

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

**A Public Document**

**1. Agency Name**

Oakland Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Ignacio De La Fuente, OACCA Commissioner

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.383.4801

E-mail

Idelafuente2012@gmail.com

Date Stamp

California  
Form

**802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

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 \$ 45<sup>00</sup>

Event Description: Oakland A's 2019 Season Date(s) See attached  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the Coliseum Complex for use by general public and businesses to maximize revenues
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Signature of Agency Head or Designee

Ignacio De La Fuente

Print Name

OACCA Commissioner

Title

3.22.19

(month, day, year)

Comment: \_\_\_\_\_

Oakland A's

June 2019

Ignacio De La Fuente

- A's v Mariners 6.14.19 (4) tickets
- A's v Orioles 6.17.19 (4) tickets
- A's v Orioles 6.19.19 (4) tickets

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

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**1. Agency Name**

Oakland Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Chris Dobbins, OACCA Commissioner

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.383.4801

E-mail

chrisdobbinslaw@yahoo.com

Date Stamp

California  
Form

**802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

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 \$ 45<sup>00</sup>

Event Description: Oakland A's 2019 Season

Provide Title/Explanation

Date(s) See Attached

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
	Dobbins, Chris		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum Complex for use by general public and businesses to maximize revenues
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

  
Signature of Agency Head or Designee

Chris Dobbins  
Print Name

OACCA Commissioner  
Title

3.22.19  
(month, day, year)

Comment: \_\_\_\_\_

Oakland A's  
June 2019  
Chris Dobbins

- A's v Mariners 6.14.19 (4) tickets
- A's v Orioles 6.17.19 (4) tickets
- A's v Orioles 6.19.19 (4) tickets



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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Office of the City Administrator			
Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  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 \$ ~~78.00~~ **48.00**

Event Description: A's \_\_\_\_\_ Date(s) 06 / 17 / 19 \_\_\_\_\_  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina  
Official's Name (Last, First)

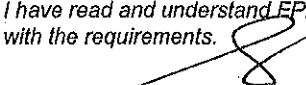
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	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:
Banks, James	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Sabrina B. Landreth	City Administrator	6/20/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

**Agency Report of:  
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<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Office of the City Administrator			
Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ ~~78.00~~ **48.00**

Event Description: A's \_\_\_\_\_ Date(s) 06 / 14 / 19 \_\_\_\_\_  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	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:
Morales, Mary	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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


 Signature of Agency Head or Designee
 Sabrina B. Landreth
 Print Name
 City Administrator
 Title
 6/20/2019
 (month, day, year)

Comment: \_\_\_\_\_

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<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner			
Designated Agency Contact (Name, Title)			
Area Code/Phone Number 510.383.4801	E-mail idelafuente2012@gmail.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 100.00

Event Description: Khalid Concert Date(s) 6 / 28 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	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:
De La Fuente, Ignacio	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum Complex for use by general public and businesses to maximize revenues
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

Signature of Agency Head or Designee

Ignacio De La Fuente  
Print Name

OACCA Commissioner  
Title

6.13.19  
(month, day, year)

Comment:

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<b>Division, Department, or Region</b> (if applicable) Ignacio De La Fuente, OACCA Commissioner			
<b>Designated Agency Contact</b> (Name, Title)			
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> idela Fuente2012@gmail.com	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 100.00

Event Description: Anuel AA Concert Date(s) 6 / 22 / 19  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

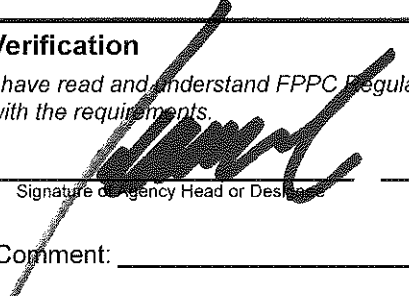
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	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:
De La Fuente, Ignacio	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the Coliseum Complex for use by general public and businesses to maximize revenues
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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


 \_\_\_\_\_ Ignacio De La Fuente \_\_\_\_\_ OACCA Commissioner \_\_\_\_\_ 6.13.19  
Signature of Agency Head or Designate Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner			
Designated Agency Contact (Name, Title)			
Area Code/Phone Number 510.383.4801	E-mail idela Fuente2012@gmail.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 60.00

Event Description: Pepe Aguilar Concert Date(s) 6 / 21 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

