Ag	gency Report of: eremonial Role Event	ts and Ticket/Pa	ass Distri	butions	A	Public Document
_	Agency Name Oakland Alameda County C Division, Department, or Regi Ignacio De La Fuente, OAC Designated Agency Contact (oliseum Authority ion (if applicable) CA Commissioner			Date Stamp	California 802 Form Conficial Use Only
	Area Code/Phone Number	[E-mail			Amendment (Must	Provide Explanation in Part 3.)
	510.383.4801	idelafuente2012@g	mail.com		Date of Original Filing	(month, day, year)
2.	Function or Event Information Does the agency have a tick Event Description: Oakland Ticket(s)/Pass(es) provided	nation If	ate(s)	Each Ticket/Pass \$	ehed,	
	Was ticket distribution made of agency official?	at the behest Yes [] No⊠ If	yes:	Official's Name (Last, First)
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depart	20 7 40 7 200 2007	Use Section B to i Number of Ticket(s)/ Passes	1		ntify an outside organization. ursuant to the agency's policy
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	e following:
	De La Fuente, Ignacio			to promote to public and b	nonial Role Other thing "Ceremonial Role" or "Other" the colliseum complex businesses to maximi monial Role Other thing "Ceremonial Role" or "Other"	describe below: x for use by the general ize revenues
	C. Name of Outside C (include address and		Number of Tickel(s)/ Passes	Describe (I	ne public purpose made p	ursuant to the agency's policy
1	Verification	4				
44.	I have read and understand FI with the requirements.	PC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
/	Signature of Agency Head or Desig		De La Fuente)	OACCA Commission	(month, day, year)
/	Comment:					

Oakland A's

June 2018

Ignacio De La Fuente

•	A" v Royals	6.7.18	(4) tickets	\$78.00
•	A's v Royals	6.8.18	(4) tickets	\$90.00
•	A's v Royals	6.9.18	(4) tickets	\$90.00
•	A's v Astros	6.13.18	(4) tickets	\$78.00
•	A's v Angels	6.15.18	(4) tickets	\$90.00
•	A's v Angels	6.16.18	(4) tickets	\$90.00
•	A's v Angels	6.17.18	(4) tickets	\$90.00
•	A's v Indians	6.29.18	(4) tickets	\$90.00
•	A's v Indians	6.30.18	(4) tickets	\$90.00

Age	ency Report of: remonial Role Even	ts and Tick	et/Pa	ss Dist	rik	outions		AF	ublic Document
	Agency Name	go care recu					Date Stan	np	California 202
,	Dakland Alameda County C	oliseum Author	ity						Form OUZ
D	Division, Department, or Reg	ion (if applicable)							For Official Use Only
C	Chris Dobbins, OACCA Cor	nmissioner							
Ē	Designated Agency Contact	(Name, Tille)							*
							Amendmen	t (Musi Pro	ovide Explanation in Part 3.)
A	rea Code/Phone Number	E-mail					Date of Orlgina	l Filing:	9.
ŧ	510.383.4801	chrisdobbinsla	aw@ya	hoo.com	-		Date of Origina	i i iiiig	(month, day, year)
2. [Function or Event Infor	mation						. 3	ean Hached
	Does the agency have a tic			l No□	Fa	ace Value of	Each Ticket/Pa	iss \$	bed 1
E	Event Description: Oakland	A's 2018 Seas	on		D	ate(s)	16 , at	14(1	K. G.
		Flovide Title	LAPIGIE	ation] No □	If	no.	Name of Source		
73	Ficket(s)/Pass(es) provided	by agency:	169 17	1 140[7]		110.	Name of Source)	
	Nas ticket distribution made of agency official?	e at the behest	Yes [No⊠	lf	yes:	Official's Name (L	ast, First)	
	or agency official:								
3.	Recipients * Use Section A to identify the agen	acy's department or t	unit. • U	Jse Section B (to ic	lentify an indivi	Iual. * Use Section	C to identi	fy an outside organization.
				Number		T			uant to the agency's policy
	A. Name of Agency, Dep	artment or Unit		of Ticket(s) Passes	_	Describe ti	e public purpose i	mado paro	tions to the agency o pency
				Number	-		11. 11.		
	B. Name of Ind (Last, Fi			of Ticket(s) Passes	1		Identity or	ne of the fo	
	Dobbins, Chris					to promote	monial Role king "Ceremonial Role" o line coliseum co ousinesses to n	omplex fo	cribe below: or use by the general
							monial Role king "Ceremonial Role"	Olher or "Other" des	
	C. Name of Outside C	Organization d description)		Number of Ticket(s) Passes)/	Describe (ne public purpose	made purs	suant to the agency's policy
							the second section is the second		
					trus				
4.	Verification						010 P-1-9	lion set se	orth above in in accordance
1	I have read and understand Fi with the requirements.	PPC Regulations	18944.	1 and 1894	2.	l have verilied	ınai ine distribut	uon sei 10	уш авоуе, is in accordance
	X		Chris	Dobbins			OACCA Comm	nissioner	
-	Signature of Agency Head or Desig	nee	Pri	int Name		disconnectivities and the second	Title		(monlh, day, year)
	Comment:				_			-	

Oakland A's

June 2018

Chris Dobbins

•	A" v Royals	6.7.18	(4) tickets	\$78.00
•	A's v Royals	6.8.18	(4) tickets	\$90.00
•	A's v Royals	6.9.18	(4) tickets	\$90.00
•	A's v Astros	6.13.18	(4) tickets	\$78.00
•	A's v Angels	6.15.18	(4) tickets	\$90.00
•	A's v Angels	6.16.18	(4) tickets	\$90.00
•	A's v Angels	6.17.18	(4) tickets	\$90.00
•	A's v Indians	6.29.18	(4) tickets	\$90.00
0	A's v Indians	6.30.18	(4) tickets	\$90.00

1.	Agency Name		Date Stamp California 202				
	Oakland-Alameda County C	Coliseum Auth		Form UUZ			
	Division, Department, or Reg					For Official Use Only	
	Barbara J. Parker, City Atto	rnev/OAACA	Official				
	Designated Agency Contact				1		
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 238-3815	bparker@oa	klandcityatto	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		of Each Ticket/Pass \$ _		
	Event Description Maroon 5			Date(s)06	6 <u>, 01 , 18</u>		
	Event bescription	Provide Title/Expl	anation		7 77 77 78 78 78 78 78 78 78 78 78 78 78		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🛛 No	☐ If no:	Name of So	urce	
	Man tiplest distribution made s	at the beheet	No⊠ Yes				
	Was ticket distribution made a of agency official?	at the benest	Official's Name (Last, First)			
2	Recipients	AWA III AMA AMA AMA AMA AMA AMA AMA AMA AM					
ο.	Use Section A to identify the agence	y's department or	ual. • Use Section C to iden	tify 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 policy			
			Pass(es)				
	R Name of Individua	1		Handley are of the following:			
	B. Name of Individual (Last, First)	an company again made more	Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
				Ceremonial Role		Income	
	Hynes, Tricia		2		nial Role" or "Other" describe below:	employees that provide	
				To provide incentives to City and County employees that provide services to the Authority			
				Ceremonial Role	Other	Income _	
			2	If checking "Ceremon	nial Role" or "Other" describe below.		
			_				
		The second color of courts	Number of	grand cranders a section of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy	
			r ass(es)	57/A6 (\$ 622.63 M TANK)	Herman Comment	and the second s	
4	V4 - 181 - 41						
	Verification I have read and understand FPPC Regu	lations 18944.1 and	18942. I have ve	erified that the distribution set f	forth above, is in accordance wit	th the requirements.	
	Andrew Sold	h	Barbara J. I		y Attorney/OAACA Off		
	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)	
	· ·						
	0						

