Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: Idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ☐ No ☐ Event Description: Oakland A's 2019 Season Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: Official's Name (Last, First) of agency official? Recipients " Use Section A to identify the agency's department or unit. 'Use Section B to identify an individual. 'Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes De La Fuente, Ignacio Ceremonial Role Other Income [If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other | Income _ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ignacio De La Fuente OACCA Commissioner 3.22.19 Signature of Agency Head or Designee Print Name (month, day, year) Comment:

Agency Report of:

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

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Tille) Amendment (Must Provide Explanation in Parl 3.) Area Code/Phone Number E-mail 510.383.4801 chrisdobbinslaw@yahoo.com Date of Original Filing: . (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Event Description: Oakland A's 2019 Season Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ Name of Source Was ticket distribution made at the behest Yes ☐ No ⊠ If yes: _ Official's Name (Last, First) of agency official? Recipients " Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Mumber Name of Agency, Department or Unit A. of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Passes B. Name of Individual Identify one of the following: (Last, First) Dobbins, Chris Ceremonial Role Olher X If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other | Income [If checking "Ceremonlal Role" or "Other" describe below: Number Name of Outside Organization G. of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Chris Dobbins **OACCA Commissioner** 3.22.19 Signature of Agency Head or Designee Print Name Tille (month, day, year) Comment:

Agency Report of:

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
0	A's v Orioles	6.19.19	(4) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$78.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: A's 06 17 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to Identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency is policy Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Banks, James If checking "Ceremonial Role" of "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority. Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification I have read and understand EPPC 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

Print Name

Signature of Agency Head or Designee

Comment:

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Event Description: A's 06 Date(s). Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🗵 No 🗌 If no: Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number-Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Ceremonial Role Other 🗵 Morales, Mary If checking "Ceremonial Role" or "Other" describe below:

To provide incentives to City employees that provide 2 services to the Authority. Ceremonial Role Other 🔲 Income 🔲 If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Reg- with the requirements.	ulations 18944.1 and 18942. I have ve	rified that the distribution set forth	above, is in accordanc
	Sabrina B. Landreth	City Administrator	6/20/2019
Signature of Agency Head or Designee	Print Name	Title ,	(month, day, year)
Comment:		,	

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: idelafuente2012@gmail.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 100.00 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Khalid Concert Date(s) __6__/ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No No If no: , If yes: . Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Number Identify one of the following: Name of Individual B. of Ticket(s)/ (Last, First) **Passes** Income Other X Ceremonial Role De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 to promote the Coliseum Complex for use by general public and businesses to maximize revenues Other 🔲 Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification gulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance derstand FPPC 🔊

Ignacio De La Fuente

Print Name

I have read and unith the require

mment:

Signature of Agency Head or Designee

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

OACCA Commissioner

6.13.19

(month, day, year)

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1.	Agency Name				Date Stamp	California 👩 🐧	5
	Oakland Alameda County Col	iseum Authority				Form OU	74
	Division, Department, or Region	n (if applicable)				For Official Use Only	
	Ignacio De La Fuente, OACC	A Commissioner					
	Designated Agency Contact (Na	ame,Title)					
					Amendment (Mus	st Provide Explanation in Part 3.)	
	Area Code/Phone Number E	-mail			- Antonomore (was	triovide Explanation hir art o.y	
	510.383.4801 i	delafuente2012@g	mail.com		Date of Original Filing	g:(month, day, year)	
2	Function or Event Inform	ation		20000000000000000000000000000000000000			
io s	Does the agency have a ticke		J Noth F	ace Value of	Each Ticket/Pass \$.	100.00	
		-					
	Event Description: Anuel AA	Provide Title/ Explan	ation	ate(s) 	<u>, 22 , 19</u>		
	Ticket(s)/Pass(es) provided by			no:			
	, , , , ,				Name of Source		
	Was ticket distribution made a	it the behest Yes [] No⊠ ^{If}	yes:	Official's Name (Last, Firs	5t)	
	of agency official?				1 2	,	
3.	Recipients						***************************************
Ψ.	• Use Section A to identify the agency	's department or unit. • \	Use Section B to i	dentify an individ	lual. • Use Section C to ide	entify an outside organization.	
			Number				
	A. Name of Agency, Departi	ment or Unit	of Ticket(s)/ Passes	Describe th	ie public purpose made p	oursuant to the agency's polic	У
							• • • • • • • • • • • • • • • • • • • •
		· · · · · · · · · · · · · · · · · · ·					
	B. Name of Individ	iual	Number of Ticket(s)/		Identify one of the	e following:	
	(Last, First)		Passes				
	De La Fuente, Ignacio				nonial Role Other		е 🗌
			2	to promote t	ex for use by general		
				 	usinesses to maxim		
					nonial Role Other king "Ceremonial Role" or "Other"		е 🔲
		•		11 01/00/	ang coremonarytae or other		
			Number				
	C. Name of Outside Orga (include address and de		of Ticket(s)/ Passes	Describe th	e public purpose made p	oursuant to the agency's polic	y
			80303				
	₽						
1.	Verification	<u>.</u>	***************************************				
-	I have read and inderstand FPP0	C Regulations 18944.	1 and 18942.	l have verified t	that the distribution set	t forth above, is in accorda	nce
	with the requirements.					,	
		/ Ignacio D	De La Fuente		DACCA Commission	ner 6.13.19	
	Signature de Agency Head or Designature	Pri	nt Name		Title	(month, day, yea	ar)
	Comment:						
	COMMITTEELL.						

90	U U		
Ceremonial	Role Events	and Ticket/Pass	Distributions

1.	Agency Name				Date Stamp	California 909
	Oakland Alameda County C	-				Form 90/4
	Division, Department, or Reg					For Official Use Only
	Ignacio De La Fuente, OAC					
	Designated Agency Contact ((Name, Title)				
	Area Code/Phone Number	E-mail			Amendment (Must F	Provide Explanation in Part 3.)
	510.383.4801	idelafuente2012@g	gmail.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	nation	AARSS Interest on the second of the second o	163-03H(0		(
	Does the agency have a tick	et policy? Yes [□ No□ F	ace Value of	Each Ticket/Pass \$ <u>6</u> 6	0.00
	Event Description: Pepe Ag				<u>, 21 , 19</u>	1 1
		Provide Title/ Explan	nation	. ,		
	Ticket(s)/Pass(es) provided	by agency? Yes [□ No □ I	f no:	Name of Source	
	Was ticket distribution made	at the behest Yes r			Official's Name (Last, First)	
	of agency official?	100 [_ NO E		Official's Name (Last, First)	
3.	Recipients					
υ.	• Use Section A to identify the agend	cy's department or unit.	Use Section B to i	identify an individ	ual. • Use Section C to ident	tify an outside organization.
	A, Name of Agency, Depa		Number of Ticket(s)/			suant to the agency's policy
			Passes			
	B. Name of Indix (Last, Firs	医二甲酰乙酰甲酚 化二甲二甲二甲二甲甲二甲二甲甲二甲二甲二甲二甲二甲甲甲甲二甲甲甲甲二甲甲甲	Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	De La Fuente, Ignacio		4	to promote the	onial Role Other ing "Ceremonial Role" or "Other" des ne Coliseum Complex usinesses to maximize	scribe below: for use by general
					onial Role Other ing "Ceremonial Role" or "Other" des	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy
	Verification				43.00	
	I have read and understand	PC Regulations 18944.	1 and 18942. I	' have verified ti	hat the distribution set fo	orth above, is in accordance
	with the requirements.			_		
	Signs of Agency Head or Designe		De La Fuente		ACCA Commissioner	6.13.19 (month, day, year)
	Comment:				П	anonin, uay, year)

