rockets Provide Titlet Explanation Ticket(s)/Pass(es) provided by agency? Yes No Date(s) 1 3 16 (9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		510-272-6691	leeann.fergerson@	@acgov.org		Date of Original Filing:	(month, day, year)	
Event Description: Warriors vs. Rockets Provider Tible Explanation Ticket(s)/Pass(es) provided by agency? Yes \(\) No \(\) If no: \(\) No \(\) If no: \(\) At the description 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 A to Identify an outside organization. A. Name of Agency, Department or Unit B. Name of Individual (Last, Firat) B. Name of Outside Organization (Include address and description) B. Name of Outside Organization (Include address and description) C. Name of Outside Organization (Include address and description) B. Name of Outside Organization (Include address and description) C. Name of Outside Organization (Include address and description) C. Name of Outside Organization (Include address and description) B. Name of Outside Organization (Include address and description) B. Name of Individual (Last, Firat) C. Name of Outside Organization (Include address and description) B. Name of Individual (Last, Firat) C. Name of Outside Organization (Include address and description) B. Name of Individual (Last, Firat) Describe the public purpose made pursuant to the agency's policy passes Corrected fireth public purpose made pursuant to the agency's policy revenue for concession and parking sales. C. Verification I have read and understand FPPC Regulations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. C. A.	2.	Function or Event Infor	mation					
Event Description: Warriors vs. Rockets Provider Tible Explanation Ticket(s)/Pass(es) provided by agency? Yes \(\) No \(\) If no: \(\) No \(\) If no: \(\) At the description 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 A to Identify an outside organization. A. Name of Agency, Department or Unit B. Name of Individual (Last, Firat) B. Name of Outside Organization (Include address and description) B. Name of Outside Organization (Include address and description) C. Name of Outside Organization (Include address and description) B. Name of Outside Organization (Include address and description) C. Name of Outside Organization (Include address and description) C. Name of Outside Organization (Include address and description) B. Name of Outside Organization (Include address and description) B. Name of Individual (Last, Firat) C. Name of Outside Organization (Include address and description) B. Name of Individual (Last, Firat) C. Name of Outside Organization (Include address and description) B. Name of Individual (Last, Firat) Describe the public purpose made pursuant to the agency's policy passes Corrected fireth public purpose made pursuant to the agency's policy revenue for concession and parking sales. C. Verification I have read and understand FPPC Regulations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. C. A.		Does the agency have a tick	ket policy? Yes	⊠No□	Face Value of	Each Ticket/Pass \$ 30	04.80	
Ticket(s)/Pass(es) provided by agency? Yes No If no. GSW Mame of Source Magnety Scott		Event Description: Warriors						
Mass licket distribution made at the behest Yes ⊠ No ☐ If yes: Haggerty, Scott Official's Name (Lest, First) 3. Recipients - 'Use Section B to identify an individual Clast, First) - 'Use Section		Event Description.	Provide Title/ Expl	anation	Date(s)	<i>J</i>		
Mass licket distribution made at the behest Yes ⊠ No ☐ If yes: Haggerty, Scott Official's Name (Lest, First) 3. Recipients - 'Use Section B to identify an individual Clast, First) - 'Use Section		Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □	If no: GSW			
of agency official? 3. Recipients - Use Section B to identify an individual. A. Name of Agency, Department or Unit Of Ticket(s)/ Passes B. Name of Individual (Last, First) B. Name of Individual (Last, First) Of Ticket(s)/ Passes Ceremonial Role Other Income In						Name of Source		
A. 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(s)/ Passes		Was ticket distribution made	e at the behest Yes	⊠ No □	If yes: Hagger	ty, Scott		
Name of Agency, Department or unit. Vise Section A to identify the agency's department or unit. Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy		of agency official?				Omeiars wante (Last, First)		
B. Name of Individual (Last, First) Ceremonial Role Other Income If checking "Ceremonial Role Other Income If checking "Ceremon	J.	• Use Section A to identify the agen	Number	<u> </u>				
B. Name of Individual (Last, First) of Ticket(s) Passes Identify one of the following: Income In								
C. Name of Outside Organization (Include address and description) Woldesenbet, Mikda Describe the public purpose made pursuant to the agency's policy Passes To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Ticket Administrator Title (month, day, year)				of Ticket(s)/		identify one of the following:		
Woldesenbet, Mikda 2 To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. 1. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Ticket Administrator								
C. (include address and description) Of Ticket(s)/ Passes Woldesenbet, Mikda 2 To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. 1. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Ticket Administrator Title (month, day, year)		-			\$			
event in order to maximize potential county revenue for concession and parking sales. 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Ticket Administrator Title (month, day, year)				of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy	
4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Ticket Administrator Title (month, day, year)		Woldesenbet, Mikda		2	event in order to maximize potential co		potential county	
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Ticket Administrator Title (month, day, year)				***				
with the requirements. Lee Ann Fergerson Ticket Administrator Title (month, day, year)	4.	Verification						
Lee Ann Fergerson Ticket Administrator V Signature of Agency Head or Designee Print Name Title (month, day, year)		I have read and understand FP	PC Regulations 1894	4.1 and 18942.	. I have verified	that the distribution set fo	orth above, is in accordance	
Signature of Agency Head or Designee Print Name Title (month, day, year)	(wild ine requirements.		_		Man 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	12-19-18	
comment: Put urong year 3/62019		Signature of Agency Head or Design					(month, day, year)	
		Comment:	Putux	ona 4	ear s	162019		

