1. Agency Nam		hreven. app (12)	ennounous		A Public Documen
				Date Stamp	Colliforn
Olivinion Dower	da Counly Coliseum A ment, or Region <i>(il applic</i>	ulhority			Form 8(0)
			For Official Use Only		
Chris Dobbins,	OACCA Commissione	ľ			
Designated Age	icy Confact (Name, Tille)				
Strategic Constraints and the state of the s				anna fachailte barratan an an an	
Area Code/Phon	e Number E-mail	99999. (Para)	an a fan an fan fan fan fan fan fan fan	11 Amondment A	lust Frovido Explanation in Parl 3.)
510.383.4801	chrisdobt	oinslaw@yahoo.com		Date of Original Fil	ing:(monlli, day, yoar)
E Function or E	vent information	an a			(monan, day, year)
Does the agend	y have a ticket policy?	Yes 🛛 No 门	Face Value of t	Each Ticket/Pass	· 150
	n: Oakland A's 2019 S	nnnch		SUL	a lita alla I
event Descriptio		e Tille/ Explanation	Date(s)	SNL_	a manger
Ticket(s)/Pass(e	s) provided by agency?	· · · · · · · · · · · · · · · · · · ·	If no:		
			n no, "	Name of Source	
Was ticket distril	ution made at the beh	est Yes 🗌 No 🗵	lf yes:		
of agency offici	al?			Official's Name (Lost, F	irai)
an the second	an a	of Ticket(9)/ Pastes			pursuant to the agency's policy
kanaa () (((((((((((((((((Name of Inclividual (Lasi, First)	Number of Ticket(s)/ Passes		fdenify one of t	10 following:
Dobbins, Chris			lo promote the	alat Role [] Olhor "Coremonial Role" or "Olher Coliseum Compl sinesses to maxim	"describe below. PX for use by gonored
L ebandon an	3		Ceremon	lal Roje 🔲 Ollijer "Ceremonial Role" or "Olher	
G. Name (Include	of Outside Organization address and description)	Number of Tickei(s)/ Passes	Describe the p	ublic purpose made p	ursuant 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 with the requirements.

Signalitize of Agency Head or Designeo	Chris Dobbins	OACCA Commissioner	3.22.19
	Print Name	Tille	(month, day, year)
Comment:			

EPPG Form 602 (2/2016) EPPG Toll-Free Helpline: B66/ASK-EPPC (866/275-3772) -----

OAKLAND A's

July 2019

Chris Dobbins

۲	A's v Minnesota	7.2.19	(4) tickets
0	A's v Seattle	7.16.19	(4) tickets
0	A's v Texas	7.25.19	(6) tickets
0	A'S v Milwaukee	7.30.19	(4) tickets

1	A DESCRIPTION OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER			CA HENGIGATERS		A Public Document
1	. Agency Name				Date Stamp	Calif
	Oakland Alameda County	Coliseum Authorily		Form 802		
	Division, Department, or R	egion (if applicable)				For Official Use Only
	Ignacio De La Fuente, O/	ACCA Commissioner				
	Designated Agency Conta	t (Name, Title)			-	
	Area Code/Phone Number	E-mail			_ 🗌 Amendment (Must	Provide Explanation in Part 3.)
	510.383.4801	Idelaluente2012@)gmail.com		Date of Original Filing	(month, day, year)
2.	Function or Event Info	ormation				
	Does the agency have a t	cket policy? Yes	No 🗌	Face Value of	Each Ticket/Pass \$ _	4500
	Event Description: Oaklar	d A's 2019 Season ,		Date(c) S	el atte	ached
		Provide Tille/ Exp	lanalion	Date(S)		Une _
	Ticket(s)/Pass(es) provide	d by agency? Yes	No 🗌	lf no:		
	Was ticket distribution me	la at the behavior		IX	Name of Source	
	Was ticket distribution made at the behest Yes □ No ⊠ I of agency official?			If yes:	Official's Name (Lasi, First)	
	or agency onicial?				,,,	
3.	Recipients					
	" Use Section A to identify the ag	ncy's department or unit.	• Use Section B to	identify an individ	ual. • Use Section C to idea	(16) on autota
			Number			
	A, Name of Agency, Dep	larment or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
	-					
			1			
	B. Name of Inc	ividual	Number			· · · · · · · · · · · · · · · · · · ·
	(Last, Fi		of Ticket(s)/ Passes		Identify one of the f	ollowing:
	De La Fuente, Ignacio			Ceremo	onial Role 🗌 Other	1
	a a la conto rigitadio			If checkin	na "Ceremonial Role" or "Other" der	sedia halawa
				public and bu	e Coliseum Complex isinesses to maximize	for use by general
			1		onial Role Other	and the second se
					ng "Ceremonial Role" or "Other" des] Incoma [] scribe below:
				1		
	C. Name of Outside O	rganization	Number	1		
	(include address and	description)	of Ticket(s)/ Passes	Describe the	public purpose made purs	suant to the agency's policy
_						
					Bard Real and a second s	
	1					
11	aritication			COLUMN TO AND THE OWNER		