A	P	ub	lic	D	OC	u	m	e	n	t

1.	Agency Name				Date Stamp	California 802	
	Oakland Alameda County C	oliseum Authority				Form OUZ	
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
	Chris Dobbins, OACCA Cor	nmissioner					
	Designated Agency Contact (Name, Title)			1		
					Amondment (Must Br	ovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Amendment (wast Fit	ovide Explanation in Part 3.)	
	510.383.4801	chrisdobbinslaw	@yahoo.com		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Inform	mation					
	Does the agency have a tick	ket policy? Ye	es□ No□ F	ace Value of	Each Ticket/Pass \$ 60	.00	
	Event Description: Anuel AA	Provide Title/ Ex		Date(s) <u>6</u>	<u>, 22 , 19</u> .		
	Ticket(s)/Pass(es) provided			f no:			
	Ticket(3)/1 ass(es) provided	by agency: Te	:5 NO 1	1110.	Name of Source		
	Was ticket distribution made	at the behest Ye	es⊟ No⊠ ^l	f yes:			
	of agency official?				Official's Name (Last, First)		
3.	Recipients	nova a la estimatorio del control del cont		ing vinces to die over	A L. See Completo espeti porco eservicio incresioni incresioni		
	• Use Section A to identify the agen	cy's department or unit		identify an individ	lual. • Use Section C to identif	fy an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy		
				2			
	-						
			Number				
	B. Name of Indi (Last, Fire		of Ticket(s)/ Passes		Identify one of the fo	llowing:	
	Dobbins,Chris		4	to promote t	nonial Role Other X king "Ceremonial Role" or "Other" desc he Coliseum Complex i usinesses to maximize	for use by general	
					nonial Role Other Ming "Ceremonial Role" or "Other" descriptions	Income In	
	Name of Outside O		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy	
4.	Verification		***				
/	Thave read and understand FP with the requirements.	PC Regulations 189	144.1 and 18942.	I have verified t	that the distribution set for	th above, is in accordance	
1	U// /	CI	nris Dobbins		DACCA Commissioner	6.13.19	
	Signature of Agency Head or Design		Print Name		Title	(month, day, year)	
						a - a - ene - 30	
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 100.00 Does the agency have a ticket policy? Yes No No Event Description: Pepe Aguilar Concert Date(s) 6 / 21 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ Was ticket distribution made at the behest Yes ☐ No ☑ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other Income | If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

Comment: _

I have read	l and understand FPPC Regulations	3 18944.1 and 18942.	. I have verified that the	distribution set forth	above, is in accordance
with the rec	quirements.				

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

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 100.00 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Khalid Concert Date(s) __6 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No If no: . Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other Income __ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes**

4. \		ca		

Comment:

I have read and understan	d FPPC F	Regulations	18944.1 and	18942. I h	ave verified that the	distribution set fo	rth above.	is in accordance
I have read and understan with the requirements.		_						

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

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Event Description: Pepe Arguilar 06 Date(s)_ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No 🗆 If no: Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number of Ticket(s)/ Name of Individual
——(Last, First) Identify one of the following: Passes Ceremonial Role Other 🔀 Sanchez, Victor 2 If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide services to the Authority Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Sabrina B. Landreth

Print Name

with the requirements.

Comment: _

Signature of Agency Head or Designee

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

6/20/2019

(month, day, year)

City Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Event Description: Anuel AA 06 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🛭 No 🗍 If no: __ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes : Number of Ticket(s)/ Name of Individual Identify one of the following: (Last, First) Passes Ceremonial Role Other 🔀 Amador, Josman If checking "Geremonial Role" or "Other" describe below: To provide incentives to City employees that provide 2 services to the Authority. Ceremonial Role Other 🔲 Income [If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy. (include address and description)

4. Verification

Comment: __

I have read and understand FPPC Reg	rulations 18944.1 and 18942. I have v	verified that the distribution set forth a	bove, 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)

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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No 🗆 Event Description: Khalid 06 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number of Ticket(s)/ Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Passes Number of Ticket(s)/ Name of Individual Identify one of the following: (Last, First) Ceremonial Role Other X Siles, Stephanie If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority, Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

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

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510.383.4801 Chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 80.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: State of Trance 900 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: . Yes ⊠ No □ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Income Dobbins, Chris 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 Other _ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

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

Chris Dobbins OACCA Commissioner
Signature of Agency Head or Designee Print Name Title

6.26.19 (month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland-Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only **OACCA** Commissioner Designated Agency Contact (Name, Title) Leah Doyle-Stevens, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-272-6691 Leah.Doyle-Stevens@acgov.org Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 100.00 Yes ⊠ No □ Event Description: Khalid Concert Date(s) _ 06 / 28 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other _ Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Alameda County- District 2 2 1221 Oak St., Oakland, CA 94612 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 Ticket Administrator 07/02/19

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

Comment:

Agency Name			Date Stamp	California 👩
Oakland Alameda County Colise	eum Authority		'	Form Ö
Division, Department, or Region ((if applicable)			For Official Use (
Chris Dobbins, OACCA Commis	ssioner			
Designated Agency Contact (Nam	e,Title)		1	
			☐ Amendment (/	Must Provide Explanation in Part
Area Code/Phone Number E-n	nail			wast rovide Explanation in ran
510.383.4801 ch	risdobbinslaw@yahoo.cor	า	Date of Original Fil	ling:(month, day, year)
Function or Event Informat	ion			
Does the agency have a ticket p	oolicy? Yes 🗌 No 🗍	Face Value of	Each Ticket/Pass	\$ 48.00
Event Description: A's Baseball			<u>, 18 , 19</u>	, ,
Event bescription.	Provide Title/ Explanation	Date(s)	<u> </u>	
Ticket(s)/Pass(es) provided by a	agency? Yes ☐ No ☐	If no:	Name of Source	
Was ticket distribution made at t	ha habaat xx 🖼 🖼	If yes: Dobbin	s, Chris	
of agency official?	ne penesr γes ⊠ No □	п уез	Official's Name (Last, I	First)
Recipients				
-				
• Use Section A to identify the agency's d			dual. • Use Section C to	identify an outside organizati
-	nt or Unit Numbe	s)/ Describe t		o identify an outside organizati le pursuant to the agency's p
• Use Section A to identify the agency's d	Numbe	s)/ Describe t		
• Use Section A to identify the agency's d	nt or Unit Numbe	s)/ Describe t		
• Use Section A to identify the agency's d	nt or Unit Numbe	s)/ Describe t		
• Use Section A to identify the agency's d	nt or Unit Numbe	s)/ Describe t		
• Use Section A to identify the agency's d	nt or Unit Numbe of Tickett Passes Numbe	sy Describe t	ne public purpose mad	le pursuant to the agency's p
Use Section A to identify the agency's d Name of Agency, Departme	nt or Unit Numbe of Tickett Passes	S)/ Describe t		le pursuant to the agency's p
Use Section A to identify the agency's d A. Name of Agency, Departme	nt or Unit Numbe of Tickett Passes Numbe of Tickett	S)/ Describe t	ldentify one of	le pursuant to the agency's p
Use Section A to identify the agency's d A. Name of Agency, Departme	nt or Unit Numbe of Tickett Passes Numbe of Tickett	S)/ Describe t	ne public purpose made	le pursuant to the agency's p
Use Section A to identify the agency's d A. Name of Agency, Departme	nt or Unit Numbe of Tickett Passes Numbe of Tickett	S)/ Describe to	ne public purpose made Identify one of monial Role □ Oth king "Ceremonial Role" or "Oth	ie pursuant to the agency's p f the following; her
Use Section A to identify the agency's d A. Name of Agency, Departme	nt or Unit Numbe of Tickett Passes Numbe of Tickett	S) Describe to	Identify one of	ie pursuant to the agency's p f the following: her
Use Section A to identify the agency's d A. Name of Agency, Departme	nt or Unit Numbe of Tickett Passes Numbe of Tickett	S) Describe to	Identify one of other of the control	ie pursuant to the agency's p f the following: her
Name of Agency, Departme B. Name of Individua (Last, First)	nt or Unit Numbe of Tickett Passes Numbe of Tickett Passes	Syl Describe to	Identify one of Identify one of monial Role	ie pursuant to the agency's p I the following: her
Use Section A to identify the agency's d A. Name of Agency, Departme	Number of Ticket(Passes Number of Ticket(Passes Number of Ticket(Passes	Syl Describe to	Identify one of Identify one of monial Role	ie pursuant to the agency's p f the following: her
Name of Agency, Departme B. Name of Individua (Last, First) Name of Outside Organi	nt or Unit Of Ticket(Passes Number of Ticket(Passes Number of Ticket(Passes Number of Ticket(Passes) Number of Ticket(Passes)	Syl Describe to Cere If check Cere If check Cere If check Describe to	Identify one of Identify one of monial Role	ie pursuant to the agency's p I the following: her
Name of Agency, Departme B. Name of Individua (Last, First) C. Name of Outside Organi (include address and description.)	nt or Unit Numbe of Ticket(Passes Numbe of Ticket(Passes) Numbe of Ticket(Passes) Numbe of Ticket(Passes)	Syl Describe to Cerei If check Cerei If check Cerei If one If	Identify one of Identify one of monial Role	ie pursuant to the agency's p f the following: her