_			JIVUI UJJ	Distributions		A Public Document		
1.	Agency Name				Date Stamp	California 802		
	Oakland-Alameda County C	Coliseum Auth	hority			Form OUZ		
	Division, Department, or Reg	ion (If Applicabl	le)		1	For Official Use Only		
	Barbara J. Parker, City Atto		Official					
	Designated Agency Contact (Name, Title)						
				9		MARK And Dark Brown Market		
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)			
	(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing: _	(Month, Day, Year)		
2.	Function or Event Inform	mation						
	Does the agency have a ticke	t policy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$	60.00		
	Event Description Harlem Glo	obetrotters		Data(a) 01	, 12 , 19			
	Event Description	Provide Title/Exp	planation	Date(s)				
	Ticket(s)/Pass(es) provided by	/ agency?	□ If no:	Name of Sour				
			Yes 🗵 No		Name of Sour	rce		
Was ticket distribution made at the behest No ☑ Yes ☐ If yes:					015 : 11 11			
or agency official?					Official's Name (La	est, First)		
3.	Recipients	de deventurent en						
	Use Section A to identify the agency		Number of					
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy		
			I das(es)					
	B. Name of Individua		Number of Ticket(s)/ Pass(es)	Identify one of the following:				
				Ceremonial Role	Other 🛛	Income		
	Butler, Eric		2	10 AS AS	al Role" or "Other" describe below:			
			W-24	services to the Auth	es to City and County e	mployees that provide		
ě								
				Ceremonial Role L If checking "Ceremonia	Other Dal Role" or "Other" describe below:	Income L		
(C. Name of Outside Organia		Number of Ticket(s)/	Describe the publi	c purpose made pursuant to	the agency's noticy		
	(include address and desc	ription)	Pass(es)		o parpoor made parodant to	the agency's policy		
	Verification							
1	have read and understand FPPC Regula	tions 18944.1 and	rth above, is in accordance with t	the requirements.				
25	my Ser		Attorney/OAACA Offici	al 01/22/2019				
1	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 802		
	Oakland-Alameda County C	Coliseum Autl	hority					
	Division, Department, or Regi	ion (If Applicab	le)			For Official Use Only		
	Barbara J. Parker, City Attor	rnev/OAACA	Official					
	Designated Agency Contact (ACCORDING TO SERVE SERVING CO.	Official					
		, ,						
	A O . I . /Dl N I	Te ·			Amendment (Must pro	vide explanation in Part 3.)		
	Area Code/Phone Number	E-mail	- I I - I - 21 - 10 - 10 - 10 - 10 - 10 - 10 - 10		Date of Original Filings			
	(510) 238-3815		aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Inform					200.00		
	Does the agency have a ticker		Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$	200.00		
	Event Description Kelly Clark	son		Date(s)01		1 1		
	·	Provide Title/Exp	olanation	(-)	19			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🛛 No	☐ If no:	Name of Sour			
	NA7		====					
	Was ticket distribution made a of agency official?	t the behest	No 🛛 Yes	☐ If yes:	Official's Name (La	et Eiret)		
					Oniciais Ivaine (La.	31, 1 1131)		
3.	Recipients	l'e department evi	rumit - Una Cas	Alaw D to Ideatife t. di tal.		1 10		
			Number of	ction B to identify an individual. • Use Section C to identify an outside organization.				
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy		
			1 455(65)					
			1					
	B. Name of Individua		Number of					
	(Lost, First)		Ticket(s)/ Pass(es)		Identify one of the following			
				Ceremonial Role	Other 🗵	Income		
	Sha, Justin		2	(a) ====	al Role" or "Other" describe below:			
				To provide incentive	res to City and County employees that provide			
			-	services to the Auth				
				Ceremonial Role	Other al Role" or "Other" describe below:	Income		
				il cliecking deteriorie	arkole of Other describe below.			
	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		
		*						
9								
_	Varification							
	Verification have read and understand FRPC Regula	ations 18944 1 and	d 18942 have ve	rified that the distribution set for	rth above is in accordance with	ha raquiraments		
,	By L(s) &	10044. I am						
/.	Signature of Agency Head or Designee		Barbara J. F		Attorney/OAACA Offici			
	Signature of Agency Fleat of Designee		rпп	7	Title	(Month, Day, Year)		
(Comment:							

1.	Agency Name			Date Stamp	California 802					
	Oakland-Alameda County C	Coliseum Auth	nority			Form OUZ				
	Division, Department, or Reg	ion (If Applicable	e)		1	For Official Use Only				
	Barbara J. Parker, City Atto	rnev/OAACA	Official							
	Designated Agency Contact		- moiai		1					
	Area Code/Phone Number	l E-mail			Amendment (Must pro	ovide explanation in Part 3.)				
	(510) 238-3815		aklandcityatto	ornev ora	Date of Original Filing:(Month, Day, Year)					
)	American St. Inches of the Control o		and raony and	omoy.org		(Month, Day, Year)				
-	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	74.50				
		35 SE	TES IN INO							
	Event Description Super Cro	Provide Title/Exp	lanation	Date(s)						
	T-1			- Kno.						
	Ticket(s)/Pass(es) provided b	y agency?	Yes⊠ No		Name of Sou	rce				
	Was ticket distribution made a	at the behest	No ⊠ Yes	☐ If yes:						
	of agency official?		(1) STATE (STATE)		Official's Name (La	ast, First)				
3.	Recipients									
	Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.									
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant t	o the agency's policy				
			Pass(es)							
			-							
	D Name of Individual		Number of							
	Name of Individua	•	Ticket(s)/ Pass(es)	Identify one of the following:						
				Ceremonial Role	Other 🗵	Income				
	Hartfield, Rolanda		4		ial Role" or "Other" describe below:					
				To provide incentives to City and County employees that provide services to the Authority						
				Ceremonial Role	Other L	Income L				
	C. Name of Outside Organ	ization	Number of	Describe the nub	lia numana mada numusas s					
	(include address and des	cription)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy				
			*							
	Verification									
	I have read and understand FPPC Regul	ations 18944.1 and	l 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.				
	Barbo for		Barbara J. F	Parker Citv	Attorney/OAACA Offic	ial 01/22/2019				
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)				
	Comment:									