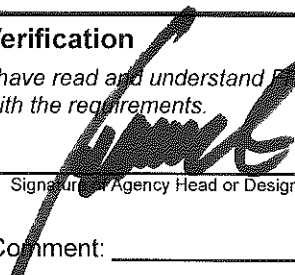
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	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:
De La Fuente, Ignacio	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum Complex for use by general public and businesses to maximize revenues
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Ignacio De La Fuente	OACCA Commissioner	6.13.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_



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<b>Division, Department, or Region</b> (if applicable) Chris Dobbins, OACCA Commissioner			
<b>Designated Agency Contact</b> (Name, Title) Chris Dobbins, OACCA Commissioner			
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> chrisdobbinslaw@yahoo.com	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 60.00  
Event Description: Anuel AA Date(s) 6 / 22 / 19  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source  
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Dobbins, Chris	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the Coliseum Complex for use by general public and businesses to maximize revenues
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 Chris Dobbins OACCA Commissioner 6.13.19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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

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<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
<b>Division, Department, or Region</b> (if applicable) Chris Dobbins, OACCA Commissioner			
<b>Designated Agency Contact</b> (Name, Title) Chris Dobbins, OACCA Commissioner			
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> chrisdobbinslaw@yahoo.com	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 100.00  
Event Description: Pepe Aguilar Concert Date(s) 6 / 21 / 19  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source  
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Dobbins, Chris	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the Coliseum Complex for use by general public and businesses to maximize revenues
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 Chris Dobbins OACCA Commissioner 6.13.19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority <b>Division, Department, or Region</b> (if applicable) Chris Dobbins, OACCA Commissioner <b>Designated Agency Contact</b> (Name, Title)		Date Stamp	California Form <b>802</b> For Official Use Only
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> chrisdobbinslaw@yahoo.com		
		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 100.00  
Event Description: Khalid Concert Date(s) 6 / 28 / 19  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: \_\_\_\_\_  
Name of Source  
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Dobbins, Chris	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the Coliseum Complex for use by general public and businesses to maximize revenues
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 Chris Dobbins OACCA Commissioner 6.13.19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_



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Division, Department, or Region (if applicable) Office of the City Administrator			
Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandca.gov		
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 100.00

Event Description: Pepe Arguilar Date(s) 06 / 21 / 19  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina  
Official's Name (Last, First)


**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	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:
	Sanchez, Victor	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority.
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C.	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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


 Signature of Agency Head or Designee
 Sabrina B. Landreth
 Print Name
 City Administrator
 Title
 6/20/2019
 (month, day, year)

Comment: \_\_\_\_\_

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Ceremonial Role Events and Ticket/Pass Distributions**

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Division, Department, or Region (if applicable) Office of the City Administrator			
Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  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 \$ 60.00

Event Description: Anuel AA Date(s) 06 / 22 / 19  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	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:
Amador, Josmar	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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


 Signature of Agency Head or Designee
 Sabrina B. Landreth
 Print Name
 City Administrator
 Title
 6/20/2019
 (month, day, year)

Comment: \_\_\_\_\_



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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Office of the City Administrator			
Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 100.00

Event Description: Khalid Date(s) 06 / 28 / 19  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	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:
Siles, Stephanie	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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


 Signature of Agency Head or Designee
 Sabrina B. Landreth
 Print Name
 City Administrator
 Title
 6/20/2019
 (month, day, year)

Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner			
Designated Agency Contact (Name, Title)			
Area Code/Phone Number 510.383.4801	E-mail Chrisdobbinslaw@yahoo.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 80.00

Event Description: State of Trance 900 Date(s) 6 / 29 / 19  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

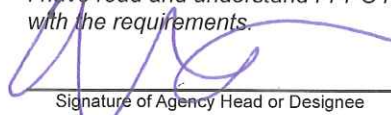
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Dobbins, Chris	48	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum Complex for use by the general public and businesses to maximize revenues
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

 Chris Dobbins OACCA Commissioner 6.26.19  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
Oakland-Alameda County Coliseum Authority			
Division, Department, or Region (if applicable)			
OACCA Commissioner			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Leah Doyle-Stevens, Ticket Administrator			
Area Code/Phone Number	E-mail		
510-272-6691	Leah.Doyle-Stevens@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 100.00

Event Description: Khalid Concert Date(s) 06 / 28 / 19  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Haggerty, Scott  
Official's Name (Last, First)

**3. Recipients**

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
	Alameda County- District 2 1221 Oak St., Oakland, CA 94612	2	To reward a county employee for his or her exemplary service to the public.