4. ١	Vε	\rit	ica	Iti	on.

l have read	l and t	understand F	PPC Regul	ations 18	944.1 ar	nd 18942.	I have	verified that	the d	istribution	set forth	above.	is in ac	ccordance
with the req			J											
wintano roc	fun on	igins.												

Ken.	L	<u>'،(</u>	A	N	L G	C
Signati	ure of A	\gency	Head or	Design	ee/	H

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Chr		110	nn	ınc
OH	J	-	$\nu \nu$	II IC

OACCA Commissioner

6.13.19

Comment: _

Print Name

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alamda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 scott.haggerty@acgov.org (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: HillSong Concert Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Was ticket distribution made at the behest Yes ☐ No 🖾 If yes: Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Dobbins, Chris Income If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting & other events that occur at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification

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

Signature of Agency Head or Designee

Chris Dobbins

OACCA Commissioner

5.31.19

Comment:

Print Name

Title

(month, day, year)

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

I nave read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the distribution s	et forth above, is in accordar	ace
with the requirements.		CALIFORNIA SCORE SCHOOL AND	arran assis, is in assortan	100

1 am	Loren Laylor	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 1. Agency Name Date Stamp California Oakland Alamda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 christinhill@gmail.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Event Description: HillSong Concert Date(s) __6 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes⊠ No□ Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting & other events that occur at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

I have read and understand I	FPPC Regula	ions 18944.1 and 18	942. I have verified tha	at the distribution set forth abov	e, is in accordance
with the requirements.	////				
	1/				

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

Comment:

1.	Agency Name				Date Stamp	California Q02	
	Oakland-Alameda County C	oliseum Auth	nority			Form OUZ	
	Division, Department, or Reg	ion (If Applicabl	1	For Official Use Only			
	Barbara J. Parker, City Attor	rnev/OAACA					
	Designated Agency Contact ((1.77)					
	Area Code/Phone Number	E-mail	Amendment (Must prov	vide explanation in Part 3.)			
	(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation		1		(William, Day, Tear)	
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	100.00	
	Event Description Hillsong U	nited		Deta(a) 06	, 03 , 19		
	Lvent Description	Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🛛 No	☐ If no:	Name of Source		
	Man dialent diatellentian manda						
	Was ticket distribution made a of agency official?	t the behest	No ⊠ Yes	☐ If yes:	Official's Name (Las	st First)	
3.	Recipients					.,	
J.	Use Section A to identify the agency	r's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identify	/ an outside organization.	
	A. Name of Agency, Departme	Control of the	Number of Ticket(s)/		lic purpose made pursuant to	建筑的众当是人的"家"传统有政治等	
			Pass(es)	4		and agains, a painty	
	B. Name of Individua		Number of				
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following		
	Oshoo Melinda			Ceremonial Role		Income 🔲	
	Ochoa, Melinda		2	William American Av. De	al Role" or "Other" describe below:	mania sa an that a sa dala	
				services to the Auth	ves to City and County employees that provide thority		
				Ceremonial Role	Other	Income	
				If checking "Ceremonia	al Role" or "Other" describe below:	_	
	C Name of Outside Organi		Number of				
	(include address and desc		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy	
						Ambroad Marchesenso assessed	
				ri e			
ļ.	Verification						
	I have read and understand EPRC Regula	ations 18944.1 and	l 18942. I have ve	rified that the distribution set fo	rth above, is in accordance with th	he requirements.	
	Dare & Sky		Barbara J. F	Parker City	Attorney/OAACA Officia	al 05/31/2019	
	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)	
	Comment:						
	COMMENT.						

						A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C					101111
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
	Barbara J. Parker, City Attor	mev/OAACA	Official		0	
	Designated Agency Contact (
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 238-3815		aklandcityatte	ornev ora	Date of Original Filing: _	
2.	Function or Event Infor		amanaonyan	omey.org		(Month, Day, Year)
liv a	Does the agency have a ticker		v 57 v	Ecos Volus o	f Each Ticket/Pass \$	100.00
	177.	•	Yes 🛛 No			
	Event Description Pepe Agui	lar Provide Title/Exp	lanation	Date(s)	21 , 19	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗵 No	lf no:	Name of Soul	rce
	Was ticket distribution made a	t the behest	No ⊠ Yes			
	of agency official?			S Official's Name (Last, First)		
3.	Recipients					
	 Use Section A to Identify the agency 	's department or	unit. • Use Sec	ction B to identify an Individu	al. • Use Section C to Identii	fy an outside organization.
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)			Describe the publ	lic purpose made pursuant t	o the agency's policy
			ras(es)			*
	B. Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the following	g: 2
				Ceremonial Role	Other 🗵	Income _
	Ferrell, Elizabeth		2		al Role" or "Other" describe below:	
			_	To provide incentive services to the Auth		employees that provide
				Ceremonial Role [☐ Other ☐ al Role" or "Other" describe below:	Income
				en. Conservation =		
1	C. Name of Outside Organi		Number of Ticket(s)/	Describe the nubli	ic purpose made pursuant to	o the enemy's policy
	(include address and desc	cription)	Pass(es)	Describe the poor	is purpose made paredunt to	o die agency a poncy
. 1	Verification					
	have read and understand FPPC Regula	ations 18944.1 and	l 18942. I have ve	rified that the distribution set for	rth above, is in accordance with	the requirements.
	Sail San		Barbara J. F	Parker City	Attorney/OAACA Offici	ial 06/19/2019
	Signature of Agency Head or Designee		Print Name	The state of the s	Title	(Month, Day, Year)
92	A					
- (Comment:					

Ceremonial Role Events and Ticket/Pass Distributions

						denied moderniens
1.	Agency Name		Date Stamp	California 802		
	Oakland-Alameda County C	Coliseum Autl	hority			Form OUZ
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
	Barbara J. Parker, City Atto	rnev/OAACA	Official			
	Designated Agency Contact (Official			
	Area Code/Phone Number	l E-mail		¥f	Amendment (Must pro	vide explanation in Part 3.)
	(510) 238-3815		aklandaih att	arnou ara	Date of Original Filing:	
				omey.org	Date of Original Filing:	(Month, Day, Year)
2.				= F	(F. 1 F.1 1/D. A	60.00
	Does the agency have a ticke	t policy?	Yes 🗵 No		f Each Ticket/Pass \$	
	Event Description Anuel AA	P. 11 min or		Date(s)	<u>, 22 , 19</u>	
		Provide Title/Exp	olanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Source	Ge
	Was ticket distribution made a	it the hehest	No IVI Voc			
	of agency official?	it and borneot	No ⊠ Yes	LI If yes:	Official's Name (La	st, First)
3.	Recipients					
₩ n	Use Section A to Identify the agency	/'s department or	runit. • Use Sec	ction B to identify an Individu	al. • Use Section C to Identify	y an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant to	
	25.		Pass(es)		no ben'hasa mera benesimber	
	E					
	B. Name of Individua	Number of Ticket(s)/		Identify one of the following	:	
0.0			Pass(es)	Ceremonial Role	Other 🕅	
	Li, Sophia		0.00	1000-000-000-000-000-000-00-00-00-00-00-	al Role" or "Other" describe below:	Income
			2	To provide incentives to City and County employees that provide		
				services to the Auth		
				Ceremonial Role		Income
				If checking "Ceremonia	al Role" or "Other" describe below:	
	C. Name of Outside Organi	ization	Number of			
	(include address and desc		Ticket(s)/ Pass(es)	Describe the publi	lc purpose made pursuant to	the agency's policy
•				· · · · · · · · · · · · · · · · · · ·		
	Verification					
	Verification I have read and understand FPPC Regula	ations 18944.1 and	d 18942. I have ve	rified that the distribution set for	rth above, is in accordance with t	he requirements.
	But a Da		Barbara J. F			
	Signature of Agency Head or Designee		Print Name		Attorney/OAACA Officia	(Month, Day, Year)
					120002	
(Comment:					