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	a a received consist madellin	See Control Control	STATE OF STA	e - December - New York and Albania and Constitution & Constitution of the Constitutio		A I ubite bocument				
 Agency N 	ame				Date Stamp	California 802				
Oakland-Al	ameda County C	Coliseum Auth	nority			Form				
Division, De	partment, or Reg	ion (If Applicabl	le)		1	For Official Use Only				
Barbara J. I	Parker, City Atto	rnev/OAACA	Official							
	Agency Contact		Omolai							
J	,	,								
					Amendment (Must pro	ovide explanation in Part 3.)				
	hone Number	E-mail								
(510) 238-3			aklandcityatt	orney.org	Date of Original Filing: _	(Month, Day, Year)				
	or Event Infor					204.00				
Does the age	ency have a ticke	t policy?	Yes 🗵 No		f Each Ticket/Pass \$					
Event Descri	ption Warriors v	. Houston Ro	ckets	Date(s) 01		î î				
Event Bessii	ption	Provide Title/Exp	lanation	Date(3)						
Ticket(s)/Pas	ss(es) provided by	/ agency?	Yes⊠ No	□ If no:						
()	-(/	:3:::::7:	163 🔼 110		Name of Sour	rce				
	stribution made a	t the behest	No ⊠ Yes	☐ If yes:						
of agency o	fficial?			Yes If yes:						
. Recipients	Recipients									
 Use Section A 	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 o	of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant t	o the agency's policy				
J-X-10-2			Pass(es)							
-										
В.	Name of Individua	ı	Number of Ticket(s)/		Identify one of the following:					
	(Last, First)		Pass(es)	Identify one of the following:						
Vivon Alon				Ceremonial Role	0.0000000000000000000000000000000000000	Income				
Yuen, Alan			2	20 M 10 10 10 10 10 10 10 10 10 10 10 10 10	If checking "Ceremonial Role" or "Other" describe below:					
			250	services to the Auth	tives to City and County employees that provide					
-										
				Ceremonial Role L	☐ Other ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Income L				
C. Nam	ne of Outside Organi	zation	Number of							
(inclu	de address and desc		Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy				
						SHIPOTO SERVICE STATE CHILD STATE				
11 10 41										
Verification		tions 18044 4 ~~~	10012 barra	rified that the distance	AL LE COMPANIE FOR A COMPANIE COMPANIE COMPANIE					
A	A Regula	0			th above, is in accordance with t					
Bul	and the		Barbara J. F		Attorney/OAACA Offici	al 01/22/2019				
Signature of A	gency Head or Designee		Print Name	9	Title	(Month, Day, Year)				
Comment:										
JOHN LILL										

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1.	Agency Name				Date Stamp	California 802			
	Oakland-Alameda County C	oliseum Auth	ority						
	Division, Department, or Regi	ion (If Applicable	e)			For Official Use Only			
	Barbara J. Parker, City Attor	rnev/OAACA	Official						
	Designated Agency Contact (Action of the contract of the	Omorar						
	3 ,								
	Avera Carda /Diagra Name	le "			Amendment (Must pro	ovide explanation in Part 3.)			
	Area Code/Phone Number	E-mail	lda adalı an		Date of Original Filing: _				
	(510) 238-3815	bparker@oa	кіапасітуат	orney.org	Date of Original Filling	(Month, Day, Year)			
	r anotion of Event infon					204.90			
	Does the agency have a ticker		Yes 🗵 No	Face Value o	Face Value of Each Ticket/Pass \$304.80				
	Event Description Warriors v.	. New York Kı	nicks	Date(s)01	0819				
	2.	Provide Title/Expl	anation						
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Sour				
	\\(\lambda \) = \(\lambda \)	6 H 1 - 1 1	<u> </u>		Name of Sour	ce			
	Was ticket distribution made a of agency official?	t the behest	No ⊠ Yes	☐ If yes:	Official's Name (La	et Eiret			
_					Onicial's Ivanie (La	31, 1 1131)			
	Recipients	la danamant av		-Maria Dia dia dia anta di dia					
9	Use Section A to identify the agency		Number of	ction B to identify an individu	al. • Use Section C to identif	y an outside organization.			
	A. Name of Agency, Department	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy			
			r ass(cs)						
,									
•	D Nome of Individue		Number of						
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the following:				
•				Ceremonial Role	Other 🛛	Income			
	Guerrero, Laura			If checking "Ceremonial Role" or "Other" describe below:					
			2		de incentives to City and County employees that provide				
				services to the Auth	hority				
				Ceremonial Role		Income			
				If checking "Ceremonia	l Role" or "Other" describe below:				
-	Alama of Outside Owners		Number of						
(Name of Outside Organiz (include address and desc		Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy			
-			r ass(es)	国工产产业和自然表表。 第1					
	Verification	un grand ton no m							
1	have read and understand FPPC Regula	tions 18944.1 and	18942. I have vei	rified that the distribution set for	th above, is in accordance with t	he requirements.			
_	Theburgo Anh		Barbara J. F	Parker City	Attorney/OAACA Offici	al 01/22/2019			
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day. Year)			
12									
C	Comment:								