**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.


 Leah Doyle-Stevens  
Signature of Agency Head or Designee

Leah Doyle-Stevens  
Print Name

Ticket Administrator  
Title

07/02/19  
(month, day, year)

Comment: \_\_\_\_\_

**A Public Document**

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes ☐    No ☐

Event Description: A's Baseball      Date(s) 6/18/19

*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency?      Yes ☐    No ☐

If no: \_\_\_\_\_

*Name of Source*

Was ticket distribution made at the behest of agency official?      Yes ☒    No ☐


If yes: Dobbins, Chris

*Official's Name (Last, First)*

• 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.

**4. Verification**

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

	Chris Dobbins	OACCA Commissioner	6.13.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:



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

A Public Document

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner			
Designated Agency Contact (Name, Title)			
Area Code/Phone Number 510.383.4801	E-mail scott.haggerty@acgov.org	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 100<sup>00</sup>

Event Description: HillSong Concert Date(s) 6 / 3 / 19  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Dobbins, Chris	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to investigate efficiencies of operations of various sporting & other events that occur at Coliseum Complex
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Chris Dobbins	OACCA Commissioner	5.31.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_



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

A Public Document

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Loren Taylor, OACCA Commissioner			
Designated Agency Contact (Name, Title)			
Area Code/Phone Number 510.383.4801	E-mail Ltaylor@oaklandca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 100<sup>00</sup>

Event Description: HillSong Concert Date(s) 6 / 3 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)


## 3. Recipients

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	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 <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Loren Taylor	OACCA Commissioner	5.31.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: _____			

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

A Public Document

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner			
Designated Agency Contact (Name, Title)			
Area Code/Phone Number 510.383.4801	E-mail christinhill@gmail.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 100.09

Event Description: HillSong Concert Date(s) 6 / 3 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	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:
De La Fuente, Ignacio	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to investigate efficiencies of operations of various sporting & other events that occur at Coliseum Complex
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Ignacio De La Fuente	OACCA Commissioner	5.31.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority <hr/> <b>Division, Department, or Region (If Applicable)</b>  Barbara J. Parker, City Attorney/OAACA Official <hr/> <b>Designated Agency Contact (Name, Title)</b>  <hr/> <table style="width:100%;"> <tr> <td style="width:50%;"><b>Area Code/Phone Number</b> (510) 238-3815</td> <td style="width:50%;"><b>E-mail</b> bparker@oaklandcityattorney.org</td> </tr> </table>		<b>Area Code/Phone Number</b> (510) 238-3815	<b>E-mail</b> bparker@oaklandcityattorney.org	<div style="border: 1px solid black; padding: 5px;"> <b>Date Stamp</b>    </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>California Form 802</b>                  For Official Use Only             </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  <b>Date of Original Filing:</b> _____                  (Month, Day, Year)             </div>
<b>Area Code/Phone Number</b> (510) 238-3815	<b>E-mail</b> bparker@oaklandcityattorney.org			

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes ☒    No ☐    Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 100.00

Event Description Hillson United    Date(s) 06 / 03 / 19 \_\_\_\_\_  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes ☒    No ☐    If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    No ☒    Yes ☐    If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit.    • Use Section B to identify an individual.    • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Ochoa, Melinda	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 Signature of Agency Head or Designee	Barbara J. Parker Print Name	City Attorney/OAACA Official Title	05/31/2019 (Month, Day, Year)
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Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Barbara J. Parker, City Attorney/OAACA Official			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 100.00

Event Description Pepe Aguilar Date(s) 06 / 21 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Ferrell, Elizabeth	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 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.

	Barbara J. Parker	City Attorney/OAACA Official	06/19/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)



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

A Public Document

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Barbara J. Parker, City Attorney/OAACA Official			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 60.00

Event Description Anuel AA Date(s) 06 / 22 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Li, Sophia	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Barbara J. Parker	City Attorney/OAACA Official	06/19/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: \_\_\_\_\_



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

A Public Document

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Barbara J. Parker, City Attorney/OAACA Official			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org	Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 100.00

Event Description Khalid Date(s) 06 / 28 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

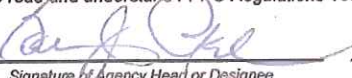
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Butler, Eric	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 Signature of Agency Head or Designee	Barbara J. Parker Print Name	City Attorney/OAACA Official Title	06/19/2019 (Month, Day, Year)
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Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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

**A Public Document**

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Barbara J. Parker, City Attorney/OAACA Official			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 25.00

Event Description Warriors v Raptors/Watch Party Date(s) 06 / 02 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)


**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Smith, Jamie	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**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.