			ANTICLES OF THE PROPERTY.	STANDARD CONTRACTOR OF THE STANDARD CONTRACTOR O		abita becamen
1.	Agency Name		Date Stamp	California 802		
	Oakland-Alameda County C	coliseum Auth	hority			Form For Official Use Only
	Division, Department, or Regi	ion (If Applicabl	le)			For Official Ose Office
	Barbara J. Parker, City Attor	rney/OAACA	Official			
	Designated Agency Contact (Name, Title)				
	Area Code/Phone Number	E-mail			Amendment (Must prov	ide explanation in Part 3.)
	(510) 238-3815	The state of the s	aklandcityatto	rney.org	Date of Original Filing:	(Month, Day, Year)
2	Function or Event Infor					(monor, boy, rour)
Sin a	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	100.00
		•	100 🔄 110		, 28 , 19	
	Event Description Khalid	Provide Title/Exp	olanation	Date(s)		
	Ticket(s)/Pass(es) provided by	v agency2	Vac IVI Na	□ If no:		
	ricket(s)/Fass(es) provided by	y agency:	Yes⊠ No		Name of Source	e
	Was ticket distribution made a	at the behest	No ⊠ Yes	☐ If yes:	Official's Name (Las	A Final
	of agency official?				Official's Name (Las	st, First)
3.	Recipients		54 V20'01 35 26V 100'05 40'0 Avise	5 8005		
	Use Section A to identify the agency	y's department o				
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy
			Pass(es)	- AND THE REST OF THE PERSON O		
	No.					
	<u> </u>					
	B. Name of Individua		Number of	Identify one of the following:		i kar
	(Last, First)		Ticket(s)/ Pass(es)		identity one of the following	M) 1 g
				Ceremonial Role		Income
	Butler, Eric		2	If checking "Ceremonial Role" or "Olher" describe below: To provide incentives to City and County employees that provide		
				services to the Auth		mployees that provide
				NAME OF TAXABLE PARTY.	Other 🔲	Income
				120 I 100 M M 100	ial Role" or "Other" describe below:	
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	ilc purpose made pursuant to	the agency's policy
	(include address and des	eription)	Pass(es)		Million States and the state of	
			-			
4.	Verification					
	I have read and understand FPRC Regu	lations 18944.1 ar	nd 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with t	the requirements.
	Can the		Barbara J. I	Parker City	Attorney/OAACA Offici	al 06/19/2019
	Signature of Agency Head or Designee		Print Nam	e e	Title	(Month, Day, Year)
	Comment:	NAME OF TAXABLE PARTY.				

lamon A	A = =								
1.	Agency Name					Date Stamp	California 802		
	Oakland-Alameda County Coliseum Authority]	For Official Use Only		
	Division, Department, or Regio	on (If Applicabl	le)				7 Of Official Ose Offig		
	Barbara J. Parker, City Attorney/OAACA Official								
	Designated Agency Contact (A	Vame, Title)							
	Area Code/Phone Number	E-mail			The second second second second	Amendment (Must)	provide explanation in Part 3.)		
	(510) 238-3815	bparker@oa	aklandcityatt	torney.o	rg	Date of Original Filing:	:(Month, Day, Year)		
2.	Function or Event Inforn			*************	***************************************		(Month, Day, 1ear)		
	Does the agency have a ticket		Yes⊠ No	. [Face Value o	f Each Ticket/Pass \$ _	25.00		
	101-wi	Raptors/Wat		, ,					
	LACIT DESCRIPTION	Provide Title/Exp			Date(s)	02 , 19			
	Ticket(s)/Pass(es) provided by	aganau?	\/		If no:				
	moneragin assess provided by	agency :	Yes⊠ No) <u> </u>] If no:Name of Source				
	Was ticket distribution made at	the behest	No ⊠ Yes	: 🗆	If yes:		1		
	of agency official?				-	Official's Name ((Last, First)		
3.	Recipients						ACCUSED AND ADDRESS OF THE PARTY OF THE PART		
	Use Section A to identify the agency's department or unit.								
	A. Name of Agency, Departmen	ıt or Unit	Number of Ticket(s)	e de servicio de la compansión de la compa La compansión de la compa	Describe the publ	lic purpose made pursuan	t to the agency's policy		
			Pass(es)	Stranger.		Control Secretary	March San		
	B. Name of Individual	en y heydrolder Soudharmania	Number of Ticket(s) Pass(ss)			identify one of the follow			
	Smith, Jamie				Ceremonial Role	Other X	Iлсоте		
	Otthicity Carried		2	To provide incentives to City and County employees that provide					
			ļ		ces to the Auth		omployees that provide		
					Ceremonial Role	Other 🔲	Income		
			1		If checking *Ceremonia	al Role" or "Other" describe below:	-		
		•							
	and the second	arz oros se al sera la lice	Number of	- July 2 400 853 8	and the Automatical	residential and the second second second second	22 Mg 1 2 2 4 2 2		
	C. Name of Outside Organiz (include address and descri		Ticket(s)/						
	in the contract of the contrac	20217	Pass(es)	4	A some with the first some	managed movies the subsequency	take in the same		
	\$775CT-775EPC			<u> </u>					
i Sedil Soon	Sestikistikanikisimekirmikisen vanononononon ennem ennem papagagayassayassayassa	and a fel a commend with a state of the stat							
	Verification								
1	I have read and understand FPPC Regulat	tions 18944.1 and					·		
1	Jane Jo Stark		Barbara J. I		City	Attorney/OAACA Offi			
	Signature-of Agency Head or Designee		Print Nam	ne .		Tille	(Month, Day, Year)		
	Canamant								
- 1	Comment:								

1.	Agency Name Oakland-Alameda County C	coliseum Aut	Date Stamp	California 802				
	Division, Department, or Regi				-	For Official Use Only		
	Barbara J. Parker, City Attor	nev/OAACA	Official					
	Designated Agency Contact (Tomolai		-			
	Area Code/Phone Number	E-mail			. Amendment (Must pr	rovide explanation in Part 3.)		
	(510) 238-3815	bparker@o	aklandcityatto	orney.org	Date of Original Filing:			
2.	Function or Event Inform	nation						
	Does the agency have a ticke		Yes ⊠ No	☐ Face Value o	of Each Ticket/Pass \$	312.50		
	Event Description Warriors /2	2019 Finals, Provide Title/Exp	Game 4	Date(s)06	3 , 07 , 19			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	If no:	Name of Sou	urce		
	Was ticket distribution made a	t the behest	No 🛛 Yes	☐ If yes:	***************************************			
	of agency official?				Official's Name (Last, First)			
3.	Recipients • Use Section A to Identify the agency	r'e department o	ual a line Section C to ident	ife an autoido organization				
	A. Name of Agency, Departme		Number of	REMARKS IN COLUMN				
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
				<u>.</u>				
	B. Name of Individua	Number of Ticket(s)/ Pass(es)		Identify one of the following:				
	Parker, Barbara			Ceremonial Role		Income		
	rainei, Daibaia		2	To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex				
					Other 🗌	Income		
				If checking "Ceremon	ial Role" or "Other" describe below:			
	C Name of Outside Organ	ization	Number of					
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
	Verification				e store and a series	7 00p2 1		
	I have read and understand FPPC Regul	ations 18944.1 an						
	Mub Stal		Barbara J. I		Attorney/OAACA Office			
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)		
	Comment:							