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1.	Agency Name		AN		Date Stamp	California 802	
	Oakland-Alameda County C	Coliseum Auth	nority			Form OUZ	
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only	
	Barbara J. Parker, City Atto	rney/OAACA	Official				
	Designated Agency Contact						
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)	
	(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	304.80	
	Event Description Warriors v	. New Orlean		Date(s)01	1619		
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Source		
	Was ticket distribution made a	it the behest	No⊠ Yes	☐ If ves:			
	of agency official?		Official's Name (Las	st, First)			
3.	Recipients						
	Use Section A to identify the agency	y's department or		ction B to identify an individu	al. • Use Section C to identify	an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's poli			
			Pass(es)				
	B. Name of Individua	d	Number of Ticket(s)/		Identify one of the following:		
	(220) 110)		Pass(es)	Commercial Balan	7		
	Ng, Ryan			Ceremonial Role L	Other X al Role" or "Other" describe below:	Income	
			2	To provide incentive	es to City and County er	mployees that provide	
				services to the Auth	ority		
				Ceremonial Role	Other Dal Role" or "Other" describe below:	Income	
				in checking deternolle	arrole of Other describe below.		
75							
	C. Name of Outside Organi		Number of Ticket(s)/	Describe the publi	ic purpose made pursuant to	the agency's policy	
	(include address and desc	cription)	Pass(es)			and agency o policy	
,							
-	M16: A						
	Verification have read and understand FPPC Regula	ations 18944.1 and	18942. I have ver	rified that the distribution set for	th above is in accordance with #	ne requirements	
	Barbant Park		Barbara J. F				
0.	Signature of Agency Head or Designee		Print Name		Attorney/OAACA Officia	01/22/2018 (Month, Day, Year)	
					20032	(Month, Day, 16al)	
(Comment:						

		- DY - DY 28		A Fublic Document	
. Agency Name			Date Stamp	California 802	
Oakland-Alameda County Coliseum Au	uthority			Form OUZ	
Division, Department, or Region (If Applica	able)			For Official Use Only	
Barbara J. Parker, City Attorney/OAAC	A Official				
Designated Agency Contact (Name, Title)	71 Omolal				
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
	oaklandcityatt	Cornov ora	Date of Original Filing: _		
Function or Event Information	Oakianucityati	orney.org	Date of Original Filling.	(Month, Day, Year)	
5.2				304.80	
Does the agency have a ticket policy?	Yes⊠ No	⊢ Face Value o	f Each Ticket/Pass \$	304.80	
Event Description Warriors v. Philadelph	nia 76ers	Date(s)01			
Provide Title/E.	xplanation				
Ticket(s)/Pass(es) provided by agency?	Yes 🗵 No	☐ If no:	Name of Sour		
Was ticket distribution made at the behest					
of agency official?	No ⊠ Yes	☐ If yes:	Official's Name (La	st First)	
Recipients					
Use Section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency of the	or unit. • Use Se	ction B to identify an individua	al allea Section C to identify	v an autoide arraniadia.	
A. Name of Agency, Department or Unit	Number of				
A. Name of Agency, Department of Offic	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy	
B. Name of Individual	Number of				
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ji.	
Duona Marina		Ceremonial Role	Other 🗵	Income	
Duong, Maxine	2	If checking "Ceremonial Role" or "Other" describe below:			
		To provide incentive services to the Author	s to City and County e	mployees that provide	
			7		
		Ceremonial Role	Other L	Income	
		,	THOSE OF OTHER DESCRIBE BEIOW.		
C. Name of Outside Organization	Number of				
(include address and description)	Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy	
				CONTRACTOR OF THE STATE OF THE	
	1 1				
Br. hr. 1					
Verification Subunt					
Verification have read and understand FPPC Regulations 18944.1 an	d 18942. I have ver	ified that the distribution set fort	h ábove, is in accordance with th	ne requirements	
Verification have read and understand EPPC Regulations 18944.1 an		N 690 Sec. 1550			
	d 18942. I have ver Barbara J. P	arker City A	h above, is in accordance with th Attorney/OAACA Officia		

Comment: _

┰	Agency Name	ts and Ticket/F			T T	blic Documen		
١.	Oakland Alameda County (Colinarim Authority			Date Stamp	California 802		
	Division, Department, or Reg					For Official Use Only		
						Tor Official Ose Oray		
	Lynette McElhaney, OACCA Designated Agency Contact				_			
	Doolghated Agency Contact	(Name, Inie)						
	Area Code/Phone Number	l E-mail			Amendment (Must Provide	Explanation in Part 3.)		
	510.383.4801	rsavage@coliseun	n.com		Date of Original Filing:	nonth, day, year)		
2.	Function or Event Infor	mation						
	Does the agency have a ticl		⊠ No 🗆	Face Value of	Each Ticket/Pass \$ 60.00			
		163						
	Event Description: PBR	Provide Title/ Expla	nation	Date(s)	<u>, 5 , 19 </u>			
	Ticket(s)/Pass(es) provided			If no:				
				Name of Source				
	Was ticket distribution made	at the behest Yes	□No⊠	If yes:	Official's Name (Last, First)			
	of agency official?				Oniolal S Nonio (Edist, 1 1/31)			
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 identify an	outside organization.		
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursuant	to the agency's policy		
	B. Name of India		Number of Ticket(s)/		Identify one of the followi	100		
	(Last, Firs	(a)	Passes					
	McElhaney, Lynette		2	to promote t	nonial Role	ise by general		
				Cerem	nonial Role Other of the describe be	Income		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant i	to the agency's policy		
	Verification					Surprise State Sta		
-	have read and understand FPF vith the requirements	PC Regulations 18944. 7.1 A A	1 and 18942.	I have verified t	hat the distribution set forth ab	oove, is in accordance		
	Jew Coul		e Savage	OAG	CCA Ticket Administrator	01.31.19		
-	Signature of Agency Head or Designe	71	nt Name		Title			