	Barbara J. Parker	City Attorney/OAACA Official	05/30/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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

**A Public Document**

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority <b>Division, Department, or Region (If Applicable)</b> Barbara J. Parker, City Attorney/OAACA Official <b>Designated Agency Contact (Name, Title)</b>		Date Stamp	California <b>802</b> Form For Official Use Only
<b>Area Code/Phone Number</b> (510) 238-3815	<b>E-mail</b> bparker@oaklandcityattorney.org	<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <b>Date of Original Filing:</b> _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes ☒ No ☐      Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 312.50

Event Description Warriors /2019 Finals, Game 4      Date(s) 06 / 07 / 19 \_\_\_\_\_  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?      Yes ☒ No ☐      If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?      No ☒ Yes ☐      If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Parker, Barbara	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 <small>Signature of Agency Head or Designee</small>	Barbara J. Parker <small>Print Name</small>	City Attorney/OAACA Official <small>Title</small>	05/30/2019 <small>(Month, Day, Year)</small>
---	--	--	---

Comment: \_\_\_\_\_



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

A Public Document

## 1. Agency Name

Oakland-Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Barbara J. Parker, City Attorney/OAACA Official

Designated Agency Contact (Name, Title)

Area Code/Phone Number

(510) 238-3815

E-mail

bparker@oaklandcityattorney.org

Date Stamp

California  
Form

802

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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 \$ 25.00

Event Description Warriors v Raptors/Watch Party  
Provide Title/Explanation

Date(s) 06 / 10 / 19

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Carden, Carma	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that provide services to the Authority.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

  
Signature of Agency Head or Designee

Barbara J. Parker

Print Name

City Attorney/OAACA Official

Title

06/11/2019

(Month, Day, Year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority <hr/> Division, Department, or Region (If Applicable) <hr/> Barbara J. Parker, City Attorney/OAACA Official <hr/> Designated Agency Contact (Name, Title) <hr/>		Date Stamp <hr/>	<b>California Form 802</b> For Official Use Only <hr/>
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org	<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3) <hr/> 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 \$ \_\_\_\_\_ 312.50

Event Description Warriors v Raptors/2019 Finals-Game 6    Date(s) 06 / 13 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes ☒    No ☐    If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    No ☒    Yes ☐    If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit.    • Use Section B to identify an individual.    • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Smith, Jamie	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 Signature of Agency Head or Designee	Barbara J. Parker Print Name	City Attorney/OAACA Official Title	06/11/2019 (Month, Day, Year)
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Comment: \_\_\_\_\_



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

A Public Document

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Barbara J. Parker, City Attorney/OAACA Official			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

Event Description Oakland A's v. Baltimore Orioles Date(s) 06 / 17 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

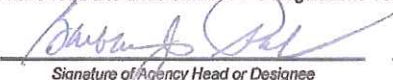
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Fung, Michael	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Barbara J. Parker	City Attorney/OAACA Official	06/19/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Barbara J. Parker, City Attorney/OAACA Official			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

Event Description Oakland A's v. Baltimore Orioles Date(s) 06 / 19 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

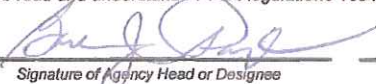
## 3. Recipients

• Use Section A to Identify the agency's department or unit. • Use Section B to Identify an Individual. • Use Section C to Identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Butts, Julia	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority (For 2019 Summer Law Clerk Program)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 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.

	Barbara J. Parker	City Attorney/OAACA Official	06/19/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: \_\_\_\_\_



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

A Public Document

## 1. Agency Name

Oakland-Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Barbara J. Parker, City Attorney/OAACA Official

Designated Agency Contact (Name, Title)

Area Code/Phone Number  
(510) 238-3815

E-mail  
bparker@oaklandcityattorney.org

Date Stamp

California  
Form **802**  
For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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 \$ 45.00

Event Description Oakland A's v. Baltimore Orioles  
Provide Title/Explanation

Date(s) 06 / 19 / 19

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest  
of agency official? No ☒ Yes ☐

If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Branson, Michael	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that provide services to the Authority (For 2019 Summer Law Clerk Program)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

