Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Loren Taylor Designated Agency Contact (Name, Title) Renee Savage- OACCA Executive Assistant ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-383-4801 RSavage@coliseum.com (month, day, year) **Function or Event Information** Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🖸 No 🔲 Event Description: Harlem Globe Date(s) Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Name of Source If yes: Taylor, Loren Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Name of Individual identify one of the following: Barra-Gibson, Monica Ceremonial Role Income 2 If checking "Ceremonial Role Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Name of Outside Organization Describe the public purpose made pursuant to the ag

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

Loren Taylor

OACCA Commissioner

Title (month, day, year)

Comment: _

4. Verification

	gency Report of: eremonial Role Ever	nts and Ticket/	Pass Distr	ibutions	A	Public Document		
_	Agency Name				Date Stamp	California OOO		
	Oakland Alameda County (Coliseum Authority				Form 8U Z		
	Division, Department, or Reg	jion (if applicable)		For Official Use Only				
	Office of the City Administra	ator						
	Designated Agency Contact	(Name, Title)			-			
	Sabrina B. Landreth, City A	dministrator			Amondment (44, 45)	it Futuriani Butah		
	Area Code/Phone Number	Number E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)		
	510-238-3301	slandreth@oakla	ndca.gov		Date of Original Filing: _	(month, day, year)		
2.	Function or Event Infor	Function or Event Information						
	Does the agency have a tic	ket policy? Yes	s⊠ No□ F	Face Value of	Each Ticket/Pass \$	5.00		
	Event Description: Harlem	Globetrotters	<u>, 18 , 20 </u>					
	Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no:							
		ay ageney.			Name of Source			
	Was ticket distribution made	e at the behest Yes	s⊠ No□ ^I	f yes: Landret	h, Sabrina Official's Name (Last, First)	x		
	of agency official?				Onicial'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, Dep	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy			
	B. Name of Ind	ividual	Number	I I Spanges	Identify one of the fo	llowing		
	(Last, Fir		of Ticket(s)/ Passes			llowing.		
	Russo, Ryan	2	To provide i	nonial Role	Income ☐ ribe below: yees that provide			
					nonial Role Other Other king "Ceremonial Role" or "Other" desc	Income C		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy		
	·					-		
	Verification							
	I have read and understand FF	PPC Regulations 1894	that the distribution set for	th above, is in accordance				
	with the requirements.					20		
		Sabrina B. Landreth				2/1/2020		
	Signature of Agency Head or Design	nee	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 Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ \$\frac{\$75.00}{}\$ Does the agency have a ticket policy? Event Description: Harlem Globetrotters 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 3. • 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 В. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Income Ceremonial Role Other 🗵 Granados, Brian (Tino) If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority. Ceremonial Role Other \square 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 2/1/2020 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _

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

Comment: _____

A Public Document

						The second second second			
1.	Agency Name		Date Stamp	California 202					
	Oakland-Alameda County C	oliseum Auth		Form 002					
	Division, Department, or Regi		1	For Official Use Only					
	Barbara J. Parker, City Attor	'nov/OAACA	Official						
	Designated Agency Contact (Oniciai		-				
	Designated Agency Contact (vame, mej							
					Amendment (Must	provide explanation in Part 3.)			
	Area Code/Phone Number	E-mail			Date of Original Filing:				
	(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing	(Month, Day, Year)			
2.	Function or Event Inform	nation				75.00			
	Does the agency have a ticket		Yes 🗵 No	☐ Face Value of	of Each Ticket/Pass \$.	75.00			
	Event Description Harlem Glo	betrotters		Date(s) 01	18 , 20				
	Event Description	Provide Title/Exp	lanation	Date(s)					
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	☐ If no:					
	Tionot(o)/i doo(oo) provided by	agono,	TES [A] INU		Name of S	Source			
	Was ticket distribution made a	t the behest	No 🗵 Yes	☐ If yes:	Official's Name	Line Line			
	of agency official?				Official's Name	(Last, First)			
 3.	Recipients								
	Use Section A to identify the agency	Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuar	nt to the agency's policy			
	Pass(es)								
	Name of Individua	ı	Number of		Identify one of the follow	wing:			
	B. Name of Individua	ı	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:			
	(Last, First)	ı	Ticket(s)/	Ceremonial Role	Other 🔀	Income [
	B. Name of Individua (Last, First) Brown, Vincent	I	Ticket(s)/ Pass(es)	If checking "Ceremor	Other Other other describe below	Income C			
	(Last, First)	ı	Ticket(s)/	If checking "Ceremon To provide incentive	Other Ot	Income [
	(Last, First)	I	Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive services to the Aut	Other Ot	Income C y employees that provide			
	(Last, First)	l	Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive services to the Aut Ceremonial Role	Other Other Other Other Other Other Other Other	Income Cy employees that provide			
	(Last, First)	I	Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive services to the Aut Ceremonial Role	Other Ot	Income Cy employees that provide			
	(Last, First)	I	Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive services to the Aut Ceremonial Role	Other Other Other Other Other Other Other Other	Income Cy employees that provide			
	Brown, Vincent		Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive services to the Aut Ceremonial Role If checking "Ceremon	Other Sial Role" or "Other" describe below res to City and Count hority Other Other or "Other" describe below	Income C y employees that provide Income C			
	(Last, First)	ization	Number of Ticket(s)/	If checking "Ceremon To provide incentive services to the Aut Ceremonial Role If checking "Ceremon	Other Other Other Other Other Other Other Other	Income C y employees that provide Income C			
	Brown, Vincent Name of Outside Organ	ization	Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive services to the Aut Ceremonial Role If checking "Ceremon	Other Sial Role" or "Other" describe below res to City and Count hority Other Other or "Other" describe below	Income C y employees that provide Income C			
	Brown, Vincent Name of Outside Organ	ization	Number of Ticket(s)/	If checking "Ceremon To provide incentive services to the Aut Ceremonial Role If checking "Ceremon	Other Sial Role" or "Other" describe below res to City and Count hority Other Other or "Other" describe below	Income C y employees that provide Income C			
	Brown, Vincent Name of Outside Organ	ization	Number of Ticket(s)/	If checking "Ceremon To provide incentive services to the Aut Ceremonial Role If checking "Ceremon	Other Sial Role" or "Other" describe below res to City and Count hority Other Other or "Other" describe below	Income C y employees that provide Income C			
	Brown, Vincent Name of Outside Organ	ization	Number of Ticket(s)/	If checking "Ceremon To provide incentive services to the Aut Ceremonial Role If checking "Ceremon	Other Sial Role" or "Other" describe below res to City and Count hority Other Other or "Other" describe below	Income C y employees that provide Income C			
	Brown, Vincent Name of Outside Organ	ization	Number of Ticket(s)/	If checking "Ceremon To provide incentive services to the Aut Ceremonial Role If checking "Ceremon	Other Sial Role" or "Other" describe below res to City and Count hority Other Other or "Other" describe below	Income C y employees that provide Income C			
	Brown, Vincent Name of Outside Organ	ization	Number of Ticket(s)/	If checking "Ceremon To provide incentive services to the Aut Ceremonial Role If checking "Ceremon	Other Sial Role" or "Other" describe below res to City and Count hority Other Other or "Other" describe below	Income C y employees that provide Income C			
1.	Brown, Vincent C. Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive services to the Aut Ceremonial Role If checking "Ceremon Describe the put	Other Sial Role" or "Other" describe below res to City and Count hority Other Dial Role" or "Other" describe below below or "Other" or "Other" describe below belic purpose made pursual	y employees that provide Income			
1.	Brown, Vincent C. Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive services to the Auton Ceremonial Role of checking "Ceremon Pescribe the put serified that the distribution set	Other Sial Role" or "Other" describe below res to City and Count hority Other Dial Role" or "Other" describe below below or "Other" or "Other" describe below belic purpose made pursual	y employees that provide Income			