4. Verification

ree:

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	Ignacio De La Fuente Print Name	OACCA Commissioner	3.22.19 (month, day, year)
/	Comment:			

A 13. A. 11. 13.

OAKLAND A's

July 2019

Ignacio De La Fuente

۲	A's v Minnesota	7.2.19	(4) tickets
	A's v Seattle	7.16.19	(4) tickets
۲	A's v Texas	7.25.19	(6) tickets
0	A'S v Milwaukee	7.30.19	(4) tickets

Α	P	ub	lic	Document

Distance of		and nonour	400 01011	io autorio	A	Fublic Document
1.	Agency Name				Date Stamp	California 802
	Oakland/Alameda County Col					Form OUZ
	Division, Department, or Region	n (if applicable)				For Official Use Only
	OACCA Commissioner					
	Designated Agency Contact (Na					
	Leah Doyle-Stevens, Ticket A	dministrator			Amendment (Must Pr	ovide Explanation in Part 3 \
	Area Code/Phone Number E	-mail				ovide Explanation in Fait 5.7
	510-272-6691 I	_eah.Doyle-Steven	s@acgov.org	J	Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	ation			H)	15 00
	Does the agency have a ticke	t policy? Yes	No DF	ace Value of I	Each Ticket/Pass \$	15.00
	Event Description: Oakland A	s Baseball Game	Г	ate(s) 07	<u>, 17 , 19</u>	, ,
		Provide Title/ Explar	nation			/
	Ticket(s)/Pass(es) provided by	agency? Yes	🛛 No 🔲 🛛 If	no: GSW		
	Was tisket distribution waster		14	yes: Haggert	Name of Source V. Scott	
	Was ticket distribution made a of agency official?	t the benest Yes	No 🗌 "	yes	Official's Name (Last, First)	
	or agency official?					
3.	Recipients					
	• Use Section A to identify the agency'	s department or unit. •	Use Section B to i	dentify an individ	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departm		Number of Ticket(s)/		e public purpose made purs	
			Passes			
	-					
			Number			
	B. Name of Individ (Last, First)	ual	of Ticket(s)/ Passes		Identify one of the fo	llowing:
	(====,====,=		rasses			
		0			onial Role D Other Other	ribe below:
		x.				
				Cerem	onial Role 🗌 Other 🗌	
					ing "Ceremonial Role" or "Other" desc	
	C Name of Outside Orga	nization	Number	_		
	C. (include address and de		of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	Livermore Valley Winegrowe	rs Association	10		and the second se	
	3585 Greenville Rd. #4, Liver		18	To re	ward a school or non	-profit organization for
	Myrl Kicklighter			—	its contributions to	the community
	1362 Van Patter	Dr.		· · · · · · · · · · · · · · · · · · ·		
4.	Verification Danville	CA 9452	6			
	I have read and understand FRFC		10 A	have verified th	hat the distribution set for	th above, is in accordance
(with the requirements.	111				
1	DIMUNICA		yle-Stevens		Ticket Administrator	04/29/19
L	Signature of Agency Head or Designee	Pri	nt Name		Title	(month, day, year)
	Comment: Tickets were raffled	d at the 24th annua	al Livermore V	Vine Valley Au	uction, event proceeds	go to local non-profits.