		P. P. J. Charles and C. S. Cha					
1. Ag	ency Name		Date Stamp	California 802			
Oa	kland-Alameda County C	coliseum Auth	ority			For Official Use Only	
Divi	ision, Department, or Regi	ion (If Applicable	·)			For Official Ose Offiny	
Bai	rbara J. Parker, City Attor	rney/OAACA	Official				
	signated Agency Contact (
Are	a Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	0) 238-3815	bparker@oa	klandcityatto	rney.org	Date of Original Filing: _	(Month, Day, Year)	
2. Fu	nction or Event Infor	mation				20.00	
Doe	es the agency have a ticke	t policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	30.00	
-	ent Description Javale Mc	Gee Celebrity	Softball Gar	me Data(s) 06	23 , 18	1 1	
Eve	nt Description	Provide Title/Expl	anation	Date(s)			
Tick	ket(s)/Pass(es) provided by	y agency?	Yes⊠ No[If no:	Name of Sou		
					Name of Sou	rce	
	s ticket distribution made a agency official?	it the behest	No ⊠ Yes	If yes:	Official's Name (L	ast, First)	
3. Re	cipients e Section A to identify the agency	v's denartment or	ual. • Use Section C to identi	ify an outside organization.			
_			Number of	Security of the accommodate with the security	lic purpose made pursuant		
A.	Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	iic purpose made pursuant	to the agency's policy	
			Number of				
B.	Name of Individua (Last, First)	41	Ticket(s)/ Pass(es)	Identify one of the following:			
				Ceremonial Role		Income	
But	tler, Eric		2		ial Role" or "Other" describe below:	ampleyees that provide	
				To provide incentives to City and County employees that prov services to the Authority.			
-				Ceremonial Role	Other	Income	
					ial Role" or "Other" describe below:		
			2				
					was the state of t		
C.	Name of Outside Organ (include address and des	ization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
A TOTAL	(include address and des	onption)	Pass(es)	ACCOMPANIES CONTRACT			
	rification e read and understand EPPQ Regu	lations 18044 1 and	1 18942 have ve	rified that the distribution set fo	orth above is in accordance with	n the requirements	
Tilave	Fread and uniderstand error Regul	Idilolis 10944.1 alio					
	Signature of Agency Head or Designee		Barbara J. F	AND THE PROPERTY AND TH	Attorney/OAACA Offic	cial 06/25/2018 (Month, Day, Year)	
	Signature of rigology frede of Designee		,, ,	_		,	
Con	nment:						

1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County Co	oliseum Auth	ority			Form For Official Use Only	
	Division, Department, or Region	on (If Applicable)			For Official Use Offiy	
	Barbara J. Parker, City Attor	ney/OAACA	Official				
	Designated Agency Contact (/	Vame, Title)					
					Amendment (Must provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail					
	(510) 238-3815	bparker@oa	klandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation				20.00	
	Does the agency have a ticket	nes sacree s	Yes⊠ No	h	of Each Ticket/Pass \$ _		
	Event Description Warriors v	Cavaliers/Wa Provide Title/Expl	tch Party	Date(s)06	06 , 18		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🛛 No	☐ If no:	Name of S	ource	
	Was ticket distribution made at of agency official?	the behest	☐ If yes:	Official's Name	(Last, First)		
	Recipients		nice of the same				
	• Use Section A to identify the agency	's department or i	ual. • Use Section C to idea	ntify an outside organization.			
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	public purpose made pursuant to the agency's policy		
9							
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:				
	Early, Shavonda			Ceremonial Role	Other ial Role" or "Other" describe below:	Income	
	Larry, Snavorida		2	To provide incentives to City and County employees that provide services to the Authority.			
			2	Ceremonial Role If checking 'Ceremon	Other Lial Role" or "Other" describe below	Income	
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	If checking 'Ceremon	☐ Other ☐		
	(include address and desc		Number of Ticket(s)/	If checking 'Ceremon	Other ial Role" or "Other" describe below.		
	Verification	ription)	Number of Ticket(s)/ Pass(es)	If checking *Ceremon Describe the pub	☐ Other ☐ ial Role" or "Other" describe below. lic purpose made pursuan	it to the agency's policy	
	(include address and desc	ription)	Number of Ticket(s)/ Pass(es)	If checking *Ceremon Describe the pub erified that the distribution set for	☐ Other ☐ ial Role" or "Other" describe below. lic purpose made pursuan	nt to the agency's policy	

				TOWN CASE TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE		"
1.	Agency Name		Date Stamp California Form 802			
	Oakland-Alameda County C					For Official Use Only
	Division, Department, or Regi	on (If Applicable	<i>)</i>			
	Barbara J. Parker, City Attor	ney/OAACA	Official			
	Designated Agency Contact (/				1	
	Area Code/Phone Number	E-mail			Amendment (Must provide	explanation in Part 3.)
	(510) 238-3815	bparker@oa	klandcitvatto	ornev ora	Date of Original Filing:	anth Care Vaarl
0			mandonyana	ornoy.org	(IVI	onth, Day, Year)
۷.	Function or Event Inform			Essa Valua	of Each Ticket/Pass \$	20.00
	Does the agency have a ticket		Yes⊠ No	h		
	Event Description Warriors v	Provide Title/Expl	atch Party	Date(s)	06 , 08 , 18	
		Provide Title/Exp	anation			
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Source	
	Men tiglest distribution made of	t the beheat		2		
	Was ticket distribution made at of agency official?	t the benest	No ⊠ Yes	LI If yes:	Official's Name (Last, Fi	irst)
3.	Recipients • Use Section A to identify the agency	's denartment or	dual. • Use Section C to identify an	outside organization.		
	THE RESIDENCE OF THE PARTY OF THE		Number of			
	A. Name of Agency, Departmen	Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursuant to the	agency's policy	
	Name of Individua	10-100 TO SERVICE	Number of Ticket(s)/			Carrie Carrie
	B. Name of mulvidual (Last, First)	Name of Individual (Last, First)		Identify one of the following:		
				Ceremonial Role	Other 🗵	Income
	Hartfield, Rolanda		2	If checking "Ceremonial Role" or "Other" describe below:		
				To provide incentives to City and County employees that provide services to the Authority.		
				Ceremonial Role	onial Role" or "Other" describe below:	Income
			2	" checking Gerenic	or other describe below	
	and a contract of the second		Number of	Control of the state of the		programme and the second second
	C. Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant to the	agency's policy
			1 400(00)		THE BUILDING AS ALL STATE OF THE STATE OF TH	
1.	Verification					
	I have read and understand FPPC Regula	ations 18944.1 and	f 18942. I have ve	rified that the distribution set	t forth above, is in accordance with the r	equirements.
	Darbar J Jan	1	Barbara J. I	Parker Ci	ty Attorney/OAACA Official	06/25/2018
	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)
		**				*
	Comment:	-				

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Λ	Pu	h	ic	n	nc	un	10	ทา
	0.0	B. J. I	111	_	\sim	CON I	10	

						1 6 111		
1.	Agency Name		Date Stamp	California 802				
	Oakland-Alameda County C	Coliseum Auth	ority			For Official Use Only		
	Division, Department, or Reg	ion (If Applicable)			1 of Official osc only		
	Barbara J. Parker, City Atto	rney/OAACA	Official					
	Designated Agency Contact	(Name, Title)						
					Amendment (Must pro	ovide explanation in Part 3.)		
	Area Code/Phone Number	E-mail						
	(510) 238-3815	bparker@oa	klandcityatto	orney.org	Date of Original Filing:(Month, Day, Year)			
2.	Function or Event Infor	mation				78.00		
	Does the agency have a ticke		Yes⊠ No	Face Value	of Each Ticket/Pass \$	76.00		
	Event Description Oakland A	's v. Kansas (City Royals	Date(s) 06	6 , 07 , 18			
	Event Boosiption	Provide Title/Expl	anation					
	Ticket(s)/Pass(es) provided b	y agency?	Yes⊠ No	☐ If no:	Name of Sou	urca		
	VAL - P - 1 - P - 1 - 2 - 2 - 3 - 3	116 - 1 - 1 1	No ⊠ Yes					
	Was ticket distribution made a of agency official?	at the benest	∐ If yes:	Official's Name (La	ast, First)			
	, , , , , , , , , , , , , , , , , , , ,							
3.	Recipients • Use Section A to identify the agence	v's department or	lual. • Use Section C to identi	fy an outside organization.				
	A. Name of Agency, Departme	STEEDING TO MAKE THE RE	Number of	of the second second and the second	blic purpose made pursuant t			
	Marie of Agency, Departine		Ticket(s)/ Pass(es)					
				an and an analysis of the second				
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following:				
		na partienta irriwi nela	r dsa(ca)	Ceremonial Role	Other 🗵	Income		
	Early, Shavonda				nial Role" or "Other" describe below:			
			2		ves to City and County	employees that provide		
				services to the Aut				
				Ceremonial Role	ial Role" or "Other" describe below:	Income		
			2					
	C Name of Outside Organ	ization	Number of Ticket(s)/	Describe the nul	blic purpose made pursuant t	to the agency's policy		
	(include address and des	cription)	Pass(es)	Begonise the pur	(40) (A) (40) (40)	SATER SATER		
	Verification							
	I have read and understand FPPC Regu	lations 18944.1 and	l 18942. I have ve	rified that the distribution set	forth above, is in accordance with	the requirements		
	Dan John	_	Barbara J. I	Parker City	y Attorney/OAACA Offic	cial 06/25/2018		
	Signature of Agency Head or Designee		Print Nam	е	Title	(Month, Day, Year)		
	Comment:					EDDO E 002 (4/42)		