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

Comment: _____

A Public Document

1.	Agency Name		Date Stamp	California 802				
	Oakland-Alameda County C	oliseum Auth		Form 002				
	Division, Department, or Regi	ion (If Applicable	1	For Official Use Only				
	Barbara J. Parker, City Attor	rnev/OAACA	Official					
	Designated Agency Contact (-			
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)		
	(510) 238-3815	bparker@oa	klandcitvatto	rnev ora	Date of Original Filing:(Month, Day, Year)			
_	<u> </u>			inoy.org		(Month, Day, Year)		
2.			V N-	T Face Value	of Each Ticket/Pass \$ _	75.00		
	Does the agency have a ticke		Yes 🗵 No	_				
	Event Description Harlem Gi	obetrotters Provide Title/Expl	lanation	Date(s)	1 , 18 , 20			
			anauon					
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No[☐ If no: ——	Name of So	ource		
	Was ticket distribution made a	at the behest	No⊠ Yes	☐ If yes:				
	of agency official?	it the bonest	NO M 169	II yes	Official's Name (Last, First)		
3.	Recipients							
,.	Use Section A to identify the agency	y's department or	dual. • Use Section C to iden	tify an outside organization.				
	A. Name of Agency, Departme	Number of Ticket(s)/						
	Pass(es)							
	B. Name of Individua	Number of Ticket(s)/		Identify one of the follow	ring:			
	(Last, Filst)		Pass(es)		Other 🛛	Income		
	Ortiz, Celso	2	Ceremonial Role If checking "Ceremonial Role If checking "Ceremo	onial Role" or "Other" describe below:	income _			
					employees that provide			
				services to the Au				
				Ceremonial Role	Other	Income		
				If checking "Cerem	onial Role" or "Other" describe below:			
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy				
	(1101245 4441055 4114 406		Pass(es)					
	*							
7	Verification							
4.				witing that the distribution of	d forth above, in in accordance w	ith the requirements		
4.	I have read and understand FPPC Regu	ılations 18944.1 an	d 18942. I have ve					
4.	I have read and understand FPPC Regu	ılations 18944.1 an	d 18942. I have ve Barbara J. I		ity Attorney/OAACA Of			

Agency Report of:

Comment: _____

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

. A	gency Name		Date Stamp	California 802			
C	Dakland-Alameda County C	oliseum Autho		Form For Official Use Only			
D	ivision, Department, or Regi	on (If Applicable,		For Official Ose Offig			
E	Barbara J. Parker, City Attor	ney/OAACA (
D	esignated Agency Contact (Name, Title)					
					Amandanah (Marka	and a supposition in Port 2 \	
Ā	rea Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3,)		
(510) 238-3815	bparker@oa	klandcityatto	rney.org	Date of Original Filing:	(Month, Day, Year)	
. F	unction or Event Infor	mation	lu	00.00			
D	oes the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	66.00	
_	vent Description Profession	al Bull Riders		Doto(a) 01	, 04 , 20		
E	vent Description	Provide Title/Expla	anation	Date(s)			
т	icket(s)/Pass(es) provided by	v agency?	Yes⊠ No	lf no:	Name of So		
Ċ	101101(0)// 000(00/ p.011000 0)	, agana,	IES M		Name of So	ource	
	las ticket distribution made a	it the behest	No⊠ Yes	If yes:	Official's Name (Loot Eirot)	
	of agency official?				Oπiciai's Name (Last, First)	
	Recipients						
•	Use Section A to identify the agency	y's department or i					
F	Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
-			1 400(00)				
-							
E	Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:	
-			, 400(00)	Ceremonial Role	Other 🛛	Income	
H	Hartfield, Rolanda		2	If checking "Ceremon	nial Role" or "Other" describe below:		
				· ·		employees that provide	
-				services to the Aut			
				Ceremonial Role	Other Inial Role" or "Other" describe below:	Income L	
				ii checking Ceremor	lial Role of Other describe below.		
-	Name of Outside Organ	ulzation			44.4		
C	(include address and des	Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant to the agency's policy			
-							
=			!				
	/erification nave read and understand FPPC Regu	lations 18044 1 and	1 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.	
11	The And the And the And	addina 10944.1 dill					
	land so		Barbara J.		y Attorney/OAACA Of	ficial 01/27/2020 (Month, Day, Year)	
	Signature of Agency Head or Designee)	Print Nam	ie .	Title	(worth, Day, real)	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form For Official Use Only Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510.383.4801 Idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: Globetrotter 01 18 01 18 20 Date(s). 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 Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
De La Fuente, Ignacio -2:00PM	6	Ceremonial Role Other Image Income In
De La Fuente, Ignacio -7:00PM	6	Ceremonial Role Other Image Income In
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Verification /		

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

OACCA Commissioner

Title

Ignacio De La Fuente

Print Name

with the requirements.

Comment:

1.13.2020

(month, day, year)