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Dist	ributions	A Public	Document
Contraction of the local division of the loc	Agency Name				ornia 000	
	Oakland Alameda County C	oliseum Auhoritv			Fo	
	Division, Department, or Reg	A CONTRACTOR OF THE PROPERTY O	For	Official Use Only		
	Scott McKibben, OACCA Executive Director					
	Designated Agency Contact (
	Area Code/Phone Number E-mail				Amendment (Must Provide Expla	nation in Part 3.)
_	510.383.4801	smckibben1@gma	il.com		Date of Original Filing:	day, year)
2.	Function or Event Inform	mation			10,09)
	Does the agency have a tick	ket policy? Yes	X No 🗆	Face Value of	Each Ticket/Pass \$	
	Event Description: Shawn M			Date(s)7	<u>, 13 , 19 _ 7 ,</u>	14 / 19
	Ticket(s)/Pass(es) provided	SCREWNERS STORE SHOULD CONTRACT AND		lf no:		
					Name of Source	
	Was ticket distribution made	at the behest Yes	🛛 No 🗌	If yes: <u>McKibb</u>	en, Scott Official's Name (Last, First)	
	of agency official?				Onicial's Name (Last, First)	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to the	e agency's policy
	B. Name of India (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the following:	
	McKibben, Scott		4	If check to promote t	nonial Role D Other 🛛 ding "Ceremonial Role" or "Other" describe below: he Coliseum Complex for use of ses to maximize revenues	Income
				2 (2 4 5 6 6 7 6 6 7 6 6 7 6 7 6 7 6 7 6 7 6 7	ionial Role Other X ing "Ceremonial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant to the	agency's policy
	Taylor Family Foundation 5555 Arroyo Road		4	to provide op facility	pportunities to community group	os to utilize
	Livermore, CA 94555					
	Verification					
-	I have read and understand FPI with the requirements.	PC Regulations 18944	.1 and 18942.	I have verified t	hat the distribution set forth above	, is in accordance

with the requirements.	ns 10344.1 and 10342.111a		we, is in accordance
- Kener Javage	Scott McKibben	OACCA Executive Director	6.25.19
Signature of Agency Head or Designee	/ Print Name	Title	(month, day, year)
Comment:			

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	ibutions		A Public Document
1.	Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (<i>if applicable</i>)				Date Stamp	California Form 802 For Official Use Only
	Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title)					
	Area Code/Phone Number E-mail 510.383.4801 idelafuente2012@gmail.com			Date of Original Filin	ist Provide Explanation in Part 3.) ng:(month, day, year)	
2.	Function or Event Inform Does the agency have a tick Event Description; KMRL Si Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?	tet policy? Yes ummer Jam <i>Provide Title/ Expla</i> by agency? Yes	nation	Date(s)	Each Ticket/Pass \$ <u>28</u> <u>19</u> Name of Source Official's Name (Last, Fi	//
3.	 Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit 		Use Section B to Number of Ticket(s)/ Passes			dentify an outside organization. pursuant to the agency's policy
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of t	he following:
	De La Fuente, Ignacio		2	If check to promote t	king "Ceremonial Role" or "Othe	lex for use of general public
					nonial Role D Othe king "Ceremonial Role" or "Othe	r 🛛 Income 🗌
	C. Name of Outside On (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made	pursuant to the agency's policy
4.	Verification	1				

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

MIMMUM	Ignacio De La Fuente	OACCA Commissioner	07.11.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Γ

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	А	Public Document
	Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (<i>if applicable</i>) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title)				Date Stamp	California Form 802 For Official Use Only
	Area Code/Phone Number 510.383.4801	E-mail idelafuente2012@	gmail.com		Amendment (Must F	Provide Explanation in Part 3.) (month, day, year)
	Function or Event Inform Does the agency have a tick Event Description: Shawn M Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?	tet policy? Yes lendes Provide Title/ Expla by agency? Yes	nation	Face Value of Date(s) f no: f yes:		130 ⁰⁹ 7,14,19
 Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit 			Use Section B to Number of Ticket(s)/ Passes			tify an outside organization. suant to the agency's policy
	B. Name of Individual (Last, First) De La Fuente, Ignacio De La Fuente, Ignacio		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
			4	If check to promote t	onial Role Dother D ing "Ceremonial Role" or "Other" de ne Coliseum Complex ses to maximize rever	scribe below:
			2	If check to promote th	onial Role DOther Ding "Ceremonial Role" or "Other" de ne Coliseum Complex ses to maximize rever	scribe below: for use of general public
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
4.	Verification /					

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Ignacio De La Fuente OACCA Commissioner 07.11.19

Moone a	Ignacio De La Fuente	OACCA Commissioner	07.11.19
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 Oakland Alameda County Coliseum Auhority 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 Date of Original Filing: chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information 01 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes X No Event Description: KMEL Summer Jam Date(s) <u>7</u> 28 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 D 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Dobbins,Chris	2	Ceremonial Role Other Income Income to promote the Coliseum Complex for use of general public and businesses to maximize revenues
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
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

4. Verification

	Chris Dobbins	OACCA Commissioner	07.11.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