	the state of the s						
1.	Agency Name		Date Stamp	California 802			
	Oakland-Alameda County C	oliseum Aut	hority			FOIIII OO	
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only	
	Barbara J. Parker, City Attor	mev/OAACA	Official				
	Designated Agency Contact (241C17 00 -01 1270 D411					
	Area Code/Phone Number	E-mail			☐ Amendment (Must provide explanation in Part 3.)		
	(510) 238-3815	NEW YORK WARREN	aklandcityatto	ornev ora	Date of Original Filing: .	(Month, Day, Year)	
2	Function or Event Infor		amarraon, and	,,,,,,,,,		(Month, Day, Year)	
llio q	Does the agency have a ticke		Yes⊠ No	□ Face Value o	f Each Ticket/Pass \$	25.00	
	Event Description Warriors v	Provide Title/Ex	nlanation	Date(s)	10 , 19		
	T-1-1/ ND-1/						
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	If no:			
	Was ticket distribution made a	t the behest	No ⊠ Yes				
	of agency official?		es Official's Name (Last, First)				
3.	Recipients						
	Use Section A to identify the agency	y's department o		tion B to identify an individu	al. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departme	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy		
		Pass(es)					
			-				
			0				
			Number of				
	B. Name of Individua	•	Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
		Manager of the Control of the Contro		Ceremonial Role	Other 🗵	Income	
	Carden, Carma		2	1 57 57 57 57 52	ial Role" or "Other" describe below:		
			_	To provide incentive services to the Auth		employees that provide	
				Ceremonial Role		Income 🔲	
				grand gas the second distriction is	iel Role" or "Other" describe below:	income 🔟	
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
	(include address and des	cription)	Pass(es)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	to allo agoiney a policy	
4.	Verification						
	I have read and understand FPPC Regul	lations 18944.1 ar	nd 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	h the requirements.	
	Down Sail	-	Barbara J. F	Parker City	Attorney/OAACA Offi	cial 06/11/2019	
,	Signature of Agency Head or Designee		Print Name	е	Title	(Month, Day, Year)	
	0						
	Comment:						

1.	Agency Name				Date Stamp	California On 2
	Oakland-Alameda County C	Coliseum Aut	hority			Form OUZ
	Division, Department, or Regi					For Official Use Only
	Barbara J. Parker, City Attor	rnov/OAACA	Official			
	Designated Agency Contact (
	Designated Agency Contact (rvamo, ridoj				
		r			Amendment (Must prov	vide explanation in Part 3)
	Area Code/Phone Number	E-mail	-1.11-1414		Date of Original Filing:	
-	(510) 238-3815	-	aklandcityatto	orney.org	Date of Original Filling.	(Month, Day, Year)
2.	Function or Event Infor					312.50
	Does the agency have a ticker		Yes 🛛 No		f Each Ticket/Pass \$	
	Event Description Warriors v	Raptors/201 Provide Title/Exp	9 Finals-Gan	ne 6 Date(s)06	13 , 19	
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Source	
	Was ticket distribution made a of agency official?	it the behest	No ⊠ Yes	☐ If yes:	Official's Name (Las	st. First)
_	•				· · · · · · · · · · · · · · · · · · ·	
3.	Recipients • Use Section A to identify the agency	r'e denartment o	a Hea Saction C to identify	on outside executanties		
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to the agency's policy	
		0				
	B. Name of Individua	١.	Number of Ticket(s)/		Identify one of the following	;
			Pass(es)	Ceremonial Role	Other X	Income
	Smith, Jamie			The state of the contract of the state of th	al Role" or "Other" describe helow	income 🗀
			2	To provide incentives to City and County employees that provide		
				services to the Auth	ority	47
				Ceremonial Role		Income
				ii checking Ceremonii	al Role" or "Other" describe below:	
	C Name of Outside Organi	ization ′	Number of	Describe de leut		71.00 A 10 B
	(include address and desc	cription)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
	ą.					
4.	Verification					
	I have read and understand FPPC Regula	ations 18944.1 and	d 18942. I have vei	rified that the distribution set fo	rth above, is in accordance with th	ne requirements.
2	Partare & Jang	Barbara J. F	Parker City	Attorney/OAACA Officia	al 06/11/2019	
	Signature of Agency Head or Designee	WATER STREET	Print Name	The second second	Title	(Month. Day. Year)
	Comment:					

_						그는 얼마님, 그리고 얼마나 아들아 아니는 아니는 아니라 아니라 아니라 아니라 아니라 아니다.
1.	Agency Name		Date Stamp	California 802		
	Oakland-Alameda County C	oliseum Autl	nority			Form OUZ
	Division, Department, or Reg	i on (If Applicabl	le)			For Official Use Only
	Barbara J. Parker, City Attor	mev/OAACA	Official			
	Designated Agency Contact (Omoles			
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(510) 238-3815	aklandcityatto	orney ora	Date of Original Filing:		
2	Function or Event Infor	AND DESCRIPTION OF THE PERSON	ananuchyan	onley.org		(Month, Day, Year)
	Does the agency have a ticker		Vac VI Na	□ Face Value o	f Each Ticket/Pass \$	45.00
			Yes No			
	Event Description Oakland A	Provide Title/Exp	lanation	Date(s)	, 17 , 19	
	TielsoNo)/Deco(se) provided by	Company Comments				
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗵 No	☐ II no:	Name of Sour	се
	Was ticket distribution made a	t the behest	No ⊠ Yes			
	of agency official?		Official's Name (La	st, First)		
3.	Recipients					
	Use Section A to identify the agency	's department or		ction B to identify an Individu	al. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy
			Pass(es)		 	
			-			
25	B. Name of Individua	ı	Number of			
	(Lest, First)	-	Ticket(s)/ Pass(es)		Identify one of the following	g:
	Free Meland			Ceremonial Role	many bread	Income
	Fung, Michael		2	We approximate the weather	al Role" or "Other" describe below:	malarraga that avarida
				services to the Auth	es to City and County e nority	mpioyees that provide
				Ceremonial Role		Income
				V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	al Role" or "Other" describe below:	mosmo 🗀
					9	
1	C. Name of Outside Organi (Include address and des	zation	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	the agency's policy
	finesage manage and meet		Pass(es)			<u> </u>
			+	**************************************		
-						
	Verification	otiono 49044 4	4 40040 15	willed that the all-talk offers and	ally a basis to be a second second	W
1	have read and understand FPPC Regula	auons 16944.1 and				
,	Signature of the form Und on Dais		Barbara J. F		Attorney/OAACA Offici	
	Signature of Agency Head or Designee		rint Name	5	Title	(Month, Day, Year)
	Comment:					

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name		Date Stamp	California 202		
	Oakland-Alameda County C	oliseum Auth	nority			Form OUZ
	Division, Department, or Regi	ion (If Applicabl	(e)			For Official Use Only
	Barbara J. Parker, City Attor	mev/OAACA	Official			
	Designated Agency Contact (
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(510) 238-3815	200 00000000	aklandcitvatte	ornev ora	Date of Original Filing:	
2	(510) 238-3815 bparker@oaklandcityattorney.org				3-0 30-0 30-0 30-0 30-0 30-0 30-0 30-0	(Month, Day, Year)
					f Each Ticket/Pass \$	45.00
	Event Description Oakland A	Provide Title/Exp	lanation	Date(s)	, 19 , 19	
	Ticket(a)/Dass(as) provided by	**************************************		- Mari		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No		Name of Source	ce
	Nas ticket distribution made at the behest No ☑ Yes ☐ If yes:					
	of agency official?		_	,	Official's Name (Las	st, First)
3.	Recipients					
	Use Section A to Identify the agency	's department or		ction B to Identify an Individu	al. • Use Section C to identify	an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to	the agency's policy
			Pass(es)			<u> </u>
	B. Name of Individua	1	Number of			
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	
				Ceremonial Role	Other X	Income
	Butts, Julia		1	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)		
					Other	
				The Control of the Co	al Role" or "Other" describe below:	псоте
				şi şi		
	C. Name of Outside Organi		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	the agency's policy
9	(Include address and desc	inpuon)	Pass(es)			
		×.				
١.	Verification					
	I have read and understand EPPC Regula	ations 18944.1 and	l 18942. I have ve	rified that the distribution set fo	rth above, is in accordance with ti	he requirements.
	Ou & Sul		Barbara J. F	Parker City	Attorney/OAACA Official	al 06/19/2019
	Signature of Agency Head or Designee		Print Name	e	Title	(Month, Day, Year)
12	Comment:					
	OUTHINGH.					