(month, day, year)

1.	Agency Name			Date Stamp California				
	Oakland Alameda County C	·				Form OUA		
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only		
	Lynette McElhaney, OACCA							
	Designated Agency Contact	(Name, Title)]			
				,	Amendment (Must Pro	ovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail						
	510.383.4801	rsavage@coliseum	n.com		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation						
	Does the agency have a tick	ret policy? Yes [⊠ No □ F	ace Value of	Each Ticket/Pass \$ 60.00			
	Event Description: Harlem C	Globetrotters	г		<u>, 12 , 19</u>			
		Provide Title/ Explai	nation					
	Ticket(s)/Pass(es) provided	by agency? Yes [X No □ I	no:	Name of Source			
	Was ticket distribution made	at the behest Yes I		f yes:				
	of agency official?	105			Official's Name (Last, First)			
3.	Dociniosto		en e	And the second s				
ن.	Recipients • Use Section A to identify the agen	cy's department or unit •	Use Section B to i	identify an individ	ual • Use Section C to identif	v an nuteide organization		
			Number	identify an individual. • Use Section C to identify an outside organization.				
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pursi	uant to the agency's policy		

			,					
	B. Name of Indi			Identify one of the following:				
			Passes	Cerem	onial Role Other 🗵	Income 🗌		
	McElhaney, Lynette		2	If check	ing "Ceremonial Role" or "Other" desc	rībe below:		
				public and b	ne Coliseum Complex fusinesses to maximize	or use by general revenues		
				Cerem	onial Role Other	Income 🗌		
				If check	ing "Ceremonial Role" or "Other" descr	ribe below:		
	C. Name of Outside Or		Number of Ticket(s)/	Describe the	e public purpose made pursu	uant to the agency's policy		
	Victoria de la companya del companya de la companya del companya de la companya d		Passes		* * *			
4.	Verification		**************************************	A. A		22.20		
	I have read and understand FP	PC Regulations 18944.	.1 and 18942.	l have verified t	hat the distribution set for	th above, is in accordance		
/	with the requirements/	01						
	KINEL MI		e Savage	OA(CCA Ticket Administrate	or 01.31.19		
	Signature of Agency Head or Designation	ed Pr	int Name		Title	(month, day, year)		
	Comment:							