_			198 20 5 2 2			oominoni
1.	Agency Name			Date Stamp	California	802
	Oakland-Alameda County C	oliseum Authority			Form	
	Division, Department, or Reg	ion (If Applicable)			For Official U	Jse Only
	Barbara J. Parker, City Atto	rney/OAACA Official				
	Designated Agency Contact (Name,Title)				
	Area Code/Phone Number	E-mail		Amendment (Must pro	vide explanation in	Part 3.)
	(510) 238-3815	bparker@oaklandcityattorney.o	org	Date of Original Filing:	(Month, Day, Yea	7)
2.	Function or Event Infor	mation				100.00
	Does the agency have a ticke	t policy? Yes 🛛 No 🗌	Face Value o	f Each Ticket/Pass \$		160.00
	Event Description Live Natio	n - GOT7 Tour	Date(s)07	<u></u>	/	/
	Event Description Date(s) Date(s)					

Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No 🗌	lf no:	Name of Source
Was ticket distribution made at the behest of agency official?	No 🛛 Yes 🗌	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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
Duong, Maxine	2	Ceremonial Role Other Other Income If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that provide services to the Authority			
		Ceremonial Role Other I Income If checking "Ceremonial Role" or "Other" describe below:			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
Verification	and 18942. I have ve	rified that the distribution set forth above, is in accordance with the requirements.			
Barbang She	Barbara J.	Parker City Attorney/OAACA Official 07/03/2019			
Signature of Agency Head or Designee	Print Nam	ne (Month, Day, Tear)			

A Public Document

Comment: _

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Dist	ributions		Public Document
a strength	Agency Name Oakland Alameda County C Division, Department, or Regi	oliseum Auhority on (if applicable)			Date Stamp	California Form 802 For Official Use Only
	Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title)					
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
	510.383.4801	chrisdobbinslaw@y	/ahoo.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform Does the agency have a tick Event Description: Live Nation Ticket(s)/Pass(es) Was ticket distribution made of agency official? Recipients • Use Section A to identify the agence A.	tet policy? Yes [on Provide Title/ Explan by agency? Yes [at the behest Yes [cy's department or unit. •	nation ⊠ No □ □ No ⊠	Date(s) If no: If yes: identify an individ	Each Ticket/Pass \$ <u>10</u> <u>19</u> <u>Name of Source</u> Official's Name (Last, First) ual. • Use Section C to iden	160 ⁹⁹
	B. Name of Indiv (Last, Firs Dobbins,Chris C. Name of Outside Org (include address and o	t) ganization	Number of Ticket(s)/ Passes 2 2 Number of Ticket(s)/ Passes	If check to promote th and busines: Cerem If check	Ses to maximize reve onial Role D Other [ing "Ceremonial Role" or "Other" de	Income Constraints of general public nues
					-	
Λ	Varification					

4. Verification

THE .

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	OACCA Commissioner	07.11.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:

				A Public Document
Agency Name Oakland Alameda County Coliseum Authority				California Form 802
Coliseum Authority			Form OUZ	
gion (if applicable)			For Official Use Only	
Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title)				
(Name, Title)			-	
E-mail			Amendment (Musi	Provide Explanation in Part 3.)
idelafuente2012@	gmail.com		Date of Original Filing	:(month, day, year)
unction or Event Information				11.09
ket policy? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$ _	16009
lion		Date(s)7	<u>, 10 , 19</u>	
Provide Title/ Expla	anation	(-/		/,
by agency? Yes	🛛 No 🗌	lf no:		
a at the behavior		fuce		
e al the benest Yes		ii yes	Official's Name (Last, First)
ncy's department or unit.	1	identify an individ	ual. • Use Section C to ide	ntify an outside organization.
artment or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pu	irsuant to the agency's policy
	Number of Ticket(s)/		Identify one of the	following:
st)	Passes			3
	2	If checks to promote th	ing "Ceremonial Role" or "Other" o ne Coliseum Comple	escribe below: X for use of general public
	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
	gion (if applicable) CCA Commissioner (Name, Title) E-mail idelafuente2012@ rmation ket policy? Yes tion Provide Title/ Expla I by agency? Yes e at the behest Yes	gion (if applicable) CCA Commissioner (Name, Title) E-mail idelafuente2012@gmail.com rmation cket policy? Yes 🖾 No 🗆 tion Provide Title/ Explanation I by agency? Yes 🖾 No 🗆 e at the behest Yes 🗆 No 🖾 ncy's department or unit. • Use Section B to artment or Unit Number of Ticket(s)/ Passes ividual Number of Ticket(s)/ Passes 2 2	gion (if applicable) CCA Commissioner (Name, Title) E-mail idelafuente2012@gmail.com rmation cket policy? Yes ⊠ No □ Face Value of ftion Date(s) _7 Provide Title/ Explanation Date(s) _7 Provide Title/ Explanation If no:	gion (if applicable) CCA Commissioner (Name, Title) □ Amendment (Must idelafuente2012@gmail.com rmation cket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$