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name		Date Stamp	California 802				
	Oakland-Alameda County C					Form For Official Use Only		
	Division, Department, or Regi	on (If Applicable	9)					
	Barbara J. Parker, City Attor	ney/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	klandcitvatto	ornev.ora	Date of Original Filing:(Month, Day, Year)			
2	Function or Event Inform					(MOINII, Day, Year)		
	Does the agency have a ticket		Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	78.00		
	Event Description Oakland A			Name of the last o				
	Event Description	Provide Title/Expl	anation	Date(s)				
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Sou	100		
	Mos tisket distribution made =	t the beheat						
	Was ticket distribution made a of agency official?	t the benest	No ⊠ Yes	☐ If yes:	Official's Name (L	ast, First)		
3.	Recipients							
5.5	Use Section A to identify the agency	's department or	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.			
	A. Name of Agency, Departme	nt or Unit	Howerlan		blic purpose made pursuant to the agency's policy			
			Pass(es)			Carried and the Control of the Control		
			,					
		<i>y</i>						
9	H and the second of the second							
15.0	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following:			
					nacinary one or the renorm	ng:		
	M. Clark			Ceremonial Role	Other 🛛	ng:		
	Moore, Cheryl			If checking "Ceremoni	Other al Role" or "Other" describe below:	Income		
	Moore, Cheryl		Pass(es)	If checking "Ceremoni	Other al Role" or "Other" describe below: es to City and County (
	Moore, Cheryl		Pass(es)	If checking "Ceremoni To provide incentive	Other al Role" or "Other" describe below: es to City and County onority	Income		
	Moore, Cheryl		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 onority	Income Demployees that provide		
	Moore, Cheryl		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 on ority Other	Income Demployees that provide		
		zation	Pass(es) 2 Number of	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below: es to City and County on ority Other al Role" or "Other" describe below:	Income Income Income Income Income Income Income		
			2 2	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below: es to City and County on ority Other	Income Demployees that provide		
	C_ Name of Outside Organi		Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below: es to City and County on ority Other al Role" or "Other" describe below:	Income Demployees that provide		
	C_ Name of Outside Organi		Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below: es to City and County on ority Other al Role" or "Other" describe below:	Income Demployees that provide		
	C_ Name of Outside Organi		Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below: es to City and County on ority Other al Role" or "Other" describe below:	Income Demployees that provide		
	C_ Name of Outside Organi		Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below: es to City and County on ority Other al Role" or "Other" describe below:	Income comployees that provide		
	C. Name of Outside Organi (include address and desc	eription)	Pass(es) 2 Number of Ticket(s)/Pass(es)	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role If checking "Ceremoni Describe the publ	Other All Action of the Action	Income Cemployees that provide Income Cemployees that provide Income Cemployees that provide		
	C. Name of Outside Organi (include address and desc	eription)	Pass(es) 2 Number of Ticket(s)/Pass(es)	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role If checking "Ceremoni Describe the publication set for	Other all Role" or "Other" describe below: es to City and County on ority Other all Role" or "Other" describe below: ic purpose made pursuant of the purpose ma	Income In		
	C. Name of Outside Organi (include address and desc	eription)	Pass(es) 2 Number of Ticket(s)/Pass(es)	If checking *Ceremoni To provide incentive services to the Auth Ceremonial Role If checking *Ceremoni Describe the publication set for the distribution set for the parker City	Other All Action of the Action	Income In		

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E-A	PUID	111.	DUG		GIII

1.	Agency Name				Date Stamp	California Q02			
	Oakland-Alameda County C	Coliseum Auth	ority		1	Form OUZ			
	Division, Department, or Reg	and the state of t				For Official Use Only			
	Barbara I Barker City Atta	rnov/OAACA	Official						
	Barbara J. Parker, City Attor Designated Agency Contact (
	Designated Agency Contact (ivamo, moj			,				
		I per			Amendment (Must prov	ide explanation in Part 3.)			
	Area Code/Phone Number	E-mail	ldon doituattor	nou ora	Date of Original Filing:				
return to	(510) 238-3815		aklandcityattor	ney.org	Date of Original Filing: (Month, Day, Year)				
2.	Function or Event Infor			\ /-l	f Fach Ticket/Done &	90.00			
	Does the agency have a ticke		Yes⊠ No [of Each Ticket/Pass \$				
	Event Description Oakland A	\'s v. Los Ang Provide Title/Exp	eles Angels lanation	Date(s)06	5 , 15 , 18				
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No [] If no:	Name of Sourc	e			
	Was ticket distribution made a	at the behest	No⊠ Yes □	-					
	of agency official?	at 1,10 B01100t	NO M 162	lf yes:	Official's Name (Las	t, First)			
3.	Recipients								
٠.	Use Section A to identify the agency	y's department or	ual. • Use Section C to identify	an outside organization.					
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	ublic purpose made pursuant to the agency's policy				
	B. Name of Individual	al	Number of Ticket(s)/ Pass(es)	caro: History	Identify one of the following:				
	Early, Shavonda			Ceremonial Role If checking "Ceremon	Other X ial Role" or "Other" describe below:	Income			
			2	To provide incentives to City and County employees that provide services to the Authority					
				Ceremonial Role	Other	Income			
			2	If checking "Ceremon	ial Role" or "Other" describe below				
	C. Name of Outside Organ	nization	Number of						
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's poncy			
4.	Verification		3 2000 NO N						
	I have read and understand FPPC Regul	lations 18944.1 and	d 18942. I have verii Barbara J. Pa		orth above, is in accordance with the Attorney/OAACA Official Control of the Attorney of the A				
	Signature of Agency Head or Designee		Print Name	ainei Olly	Title	(Month, Day, Year)			
	V								
	Comment:								

						STATE OF THE STATE		
1.	Agency Name	MATERIAL STATE OF THE STATE OF			Date Stamp California 802			
	Oakland-Alameda County C	Coliseum Auth	nority			Form OOZ		
	Division, Department, or Reg					For Official Use Only		
	Barbara J. Parker, City Atto	rney/OAACA	Official					
	Designated Agency Contact							
					Annual work (Madagaida palagaita in Bod 2)			
	Area Code/Phone Number	E-mail			Amendment (Must provide ex			
	(510) 238-3815	bparker@oa	aklandcityattor	ney.org	Date of Original Filing:(Month, Day, Year)			
2.	Function or Event Infor	mation						
	Does the agency have a ticke		Yes⊠ No □] Face Value o	of Each Ticket/Pass \$	90.00		
	Event Description Oakland A	s's v. Los Ang			3 , 16 , 18	1		
	Event Description	Provide Title/Exp	lanation	Date(s)				
	Ticket(s)/Pass(es) provided b	v agency?	Yes⊠ No □] If no:	Name of Source			
	rionol(e)/r doc(es) provided a	, -3,	100 [2] 110 [2	4	Name of Source			
	Was ticket distribution made a	at the behest	No ⊠ Yes 🗆	If yes:	Official's Name (Last, Firs	0		
	of agency official?					,		
3.	Recipients • Use Section A to identify the agence	ule demontment or	unit - Hea Sacti	on B to identify an individu	ual allse Section C to identify an or	ıtside organization.		
	A		Number of			LI 14		
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to the a	gency's policy		
	B. Name of Individua	al	Number of Ticket(s)/					
	(Last, First)	3 -	Pass(es)					
	Kearns, Brenna			Ceremonial Role	Other Other Other Other Other Other Other Other Other Other	Income		
	Realis, Dielila		2	To provide incentives to City and County employees that provide				
				services to the Autl				
				Ceremonial Role	Other	Income [
			2	If checking "Ceremon	nal Role" or "Other" describe below:			
			-					
			Number of					
	C. Name of Outside Organ (include address and des		Ticket(s)/	Describe the pub	lic purpose made pursuant to the a	gency's policy		
			Pass(es)					
			-					
1.	Verification I have read and understand FPPC Regu	dations 40044 4	d 19042 barra re-	fied that the distribution set 6	orth above is in accordance with the rec	wirements		
	50 11 11	lations 18944.1 and						
	Mila John		Barbara J. Pa	arker City	Attorney/OAACA Official	06/25/2018 (Month, Day, Year)		
	Signature of Agency Head or Designee		Print Name		Title	(wonur, Day, Teal)		
	Comment:							

Agency Report of:

Comment: _____

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name			DOWNER TO THE REAL PROPERTY OF THE PROPERTY OF	Date Stamp California 802				
	Oakland-Alameda County C	Coliseum Auth	nority			Form OOZ			
	Division, Department, or Reg					For Official Use Only			
	Barbara J. Parker, City Atto	rnev/OAACA	Official						
	Designated Agency Contact			1 100					
	Area Code/Phone Number	E-mail			Amendment (Must prov	vide explanation in Part 3.)			
	(510) 238-3815		aklandcityatto	orney.org	Date of Original Filing:(Month, Day, Year)				
2	Function or Event Infor					(Month, Day, Year)			
	Does the agency have a ticke		Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$	90.00			
		FG 5501			3 , 17 , 18				
	Event Description Oakland A	Provide Title/Exp	lanation	Date(s)					
	Ticket(s)/Pass(es) provided b	v agency?	Yes⊠ No	□ If no:	Name of Source				
	Ticket(3)/1 ass(cs) provided b	y agonoy.	Tes 🔼 INO		Name of Source	ce			
	Was ticket distribution made a	at the behest	No⊠ Yes	☐ If yes:	Official's Name (Las	et Firet)			
	of agency official?			Official's Name (Las	st, riisty				
3.	Recipients		Has Sestion C to identify	an outside organization					
	Use Section A to identify the agenc		Number of						
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy				
0			1 400(00)						
535	B. Name of Individua	ıl	Number of Ticket(s)/	u sa s	Identify one of the following	1: -			
	(Last, First)		Pass(es)						
	Eura Michael			Ceremonial Role		Income			
	Fung, Michael		2	If checking "Ceremonial Role" or "Olher" describe below: To provide incentives to City and County employees that provide					
				services to the Authority					
88				Ceremonial Role	Other	Income			
			2	If checking *Ceremon	al Role" or "Other" describe below				
			Number of						
1	Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy			
	(motato datasos ana ass		Pass(es)						
0									
	Verification	lations 49044 4	H 100/0 / barra	wified that the distribution set f	orth above, is in accordance with t	he requirements			
1	have read and understand FPPC Regul	auons 18944.1 and							
7	Onbany Star		Barbara J. I		Attorney/OAACA Offici	al 06/25/2018 (Month, Day, Year)			
ě.	Signature of Ageficy Head or Designee		Print Nam	e	riue	(WORITI, Day, Year)			

1 1						
ı. Ag	gency Name				Date Stamp	California 802
Oa	akland-Alameda County (Coliseum Aut	hority			Form OU
Div	vision, Department, or Reg	ion (If Applicab	le)			For Official Use Only
Bar	arbara J. Parker, City Atto	rnev/OAACA	Official			
	signated Agency Contact				-	
Α.υ	- Code/Dhana Namb	Tem 1			Amendment (Must pro	ovide explanation in Part 3.)
	ea Code/Phone Number	E-mail	-1112			
- Constitution	10) 238-3815	A STATE OF THE PARTY OF THE PAR	aklandcityatt	orney.org	Date of Original Filing: _	(Month, Day, Year)
	inction or Event Infor					00.00
	es the agency have a ticke		Yes⊠ No	Face Value o	f Each Ticket/Pass \$	90.00
Eve	ent Description Oakland A	's v. Clevela	nd Indians	Date(s)06	, 29 , 18	
	() 1 () () () () () () () () (Provide Title/Exp	olanation			
Tick	ket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	w. w	
14.	2.15.1.3.2.36.300.338				Name of Sour	rce
	s ticket distribution made a agency official?	t the behest	No ⊠ Yes	☐ If yes:	Official's Name (La	The second secon
					Official's Name (La	osi, Hirst)
	cipients		a 30 E			
-	e Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identif	y an outside organization.
A.	Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
В.	Name of Individual	(d) ^(d)	Number of Ticket(s)/		Identify one of the following	g:
			Pass(es)			
Bliss		1	Ceremonial Role	Other 🛛	Income	
	s, Kimberly		2	If checking "Ceremonia To provide incentive	of Role" or "Other" describe below.	
	s, Kimberly		2	If checking "Ceremonia	of Role" or "Other" describe below.	
-	s, Kimberly		2	If checking "Ceremonia To provide incentive services to the Author	es to City and County eority Other	Income [mployees that provide
-	s, Kimberly		2	If checking "Ceremonia To provide incentive services to the Author	es to City and County eority	mployees that provide
	s, Kimberly			If checking "Ceremonia To provide incentive services to the Author	es to City and County eority Other	mployees that provide
	Name of Outside Organiz		2 Number of Ticket(s)/	If checking "Ceremonia To provide incentive services to the Author Ceremonial Role If checking "Ceremonia	es to City and County eority Other	mployees that provid
C.			2 Number of	If checking "Ceremonia To provide incentive services to the Author Ceremonial Role If checking "Ceremonia	If Role" or "Other" describe below. Is to City and County e ority Other If Role" or "Other" describe below:	mployees that provid
	Name of Outside Organiz (include address and desc	ription)	2 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia Describe the public	es to City and County e ority Other Role" or "Other" describe below. Role" or "Other" describe below.	Income the agency's policy
	Name of Outside Organiz (include address and desc fication read and understand FPPC Regulat	ription) lions 18944.1 and	2 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia Describe the public iffied that the distribution set fort	Is to City and County e ority Other Role" or "Other" describe below. Role" or "Other" describe below. C purpose made pursuant to	Income [the agency's policy
I have re	Name of Outside Organiz (include address and desc	ription) lions 18944.1 and	2 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking Ceremonia Describe the public ified that the distribution set fort carker City A	es to City and County e ority Other Role" or "Other" describe below. Role" or "Other" describe below.	Income In

-						AT ablic becamen		
1.	Agency Name				Date Stamp California 802			
	Oakland-Alameda County C	Coliseum Auth	nority			Form 002		
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only		
	Barbara J. Parker, City Atto	rnev/OAACA	Official					
	Designated Agency Contact		Omolai					
	J J							
	Avec C - I-/DI N I	I= '1			Amendment (Must pro	ovide explanation in Part 3.)		
	Area Code/Phone Number	E-mail	11 12 12		Date of Original Filing:(Month, Day, Year)			
	(510) 238-3815	bparker@oa	aklandcityatt	orney.org	Date of Original Filing: _	(Month, Day, Year)		
	Function or Event Inform					90.00		
	Does the agency have a ticker	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes 🛛 No		f Each Ticket/Pass \$	90.00		
	Event Description Oakland A	's v. Clevelar	nd Indians	Date(s)06	, 30 , 18			
	200 - 201 (2010) (1994) - 194 (2010) (1994) - 194 (2010) (1994) - 194 (2010) (1994) (1994) (1994) (1994) (1994	Provide Title/Exp	lanation					
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🛛 No	☐ If no:				
	Markint diskell (Name of Sour	ce		
	Was ticket distribution made a of agency official?	t the behest	No ⊠ Yes	☐ If yes:	Official's Name (La	act Eiroti		
					Oniciai's Name (La	ist, Filst)		
	Recipients	de desentación es						
23	Use Section A to identify the agency		Number of	ction B to identify an individua	al. • Use Section C to identif	y an outside organization.		
	A. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy		
-	Name of Individual		Number of					
-	Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	g:		
1	Royal, Lenora			Ceremonial Role		Income		
	Toyal, Lenora		2	If checking "Ceremonial Role" or "Other" describe below.				
				To provide incentives to City and County employees that provide services to the Authority				
-				Ceremonial Role	Other	Income		
			2	If checking Ceremonial	Role" or "Other" describe below	_		
			_					
-			Number					
C	Name of Outside Organiz (include address and description)		Number of Ticket(s)/	Describe the public	c purpose made pursuant to	the agency's policy		
_		•	Pass(es)					
-								
	erification							
l h	ave read and understand FPPC Regulat	ions 18944.1 and	18942. I have ver	ified that the distribution set fort	h above, is in accordance with th	ne requirements.		
Z	suran yo Shil		Barbara J. P	arker City A	Attorney/OAACA Officia	al 06/25/2018		
	Signature of Agency Head or Designee	market Market Committee	Print Name	E-15-19-19-19-19-19-19-19-19-19-19-19-19-19-	Title	(Month, Day, Year)		
C	Omment:							

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: RSavage@coliseum.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 500.00 Does the agency have a ticket policy? Yes⊠ No 🗆 Date(s) __06_ Event Description: Maroon 5 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: . Yes ⊠ No □ Name of Source If yes: Lynette McElhaney 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit laintify one of the following Name of Individual of Ticket(s)/ Ceremonial Role 🔲 Other 🗵 Income 🔲 Did Not Use If checking "Ceremonial Role" or "Other" describe below. 2 Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (include address and description), Describe the public purpose made pursuant to the agency's policy

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 regulirements Lynette McElhaney OACCA Commissioner 6/5/18 Print Name (month, day, year) Comment: FPPC Form 802 (2/2016)