Ceremonial Role Events and Ticket/Pass Distributions

-			THE RESERVE OF THE PERSON NAMED IN			
1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	oliseum Aut	hority			FOIIII
	Division, Department, or Regi	on (If Applicab	1	For Official Use Only		
	Parhara I Parker City Atta					
	Barbara J. Parker, City Attor Designated Agency Contact (Official			
	beergliated Agency Contact (ivallie, i lile)				
					Amendment (Must pro	vide explanation in Part 3)
	Area Code/Phone Number	E-mail				
	(510) 238-3815	bparker@o	aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information						
	Does the agency have a ticket	policy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$	45.00
	Event Description Oakland A	s v. Baltimo	re Orioles	Date(s) 06	, 19 , 19	1 1
		Provide Title/Exp	planation	Date(s)		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No	☐ If no:	Name of Source	
	Was ticket distribution made a	t the behest	No ✓ Yes	☐ If yes:	Official's Name (La	na Final
	of agency official?				Omcial's Name (La	st, i-irst)
3.	Recipients					
	Use Section A to Identify the agency		runit. • Use Sec	ction B to identify an individu	al. • Use Section C to Identify	y an outside organization.
	A. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy
			rass(es)			N 9 X
	B. Name of Individual		Number of		W 24 W21 96000 140000	
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	g:
				Ceremonial Role	Other 🗵	Income
	Branson, Michael		1	8	al Role" or "Other" describe below:	200 20 20 20 20 20 20 20 20 20 20 20 20
			1	To provide incentives to City and County employees that provide services to the Authority (For 2019 Summer Law Clerk Program)		
	Secretary in the second control of the secon		-			
				Ceremonial Role [Other Role" or "Other" describe below:	Income
					or other december below.	
	C. Name of Outside Organi	zation	Number of	Phone To all and the	L	4
	(include address and desc	ription)	Ticket(s)/ Pass(es)	Describe the publ	lc purpose made pursuant to	une agency's policy
			1			
0	Verification					
	VERITICATION I have read and understand F <u>PP</u> C Regula	tions 18944.1 and	d 18942. I have ve	rified that the distribution set fo	rth above, is in accordance with t	he requirements.
	Bullon		Barbara J. F			
- 13	Signature of Agency Head or Designee		Print Name		Attorney/OAACA Offici	al 06/19/2019 (Month, Day, Year)
			,	-	*****	(monut, Day, Todi)
	Comment:					

Ceremonial Role Events and Ticket/Pass Distributions

						111 divide pooliticité	
1,	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C	Oakland-Alameda County Coliseum Authority				1 01111	
	Division, Department, or Reg	ion (If Applicab		For Official Use Only			
	Barbara J. Parker, City Atto	rnev/OAACA					
	Designated Agency Contact (The state of the s	Ollidia				
	Jones Garage Community	ruamo, ruoj					
	A C L (PM D)				Amendment (Must pro	ovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail	-1.11-1111		Date of Original Filings	V 122 C 9 2400 H 600000 W 180	
	(510) 238-3815		aklandcityatto	orney.org	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Information					45.00	
	Does the agency have a ticke	t policy?	Yes 🛛 No	☐ Face Value o	f Each Ticket/Pass \$	45,00	
	Event Description Oakland A	's v. Baltimo	re Orioles	Date(s)06	, 19 , 19		
		Provide Title/Exp	olanation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ lí no:	Name of Sou		
			and a second				
	Was ticket distribution made a of agency official?	t the behest	No 🗵 Yes	☐ If yes:	Official's Name (La	ant Circli	
					Official's Name (L	ast, Filsty	
3.	Recipients						
	Use Section A to identify the agency	/'s department or	runit. • Use Sec	tion B to identify an individu	al. • Use Section C to Identi	fy an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
			Pass(es)				
	¥						
	D. Heine of heddelders		Number of			yes service	
	B. Name of Individua	ı	Ticket(s)/ Pass(es)		Identify one of the following	ig:	
				Ceremonial Role	Other 🗵	Income 🔲	
	Dershowitz, Suzie		1		al Role" or "Other" describe below:		
					es to City and County employees that provide nority (For 2019 Summer Law Clerk Program)		
				Annual Contract of the Contrac		Income	
				ir checking "Geremonia	al Role" or "Other" describe below:		
	C Name of Outside Organ	Ination	Number of				
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the publ	lc purpose made pursuant t	o the agency's policy	
10			1				
			-				
	Verification						
	I have read and understand FPPC Regul	auons 18944.1 an	d 18942. I have ve	rilled that the distribution set fo	rth above, is in accordance with	the requirements.	
	10 Km		Barbara J. F	The state of the s	Attorney/OAACA Office		
	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)	
	Comment:						
	\$2521101105111.						

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California Q02
	Oakland-Alameda County C	oliseum Auth	nority			Form OUZ
	Division, Department, or Regi				1	For Official Use Only
	Barbara J. Parker, City Attor	mov/OAACA				
	Designated Agency Contact (Official			
	and a second second second	, vanio, riboj				
	Anna On de IDI- en a Novel en				Amendment (Must pro	vide explanation in Part 3.)
	Area Code/Phone Number	E-mail	aldendeibrette	OESON ORG	Date of Original Filing:	
	(510) 238-3815		aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform		-			45.00
	Does the agency have a ticker	5 (5)	Yes 🗵 No	pages	f Each Ticket/Pass \$	
	Event Description Oakland A	's v. Baltimor	re Orioles	Date(s)06	19 19	
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No	☐ If no:	Name of Source	ne .
	Was ticket distribution made a	t the hehest	No ⊠ Yes			
	of agency official?	t the believe	NO MI Yes	□ If yes:	Official's Name (Las	st, First)
3.	Recipients					
9.	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an Individu	al. • Use Section C to identify	an outside organization.
	A. Name of Agency, Departme		Number of		lic purpose made pursuant to	
	, ti		Ticket(s)/ Pass(es)	Door is all pas	no parposo mano paronarie co	in allottoy o poncy
	Name of Individua	ľ	Number of Ticket(s)/ Pass(es)		Identify one of the following	F
	Flooders Jarden			Ceremonial Role	Macrosoft (Co. 1, Married)	Income
	Flanders, Jordan		1		al Role" or "Other" describe below:	malayaaa that arayida
					es to City and County e nority (For 2019 Summe	
					Other	
				I	al Role" or "Other" describe below:	income 🖸
	C. Name of Outside Organi (Include address and desc		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	the agency's policy
,	(include address and desi	enpuon)	Pass(es)			
ļ.,	Verification					
	have read and understand EPPC Regula	ations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	rth above, is in accordance with ti	he requirements.
	Mula Sais		Barbara J. F	Parker City	Attorney/OAACA Official	al 06/19/2019
	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)
	Commont					
	Comment:					