1100000000	Ignacio De La Fuente	OACCA Commissioner	07.11.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Oakland-Alameda County C	oliseum Auth	ority				
	Division, Department, or Reg	ion (If Applicable	ə)		1	For Official Use Only	
	Barbara J. Parker, City Atto	rney/OAACA	Official				
		Designated Agency Contact (Name, Title)			-		
	Area Code/Phone Number	E-mail			. Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 238-3815	bparker@oa	klandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)	
2.	2. Function or Event Information						
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	130.00	
	Event Description	endes			<u>, 13 , 19</u>	//	
	Event Description	Provide Title/Expl	lanation	Date(s)]	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	🔲 lf no:			
					Name of Sou	irce	
	Was ticket distribution made a of agency official?	it the behest	No 🛛 Yes	If yes:	Official's Name (L	ast, First)	
3.	Recipients						
	Use Section A to identify the agency's department or unit. Use Section B to identify an individu Number of				ual. • Use Section C to identi	ify an outside organization.	
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
			б. -				
			Number of				
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:	
	Dutte Iulie			Ceremonial Role		Income	
	Butts, Julia		2	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that p		employees that provide	
				services to the Authority			
				Ceremonial Role If checking "Ceremon	Other D ial Role" or "Other" describe below:	Income	
	Nor		Number of				
	C. Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
						5	
4.	Verification						
	I have read and understand FPPC Regu	lations 18944.1 and	l 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.	

 MbmJ
 Mathematical
 Darker
 City Attorney/OAACA Official
 07/08/2019

 Signature of Agency Head or Designee
 Print Name
 Title
 (Month, Day, Year)

Comment: _

Ceremonial Role Even	ts and Tic	ket/Pass I	Distributions		A Public Document
. Agency Name				Date Stamp	California 802
Oakland-Alameda County C	oliseum Auth	nority			101111
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 pr	12 12
(510) 238-3815	bparker@oa	aklandcityattor	ney.org	Date of Original Filing: _	(Month, Day, Year)
. Function or Event Inform	nation				
Does the agency have a ticke	0 R	Yes 🛛 No 🗌		f Each Ticket/Pass \$	
Event Description Shawn Me	ndes Provide Title/Expl	lanation	Date(s)7	1419	/
Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗵 No 🗌] If no:	Name of Sou	
Was ticket distribution made a	t the hehest		1		
of agency official?	t the benest	No 🛛 Yes 🗌	I If yes:	Official's Name (L	ast, First)
• Use Section A to identify the agency	's department or	unit. • Use Sectio	on B to identify an individu	al. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
B. Name of Individua	1	Number of Ticket(s)/		Identify one of the followin	
(Last, First)		Pass(es)		Identify one of the followin	
Hartfield, Rolanda			Ceremonial Role	Other X al Role" or "Other" describe below:	Income
		2	2	es to City and County e	employees that provide
			Ceremonial Role	Other al Role" or "Other" describe below:	Income
C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
, ,					
Verification		10040 / /			
I have read and understand EPPC Regula					
Signature of Agency Head or Designee		Barbara J. Pa	rker City	Attorney/OAACA Offic	ial 07/08/2019 (Month, Day, Year)
				1105	(Monal, Day, Iddl)

4.