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V	eremoniai Kule Even	is allu licke	Urass Di	Stri	DUHOHS		Ar	ou biidu'	
1.	Agency Name					Date Sta	ımp	California Form	000
	Oakland Alameda County C	coliseum Authority	1					Form	(0) U/4
	Division, Department, or Reg	ion (if applicable)						For Official	Use Only
	Lynette Gibson McElhaney	, OACCA Commi	ssion						
	Designated Agency Contact	(Name, Title)							
	Renee Savage - OACCA Ex	kecutive Assistant	t			☐ Amondmo	nt (Must Dra	ride Explanation i	- Court C. h
	Area Code/Phone Number	E-mail				Milleliane	iii (iviust Prot	nae Explanation II	1 Part 3.)
	510.383.4801	RSavage@colis	seum.com			Date of Origin	al Filing:	(month, day, yea	ir)
2.	Function or Event Infor	mation				ki <u>ne ee gantama</u> jiin ah oo ah oo ah oo ah oo			
	Does the agency have a ticl	ket policy?	es⊠ No 🗆	Fa	ace Value of i	Each Ticket/Pa	ass \$ 20.0	00	
	Event Description: Warriors								
	Event Description:	Provide Title/ E	xplanation	. D	ate(s)/	, 06 <u>, 18</u>			
	Ticket(s)/Pass(es) provided		es⊠ No 🗆	lf	no:				
	., , , ,					Name of Source	9	·	
	Was ticket distribution made	at the behest Y	es 🛛 No 🗌	lf	yes: Lynette	Official's Name (i	net Firet		
	of agency official?					Cincian S Name (1	-431, 1 1131)		
3.	Recipients			المعادل المستوعات والمراجعة					
.	• Use Section A to identify the agen	ıcv's department or uni	t. • Use Section	B to ic	lentify an individ	ual. • Use Section	C to identify	an outside orga	nigation
			o Kumba						
	A, Name of Agency, Depr		of Ticket Passes	9 1/ - 1	Describe in	a public purpose	made pureu	ent to the egen	y's policy
	ACTUAL COLUMNICATION CONTRACTOR OF THE PROPERTY OF THE PROPERT								
			-						<u></u>
	B	yldua:	Nulfibe of troker			identify o	e of the follo	owina:	
	Hara III III III III III III III III III		Passes						
	Did Not Use		, ,			onial Role	Other 🗵		Income 🔲
			2		Did not use	ing "Cerernonial Role" (or "Other" descri	be below:	

						onial Role	Other 🔲		Income 🗌
					ir cnecki	ing "Ceremonial Role" (or "Other" descrit	de below:	
		115-716-116-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Panceten					for (1) be) reconstruction of the personal
	O Nama of Cutside O (Include address and		Numbe of Ticket	S)	Describe the	public purpose	made puralle	int to the agend	ya policy
			Passes						
				\dashv		1			
<u>- American</u>		esta esta de la compositione de					e de la companya de l		
4.	Verification	175							
	I have read and understand For with indipartitions	PE Regulations 18	944.1 and 189	42. 1	have verified ti	hat the distribut	ion set forth	n above, is in i	accordance
		PERSON S							
	Signature of Agency Head or Design	30,000	ette McElhan	еу		ACCA Comm	issioner		30/18
	Signature of Agency Head or Design	:ee	rant Name			Title		(monti	h, 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 Lynette Gibson McElhaney , OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: RSavage@coliseum.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 78.00 Yes ⊠ No 🗆 Event Description: A's vs Royals Date(s) <u>06</u> / <u>07</u> / 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 ves: Lynette McElhaney 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 Did not Use Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below. 2 Tickets were not issued Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (Include address and description) Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Verification PPC/跨gulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance l have fead and under witi the requirement Lynette McElhaney OACCA Commissioner 06/05/18 Signature of Agency Head or Design Print Name (month, day, year)

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1.	Agency Name	The second secon				Date Stamp	Califo	ornia OAA
	Oakland Alameda County C						Foi	
	Division, Department, or Reg	ion (if applicable)					For	Official Use Only
	Lynette Gibson McElhaney		missio	n				i .
	Designated Agency Contact						ĺ	
	Renee Savage - OACCA Ex		ant			☐ Amendment /A	Must Provide Explan	nation in Part 3 1
	Area Code/Phone Number	E-mail					FORWE Explai.	incommit and o.,
	510.383.4801	RSavage@d	oliseun	n.com		Date of Original Fil	ling:	lay, year)
2.	Function or Event Infor	mation						
	Does the agency have a tick		Yes 🛭	No □	Face Value	of Each Ticket/Pass	\$ 90.00	
			100 ½	3 140 🗀			Ψ	
	Event Description: A's vs Ro	Provide Tit	le/ Explan	ation	Date(s)	6 , 08 , 18		
	Ticket(s)/Pass(es) provided			☑ No 🗆	If no:	Name of Source		
				_	i lyne	Name of Source		
	Was ticket distribution made	at the behest	Yes 🛚	No □	If yes: Lytte	ette McElhaney Official's Name (Last, i	First)	
	of agency official?					, ,		
3.	Recipients							Control of the Contro
	• Use Section A to identify the agen	cy's department or	unit. • t	Use Section B 1	to identify an inc	dividual. • Use Section C to	identify an outsid	e organization.
				Number			and the state of the	
	A. Name of Agency, Depa	itment of Unit		of Ticket(e) Passes	11.13	e the public purpose mad		20 TO 10 TO
		Andrew Control of Cont	Kankan Kamada	H		THE STREET OF THE STREET OF THE STREET	CONTRACTOR OF STREET	MSSA SALES AND ASSASSASSASSASSASSASSASSASSASSASSASSASS
			1					
	B. Name of Indi	vidual		Number of Ticket(s)		Identity one of	the following:	
	(Cast Fire			Fasses				
	Did not Use		1				er 🔀	Income 🗌
				2		checking "Ceremonial Role" or "Olh /ere not issued	er" describe below:	
								·
					1		er 🔲	Income 🗌
			1		"	checking "Ceremonial Role" or "Oth	ет инаспре овюж:	
				Number				
	Name of Cutside O			of Ticket(s)		e the public gurpose made	THE REPORT OF THE PERSON ASSESSMENT	ALL PROPERTY AND ADDRESS OF THE PARTY OF THE
				Pabses				
			-0-mm					
1	Verification // ^						······································	
**	I have read and understand The	Regulations	18944	1 and 18943	. I have verifi	ed that the distribution s	eat forth above	is in accordance
	with the Charles with the	Kent	, outr.	. u.u. 10372	i nave veilli	ou mai m o mombunon s	ъстонн∶аро∨ е ,	ть III ассогиалсе
	0.7	1	vnette	McElhaney	,	OACCA Commission	ner	06/30/18
	Signature of Agency Head or Design	200	200000000000000000000000000000000000000	nt Name	··········	Title	J1161	(month, day, year)
	Comment:			Make .	- SMSNAL			

Agency Report of:

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C	eremo	nial	Role	Events	and	Ticket/Pass	Distrib	oution	S

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1.	Agency Name			angan mandala <u>a a a a a a a a a a a a a a a a a a</u>		Date Stamp	California OOO
	Oakland Alameda County Co	oliseum Author	ity			•	Form 602
	Division, Department, or Region						For Official Use Only
	Lynette Gibson McElhaney	OACCA Comr	nissio	n			
	Designated Agency Contact (/	Vame, Title)		-			
	Renee Savage - OACCA Exe	ecutive Assista	ınt			[] Amandment (1115.	ite Control in D. (A)
	Area Code/Phone Number	E-mail				Amendment (Must Pro	ovide Explanation in Part 3.)
	510.383.4801	RSavage@co	liseun	n.com		Date of Original Filing: _	(month, day, year)
2	Function or Event Inform	nation					(month, day, year)
Æ,					\	Fact Figure \$ 90.	.00
	Does the agency have a tick		Yes D			Each Ticket/Pass \$ 90.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Event Description: A's vs Ro	yais	/ C /		Date(s) <u>06</u>	<u>, 09 , 18</u> _	
	Ticket(s)/Pass(es) provided t	Provide Title.	•		f no:		
	riokot(s)ri ass(cs) provided t	by agency :	165 12			Name of Source	
	Was ticket distribution made	at the behest	Yes 2	No □ I	f yes: Lynette	McElhaney	
	of agency official?					Official's Name (Last, First)	
4	/Danislanda		250543 to Complete Co.				
3.	Recipients • Use Section A to identify the agence	w's donortment or w	init e I	Ica Saction P to	identify on individ	und A Y Ton Continue C An 1-81-414	S
	Ose occion A to definity the agenc	y s department or a		Numbar	identity an individ	ua. • Ose Section C to identif	y an outside organization.
	A. Name of Agency Depar			of Ticket(s): Passes	Describe th	e public purpose made purs	
	B. Name of Indiv			Number			
	Cast Fire)		of Ticket(s)/ Passes		dentity one of the fo	(owing)
	Did not Use				Cerem	onial Role 🔲 Other 🗵	Income
	Did not ose		1	2	If check Tickets were	ing "Ceremonial Role" or "Other" desc	ribe below:
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			enemonieko ber				
	C, Name of Outside Or (include address and			Number of Ticket(s)/	Describe th	e public purpose made pursi	iant to the agency's policy
		uescription)		Passes			
					1 .		
	N						
4.	Verification	30.D: 1.#	10011				
p	I have read and understand FPF With the requirements	regulations 1	18944.	т and 18942.	ı nave verified t	nat the distribution set for	th above, is in accordance
Ĺ	_>gratis_le_sij/s	// www	مللم	Mofflhamass		MOCA C	00(00)10
	Signature of Agency Head or Designe			McElhaney nt Name		ACCA Commissioner	06/30/18 (month, day, year)
	3000						month, day, year)
	Comment:			1000000			