Division, Department, or Region (if applicable) Lynette McElhaney, OACCA Commissioner Designated Agency Contact (Name, Title) Area Code/Phone Number 510.383.4801 E-mail rsavage@coliseum.com Date of Original Filing:	1.	Agency Name	Calianum Authoritu	e		Date Stamp	California 8	0)2	
Lynette McElhaney, OACCA Commissioner Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail Tsavage@coliseum.com Date of Original Filing: (month, day, year)			<u>*</u>					ly	
Area Code/Phone Number E-mail		· · · · · · · · · · · · · · · · · · ·							
Area Code/Phone Number 510.383.4801 rsavage@coliseum.com Date of Original Filing:		· ·							
Area Code/Phone Number E-mail rsavage@coliseum.com Date of Original Filling:		Designated Agency Contact	(Name, nue)						
2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 1500.00 Event Description: Elton John Date(s) 1 / 18 / 19 Ticket(s)/Pass(es) provided by agency? Yes No If no: Was ticket distribution made at the behest 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. A. Name of Agency, Department or Unit Passes McElhaney, Lynette 2 Number of Ticket(s)/Passes Ceremonial Role Other Image: Income (Last, First)		Area Code/Phone Number	E-mail			Amendment (Musi	t Provide Explanation in Part 3	.)	
2. Function or Event Information Does the agency have a ticket policy? Yes \(\) No \(\) Face Value of Each Ticket/Pass \(\) \(\) 1 / 18 / 19 \\ Event Description: \(\) Elton John \(\) Provide Titler (Explanation Frovide Titler (Explanation Frovid		510 383 4801	rsavane@coliseum	ı com		Date of Original Filing		ļ	
Does the agency have a ticket policy? Yes \ No \ Face Value of Each Ticket/Pass \$ \frac{1500.00}{\} Event Description: \(\frac{\text{Elton John}}{\text{Pass(es)}} \) \(\frac{\text{Elton John}}{\text{Pass(es)}} \) \(\frac{\text{Datableon}}{\text{Pass(es)}} \) \(\frac{\text{Pass(es)}}{\text{Pass(es)}} \) \(\text{provide Title/Explanation} \) \(\text{Ticket(s)/Pass(es)} \) \(\text{provide Title/Explanation} \) \(\text{Ticket(s)/Pass(es)} \) \(\text{provide Title/Explanation} \) \(\text{Name of Source} \) \(\text{Name of Source} \) \(\text{Vast ticket distribution made at the behest Yes \ \ \text{No } \ \end{align*} \) \(\text{If yes: } \) \(\frac{\text{Official's Name (l.ast, First)}}{\text{Official's Name (l.ast, First)}} \) \(\text{Name of Agency's department or unit.} \) \(\text{Use Section B to identify an individual.} \) \(\text{Use Section C to identify an outside organization.} \) \(\text{Number of Ticket(s)/Passes} \) \(\text{Describe the public purpose made pursuant to the agency's policy Passes} \) \(\text{Passes} \) \(\text{Describe the public purpose made pursuant to the agency's policy Passes} \) \(\text{Number of Ticket(s)/Passes} \) \(\text{Describe the public purpose made pursuant to the agency's policy Passes} \) \(\text{Number of Ticket(s)/Passes} \) \(\text{Describe the clowing: Ticket(s)/Passes} \) \(\text{Describe the Colliseum Complex for use by general public and businesses to maximize revenues \) \(\text{Ceremonial Role } Other \text{Other describe below: to promote the Colliseum Complex for use by general public and businesses to maximize revenues \)				1.00111			(month, day, year)		
Event Description: Elton John 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) 3. Recipients *Use Section A to identify the agency's department or unit. *Use Section B to identify an individual. *Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Passes	2.						1500 OO		
Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source							1300.00		
Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source		Event Description: Elton Jo	hn		Date(s)1	<u>/ 18 / 19</u>		_	
Was ticket distribution made at the behest Yes No fagency official? No fagency official? Number of Ticket(s)/ Passes McElhaney, Lynette Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes McElhaney, Lynette Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Ceremonial Role of To 'Other' describe below: to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role of ceremonial Role of counter of ceremonial Role of ceremonial Role of counter of ceremonial Role			Provide Title/ Expla	nation					
Was ticket distribution made at the behest Yes No fagency official? No fagency official? Number of Ticket(s)/ Passes McElhaney, Lynette Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes McElhaney, Lynette Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Ceremonial Role of To 'Other' describe below: to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role of ceremonial Role of counter of ceremonial Role of ceremonial Role of counter of ceremonial Role		Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 📙 🗓	r no:	Name of Source			
A. Name of Agency, Department or Unit B. Name of Individual (Last, First) Number of Ticket(s)/ Passes McElhaney, Lynette Describe the public purpose made pursuant to the agency's policy passes Ceremonial Role Other Income Income Ceremonial Role Other Income		Was ticket distribution made	e at the behest Yes						
Number of Ticket(s)/ Passes Number (Last, First) McElhaney, Lynette Number (Last, First) Number of Ticket(s)/ Passes Ceremonial Role			100			Official's Name (Last, Firs	t)		
Number of Ticket(s)/ Passes Number (Last, First) McElhaney, Lynette Number (Last, First) Number of Ticket(s)/ Passes Ceremonial Role				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			8555848666044444444444444444444444444444	***************************************	
A. Name of Agency, Department or Unit Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy	3.	-							
A. Name of Agency, Department or Unit of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy passes		• Use Section A to identify the ager	ıcy's department or unit.		identify an individ	lual. • Use Section C to ide	entify an outside organizatio	n.	
B. Name of Individual of Ticket(s)/ Passes McElhaney, Lynette Ceremonial Role Other Image: Income of the Colliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other Image: Income of the following: Income of the Colliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other Image: Income of the following: Incom		A. Name of Agency, Depart	artment or Unit	of Ticket(s)/	Describe th	e public purpose made p	ursuant to the agency's po	licy	
B. Name of Individual (Last, First) Identify one of the following: Ceremonial Role Other Income		•		Passes					
B. Name of Individual (Last, First) Identify one of the following: Ceremonial Role Other Income									
B. Name of Individual (Last, First) Identify one of the following: Ceremonial Role Other Income									
B. Name of Individual (Last, First) Identify one of the following: Ceremonial Role Other Income									
B. Name of Individual (Last, First) Identify one of the following: Ceremonial Role Other Income				Number				<u> </u>	
McElhaney, Lynette 2 Ceremonial Role ☐ Other ☑ Income If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role ☐ Other ☐ Income				of Ticket(s)/		Identify one of the following:			
2 If checking "Ceremonial Role" or "Other" describe below. to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other Income				1 40000	Caran	agnial Pole D Other	⊠ Inc		
public and businesses to maximize revenues Ceremonial Role Other Income		McElhaney, Lynette		2	If checking "Ceremonial Role" or "Other" describe below:				
Ceremonial Role Other Income				-					
					<u> </u>	····		оте П	
					1			01110	
Name of Outside Organization Number Posseribe the public purpose made pursuant to the acceptate public purpose made purpose m		Name of Outside O	rganization		Danaulta Ab			7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
C. (include address and description) Of Ticket(s)/ Passes Of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy					Describe th	le public purpose made p	ursuant to the agency's po	нсу	
4. Verification	4.	Verification						***************************************	
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordar		I have read and understand FF	PC Regulations 18944	1.1 and 18942.	I have verified t	that the distribution set	forth above, is in accord	dance	
with the requirements!	1	with the requirements.	ad 1						
Renee Savage OACCA Ticket Administrator 01.31.19		TIMESON	Cy Rene	ee Savage	OA	CCA Ticket Administ	trator 01.31.19	9	
Signature of Agency Head or Designee $oldsymbol{U}$ Print Name Title (month, day, year		Signature of Agency Head or Design	ree V P	rint Name		Title	(month, day,	year)	
Comment:									

Agency Report of:

		- 1-					
C	Ceremonia	al	Role	Events	and	Ticket/Pass	Distributions

1.	Agency Name		Carrier 1870 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880 - 1880	Date Stamp California				
	Oakland Alameda County C					Form 90/2 For Official Use Only		
	Division, Department, or Reg					Tor Official Ose Offig		
	Lynette McElhaney, OACCA							
	Designated Agency Contact	(Name,Title)						
	Area Code/Phone Number	E-mail			Amendment (Must F	Provide Explanation in Part 3.)		
	510.383.4801	rsavage@coliseum	.com		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	<u>l</u> mation				(
	Does the agency have a tick		⊠ No□ F	ace Value of	Fach Ticket/Pass \$ 200.00			
	Event Description: Kelly Cla				<u>/ 24 / 19</u>	, ,		
		Provide Title/ Explai	nation					
	Ticket(s)/Pass(es) provided	by agency? Yes	X No 🗌 🍴	f no:	Name of Source			
	Was ticket distribution made	at the behest Yes F			Official's Name (Last, First)			
	of agency official?				Official's Name (Last, First)			
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depart		Use Section B to i Number of Ticket(s)/ Passes	a see same sa		tify an outside organization. suant to the agency's policy		
	B. Name of Indi (Last, Fir.	Number of Ticket(s)/ Passes	Cerem	Identify one of the t				
	McElhaney, Lynette		2	to promote t	of the cking "Ceremonial Role" or "Other" describe below: ote the Coliseum Complex for use by general nd businesses to maximize revenues			
				1	nonial Role Other C king "Ceremonial Role" or "Other" de			
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy		
A	Verification							
₹.	I 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		
<u>/</u>	with the requirements	nch 1	e Savage		CCA Ticket Administra			
`	Signature of Agency Head or Design	/	int Name		Title	(month, day, year)		
	Comment:							

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 rsavage@coliseum.com Date of Original Filing: (month, day, year) 2. Function or Event Information Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 200.00 Does the agency have a ticket policy? Event Description: Kelly Clarkson Date(s) __1__/_24__/ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: ____ Yes ☑ No □ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other \square 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

Verification

Comment: _

I have read and understand	I FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth al	anya is in accordance
	3		That o rommod that the	algumation set tottit at	ove, is in accordance
with the requirements.					

Renee Savage

OACCA Ticket Administrator

01.31.19

(month, day, year)

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\sim	rı	ועוג	II C	IJUL	JUNI	еш

1.	Agency Name			Date Stamp California O 0 3				
	Oakland Alameda County C	•				Form QU/4		
	Division, Department, or Reg	. ,,				For Official Use Only		
	Ignacio De La Fuente, OAC							
	Designated Agency Contact (Name,Title)						
	Area Code/Phone Number	E-mail			Amendment (Must Pi	rovîde Explanatîon in Part 3.)		
	510.383.4801	rsavage@coliseun	n.com		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	nation	ээр тайш хэвгэг хан хүүрэд бай хэвгэг (160 ж оол	ones and managery part of a fall to the fall and a second control of the fall to the fall	The second secon	(control and production)		
	Does the agency have a tick	et policy? Yes	⊠ No□ 「	= ace Value of I	of Each Ticket/Pass \$ 200.00			
	Event Description: Kelly Cla			Date(s)1/				
		Provide Title/Expla	nation					
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🔲 I	f no:	Name of Source			
	Was ticket distribution made	at the behest Yes			Official's Name (Last, First)			
	of agency official?	.00			Official's Name (Last, First)			
3.	Recipients	marina na niisii na laha ya ga						
	• Use Section A to identify the agend	cy's department or unit. •	Use Section B to	identify an individi	ual. • Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Depa	egistekene og skilet	Number of Ticket(s)/					
			Passes					
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		ldentify one of the fo	llowing:		
	De La Fuente, Ignacio			If checking	onial Role Other X	Income Income		
			2	to promote the Coliseum Complex for use by general public and businesses to maximize revenues				
					onial Role Other	Income		
				1	ng "Ceremonial Role" or "Other" desc			
			Number					
	C. Name of Outside Org	of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy			
				okennessen managagagaan san Nobel				
	I have read and understand FPF	PC Regulations 18944	1 and 18942	have verified th	eat the distribution set for	th above in in accordance		
	with the requirements.	A	. r ana 10342. I	паче усппец (П	iai ine aisinbuli0fi Set f0f	ui above, is in accordance		
_	tene wa	Rene	OAC	OACCA Ticket Administrator 01.31.19				
	Signature of Agency Head or Designe		int Name		Title	(month, day, year)		
	Comment:							
	OMITTOR.							