Ceremonial Role Events and Ticket/Pass Distributions

1.	1. Agency Name				Date Stamp	California Q02
	Oakland-Alameda County C	and-Alameda County Coliseum Authority				Form OUZ
	Division, Department, or Regi			For Official Use Only		
	Barbara J. Parker, City Attor	nev/OAACA	Official			
	Designated Agency Contact (•				
	Area Code/Phone Number	E-mail			Amendment (Must prov	ide explanation in Part 3.)
	(510) 238-3815		aklandcityatto	orney.org	Date of Original Filing:	(Month Day York
2.	Function or Event Inform			, ,		(Monun, Day, Year)
	Does the agency have a ticket		Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	45.00
	Event Description Oakland A	's v. Baltimor	The second second	pecialis	, 19 , 19	
	Event Description	Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	□ If no:	Name of Source	
			TOSES INO		Name of Source	е
	Was ticket distribution made a of agency official?	t the behest	No ✓ Yes	☐ If yes:	Official's Name (Las	t Einst
					Official's Name (Las	t, First)
3.	Recipients • Use Section A to Identify the agency	'e department or	unit a Hea Sar	rtion B to identify an individu	ral a Lies Section C to Identify	an outside organization
			Number of			
	A. Name of Agency, Department	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
				·		
	B. Name of Individual	1	Number of Ticket(s)/		Identify one of the following	
			Pass(es)	Ceremonial Role	Other 🗵	Income 🔲
	Gomez, David			DESCRIPTION DOCUMENTS OF PERSONS IN	al Role" or "Other" describe below:	income L
			1		es to City and County er	
					ority (For 2019 Summer	
				l	Other all Role" or "Other" describe below:	Income
				in checking Ceremonia	arrole of Other describe baldw.	
	C. Name of Outside Organi		Number of	Describe the multi-	ic purpose made pursuant to	the economic notion
	(Include address and desc	cription)	Ticket(s)/ Pass(es)	Describe trie publ	ic purpose made pursuant to	trie agency s policy
J.,	Verification			Ø		
	I have read and understand FPPC Regula	tions 18944.1 and	1 18942. I have ve	rified that the distribution set fo	rth above, is in accordance with th	ne requirements.
	January Str.	el	Barbara J. F	Parker City	Attorney/OAACA Officia	al 06/19/2019
	Signature of Agency Head or Designee		Print Name	e	Title	(Month, Day, Year)
	0					
	Comment:					

Ceremonial Role Events and Ticket/Pass Distributions

						A L MAILO DOCUMENTS	
1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C	Coliseum Auth		Form OUZ			
	Division, Department, or Reg		For Official Use Only				
	Barbara J. Parker, City Atto	rnev/OAACA					
	Designated Agency Contact		Official				
		,,					
	Area Code/Phone Number	IP			Amendment (Must pro	ovide explanation in Part 3.)	
	(510) 238-3815	E-mail	aklandcityatte	OKBON OKO	Date of Original Filing: _		
_			akianucityati	offiey.org		(Month, Day, Year)	
Ζ.	Function or Event Infor		20 - 20	Essa Malas a	/ F \ T - \ A	45.00	
	Does the agency have a ticke		Yes⊠ No		f Each Ticket/Pass \$		
	Event Description Oakland A	's v. Baltimor Provide Title/Exp	e Orioles	Date(s)06	19 , 19		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Sou		
	Was ticket distribution made a of agency official?	it the behest	No ⊠ Yes	☐ If yes:	Official's Name (La	aet Firet)	
					Siliotal o Halifo (Le		
3.	Recipients • Use Section A to identify the agency	u'e department or	unit allea Sac	tion B to identify an individu	ral - Use Section C to Identi	6. an autoide amani-ation	
			Number of				
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
			1				
					•		
	B, Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the following	og:	
	Helstrom, Zoe			Ceremonial Role	Other A	Income [
	Tiolotioni, 200		1	To provide incentives to City and County employees that provide			
						er Law Clerk Program)	
				Ceremonial Role	Other	Income 🔲	
				If checking "Ceremonia	al Role" or "Other" describe below:		
			Nontrad				
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant t	o the agency's policy	
	(include delices and del		Pass(es)			- 25 H- N-	
	*						
1.	Verification						
	I have read and understand FPPC Regul	ations 18944,1 and	d 18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements.	
	/ Duban & A	20	Barbara J. F	Parker City	Attorney/OAACA Office	ial 06/19/2019	
	Signature of Agency Head or Designee	Contract Con	Print Name	9	Title	(Month, Day, Year)	
	Comment:						

4	A NI.					-
1. Agency Name					Date Stamp	California 802
	Oakland-Alameda County C	oliseum Auti		Form OUZ		
	Division, Department, or Reg	ion (If Applicabl		For Official Use Only		
	Barbara I Barbar Cit. Atta		Official			
	Barbara J. Parker, City Attor		Official			
	Designated Agency Contact (Name, Litte)				
	Area Code/Phone Number	E-mail			Amendment (Must pro	187. N
	(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing:	(Manth Day Vacul
2	Function or Event Infor		-			(Month, Day, Year)
	Does the agency have a ticker		V 17 N	□ Face Value o	f Each Ticket/Pass \$	45.00
			Yes⊠ No			
	Event Description Oakland A	's v. Baltimoi	re Orioles	Date(s)06	, 19 , 19	
		Provide Title/Exp	olanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No	☐ If no:	Name of Sour	
	Was ticket distribution made a	t the behest	No 🗵 Yes	☐ If yes:	Official's Name (La	151.0
	of agency official?				Official's Name (La	st, First)
3.	Recipients					
	 Use Section A to identify the agency 	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to Identify	y an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to	the agency's policy
			Pass(es)		no parposo mano parocam to	, and agency a poncy
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8		este de la company	Number of			
	B, Name of Individua	ı	Ticket(s)/ Pass(es)		Identify one of the following	g: ,
			F 253(63)	Ceremonial Role	Other 🗵	Income
	Kahoe, Cody				al Role" or "Other" describe below:	Income
	engangster se e is speci e		1		es to City and County e	mployees that provide
					ority (For 2019 Summe	
				Ceremonial Role	Other	Income
				arene vene vene (e-v	al Role" or "Other" describe below:	moonie 🗖
-	C. Name of Outside Organi	zatlon	Number of			
4	(include address and desc	eription)	Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	the agency's policy
-			1 455(55)			
. 1	Verification					
	have read and understand FPPC Regula	ntions 18944.1 and	l 18942. I have ve	rified that the distribution set for	rth above, is in accordance with t	he requirements.
	Bul (D))	Barbara J. F			
	Signature of Agency Head or Designee		Print Name		Attorney/OAACA Offici	
	Signature of rigoroy rided of Designee		run pgili	•	nue	(Month, Day, Year)
(Comment:					

Name of Street							
1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C				^	rom	
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only	
	Barbara J. Parker, City Atto	rnev/OAACA	Official				
	Designated Agency Contact		- January				
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)	
	(510) 238-3815		aklandcityatto	orney ora	Date of Original Filing:		
2	Function or Event Infor		ananonyan	orriey.org	Date of Original Filing:	(Month, Day, Year)	
Æ.	Does the agency have a ticke		V 57 M	□ Face Value o	f Each Ticket/Pass \$	45.00	
			Yes 🛛 No				
	Event Description Oakland A	Provide Title/Exp	re Orioles	Date(s)06	19 19		
	- I I/ \	50000000000000000000000000000000000000					
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	lf no:	Name of Sour	ce	
	Was ticket distribution made a	t the behest	No ☑ Yes				
	of agency official?	*	110 🖭 100	ш п усэ	Official's Name (La	st, First)	
3.	Recipients						
	 Use Section A to identify the agency 	r's department or	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to identify	y an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the publ	Describe the public purpose made pursuant to the agency's policy		
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	Number of				·		
	B. Name of Individua	I	Ticket(s)/				
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			1	To provide incentives to City and County employees that provide			
					ority (For 2019 Summe		
				AND REAL PROPERTY.	Other 🔲	Income	
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1	C. Name of Outside Organi	izatlop	Number of				
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a	\$ # *E*						
	Verification I have read and understand FPPS Regula	ations 18944.1 and	d 18942. I have ve	rified that the distribution set for	rth above, is in accordance with t	he requirements.	
ĺ	But I (W)		Barbara J. F				
	Signature of Agency Head or Designee		Print Name	The second second	Attorney/OAACA Offici	al 06/19/2019 (Month, Day, Year)	
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1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	Coliseum Auth		Form OUZ		
	Division, Department, or Reg	ion (If Applicabl		For Official Use Only		
	Barbara J. Parker, City Atto	rnev/OAACA	Official			
	Designated Agency Contact (Official			
	general general and the second	,,				
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(510) 238-3815		aklandcityatto	araay ara	Date of Original Filing:	
_			akianucityatt	orriey.org		(Month, Day, Year)
4.	Function or Event Information of the group base of the groups have a ticked			□ Food Volue o	f Feels Ticket/Dees &	45.00
	Does the agency have a ticke	5.0	Yes⊠ No	Recognit .	f Each Ticket/Pass \$	
	Event Description Oakland A	'S V. Baltimor Provide Title/Exp	e Orioles	Date(s)06	, 19 , 19	
			nanauon			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	☐ If no:	Name of Source	ce
	Was ticket distribution made a	t the behest	No⊠ Yes			
	of agency official?		NO EST TOO	ш п уез	Official's Name (Las	st, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy
	e e e e e e e e e e e e e e e e e e e		Pass(es)			
			-			
			Number of			
	B. Name of Individua (Lest, First)	t i	Ticket(s)/ Pass(es)		Identify one of the following	j :
				Ceremonial Role	Other 🗵	Income
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					nority (For 2019 Summe	
				The second secon	Other Dal Role" or "Other" describe below:	Income
					3.110.0 0.7 0.010.1 0.000.1.0 0.001.1	
	C. Name of Outside Organ	ization	Number of	Describe the multi-	la numana mada munayant ta	the everyone making
	(Include address and des		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	me agency's policy
	NAME OF TAXABLE PARTY.					
1	Verification					
	I have read and understand FPPC Regul	ations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	rth above, is in accordance with t	he requirements.
	Dubon to (so:	E.	Barbara J. F	Parker City	Attorney/OAACA Offici	al 06/19/2019
	Signature of Agency Head or Designee		Print Name		Tille	(Month, Day, Year)
	Comment:					

Ceremonial Role Events and Ticket/Pass Distributions

iseum Auth a (If Applicable ey/OAACA me, Title) -mail parker@oa	9)		Date Stamp	California 802 Form For Official Use Only
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parker@oa			Amendment (Must pro	vide explanation in Part 3.)
	المراجعة المراجعة المراجعة		Date of Original Filings	
	ikianacityatte	orney.org	Date of Original Filing:	(Month, Day, Year)
ition				45.00
olicy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$	45.00
v. Baltimore	e Orioles	Date(s) 06	, 19 , 19	
ovide Title/Expl	anation			
gency?	Yes⊠ No	☐ If no:		
	Section II and the section of		Name of Sour	ce
ne behest	No 🛛 Yes	☐ If yes:	Officially Mary of I	-1 F'-0
	Secretary of the secretary		Oniciais Name (La	st, First)
		ction B to identify an individu	al. • Use Section C to Identify	y an outside organization.
or Unit	Ticket(s)/	Describe the publ	lic purpose made pursuant to	the agency's policy
	Pass(es)			
	Number of			
	Ticket(s)/		Identify one of the following	j :
	1 105(00)	Ceremonial Role	Other 🛛	Income
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	1	To provide incentive	es to City and County e	mployees that provide
				Income [
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r ka mumpawa sa ma	Number of			
ion tion)	Ticket(s)/	Describe the publi	c purpose made pursuant to	the agency's policy
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s 18944.1 and	18942. I have ver	rified that the distribution set for	th above, is in accordance with t	he requirements.
	Barbara J. F	Parker City	Attorney/OAACA Officia	al 06/19/2019
	Print Name		Title	(Month, Day, Year)
	gency? le behest lepartment or or Unit on tion)	gency? Yes No le behest No Yes lepartment or unit. • Use Second Unit Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 1 Number of Ticket(s)/ Pass(es) 1 Standard 18944.1 and 18942. I have very Barbara J. F	gency? Yes No If no:	Secretary Secr

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California OOO
	Oakland-Alameda County C		Form OUZ			
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only
	Barbara J. Parker, City Attor	nev/OAACA				
	Designated Agency Contact (
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(510) 238-3815	bparker@oa	aklandcitvatte	ornev ora	Date of Original Filing:	
2	Function or Event Inform			omoyiong		(Month, Day, Year)
	Does the agency have a ticket		Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	45.00
	Event Description Oakland A	•		100 27 200		
	Event Description	Provide Title/Exp	lanation	Date(s)	<u>, 19 , 19 </u>	
	Ticket(s)/Pass(es) provided by			□ If no:		
	Holot(o)/1 ass(cs) provided by	agency	Yes⊠ No		Name of Source	ce
	Was ticket distribution made a	t the behest	No ⊠ Yes	☐ If yes:	Official's Name (La	
parties.	of agency official?				Official's Name (La	st, First)
3.	Recipients					
	Use Section A to identify the agency	's department or		ction B to identify an individu	al. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy
		libra (ve esc velic	ress(es)			
	B. Name of Individual		Number of			
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	J: .
	Dichardoon Dyon			Ceremonial Role	TOWNSHIP OF THE PROPERTY OF TH	Income
	Richardson, Ryan		1	to a white continuous	al Role" or "Other" describe below: es to City and County e	malayaaa that ayay tala
				services to the Auth	ority (For 2019 Summe	rr Law Clerk Program)
						Income
					nl Role" or "Olher" describe below:	
	C. Name of Outside Organia (Include address and desc	ration	Number of Ticket(s)/	Describe the publi	ic purpose made pursuant to	the agency's policy
	, America acutes and account		Pass(es)			-
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	I have read and understand FPPC Regula					ada de seu en 1900. ■ Marie de 10 de milion de 1900 de de 1900 de 190
	10000 Sol		Barbara J. F	The second secon	Attorney/OAACA Officia	
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
	Comment:					

1	Agency Name				Data Charry	Collifornia Colo
	Oakland-Alameda County C	allaguma Aud	Date Stamp	California 802		
	Division, Department, or Regi					For Official Use Only
	Division, Department, or Neg	IOTT (II Applicabl	<i>c)</i>			
	Barbara J. Parker, City Attor	The state of the s	Official			
	Designated Agency Contact (Name, Title)		(1	
						
	Area Code/Phone Number	E-mail			Amendment (Must pro	The Section is a second contract of the Contra
	(510) 238-3815	bparker@oa	aklandcityatte	orney.org	Date of Original Filing:	(Month Day Year)
2.	Function or Event Inform	nation				(monal, Day, Tear)
	Does the agency have a ticket	policy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$	45.00
	Event Description Oakland A	's v. Baltimor	ALTERNATION DOLLARS			
	Event Description	Provide Title/Exp	lanation	Date(s)	19 , 19	
	Ticket(s)/Pass(es) provided by	adency2	V- M N	□ If no:		
8	ricket(a)/r daa(ca) provided by	agency :	Yes 🗵 No		Name of Sour	ce
	Was ticket distribution made a	t the behest	No ⊠ Yes	☐ If ves:		
	of agency official?		115000-000		Official's Name (La	st, First)
3.	Recipients					
	Use Section A to identify the agency	's department or	-	ction B to identify an individu	al. • Use Section C to Identify	y an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy
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	B, Name of Individual	I	Number of Ticket(s)/ Pass(es)		Identify one of the following	j:
	Wilson, Callie			Ceremonial Role	Other X	Income
			1	To provide incentive services to the Auth	es to City and County en ority (For 2019 Summe	mployees that provide er Law Clerk Program)
				Ceremonial Role	Other	Income
					al Role" or "Other" describe below:	
	C. Name of Outside Organi (Include address and desc	zation :ription)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
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•	Bon 1	/				with the second second
9	Signature of Agency Head or Designee	<u></u>	Barbara J. F		Attorney/OAACA Officia	
	Signature of Agency Fleet of Designee		r ни мате	2 .	Tige	(Month, Day, Year)
	Comment:		8			

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