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1.	Agency Name					Date Stamp	California 000
	Oakland Alameda County C	oliseum Au	1	Form OU4			
	Division, Department, or Reg	ion (if applica	1	For Official Use Only			
	Lynette Gibson McElhaney	, OACCA C					
	Designated Agency Contact	(Name,Title)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Renee Savage - OACCA Ex	cecutive As	sistant			C Amandment (Music	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				L. Amendment (1990st /	Frovide Explanation in Fait 3.j
	510.383.4801	RSavage	@coliseu	m.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				***	
	Does the agency have a tick	ket policy?	Yes	⊠ No 🗆	Face Value of	Each Ticket/Pass \$ $\frac{7}{2}$	8.00
	Event Description: A's vs A	stros	The state of the s		Date(s) <u>06</u>		
	Tieles Me VID accessors and a state of		e Title/Expla		If no:		•••
	Ticket(s)/Pass(es) provided	by agency:	Name of Source				
	Was ticket distribution made	at the beh	est Veci	XI No 🗆	If ves: Lynette	McElhaney Official's Name (Last, First)	
	of agency official?		163		,	Official's Name (Last, First)	- SHOOTA - A STAN AND AND AND AND AND AND AND AND AND A
-		and a supplementary of the supplement of the sup					
3.	Recipients						_
	Use Section A to identify the agent	icy's departmer	it or unit, •		identity an individ	lual. • Use Section C to iden	tify an outside organization.
	A., Name of Agency, Dep			Number Of Ticket(8)(Passes			rsuant to the agency/s policy
	B. Name of Ind	e per en en en					
	B. Name of Ind	Viqua) Si)		of Ticket(s)/. Passes		Identify one of the	(ollowing)
	Hayes - Smith, Susan				Cerem	nonial Role Other D	Income _
	riayes - omin, oasan			2		ring "Ceremonial Role" or "Other" de	escribe below: or his/her service to the
					City of Oakla		of the mer service to the
					Сегет	nonial Role Olher [Income [
					if check	king "Ceremonial Role" or "Other" de	escribe below:
	Q Name of Outside O			Number of Ticket(s)/	Describeith	e public purpose made pu	suant to the agency's policy
	(include address and	ideacription)		Passes			
							204
(Terroria)		ana na antantigi piri paga paga paga paga paga paga paga pag	***************************************				
4.	Verification						
		PCA gulatio	ons 18944	.1 and 18942.	. I have verified t	hat the distribution set f	orth above, is in accordance
	with the requirement of	Koz					•
				McElhaney		DACCA Commissione	
	Signature of Agency Head or Design	Concession of	Pi	int Name		Títle	(month, day, year)
	Comment:						

Agency Report of:

-	_									
Cere	moni	al R	lole E	vents	and	Ticket/I	Pass	Distri	butions	

1.	Agency Name		and the second second				Date Stamp	Califor	mia ons
	Oakland Alameda County Coliseum Authority							Forn	
	Division, Department, or Region (if applicable)							For Of	fficial Use Only
	Lynette Gibson McElhaney , OACCA Commission								
	Designated Agency Contact	(Name, Title)							
	Renee Savage - OACCA E	xecutive Assist	ant				Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail					T Americanone imase	T TOTAL EXPICITE	3011 277 471 3.7
	510.383.4801	RSavage@c	oliseun	n.com			Date of Original Filing	(month, da	v, year)
2	Function or Event Infor	mation	operation of the second						
	Does the agency have a tic		Vaa IS	No □	F	ace Value of I	Each Ticket/Pass \$	90.00	
			ies K	∄ 140 [□					
	Event Description: A's vs A	Provide Titl	e/ Explan	ation	D	ate(s)	, 15 , 18		
	Ticket(s)/Pass(es) provided			I No □	lf	no:			
		,	,00 %				Name of Source		***************************************
	Was ticket distribution made	e at the behest	Yes 2	∐ oN ⊡	lf	yes: <u>Lynette</u>	Official's Name (Last, First	f)	
	of agency official?						Omoral o realine (2000, 7 not	y	
3.	Recipients		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Vannakan),				material retrieved to proceed the control of the second to
J.	• Use Section A to identify the age	ncy's department or	unit. • 1	Use Section B	to io	dentify an individ	ual. • Use Section C to ide	ntify an outside	organization.
				Number					
	A. Name of Agency Deb	Artmentor-Unit		of Ticket(s Passes		Describe in	e public purpose made pi		
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							de:		
	•								
	B. Name of Ind	IV/AUA		Number			Identify one of the		
		ni) e e e		of Ticket(s Passes			Welling Order		
	Ali Bob, Ahmed			•			onial Role 🔲 Other		Income 🔲
	, = - 22 , /			2			ing "Ceremonial Role" or "Other" o Community activist t		ervice to the
						City of Oakla			
							nonial Role 🔲 Other		Income
						If check	ring "Ceremonial Role" or "Other" o	describe below:	
				ento Effective September 17 of the resi	Syr Care	north actual on the transplines	u <u>Souran (sastain myrigunau sastay</u> ni saaraya		
	C. Name of Guiside C			Number of Ticket(s	7.	Describe th	e public purpose made o	repart to the e	gency's policy
				Passes					
	0								
<u> </u>	h			and a state of the parties of the Polyce and the state of the Polyce of					
4.	Verification		4004:	. معدد ا					
	I have read and understand FI with the regarements	PPC Regulations	18944.	า and 1894	12. 1	nave verified t	nat the distribution set	torth above, i	s in accordance
	Tout the Mis			8.4		_	NACOA O= ! !		00/00/40
	Signature of Agency Head or Desig	·		McElhane	∍y		DACCA Commissione		06/30/18 (month, day, year)
	Signature on ignitor mead of besty			Haine			·		momin, uay, 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 Division, Department, or Region (if applicable) For Official Use Only Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 90.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: A's vs Angels Date(s) __06 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: . Yes 🛛 No 🗌 Name of Source If yes: Lynette McElhaney 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 of Unit Name of Individual identify one of the following: Ceremonial Role Other X Did Not Use Income If checking "Ceremonial Role" or "Other" describe below: 2 Did not Use Ceremonial Role Other Π Income ___ If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (include address and description Describe the public purpose made pursuant to the agency's policy

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erification avg reagland understand repfil Regul	ations 18944.1 and 18942. I have	verified that the distribution set forth al	bove, is in accordan
District of the second	Lynette McElhaney	OACCA Commissioner	06/30/18
Signature of Agency Head or Designee	Print Name	Tille	(month, day, yea
omment:	- Addition of the second of th		

Comment: _

•	gency Report of: eremonial Role Even	its and Ticket/F	Pass Distr	ibutions	· •	Public Document
1 .	Agency Name		and the second s	entre annuel marie a ser montre e l'Allande (en presente annuel e l'Allande (en presente annuel e l'Allande (e L'Allande (en presente annuel e l'Allande (en presente annuel e l'Allande (en presente annuel e l'Allande (en p	Date Stamp	California OOO
	Oakland Alameda County C	Coliseum Authority			· '	Form δUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Lynette Gibson McElhaney	, OACCA Commissi	on			
	Designated Agency Contact				4	
	Renee Savage - OACCA Ex	xecutive Assistant			· ·	
	Area Code/Phone Number	E-mail			Amendment (Must i	Provide Explanation in Part 3.)
	510.383.4801	RSavage@coliseu	ım.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation		· · · · · · · · · · · · · · · · · · ·	_	
	Does the agency have a tic	ket policy? Yes	⊠ No 🗆 🗜	ace Value of	Each Ticket/Pass \$ ⁹	0.00
	Event Description: A's vs A	ngels Provide Tille/ Expla	nation	Date(s)06	<u>/ 17 / 18</u>	
	Ticket(s)/Pass(es) provided	•	⊠ No 🗆 II	f no:	Name of Source	11.000
	Was ticket distribution made	e at the behest Yes	XI NOT I	fyes: Lynette	McElhaney	
	of agency official?	103		•	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the ager	ncy's department or unit.		identify an individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	A SAME OF THE PROPERTY OF THE PARTY OF THE P		revant to the agency's policy
	B), Name of Ind (Lost/Aff)		Number of tickets) Flesses		ldentify one of the	ollowing:
	Khan, Muhammad				nonial Role 🔲 Other 🖸	
	,		2	Rewarding a		escribe below: or his/her service to the
				1	nonial Role Other Cing "Ceremonial Role" or "Other" de	
	C. Name of Outside O	rganization (deacription)	Number ofrickei(s) Passas			suantato the agency e policy
		isininkuu ileissi 2016. juu 1219 sassa				
1.	Verification					
	I have read and understand FF with the readirements	PPC Regulations 18944	l.1 and 18942.	l have verified (hat the distribution set fo	orth above, is in accordance
	Signature of Agency Head of Design		McElhaney	(DACCA Commissione	r 06/30/18 (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 Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{90.00}{}$ Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: A's vs Indians Date(s) __06__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No 🗌 Name of Source If yes: Lynette McElhaney 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 of Unit Describe the public purpose made pursuant to the agency's polic Number of Ticket(s): Name of Individual identify one of the following: Ceremonial Role Other X Did Not Use Income ___ If checking "Geremonial Role" or "Other" describe below: 2 Tickets were not issued Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (include address and description Describe the public purpose made pursuant to the agency's policy