Comment: __

	eremonial Role Events and Tic	11001 0100	Biotributions		A Public Documen
1.	Agency Name			Date Stamp	California 802
	Oakland-Alameda County Coliseum Auth				
	Division, Department, or Region (If Applicable	e)		1	For Official Use Only
	Barbara J. Parker, City Attorney/OAACA	Official			
	Designated Agency Contact (Name, Title)		a chi in the second	-	
	Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 238-3815 bparker@oa	klandcitvatt	ornev ora	Date of Original Filing:	
2	Function or Event Information	manaonyan	onloy.org		(Month, Day, Year)
S .	Does the agency have a ticket policy?		E Face Value o	f Each Ticket/Pass \$	100.00
	The strength hands have the strength of the st	Yes 🛛 No			
	Event Description KMEL Summer Jam	anation	Date(s)7	<u>, 28 , 19</u>	//
	Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No	□ If no:		
	Men higher distribution and the ball			Name of Sour	
	Was ticket distribution made at the behest of agency official?	No 🛛 Yes	☐ If yes:	Official's Name (La	ast, First)
3.	Recipients	unit a Lloo Sou	ofien D to identify on individu		
	Use Section A to identify the agency's department or i	Number of			and Warning
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
	B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
	(Last, First)	Ticket(s)/	Ceremonial Role	Identify one of the following	
	B. Name of Individual (Last, First) Johnson, Nanette	Ticket(s)/ Pass(es)	If checking "Ceremonia	Other Other All Role" or "Other" describe below:	Income
	(Last, First)	Ticket(s)/	If checking "Ceremoni	Dther X al Role" or "Other" describe below: es to City and County e	Income
	(Last, First)	Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role	Dther X al Role" or "Other" describe below: es to City and County e	Income
	(Last, First) Johnson, Nanette	Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role	Other al Role" or "Other" describe below: es to City and County e ority Other	Income
	(Last, First)	Ticket(s)/ Pass(es) 2	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia	Other al Role" or "Other" describe below: es to City and County e ority Other	Income
	(Last, First) Johnson, Nanette C. Name of Outside Organization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia	Other Control of the service below: Design of the service below: D	Income
	(Last, First) Johnson, Nanette C. Name of Outside Organization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia	Other Control of the service below: Design of the service below: D	Income
	(Last, First) Johnson, Nanette C. Name of Outside Organization (include address and description) Verification	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role [If checking "Ceremonia Describe the publ	Control the control of the control	Income
	(Last, First) Johnson, Nanette C. Name of Outside Organization (include address and description) Verification have read and understand FPPC Regulations 18944.1 and	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role [If checking "Ceremonia Describe the publ	Control the control of the control	Income

0		nts and Ti	cket/Pass	Distributions		A Public Documen
1. Agency Na	ame				Date Stamp	California 802
	ameda County					
Division, Dep	partment, or Reg	gion (If Applicat	ole)		7	For Official Use Only
Barbara J. F	arker, City Atto	orney/OAACA	Official			
Designated A	gency Contact	(Name, Title)			-	
Area Code/Pl	hone Number	E-mail			Amendment (Must pi	ovide explanation in Part 3.)
(510) 238-38			aklandcityatto	orney.org	Date of Original Filing: .	(Month, Day, Year)
2. Function o	-					45.00
	ncy have a ticke	5 (B)	Yes 🛛 No	Face Value	of Each Ticket/Pass \$	45.00
Event Descrip	otion <u>Oakland</u> A	A's v. Minnes Provide Title/Ex	ota Twins	Date(s)	7 <u>, 04 , 19</u>	/
Ticket(s)/Pass	s(es) provided b	y agency?	Yes 🛛 No	🗌 lf no:	Name of Sou	irce
Was ticket dis of agency of	tribution made a	at the behest	No 🛛 Yes	li yes:	Official's Name (L	ast, First)
Recipients Use Section A t		y's department o	r unit. ● Use Sec	tion B to identify an individ	ual. • Use Section C to identi	fy an outside organization.
	f Agency, Departme	COMPANY IN THE REAL PROPERTY OF	Number of Ticket(s)/ Pass(es)		blic purpose made pursuant	7 11 11 11 11 11 11
В.	Name of Individua	ai	Number of			
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:
Fernandez, L	Jbaldo		4	Ceremonial Role If checking "Ceremon	D Other X	Income
			4	To provide incentiv services to the Aut	es to City and County e hority	employees that provide
				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income
	e of Outside Organ e address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Barb	and Part	&				
Verification	0					
I have read and und	lerstand FPPC Regul	ations 18944.1 and	d 18942. I have ver	ified that the distribution set fo	orth above, is in accordance with	the requirements.
/darba	E Auk	1	Barbara J. P	arker City	Attorney/OAACA Offic	ial 07/02/2019
	22001-		Barbara 0.1	untor Ony	Allomey/OAAOA Onic	01/02/2019

Comment: ____

Comment:

-	Ceremonial Role Events and Ticket/Pass Distributions			A Public Docu		
1.	Agency Name			Date Stamp	California 802	
	Oakland-Alameda County Colise				101111 0 0 0	
	Division, Department, or Region (If)	Applicable)		1	For Official Use Only	
	Barbara J. Parker, City Attorney/C	DAACA Official				
	Designated Agency Contact (Name,			-		
	Area Code/Phone Number E-ma	Amendment (Must	provide explanation in Part 3.)			
		ker@oaklandcityat	torney.org	Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Informatio				And strengt	
	Does the agency have a ticket policy		S. Street St.	of Each Ticket/Pass \$ _		
	Event Description Oakland A's v. M	lilwaukee Brewers	Date(s)	7 <u>, 30 , 19</u>	·//	
	Ticket(s)/Pass(es) provided by agen	cy? Yes 🛛 No) 🗌 If no:	Name of St	ource	
	Was ticket distribution made at the b of agency official?	ehest No 🛛 Yes	If yes:	Official's Name	(Last, First)	
3.	• Use Section A to identify the agency's depart	rtment or unit. ● Use Se	ection B to identify an individ	ual. • Use Section C to ider	tify an outside organization	
	A. Name of Agency, Department or Ur	Number of		lic purpose made pursuan		
		Number of				
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ring:	
	Melendez, Andrew	2		al Role" or "Other" describe below:	Income	
			To provide incentive services to the Auth		employees that provide	
			101 m 100 mm	Other describe below:	Income	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy	
1 1 1 1						
	Verification have read and understand FPPC Regulations 185	944 1 and 18942 I have up	rified that the distribution set fo	th above is in accordance with	the requirements	
	Barbo Sark	Barbara J. I		Attorney/OAACA Offi		
	Signature of Agency Head or Designee	Print Nam	e	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 E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information \$ 160.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes X No Event Description: Live Nation Date(s) _____/ 10 / 19 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes X No Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes X No 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. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual Β. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income Ichazu-Gonzalez, Sabrina 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 C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/

4. Verification

(include address and description)

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

Passes

0	Sabrina B. Landreth	City Administrator	8/01/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:		17.	

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

_		in the field of		110000010110		r unit Document
1.	Agency Name				Date Stamp	California
	Oakland Alameda County C					Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Office of the City Administra					
	Designated Agency Contact	(Name, Title)				
	Sabrina B. Landreth, City A	dministrator				
	Area Code/Phone Number	E-mail			Amendment (Must P	rovide Explanation in Part 3.)
	510-238-3301	slandreth@oaklan	dca.gov		Date of Original Filing: .	(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	(et policy? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$ <u></u>	130.00
	Event Description: Shawn M			Date(s)		
		Provide Title/Expla	anation	Date(s)		//
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗌	lf no:		
	Meeticlash distribution			If yes: Landret	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes	凶 No 🗆	If yes: <u>Landrot</u>	Official's Name (Last, First)	
	of agency official?					
	• Use Section A to identify the agend A . Name of Agency, Depa	the Manager Contraction of the	Use Section B to Number of Ticket(s)/ Passes		ual. • Use Section C to identi e public purpose made purs	
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Serin-Christ, Sara			Ceremo	onial Role 🗌 Other 🗙	
		0.	2	To provide in services to th	ing "Ceremonial Role" or "Other" desc icentives to City emplo ne Authority.	vees that provide
					onial Role Other Other on "Other" desc	Income 🗌
	C. Name of Outside Org (include address and o		Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	uant to the agency's policy

4. Verification

.

8	Sabrina B. Landreth	City Administrator	8/01/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:	64.		

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp Oakland Alameda County Coliseum Authority Date Stamp Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator For Official Use Only

Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator

E-mail

510-238-3301 slandreth@oaklandca.gov 2. Function or Event Information

Area Code/Phone Number

Yes 🛛 No 🗌	Face Value of Each Ticket/Pass \$ <u>\$ 130.00</u>
	Date(s)/ 14 / 19//
le/Explanation	
Yes 🛛 No 🗆	If no:
Yes 🖄 No 🗌	Name of Source If yes: Landreth, Sabrina Official's Name (Last, First)
	le/Explanation Yes ⊠ No □

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	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Hort, Dawn	2	Ceremonial Role Other Income Income To provide incentives to City employees that provide services to the Authority.
		Ceremonial Role Other Income I
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

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	8/01/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Amendment (Must Provide Explanation in Part 3.)

(month, day, year)

Date of Original Filing:

	its and ficket	Pass Disi	riputions	A	Public Document
1. Agency Name				Date Stamp	California
Oakland Alameda County (Form 802
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Office of the City Administra				2	
Designated Agency Contact	(Name, Title)			-	
Sabrina B. Landreth, City A	dministrator				
Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)
510-238-3301	slandreth@oaklar	ndca.gov		Date of Original Filing: _	(month, day, year)
2. Function or Event Infor	mation				
Does the agency have a ticl	ket policy? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$ <u></u>	100.00
Event Description: KMEL S	ummer Jam	19	Date(s)07	<u>/ 28 / 19</u>	
	Provide Title/ Expl				
Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗌	If no:	Name of Source	
Was ticket distribution made	at the behast ver		If yes: Landret	h, Sabrina	
of agency official?	at the beliest yes		II yes	Official's Name (Last, First)	
• Use Section A to identify the agen A. Name of Agency, Depa		Number of Ticket(s)/ Passes		ual. • Use Section C to identif	In the second of the second second
B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes	•	Identify one of the fol	lowing:
Walker, LaShae			Cerem	onial Role Other 🗙	Income
		2	To provide in services to th	ing "Ceremonial Role" or "Other" descr icentives to City employ ne Authority.	ibe below: /ees that provide
,				onial Role D Other D ing "Ceremonial Role" or "Other" descri	Income
C. Name of Outside Org (include address and o		Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
					<

4. Verification

	Sabrina B. Landreth	City Administrator	8/01/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

_	eromental Role Even	is and nekeli	ass Dist	inducions		A Public Document
1.	Agency Name	18.		2	Date Stamp	Colifornia
	Oakland-Alameda County Administrator, Alameda County				Form 802	
	Division, Department, or Reg			-	For Official Use Only	
	Susan S. Muranishi, County	Administrator, Alar	meda Countv			
	Designated Agency Contact		,		-	
		82 (Sec. 9.				
	Area Code/Phone Number	E-mail			Amendment (Mus	t Provide Explanation in Part 3.)
			~		Data of Original Filing	
	(510) 272-3862	countyadministrate	or@acgov.or	g	Date of Original Filing	(month, day, year)
2.	Function or Event Information					1000
	Does the agency have a ticket policy? Yes ⊠ No □ F			Face Value of	Each Ticket/Pass \$.	/30°°
	Event Description: Shawn M	Provide Title/ Expla	anation	Date(s)	<u></u>	/
	Ticket(s)/Pass(es) provided			If no:		
		les les			Name of Source	
	Was ticket distribution made at the behest Yes 🔲 No 🖾 If yes:					
	of agency official?				Official's Name (Last, First	9
3.	Recipients					
	• Use Section A to identify the agend	cy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Describ		the public purpose made pursuant to the agency's policy	
			Passes	· · · · · · · · · · · · · · · · · · ·		
			2	To promote the Coliseum Complex for use by the general		
	County Administrator's Offi	ce	2	public & busi	inesses to maximize	revenues
			6			
	B. Name of Individual		Number	and the second		
	(Last, First)		of Ticket(s)/ Passes		Identify one of the	following:
				Cerem	onial Role 🗌 Other	
					ing "Ceremonial Role" or "Other" d	
		x	1			
				Corom	onial Role 🗌 Other	
		n 			ing "Ceremonial Role" or "Other" de	
	Name of Outside Ore	animation	Number			NATES OF AN AN AN ANALYSI STORE
	C. Name of Outside Org (include address and c		of Ticket(s)/ Passes	Describe the	public purpose made pu	rsuant to the agency's policy
			1 03303			
- B						

4. Verification

SA S		oounty nuministrator	1110/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

-		te and nonco		induons	A	Public Document
1.	Agency Name				Date Stamp	California
	Oakland Alameda County Coliseum Auhority					Form 802
	Division, Department, or Reg	ion (if applicable)			-	For Official Use Only
	Chris Dobbins, OACCA Cor	nmissioner				
	Designated Agency Contact	(Name, Title)			-	
	Area Code/Phone Number	E-mail			Amendment (Must Pr	rovide Explanation in Part 3.)
	510.383.4801	chrisdobbinslaw@)yahoo.com		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation				10 000
	Does the agency have a tick		⊠ No 🗆	Face Value of	Each Ticket/Pass \$	13000
	Event Description: Shawn M			Date(s) 7	<u>, 13 , 19</u>	7 , 14 , 19
	, Tida(/)/D	Provide Title/ Expl				
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🗌	lf no:	Name of Source	
	Was ticket distribution made	at the behast ver		If yes:	Name of Source	
	of agency official?	at the benest yes	L NO K	ii yes	Official's Name (Last, First)	
Francis	C ,					
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit.	• Use Section B t	o identify an individ	lual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes		e public purpose made purs	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:	
	Dobbins,Chris		2 per	If check to promote th	Ceremonial Role Other Income Income Ceremonial Role Other Other describe below: If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum Complex for use of general public and businesses to maximize revenues	
		3			onial Role D Other D ing "Ceremonial Role" or "Other" desc	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy
					3	

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	Chris Dobbins	OACCA Commissioner	07.11.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

A Dublie Deer