  
Signature of Agency Head or Designee

Barbara J. Parker  
Print Name

City Attorney/OAACA Official  
Title

06/19/2019  
(Month, Day, Year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority <b>Division, Department, or Region (If Applicable)</b> Barbara J. Parker, City Attorney/OAACA Official <b>Designated Agency Contact (Name, Title)</b>		Date Stamp	California Form <b>802</b> For Official Use Only
<b>Area Code/Phone Number</b> (510) 238-3815	<b>E-mail</b> bparker@oaklandcityattorney.org	<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <b>Date of Original Filing:</b> _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes ☒    No ☐    Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 45.00

Event Description Oakland A's v. Baltimore Orioles    Date(s) 06 / 19 / 19    \_\_\_\_\_  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes ☒    No ☐    If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    No ☒    Yes ☐    If yes: \_\_\_\_\_  
Official's Name (Last, First)

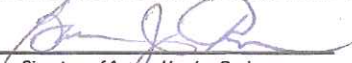
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Dershowitz, Suzie	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority (For 2019 Summer Law Clerk Program)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 Signature of Agency Head or Designee	Barbara J. Parker Print Name	City Attorney/OAACA Official Title	06/19/2019 (Month, Day, Year)
---	---------------------------------	---------------------------------------	----------------------------------

Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)



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

A Public Document

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
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Barbara J. Parker, City Attorney/OAACA Official			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org	Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

Event Description Oakland A's v. Baltimore Orioles Date(s) 06 / 19 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

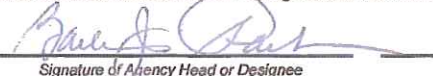
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Flanders, Jordan	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority (For 2019 Summer Law Clerk Program)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 Signature of Agency Head or Designee	Barbara J. Parker Print Name	City Attorney/OAACA Official Title	06/19/2019 (Month, Day, Year)
---	---------------------------------	---------------------------------------	----------------------------------

Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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

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<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
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Barbara J. Parker, City Attorney/OAACA Official			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

Event Description Oakland A's v. Baltimore Orioles Date(s) 06 / 19 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

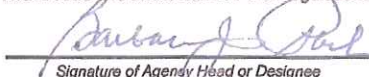
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Gomez, David	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority (For 2019 Summer Law Clerk Program)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 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.

	Barbara J. Parker	City Attorney/OAACA Official	06/19/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)



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

**A Public Document**

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Barbara J. Parker, City Attorney/OAACA Official			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

Event Description Oakland A's v. Baltimore Orioles Date(s) 06 / 19 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

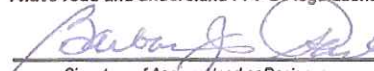
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Helstrom, Zoe	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority (For 2019 Summer Law Clerk Program)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 Barbara J. Parker City Attorney/OAACA Official 06/19/2019  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)



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

A Public Document

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Barbara J. Parker, City Attorney/OAACA Official			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

Event Description Oakland A's v. Baltimore Orioles Date(s) 06 / 19 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

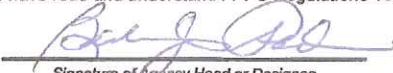
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Kahoe, Cody	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority (For 2019 Summer Law Clerk Program)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Barbara J. Parker	City Attorney/OAACA Official	06/19/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority <hr/> <b>Division, Department, or Region (If Applicable)</b>  Barbara J. Parker, City Attorney/OAACA Official <hr/> <b>Designated Agency Contact (Name, Title)</b>  <hr/> <table style="width:100%;"> <tr> <td style="width:50%;"><b>Area Code/Phone Number</b> (510) 238-3815</td> <td style="width:50%;"><b>E-mail</b> bparker@oaklandcityattorney.org</td> </tr> </table>		<b>Area Code/Phone Number</b> (510) 238-3815	<b>E-mail</b> bparker@oaklandcityattorney.org	<table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <b>Date Stamp</b>     <hr/> <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  <hr/> <b>Date of Original Filing:</b> _____                  (Month, Day, Year)             </td> <td style="width:50%; vertical-align: top;"> <table style="width:100%;"> <tr> <td style="text-align: center;"> <b>California Form</b>  <hr/> <b>802</b>  <hr/> <b>For Official Use Only</b> </td> </tr> </table> </td> </tr> </table>	<b>Date Stamp</b>   <hr/> <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <hr/> <b>Date of Original Filing:</b> _____ (Month, Day, Year)	<table style="width:100%;"> <tr> <td style="text-align: center;"> <b>California Form</b>  <hr/> <b>802</b>  <hr/> <b>For Official Use Only</b> </td> </tr> </table>	<b>California Form</b> <hr/> <b>802</b> <hr/> <b>For Official Use Only</b>
<b>Area Code/Phone Number</b> (510) 238-3815	<b>E-mail</b> bparker@oaklandcityattorney.org						
<b>Date Stamp</b>   <hr/> <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) <hr/> <b>Date of Original Filing:</b> _____ (Month, Day, Year)	<table style="width:100%;"> <tr> <td style="text-align: center;"> <b>California Form</b>  <hr/> <b>802</b>  <hr/> <b>For Official Use Only</b> </td> </tr> </table>	<b>California Form</b> <hr/> <b>802</b> <hr/> <b>For Official Use Only</b>					
<b>California Form</b> <hr/> <b>802</b> <hr/> <b>For Official Use Only</b>							

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes ☒    No ☐      Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 45.00

Event Description Oakland A's v. Baltimore Orioles      Date(s) 06 / 19 / 19 \_\_\_\_\_  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes ☒    No ☐      If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    No ☒    Yes ☐      If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit.    • Use Section B to identify an individual.    • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Melendez, Andrew	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority (For 2019 Summer Law Clerk Program)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 Signature of Agency Head or Designee	Barbara J. Parker Print Name	City Attorney/OAACA Official Title	06/19/2019 (Month, Day, Year)
--	---------------------------------	---------------------------------------	----------------------------------



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

A Public Document

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if Applicable)			
Barbara J. Parker, City Attorney/OAACA Official			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

Event Description Oakland A's v. Baltimore Orioles Date(s) 06 / 19 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

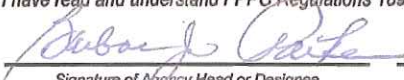
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Park, Ariella	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority (For 2019 Summer Law Clerk Program)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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	Barbara J. Parker	City Attorney/OAACA Official	06/19/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 45.00

Event Description Oakland A's v. Baltimore Orioles Date(s) 06 / 19 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

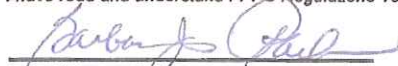
## 3. Recipients

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A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Patel, Ravi	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority (For 2019 Summer Law Clerk Program)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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	Barbara J. Parker	City Attorney/OAACA Official	06/19/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: \_\_\_\_\_



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Barbara J. Parker, City Attorney/OAACA Official			
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Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org		

## 2. Function or Event Information

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Event Description Oakland A's v. Baltimore Orioles Date(s) 06 / 19 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Richardson, Ryan	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority (For 2019 Summer Law Clerk Program)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority <hr/> <b>Division, Department, or Region (If Applicable)</b> Barbara J. Parker, City Attorney/OAACA Official <hr/> <b>Designated Agency Contact (Name, Title)</b> <hr/>		Date Stamp <hr/>	California Form <b>802</b> For Official Use Only <hr/>
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**2. Function or Event Information**

Does the agency have a ticket policy?    Yes ☒    No ☐    Face Value of Each Ticket/Pass \$ 45.00

Event Description Oakland A's v. Baltimore Orioles    Date(s) 06 / 19 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes ☒    No ☐    If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    No ☒    Yes ☐    If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

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A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Wilson, Callie	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority (For 2019 Summer Law Clerk Program)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 Signature of Agency Head or Designee	Barbara J. Parker Print Name	City Attorney/OAACA Official Title	06/19/2019 (Month, Day, Year)
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Comment: \_\_\_\_\_

# CITY OF OAKLAND



CITY HALL • 1 FRANK H. OGAWA PLAZA • OAKLAND, CALIFORNIA 94612

Office of the City Administrator

(510) 238-3301  
FAX (510) 238-2223  
TDD (510) 238-2007

August 1, 2019

Renee Savage, Executive Assistant  
Oakland-Alameda County Coliseum Authority  
7000 Coliseum Way  
Oakland, California 94621

**Re: 802 Forms/Unused Tickets for July 2019**

Dear Renee:

Enclosed are 802 forms for the following events for the month of July 2019. (**Enclosed is one set of unused A's tickets**):

**Events/Concerts**

Live Nation	July 10, 2019
Shawn Mendes	July 13, 2019
Shawn Mendes	July 14, 2019
KMEL Summer Jam	July 28, 2019

Please do not hesitate to contact me if you have any questions.

Thank you!

Sincerely,

  
Sabrina B. Landreth  
City Administrator

By:  
Yolanda Morris  
Executive Assistant to the City Administrator

Enclosures