Lynette McElhaney

Print Name

4. Verification

Comment:

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 06/30/18 (month, day, year) FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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) Lynette Gibson McElhaney, OACCA Commission 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) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 90.00 Does the agency have a ticket policy? Yes ☑ No ☐ Event Description: A's vs Indians Date(s) __06 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No □ Name of Source If yes: Lynette McElhaney 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 of Ticket(s)/ Passes 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: Ceremonial Role Other X Did Not Use Income ... If checking "Ceremonial Role" or "Other" describe below: 2 Tickets were not issued Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (Include address and description) Describe the public purpose made pursuant to the agency's policy

Verification /	•		
I have real and understand EPF Regu	lations 18944.1 and 18942. I have	verified that the distribution set forth at	ove. is in accordance
With the regularities of the			
The state of the s	Lynette McElhaney	OACCA Commissioner	06/30/18
Signature of Agency Head or Designee	Print Name	Tille	(month, day, year)
Comment			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Oakland/Alameda County Coliseum Authority Form Division, Department, or 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 \$ 500.00 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Maroon 5 Date(s) __6 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 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

Edy, Derek		2	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
	*		Ceremonial Role Other Income Income Income
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
/erific	ation		2

•	
	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.	Ē		
Juli Xuxus	Lee Ann Fergerson	Ticket Administrator	6/20/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

1. Agency Name			Date Stamp	California OOO
Oakland Alameda County Coli	sium Auth	nority		Form OUZ
Division, Department, or Region (If Applicab	ile)			For Official Use Only
Yui Hay Lee, Commissioner				
Designated Agency Contact (Name, Title)				
Area Code/Phone Number E-mail			Amendment (Must pi	rovide explanation in Part 3.)
(510 836-6688 x 10) YuiH	lay@YHLA.n	iet	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME
Does the agency have a ticket policy?	Yes No	☐ Face Value o	f Each Ticket/Pass \$	500
Event Description MAROOH Provide TillerExp	5 planation	Date(s)	11.18	500°°
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no:	Name of Sou	ırce
Was ticket distribution made at the behest of agency official?	No ☐ Yes	☐ If yes:	Official's Name (L	ast, First)
3. Recipients				
Use Section A to identify the agency's department or		tion B to identify an individu	al. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
Yui Hay Lee, Commissioner		n. •	4	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role [Olher	Income [
Mark (University of University		Ceremonial Role [Other DIROLE Delow:	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant t	o the agency's policy
PLEDMONT ELEMENTARY SOHOOL TO MR. CHAIS KWEI	2	DONATION EVENT	TO FUNISPRING F	DRAISING FLING 2018
I have read and understand EPPC Regulations 18944.1 and Yui	18942, I have veri Hay Lee Print Name		th above, is in accordance with GCA Commission Title	the requirements. 3/16/18
Comment: PLEASE AL	50 11	YOUVE V	UP PARKI	NG PASS

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 500.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Maroon 5 Date(s) __06 _/ 1 _/ 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 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 Dobbins, Chris Income 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. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

I ha	e read and understand	FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth	above	is in accordance
with	he requirements.						.o docordano

	Chris Dobbins	OACCA Executive Director	05.22.18
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 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 Face Value of Each Ticket/Pass \$ 30.00 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: <u>Javale McGee Charity Softball</u> Date(s) _06 / 23 / 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other 🗵 De La Fuente, Ignacio if checking "Ceremonial Role" or "Other" describe below 4 to provide opportunities to community groups to utilize the facility Ceremonial Role Other 🔲 Income ___ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

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

Ignacio De La Fuente
Signature of Agendy Head of Designee Print Name

OACCA Commissioner

06.22.18 (month, day, year)

A Public Documen	A	Pu	hl	ic	D	റദ	um	en
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1. Agency Name					Date Stamp California 802			
	Oakland Alameda County C			Form				
	Division, Department, or Reg						For Official Use Only	
	Office of the City Administra							
	Designated Agency Contact (
	Sabrina B. Landreth, City Ad	lministrator			Amendment (Must Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail						
	510-238-3301	-slandreth@oakland	dca.gov		_Date-of-Origina	l Filing:	(month, day, year)	
2,	Function or Event Inform	nation		<u></u>				
	Does the agency have a tick	et policy? Yes	⊠ No 🗆 F	ace Value of I	Each Ticket/Pa	ss \$ 20.0	00	
	Event Description: WARRI			Date(s)06	, 08 , 18			
		Provide Title/Expla	nation			· -		
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🔲 🖽	f no:		,		
	Mos tisket distribution made	at the babast	!· · !·	fyes: Landreti	Name of Source h. Sabrina			
	Was ticket distribution made of agency official?	at the benest Yes	凶 No□ "	yes	Official's Name (La	st, First)		
	or agency official?							
3.	Recipients	от при доставления в при на при н		ining paragraph and a substitution of the subs		hamman maraman program	<u>en estat sun accominante de sun estat de la la cominante de l</u>	
	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to	ldentify an individ	ual. • Use Section 6	C to identify	y an outside organization.	
	Δ Name of Agency, Depa		Number	10 KM 170 W		MANGEN (C)		
	A. Haile of Agency, Depa	runem or one	of Ticket(s)/ Passes	Describe the	9 public purpose n	YOM - 11 YEAR AND	ant to the agency's policy	
				- Comment			And the second s	
	B. Name of Indiv	idual	. Number	SHEET SHEET		学说,被15	Company of the Compan	
	(Last, Firs		of Ticket(s)/ Passes		Identify one	or the roll	owing;	
	MUNOZ, DASCO			Cerem	onial Role	Other 🔀	Income 🔲	
			2	To provide in	ing "Ceremonial Role" or	"Other" descri	be below: vees that provides	
				services to the		y employ	rees that brovides	
		, , , , , , , , , , , , , , , , , , , ,			onial Role	Other 🔲	Income 🔲	
				lf checki	ing "Ceremonial Role" or	"Other" descri	be below:	
	Name of Outside Or		/Number of Ticket(s)/	Describe the	public purpose m	ade nursu	ant to the agency's policy	
	(include address and	description)	Passes			6.4.5.5	ant to the agency's policy	
	ř							
4.	Verification					900000000000000000000000000000000000000	Service and the service and th	
	I have read and understand FPF	PC Regulations 18944.	1 and 18942. I	have verified th	nat the distributio	n set forti	h above, is in accordance	
	with the requirements.			٠			J	
			B. Landreth	·	City Administr	ator	07/ ^(*) /2018	
	Signature of Agency Head or Designe	e Pr	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 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 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (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: A's Date(s) __06__/ 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? 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes UNABLE TO USE Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 2 services to the Authority. Ceremoniai Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sabrina B. Landreth

Print Name

Signature of Agency Head or Designee

Comment:

.

City Administrator

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 E-mail 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (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: A's 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: Landreth, Sabrina Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) MESHBERGER, CODY Ceremonial Role Other 🔀 If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 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) 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 Clty Administrator 07/ 10 /2018

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 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 E-mail -510-238-3301-Date of Original Filing: slandreth@oaklandca.gov (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: A's 06 Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No 🔲 If no: Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 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 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 STARR, IRIS Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 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 with the requirements. Sabrina B. Landreth City Administrator Signature of Agency Head or Designee Print Name Comment: FPPC Form 802 (2/2016) **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 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: 510-238-3301siandreth@oaklandca.gov (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: __A's Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other 🗵 Income FINE, SARAH If checking "Ceremonial Role" or "Other" describe below;
To provide incentives to City employees that provides 2 services to the Authority. Ceremonial Role Income 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 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

Sabrina B. Landreth

Print Name

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)

City Administrator

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 E-mail Date of Original Filing: _ 510-238-3301 slandreth@oaklandca.gov-(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: A's Date(s) __06__/ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: __ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passea Number Name of Individual Identify one of the following: of Ticket(s)/ (Last First) Passes Ceremonial Role Other X MUNOZ, DASCO If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provides 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 FPBC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sabrina B. Landreth

Signature of Agency Head or Designee

Print Name

City Administrator

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 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-Date of Original Filing: slandreth@oaklandea.gov (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: A's Date(s) __06 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number Name of Individual of Ticket(s)/ identify one of the following: (Last First) Passes Ceremonial Role Other X BARNES, DEBORAH Income If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 2 services to the Authority. Ceremonial Role Other 🔲 Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization (include address and description) of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy 4. Verification

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
O7/ 10 /2018
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 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 E-mail 510-238-3301 slandreth@oaklandea.gov 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 \$ Yes⊠ No 🗆 Event Description: A's Date(s) __06__/ 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: Landreth, Sabrina Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number Name of Individual of Ticket(s)/ identify one of the following: (Last, First) Passes PREGROSS, LOU Ceremonial Role Other 🗵 If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 2 services to the Authority Ceremonial Role Other 🔲 Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC 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 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 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 E-mail 510-238-3301 slandreth@oaklandca.gov 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 \$ Yes⊠ No□ Event Description: A's Date(s) __06 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: Landreth, Sabrina 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)/ Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes BELL, GLENN Ceremonial Role Other X Income To provide incentives to City employees that provides 2 services to the Authority. Ceremonial Role Other [Income [if checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC 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 Signature of Agency Head or Designee Print Name

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 Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ Event Description: A's Date(s) __06 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: Landreth, Sabrina 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 of Ticket(s)/ Name of Individual (Last, First) Number Identify one of the following: of Ticket(s)/ Passes LEWIS, RANDALL Ceremonial Role Income L To provide incentives to City employees that provides 2 services to the Authority. Ceremonial Role Other 🔲 Income 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ 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 Signature of Agency Head or Designee Print Name

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 Scott McKibben, OACCA Executive Director 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: smckibben1@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 1404.00 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Oakland A's Baseball Date(s) __06 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 ☐

of agency official?

Comment:

3.

Recipients	II C d b	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	identify an individual. • Use Section C to identify an outside organization. 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: Ceremonial Role Other Income
		If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 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
Progress Ranch 1109 Chestnut Lane	18	to provide opportunities to community groups to utilize the facility
Davis, CA 95616		
erification / N		

Scott McKibben

Print Name

If yes: McKibben, Scott

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

OACCA Executive Director

Official's Name (Last, First)

05.22.18

(month, day, year)

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1.	Agency Name		Date Stamp California			
	Oakland Alameda County C	coliseum Authority		101111 00-		
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Chris Dobbins, OACCA Cor	nmissioner				
	Designated Agency Contact ((Name, Title)			1	
			Amondment (Must De	vide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)
	510.383.4801	chrisdobbinslaw@	yahoo.com		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation			W.	
	Does the agency have a tick	ket policy? Yes	⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$ 140	04.00
	Event Description: Oakland	A's Baseball		Date(s) 06	<u>, 12 , 18</u>	1 1
	Zvotk Boodingston.	Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🔲 I	f no:	Name of Source	
	Mos tisket distribution made	at the beheat		f yes: Dobbins	s, Chris	
	Was ticket distribution made of agency official?	at the benest Yes	⊔ No∐ '	ı yes	Official's Name (Last, First)	
	or agency official?					
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit.	lual. • Use Section C to identif	y an outside organization.		
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's polic		
			1 43363			
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
					nonial Role Other Other or "Other" descripting "Ceremonial Role" or "Other" descriptions	Income Income
				(27,00 d) (A10,00 d)	nonial Role Other of the description of the descrip	Income Income
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursi	uant to the agency's policy	
	Green Stampede Homework study group	18	to provide op facility	pportunities to commun	ity groups to utilize the	
ļ.	Verification					
/	I have read and understand FPI	PC Regulations 18944	.1 and 18942.	I have verified t	hat the distribution set for	th above, is in accordance
	with the requirements.					
	4		s Dobbins		DACCA Commissioner	05.22.18
1	Signature of Agency Head or Designe	ee P	rint Name		Title	(month, day, year)
	Comment:					

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name		Date Stamp	California 802			
	Oakland-Alameda County C	Coliseum Auth		Form 002			
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only	
	Barbara J. Parker, City Atto	rney/OAACA					
	Designated Agency Contact (
	Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)	
	(510) 238-3815	bparker@oa	Date of Original Filing:	(Month, Day, Year)			
)	Function or Event Infor			(Month, Day, Teal)			
	Does the agency have a ticke		f Each Ticket/Pass \$ _	20.00			
	Warriora	Cavaliers/Wa	Yes⊠ No atch Partv				
	Event Description	Provide Title/Exp					
	Ticket(s)/Pass(es) provided by	v agency2	Yes⊠ No	☐ If no:			
	Ticket(3)/1 ass(es) provided by	y agency:	Name of Sou	urce			
9	Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes:						
	of agency official?		Official's Name (L	.ast, First)			
	Recipients						
,	Use Section A to identify the agency	y's department or	al. • Use Section C to ident	ify an outside organization.			
	A. Name of Agency, Department or Unit			Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individua	Number of Ticket(s)/		Identify and of the followi			
	(Last, First)		Pass(es)		Identify one of the followi	ng:	
	Hartfield, Rolanda			Ceremonial Role	AND ASSESSED TO THE PARTY OF TH	Income	
	Hartileiu, Holariua		2		al Role" or "Other" describe below:	employees that provide	
				services to the Auth		employees that provide	
		-09		Ceremonial Role	Other	Income	
			2	If checking "Ceremonia	al Role" or "Other" describe below:		
			_				
-	CV/ DSHTSYS WAS ENGINEERING		Number of				
(Name of Outside Organi (include address and desc		Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
_			Pass(es)				
W	4 101 41						
	Verification have read and understand FPPC Regula	ations 18944 1 and	18942 I have ve	rified that the distribution set for	rth above is in accordance with	the requirements	
-50.0	Back 1 (se	1				The Control of the Co	
-	Signature of Agency Head or Designee		Barbara J. F		Attorney/OAACA Offic		
	and of bedgine		, and ryallie	₹.	nuc	(Month, Day, Year)	
(Comment:						

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1.	Agency Name		Date Stamp	California 802				
	Oakland-Alameda County C	Coliseum Auth	_	Form For Official Use Only				
	Division, Department, or Reg	ion (If Applicabl	le)			1 of Official OSC Offiy		
	Barbara J. Parker, City Atto	rney/OAACA						
	Designated Agency Contact		1					
	Area Code/Phone Number	E-mail			Amendment (Must pr	70 0		
	(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing: .	(Month, Day, Year)		
2.	Function or Event Infor	mation		00.00				
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$	20.00				
	Event Description Warriors v	Cavaliers/W	6 , 06 , 18	1 1				
	Event Description	Provide Title/Exp		Date(s)				
	Ticket(s)/Pass(es) provided b	y agency?	Yes⊠ No	☐ If no:	Name of Sou	uroo		
	AA	tile e beleevi		irce				
	Was ticket distribution made a of agency official?	at the benest	Official's Name (L	ast, First)				
_	Recipients							
).	Use Section A to identify the agence	y's department or	runit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ident	ify 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 policy				
	Pass(es)							
			-					
	R Name of Individua	Number of						
	B. Name of Individua (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following:				
				Ceremonial Role		Income		
	Early, Shavonda		2	ATTA PARA SPORT STORE STORE STATE ST	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that provide			
				services to the Aut		employees that provide		
				Ceremonial Role	Other	Income		
			2	If checking "Ceremon	nial Role" or "Other" describe below:			
			Number of					
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	to the agency's policy			
			1 433(63)					
	Verification							
	I have read and understand FPPC Regu	lations 18944.1 and	d 18942. I have ve	rified that the distribution set f	forth above, is in accordance with	h the requirements.		
	Barba A Re		Barbara J. I	Parker City	y Attorney/OAACA Offic	cial 06/25/2018		
	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)		
	å.							
	Commont:							

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 E-mail 510-238-3301-Date of Original Filing: slandreth@oaklandca.gov-(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: WATER FOR LIFE Date(s) __06 Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number: Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number, Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X UNABLE TO ATTEND Income ___ If checking "Ceremonial Role" or "Other" describe below;
To provide incentives to City employees that provides 2 services to the Authority. Ceremonial Role Other _ Income if checking *Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (Include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sabrina B. Landreth

Print Name

Signature of Agency Head or Designee

Comment:

FPPC Form 802 (2/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

(month, day, year)

City Administrator