A	PI	ldı	ic	Document	•
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1.	Agency Name	Date Stamp California			
	Oakland Alameda County Coliseum Authority				Form 502
	Division, Department, or Region (if applicable)			1	For Official Use Only
	Christin Hill, OACCA Commissioner				
	Designated Agency Contact (Name, Title)				
				Amondment (Marie	Provide Eveloneties in Co. (2)
	Area Code/Phone Number E-mail			. L. Amendment (Must F	Provide Explanation in Part 3.)
	510.383.4801 rsavage@coliset	ım.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Information				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Described to the state of	c □ N-□	Face Value of	Each Ticket/Pass \$ 30	04.80
	, -				
	Event Description: Warriors Basketball Provide Title/Ex,	nlanation	Date(s)1	<u> </u>	
			If no:		
				Name of Source	
	Was ticket distribution made at the behest Ye	s□ No⊠ [∣]	If yes:	Official's Name (Last, First)	
	of agency official?			Oniciai's Name (Last, First)	
3.	Recipients				agi (1777) da kananan aran 1975 ya 1975 da kananan aran 1975 ya 1975 da kananan aran 1975 ya 1975 da kananan a
٠.	• Use Section A to identify the agency's department or unit.	• Use Section B to	identify an individ	ual • Use Section C to ident	ify an autoida angadastica
		Number		uai. Osc section C to ident	
	A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pursuant to the agency's policy	
		1 43363			
	B. Name of Individual	Number			
	B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	Hill, Christin	***	Cerem	onial Role Other X	Income [
	Tilli, Offitsuit	2	If check	ing "Ceremonial Role" or "Other" des	cribe below:
			sports and or	e efficiencies of the op ther events at Coliseu	erations of various m Complex
				onial Role Other	
				ing "Ceremonial Role" or "Other" des	
	C. Name of Outside Organization	Number	Docaribo the	muhlia musaan at	
	(include address and description)	of Ticket(s)/ Passes	Describe are	public purpose made purs	uant to the agency's policy
~~~					
4.	Verification				
ا	have read and understand FPPC Regulations 1894	4.1 and 18942.	l have verified th	nat the distribution set for	rth above, is in accordance
-	with the requirements.				
=		nee Savage	OAC	CA Ticket Administrat	tor 01.31.19
•	Signature of Agency Head or Designed	Print Name		Title	(month, day, year)
	Comment:				
	COMMINGE.				

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 ☒ No ☐ Event Description: Warriors Date(s) __01__/ 03 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Perry, Rebecca If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Income Other ___ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

### 4. Verification

Comment:

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

		Sabrina B. Landreth	City Administrator	1/ 31 /2019
Signature of Agency Head or Designee		Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **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 \$ \$\frac{\$60.00}{}\$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: PBR Date(s) __01__/ 05 / 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. A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Salas, Ricardo If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

### 4. Verification

Comment:

I have read and unders	tand FPPC Regulations	18944.1 and 18942.	I have verified that	the distribution set forth	above, is in a	ccordance
with the requirements.						

	Sabrina B. Landreth	City Administrator	1/ 31 /2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document California 1. Agency Name Date Stamp **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Date(s) __01__/ 08 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Income Lu, Karen If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

with the requirements.

Sabrina B. Landreth

City Administrator

1/ 31 /2019

Signature of Agency Head or Designee

Comment:

Print Name

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$60.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Harlem Globetrotters Date(s) 01 / 12 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy 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 Income [ Shelly, Ricky 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: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

Comment:

City Administrator

Sabrina B. Landreth

1/ 31 /2019

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: . slandreth@oaklandca.gov 510-238-3301 (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) 01 / 16 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: __ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. **Passes** Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income King, Autumn If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator 1/ 31 /2019 Signature of Agency Head or Designee Print Name (month, day, year)

Comment: ___

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$1500.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Elton John:Farewell Yellow Brick Rd Date(s) 01 / 18 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: . Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Other X Ceremonial Role Income _ Appleyard, Ian If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Sabrina B. Landreth City Administrator 1/ 31 /2019
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

with the requirements.

### 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: Harlem Globetrotters Date(s) _01 / 19 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? 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 **Passes** Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Ceremonial Role Other X Income __ Le, Xi If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Verification

 vermoution				
I have read and understand	FPPC Regulations	18944.1 and	18942	I have

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

	Sabrina B. Landreth	City Administrator	1/ 31 /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 E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$200.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Kelly Clarkson Date(s) __01__/ 24 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: . Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Income Ramie-Adams, Crystal If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide 2 services to the Authority Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

### 4. Verification

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

	Sabrina B. Landreth	City Administrator	1/ 31 /2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:

### Agency Report of:

C	eremonial	Role	<b>Events</b>	and	Ticket/Pass	Distributions

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	STONE SERVICE AND THE SERVICE OF SERVICE SERVICES				Form OUZ
	Division, Department, or Reg					For Official Use Only
	Office of the City Administra					
	Designated Agency Contact	N 17 15				
	Sabrina B. Landreth, City A	dministrator			Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number				haust nicht eine Sie Annaber (nicht auf der Lieber (nicht eine Annaber (nicht eine Annaber (nicht eine Annaber	
	510-238-3301	slandreth@oakla	indca.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Ye	s⊠ No□ F	ace Value of	Each Ticket/Pass \$ _ <del>\$7</del> 2	1.90
	Event Description: Monster	Energy Supercros			, 26 , 19	, ,
	Event Description.	Provide Title/Ex	planation	Jate(s)		
	Ticket(s)/Pass(es) provided	by agency? Ye	s⊠ No□ I	f no:	Name of Source	
	NAV Palanta Palanta Pananta			f yes: Landret	Name of Source h. Sabrina	
	Was ticket distribution made	e at the benest Ye	s⊠ No□ "	i 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	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy
	D Name of Indi	Midual	Number			
	B. Name of Indi (Last, Fire		of Ticket(s)/ Passes		Identify one of the fol	lowing:
	Martinez, Susan		2	MC SOCIOCO CONTRA	onial Role Other Ming "Ceremonial Role" or "Other" descricentives to City employne Authority	Income In
				9	onial Role Other of "Other" descri	Income Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
1.	Verification		L.			
	I have read and understand FP with the requirements.	PC Regulations 1894	14.1 and 18942. I	l have verified ti	hat the distribution set fort	h above, is in accordance
			D I 1 - 0		Ott. A.L. I I I I	4/ 04 /0040
	Signature of Agency Head or Design		na B. Landreth		City Administrator	1/ 31 /2019 (month, day, year)
	Signature of rigority froud of Design	<b>XX</b>	Hamo		nuc	(month, day, year)
Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 slandreth@oaklandca.gov Date of Original Filing: (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Date(s) __01__/ 31 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Eve-Fisher, Saundra Income If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Other Ceremonial Role Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator 1/ 31 /2019 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: