Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 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 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. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes De La Fuente, Ignacio Ceremonial Role Other \square 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. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ignacio De La Fuente **OACCA Commissioner** 3.22.19 Signature of Agency Head or Designee Print Name (month, day, year)

Agency Report of:

Comment:

Oakland A's March 2019

Ignacio De La Fuente

•	A's v Giants	3.24.19	(2) tickets
0	A's v Angels	3.28.19	(4) tickets
•	A's v Angels	3.29.19	(4) tickets
•	A's v Angels	3.30.19	(4) tickets
	A's v Angels	3.31.19	(4) tickets

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

4. Verification

1	nave	read and understand FPPC	Regulations 18944.	1 and 18942. I hav	e verified that the dis	stribution set forth above.	is in accordance
V	vith t	he requirements.					io in accordance
		A CONTRACTOR OF THE PROPERTY O					

	Chris Dobbins	OACCA Commissioner	3.22.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year

Comment:

Oakland A's March 2019

Chris Dobbins

A's v Giants	3.24.19	(2) tickets
A's v Angels	3.28.19	(4) tickets
A's v Angels	3.29.19	(4) tickets
A's v Angels	3.30.19	(4) tickets
A's v Angels	3.31.19	(4) tickets

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 E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$60.00 Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: Disney on Ice Date(s) __03 / 01 / 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 Α. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Astrera, Erwin If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 4 services to the Authority 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

Comment:

I have read and understand FPPC Regulations	18944.1 and 18942,	I have verified that the o	distribution set forth abo	ove, is in accordance
with the requirements				,
The state of the s				

Sabrina B. Landreth

City Administrator

4/ 1 /2019

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$60.00 Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: Disney on Ice 03 / 02 / 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 I 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 Α. of Ticket(s)/ **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Other X Ceremonial Role Naishorua, Juliet If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 4 services to the Authority Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. 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.

Signature of Agency Head or Designee

Comment: _

Sabrina B. Landreth

City Administrator

4/ 1 /2019

Print Name

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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 \$ $\frac{60.00}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Disney on Ice Date(s) __03__/ 03 / 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 A. of Ticket(s)/ Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Rubel, Rose If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 4 services to the Authority 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.		ion

Comment: _

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.				

8	Sabrina B. Landreth	City

City Administrator

4/ 1 /2019

Signature of Agency Head or Designee

Print Name

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$\frac{\$304.80}{}\$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Date(s) _____/ 5 , 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 Α. of Ticket(s)/ Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Long, Jacquelin 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 C. 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 hav	e verified that the distribution	n set forth above,	is in accordance
with the requirements.				

	Sabrina B. Landreth	City Administrator	4/ 1 /2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
. Agency Name	Date Stamp	California 802
Oakland Alameda County Coliseum Authority		Form 994
Division Department or Region (if applicable)		For Official Use Only

١.	Oakland Alameda County C	Coliseum Authority	Date Stamp	Form 802		
	Division, Department, or Reg	·		For Official Use Only		
	Office of the City Administra					
	Designated Agency Contact		-			
	Sabrina B. Landreth, City Ad	,				W
	Area Code/Phone Number	E-mail			_ ∐ Amendment (Mus	st Provide Explanation in Part 3.)
	510-238-3301	slandreth@oakland	dca.gov		Date of Original Filin	g:(month, day, year)
2.	Function or Event Infor	mation	more and a second management of the second man			
	Does the agency have a tick	ket policy? Yes	⊠ No 🗆 🧍	ace Value of	Each Ticket/Pass \$	\$ 304.80
	Event Description: Warriors		ī	Date(s) 03	<u>, 8 , 19</u>	1 1
	Evolit Doodliption.	Provide Title/ Expla	nation	Julio (0)	, <u> </u>	***************************************
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🔲 I	f no:	Name of Source	
	Was ticket distribution made	at the beheet .v		f yes: Landret	th, Sabrina	
	of agency official?	at the penest Yes I	⊠ No 🔲 '	. you	Official's Name (Last, Fire	st)
······································	or agency omorar:					
3.	Recipients		,			
	Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	fual. • Use Section C to id	entify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Describe the		he public purpose made pursuant to the agency's policy	
			Passes			
			-		nn 50 - 5 - 1	
			Number			
	B. Name of Indi (Last, Firs		of Ticket(s)/ Passes	ldentify one of the following:		
		2	Fasses	Coron	nonial Role 🔲 Other	⊠ Income □
	White, Darin		2	If checking "Ceremonial Role" or "Other" describe below. To provide incentives to City employees that p		_
				To provide in services to t		ployees that provide
					nonial Role Other	Income [
		•			king "Ceremonial Role" or "Other"	
	Name of Outside Or	rganization	Number			
	C. (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
					· · · · · · · · · · · · · · · · · · ·	***************************************
		, , , , , , , , , , , , , , , , , , ,				
	Verification			en en en el la Colo de	a manana ny kaona na kaona na	and a second
	I have read and understand FP	PC Regulations 18944	.1 and 18942.	l have verified t	that the distribution set	forth above, is in accordance
	with the requirements.					
		B. Landreth		City Administrator	4/ 1 /2019	
	Signature of Agency Head or Designe	Pi	int Name	Williams	Title	(month, day, year)
	Comment:					
	OUTHIER.					

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 \$ \$ 100.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: MUSE 03 09 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 A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Other X Ceremonial Role Income ... Kim, Peter It 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 C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. V		tion

Comment:

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

Signature of Agency	Head or Designee

Sabrina	В.	Landr	eth
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City Administrator

4/ 1 /2019

Print Name

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$ 304.80 Does the agency have a ticket policy? Yes ⊠ No 🗌 Event Description: Warriors Date(s) __03 / 10 / 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 Α. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗵 Income ___ Ford, Sylvia 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 C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

Comment:

r nave read and understand FPFC Regulations 1894	944.1 and 18942. I have verified that the distribution set forth above, is	in accordance
with the requirements.		

	Sabrina B. Landreth	City Administrator	3/	1	/201
Signature of Agency Head or Designee	Print Name	Title	(moi	nth,	day, ye

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
1. Agency Name	Date Stamp	California 802
Oakland Alameda County Coliseum Authority		Form 904
Division, Department, or Region (if applicable)		For Official Use Only
Office of the City Administrator		

	Oakland Alameda County Coliseum Authority					Form 802
	Division, Department, or Reg			· · · · · · · · · · · · · · · · · · ·		For Official Use Only
	Office of the City Administra		_			
	Designated Agency Contact	, ,				
	Sabrina B. Landreth, City A				Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Fillings	
46000	510-238-3301	slandreth@oakland	dca.gov	STORAGE PRIMITAR PROPERTY OF PROPERTY AND	Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			Φ.	204.00
	Does the agency have a ticl	ket policy? Yes	⊠ No 🗆	Face Value of	Each Ticket/Pass \$ \$	304.80
	Event Description: Warriors			Date(s)03	<u>, 21 , 19</u>	
	Ticket(s)/Pass(es) provided	Provide Title/ Expla		If no:		
	ricket(s)/ir ass(es) provided	by agency: 165	⊠ No 🗌 📗	II FIO	Name of Source	
	Was ticket distribution made	at the behest Yes	⊠ No 🗆	If yes: Landret	th, Sabrina Official's Name (Last, First)	
	of agency official?				5770 Tario (220), 7 701)	
3.	Recipients					P
	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	dual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	ortment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made purs	suant to the agency's policy
			Passes			
	B. Name of Indi	vidual	Number		Identify one of the fo	Marina
	(Last, Fire		of Ticket(s)/ Passes		identity one of the it	Allowing.
	Birchett, Sophia			1	nonial Role Other X	· · · · · · · · · · · · · · · · · · ·
			2	HRM - Emp	king "Ceremonial Role" or "Other" des loyee of the Quarter	cribe below:
				l .	nonial Role Other king "Ceremonial Role" or "Other" des	
	C Name of Outside O	rganization	Number of Ticket(s)/	Describe th	e public purpose made purs	want to the agency's policy
	(include address and	description)	Passes	-	o punto purpose made para	dant to the agency's policy
						- naamu
	Verification	***************************************				
ᢡ.	I have read and understand FP	PC Regulations 18944	1 and 18942	I have verified t	that the distribution set fo	rth ahove is in accordance
	with the requirements.	. Criogaladolio 10047	., and 10072.	. Have vermed t	arat are distribution set to	an abovo, is in accordance
		Sabrina	B. Landreth		City Administrator	4/ 1 /2019
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority 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 Face Value of Each Ticket/Pass \$ \$ 304.80 Does the agency have a ticket policy? Yes 🛛 No 🗍 Event Description: Warriors Date(s) __03 / 23 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ 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 Α. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other 🔀 Ceremonial Role Income ___ Russo, Ryan 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 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	above, is in acco	ordance
with the requirements.				•	

Signature of Agency Head or Designee

Sabrina B. Landreth

City Administrator

4/ 1 /2019

f Agency Head or Designee Print Name

me

(month, day, year)

Comment: _

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1. Agency Name	Date Stamp California				
Oakland Alameda County Coliseum Authority		LI SULLE			
Division, Department, or Region (if applicable)				For Official Use Only	
Office of the City Administrator	Office of the City Administrator				
Designated Agency Contact (Name, Title)		***************************************			
Sabrina B. Landreth, City Administrator			Amendment (Must Provide Explanation in Part 3.)		
Area Code/Phone Number E-mail					
510-238-3301 slandreth@oakland	ica.gov		Date of Original Filing: _	(month, day, year)	
2. Function or Event Information		a tan mulaha tumura na koduna na mulaha na coma na mbo.			
Does the agency have a ticket policy? Yes	⊠ No∏ F	ace Value of	Each Ticket/Pass \$	15.00	
Event Description: A's Provide Title/ Explain	D	ate(s)	<u>, 24 , 19</u>		
·	⊠ No 🗆 If	no:	Name of Source		
Was ticket distribution made at the behest Yes [of agency official?	⊠ No □ If	yes: <u>Landret</u>	h, Sabrina Official's Name (Last, First)	<u> </u>	
B. Recipients • Use Section A to identify the agency's department or unit.	Use Section B to i	dentify an individ	lual. • Use Section C to identi	fy an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
	Number				
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the following:		
Rubio, Juan	2	Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that proviservices to the Authority			
		i	nonial Role		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes Describe th		ne public purpose made pursuant to the agency's po		
*domb					
. Verification	I		,		
I have read and understand FPPC Regulations 18944. with the requirements	.1 and 18942. I	have verified t	hat the distribution set fo	rth above, is in accordance	
Sabrina	a B. Landreth		City Administrator	4/ 1 /2019	
	int Name	***************************************	Title	(month, day, year)	
Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$45.00 Does the agency have a ticket policy? Yes⊠ No 🗆 Date(s) ____/ Event Description: A's 28 / 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 A. of Ticket(s)/ **Passes** Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Smith, Shomari If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Income Other ___ Ceremonial Role 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

Comment:

l have read and understand FPF	PC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth	above, is in acc	ordance
with the requirements.	Ū				,	
with the requirement of the						

Signature of Agency Head or Designee

Sabrina B. Landreth

City Administrator

4/ 1 /2019

Print Name

Title

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 \$ \$45.00 Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: A's 03 / 29 / 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 I 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 Α. of Ticket(s)/ **Passes** Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income Boyd, Karen If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Other ___ Ceremonial Role 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)

4. Verification

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

Sabrina B. Landreth Signature of Agency Head or Designee Print Name

City Administrator

4/ 1 /2019

(month, day, year)

Comment: _

Agency Report of:

Ceremonial	Role Events	and Ticket/Pass	Dietrihutione

1.	Agency Name		The state of the s		Date Stamp	California 👩 🔿
_	Oakland Alameda County C	•		Form OUA		
·	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Office of the City Administra	itor				
	Designated Agency Contact ((Name, Title)				
	Sabrina B. Landreth, City A	dministrator			Association (A4)	
7	Area Code/Phone Number	E-mail				Provide Explanation in Part 3.)
	510-238-3301	slandreth@oakl	andca.gov	:	Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	cet policy? Υε	es⊠ No⊟ F	ace Value of I	Each Ticket/Pass \$ _	45.00
	Event Description: A's				, 30 , 19	
	Event Description.	Provide Title/ E	kplanation	Jale(s)		
•	Ticket(s)/Pass(es) provided	by agency? Y€	es⊠ No 🔲 🖽	f no:	Name of Source	
	(Alexandrate all admits out to a constitution			yes: Landreti	Name of Source h. Sabrina	
	Was ticket distribution made of agency official?	at the benest γ_{ϵ}	es⊠ No 🔲 "	yes.	Official's Name (Last, First)	The state of the s
	or agency official?					
5.	Recipients		PATTERN TO THE PATTER			
	• Use Section A to identify the agen	cy's department or unit	. • Use Section B to i	dentify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe the	e public purpose made pu	rsuant to the agency's policy
			Passes			
			M			
	B. Name of India (Last, Firs		Number of Ticket(s)/		Identify one of the t	following:
		9	Passes			3
	Jobe, Lazane			1	onial Role Other Other	
			2	To provide in	ing "Ceremonial Role" or "Other" de icentives to City empl	loyees that provide
				services to the		
					onial Role D Other Cing "Ceremonial Role" or "Other" de	-
	Name of Outside Or		Number			
	C. (include address and		of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
				200 mm a 100 mm (100 mm	ed to the tree generality place and the development and see enterties and seed page.	
•						
·	/erification					Consequence of the second seco
	have read and understand FPF	PC Regulations 180	44.1 and 18049. I	have verified th	at the distribution set for	orth above is in accordance
, И	with the requirements.	- Criogulations 109	: and 10342.1	nave vermed (f	тастте итвитринот 80010	лит авоч е , is iff accordance
		Sahri	na B. Landreth		City Administrator	AL 4 10040
-	Signature of Agency Head or Designe		Print Name		City Administrator	4/ 1 /2019 (month, day, year)
	•				-	(onn, day, yoar)
(Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$45.00 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) __03 / 31 / Event Description: A'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 I 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)/ Α. **Passes** Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Income Abney, Michelle 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 C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

Sabrina B. Landreth

Print Name

Signature of Agency Head or Designee

Comment:

(month, day, year)

City Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors 31 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: __ Yes ⊠ 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 Α. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Hom, Stephanie If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Income Ceremonial Role Other ___ 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 C. (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

Sabrina B. Landreth City Administrator 4/ 1 /2019
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

with the requirements

1.	Agency Name Oakland-Alameda County C Division, Department, or Reg			Date Stamp	California 802 For Official Use Only			
	Barbara J. Parker, City Atto Designated Agency Contact	rney/OAACA			_			
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)			
-	(510) 238-3815		aklandcityattoi	rney.org	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Infor		V 57 N 5	T Face Value	of Each Ticket/Pass \$	60.00		
	Does the agency have a ticke	t policy?	Yes 🗵 No 🗆					
	Event Description Muse	Provide Title/Exp	lanation	Date(s)	3 , 09 , 19			
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No [] If no:	Name of Source	re		
	Was ticket distribution made a	at the behest	No⊠ Yes [☐ If yes:	Official's Name (Las			
	of agency official?		Official's Name (Las	st, First)				
3.	Recipients							
	Use Section A to identify the agence	y's department or	lual. • Use Section C to identify	an outside organization.				
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to	the agency's policy		
	B. Name of Individua	Number of Ticket(s)/ Pass(es)		Identify one of the following	r .			
	La, Nikki		2		nial Role" or "Other" describe below	Income		
				To provide incention services to the Aut	es to City and County er hority	mployees that provide		
					Other Dial Role" or "Other" describe below:	Income 🗌		
	C. Name of Outside Organ (include address and des	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant to	the agency's policy			
	Verification	1-0	140040 11	E-14-14-2-17				
	I have read and understand FPPC Regul	ations 18944.1 and	Barbara J. Pa		forth above, is in accordance with the system of the state of the system			
	Signature of Agency Head or Designee		Print Name		Tille	(Month, Day, Year)		
	Comment:							

A	D.,	bi	in	Document	
M	ru	DI	IC	Document	

1.	Agency Name				Date Stamp	California Q02	
	Oakland-Alameda County C	Coliseum Auth	ority			Form OUZ	
	Division, Department, or Reg	A STATE OF THE STA				For Official Use Only	
	Barbara J. Parker, City Atto	rnev/OAACA	Official				
	Designated Agency Contact (Official				
	besignated rigerity contact (, ramo, may					
	A . O . L /Dl N	TE			Amendment (Must pro	ovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail	aklandcityatto	ornov ora	Date of Original Filing: _		
	(510) 238-3815	70	Manuchyani	orney.org		(Month, Day, Year)	
)	Function or Event Infor			- Face Value a	of Each Ticket/Pass \$	750.00	
	Does the agency have a ticke	(50)	Yes ⊠ No	_			
	Event Description Justin Tim	berlake		Date(s)03	<u> </u>		
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	☐ If no:	Name of Sour	rce	
	Was ticket distribution made a	at the hehest	No ⊠ Yes	□ If you			
	of agency official?	at the beneat	NO M Tes	□ II yes	Official's Name (La	ast, First)	
	Recipients						
	Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to identif	fy an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant t	o the agency's policy	
		Pass(es)					
			Number of				
	B. Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the following:		
	A STATE OF THE PARTY OF THE PAR		1 455(05)	Ceremonial Role	Other 🛛	Income	
	Ferrell, Elizabeth				ial Role" or "Other" describe below:		
			2		es to City and County e	employees that provide	
				services to the Autl	nority		
				Ceremonial Role	Other O	Income	
				ii checking Ceremon	ial Role" or "Other" describe below:		
	C Name of Outside Organ	ization	Number of		Personal Company		
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
	11 '6' 1'						
	Verification I have read and understand EPPQ Regu.	lations 18944 1 and	d 18942. I have ve	erified that the distribution set f	orth above, is in accordance with	the requirements	
	An An Ol Da						
	Signature of Agency Head or Designee		Barbara J. F		Attorney/OAACA Offic	03/13/2019 (Month, Day, Year)	
	Signature of Agency riead of Designee		i iiii ivdiii	S	me	(Month, Day, Tear)	
	Comment:						

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1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	oliseum Autl	nority			Form COZ
	Division, Department, or Regi	on (If Applicab	le)			For Official Use Only
	Barbara J. Parker, City Atto		Official			
	Designated Agency Contact (Name, Title)				
					Amondment (Must are	suide evulenation in Dort 2.)
	Area Code/Phone Number	E-mail			Amendment (Must pro	
	(510) 238-3815	bparker@o	aklandcityatto	orney.org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	nation				30.00 90.000
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	304.80
	Event Description Warriors v	. Boston Celt	tics	Date(s) 03	3 , 05 , 19	1
	Eveni Description	Provide Title/Exp	olanation	Datc(3)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Sour	rce
	Was ticket distribution made a	t the beheat				
	of agency official?	it the penest	No ⊠ Yes	☐ If yes:	Official's Name (La	ast, First)
2	Recipients					
ř.=	Use Section A to identify the agency	/'s department o	r unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	B. Name of Individua	ı	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
	Huang, Andrew			Ceremonial Role	Other ial Role" or "Other" describe below:	Income
	ridang, Andrew		2	The same is a second se	es to City and County e	employees that provide
		10 m 30 m		Ceremonial Role If checking *Ceremoni	Other Interpretable of the second of the sec	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	Verification	ations 190// /	d 18042 baya	rified that the distribution and fo	orth above is in accordance with	the requirements
	I have read and understand EPPC Regul	auons 18944.1 an				
	Signature of Agency Head or Designee		Barbara J. F		Attorney/OAACA Offic	
	Signature of Agency flead of Designee		Print Name	ਹ	Title	(Month, Day, Year)
	Comment:					

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1. Agency Name			Date Stamp	California On 2	
Oakland-Alameda County Colis	eum Authority		2 die Cidinp	Form 802	
Division, Department, or Region	was an extension and the state of the state		-	For Official Use Only	
Barbara J. Parker, City Attorney			_		
Designated Agency Contact (Nam	ne, Title)				
			Amendment (Must a	rovide explanation in Part 3.)	
Area Code/Phone Number E-r	nail				
(510) 238-3815 bp	arker@oaklandcityat	torney.org	Date of Original Filing: .	(Month, Day, Year)	
2. Function or Event Information	tion				
Does the agency have a ticket po	licy? Yes⊠ No	Face Value	of Each Ticket/Pass \$ _	304.80	
Event Description Warriors v. De	enver Nuggets	Data(s) 0	3 , 08 , 18	1 1	
EVENI DESCRIDION	vide Title/Explanation	Date(s)			
Ticket(s)/Pass(es) provided by ag	ency? Yes 🛛 No	□ If no:			
	7 100 🖸 110	, L	Name of Sou	urce	
Was ticket distribution made at the	e behest No 🗵 Yes	s ☐ If yes:	Official's Name (L	ant First	
of agency official?			Official's Name (L	.ast, First)	
. Recipients					
Use Section A to identify the agency's defeated.		ection B to identify an individ	dual. • Use Section C to ident	tify an outside organization.	
A. Name of Agency, Department of	, ionoloh	Describe the pu	iblic purpose made pursuant to the agency's policy		
	Pass(es)				
	Number of				
Name of Individual (Last, First)	Ticket(s)/ Pass(es)	Identify one of the following:			
		Ceremonial Role	Other 🛛	Income	
Garrahan, Michael	2	If checking "Ceremo	nial Role" or "Other" describe below:		
	2			employees that provide	
		services to the Au	thority		
		Ceremonial Role	Other	Income	
		If checking "Geremo	nial Role" or "Other" describe below:		
O Nama of Outside Organization	Number of				
C. Name of Outside Organization (include address and descript	Ticket/al/	Describe the pu	blic purpose made pursuant	to the agency's policy	
	1 400(00)				
		-			
. Verification		TOWNS OFFICE SECTIONS AND THE SECTION OF THE SECTIO	\$2 700 700 as 6000 as	1 TO 10	
I have read and understand FPPC Regulations			forth above, is in accordance with	h the requirements.	
Carbon tack	Barbara J.	Parker Cit	y Attorney/OAACA Offic	cial 03/13/2019	
Signature of Agency Head or Designee	Print Nar	me	Title	(Month, Day, Year)	
Comment					

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1.	Agency Name				Date Stamp	California Q02			
	Oakland-Alameda County C	oliseum Auth	ority			Form OUZ			
	Division, Department, or Reg	The second secon			1	For Official Use Only			
	Barbara J. Parker, City Atto	rnev/OAACA	Official						
	Designated Agency Contact (Omolai		-				
	, , , , , , , , , , , , , , , , , , , ,	a a marana a a an							
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)				
	(510) 238-3815	bparker@oa	ıklandcitvatto	ornev.org	Date of Original Filing: .	(Month, Day, Year)			
)	Function or Event Infor		and raon y and	sg	B24 VE	(Wonth, Day, Year)			
	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	304.80			
	Warriors	. Phoenix Sur	A NO.						
	Event Description	Provide Title/Expl		Date(s)	3 / 10 / 18				
	Ticket(s)/Pass(es) provided by	v agency?	Vac 🔽 Na	☐ If no:					
	Ticket(s)/i ass(es) provided by	y agency:	Yes⊠ No	L 11110.	Name of Sou	ırce			
	Was ticket distribution made a	t the behest	Official's Name (L						
	of agency official?			Official's Name (L	ast, First)				
	Recipients	10 20 1037 10		NOW HOUSE WITH WHITE THE SAME HOUSE					
	Use Section A to identify the agency	/'s department or	unit. • Use Sec	ction B to identify an individe	ual. • Use Section C to ident	ify an outside organization.			
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
			1 435(55)			E STATE SELVENS A STATE OF A			
	B. Name of Individua	Number of Ticket(s)/		Identify one of the following:					
ä	(Last, First)		Pass(es)						
	Wiseman, Dara			Ceremonial Role	Other ial Role" or "Other" describe below:	Income			
	Wilsoman, Dara		2	10.130000000000000000000000000000000000		employees that provide			
				services to the Autl	150 ISO	,			
				Ceremonial Role	Other	Income			
				If checking "Ceremon	ial Role" or "Other" describe below:				
			Number of						
1	C Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
			1 400(00)						
	Vovidination								
	Verification I have read and understand-EPPC Regul	ations 18944.1 and	18942. I have ve	rified that the distribution set for	orth above is in accordance with	the requirements			
	Bon 1 () a		Barbara J. F						
2	Signature of Agency Head or Designee		Barbara J. F		Attorney/OAACA Offic	03/13/2019 (Month, Day, Year)			
						(month, boy, roal)			
	Comment:								

-			William Co.					
1.	Agency Name		Date Stamp California 202					
	Oakland-Alameda County C	Coliseum Auth	nority			Form OUZ		
	Division, Department, or Reg					For Official Use Only		
	Barbara J. Parker, City Atto	rney/OAACA	Official					
	Designated Agency Contact							
		- carry 02°0				L		
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3)			
	(510) 238-3815		aklandcityatto	orney.org	Date of Original Filing: _	(Month Day Your)		
2.	Function or Event Infor	CONTRACTOR WATER		, ,		(мони, рау, теаг)		
	Does the agency have a ticke		Yes⊠ No	Face Value o	f Each Ticket/Pass \$	304.80		
	Event Description Warriors v	S S			, 21 , 19			
	Event Description	Provide Title/Exp	olanation	Date(s)				
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No[☐ If no:	Name of Sour			
		: (75 E)	100 1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
	Was ticket distribution made a of agency official?	it the behest	No⊠ Yes[☐ If yes:	Official's Name (La	est First)		
					Onicial's Name (La	isi, elisij		
3.	Recipients	l's department a	unit allea See	tion B to identify an individu	allea Castian C to ide-tit	iv an outside executaction		
				ual. • Use Section C to identify an outside organization.				
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy		
					The state of the s			
				2000.00.00.00.00.00.00.00.00.00.00.00.00				
	B. Name of Individua	Number of Ticket(s)/		Identify one of the following:				
	(Last, First)		Pass(es)					
	Johnson, Nanette			Ceremonial Role [Other X	Income		
			2	To provide incentives to City and County employees that provide				
				services to the Auth	ority	i v		
				Ceremonial Role		Income		
				If checking "Ceremonia	al Role" or "Other" describe below:			
	O Name of Outside O	ivation	Number of					
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy		
			(00)					
						1		
monouse I	Verification							
	VERITICATION I have read and understand RPPC Regula	ations 18944.1 and	d 18942. I have ven	ified that the distribution set for	rth above, is in accordance with i	the requirements		
	May D (A)	servingani isini Wildifilla	Barbara J. P					
	Signature of Agency Head or Designee		Print Name		Attorney/OAACA Offici	(Month, Day, Year)		
					*Mandata Mark	4		
	Comment:							

1. Agency Na	ime				Date Stamp	California Q02		
Oakland-Ala	meda County C	Coliseum Auth	nority			Form OUZ		
Division, Dep	artment, or Reg	ion (If Applicable	e)			For Official Use Only		
Barbara J. P	arker, City Atto	rnev/OAACA	Official					
	gency Contact (
Area Code/Ph	none Number	E-mail			Amendment (Must provide explanation in Part 3.)			
(510) 238-38		bparker@oa	aklandcitvatte	ornev ora	Date of Original Filing: _			
	r Event Infor		and rabity att			(Month, Day, Year)		
	ncy have a ticke		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	304.80		
	15		75 EUR 16 - 15 ME - 15					
Event Descrip	otion Warriors v	Provide Title/Exp	lanation	Date(s)	23 , 19			
Ticket(s)/Pass	s(es) provided by	v aganav2	V 151 M	☐ If no:				
Ticket(s)/Fass	s(es) provided by	y agency?	Yes⊠ No		Name of Sour	rce		
	tribution made a	t the behest	No ⊠ Yes	☐ If yes:				
of agency of	ficial?		Official's Name (La	ast, First)				
. Recipients								
Use Section A to	o identify the agency	's department or		ction B to identify an individu	ial. • Use Section C to identif	y an outside organization.		
A. Name of	Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy		
200 - 1 V. O.	The second section		Pass(es)					
10								
В.	R Name of Individual							
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following:			
Cooden Com	a.			7 54 70000	Other 🛛	Income		
Casden, Cary	yı		2		al Role" or "Other" describe below:			
				services to the Auth		employees that provide		
				Ceremonial Role	Other	Income		
					al Role" or "Other" describe below:	income 🗀		
N								
	e of Outside Organi e address and desc		Number of Ticket(s)/	Describe the publ	blic purpose made pursuant to the agency's policy			
(merada	e address and desc	эприон)	Pass(es)					
 								
Verification)))))		Later March Colored W. Later				
I have read and und	lerstand FPPC Regula	ations 18944.1 and	18942. I have vei	rified that the distribution set for	rth above, is in accordance with t	the requirements.		
1 Oarb	my the		Barbara J. F	Parker City	Attorney/OAACA Offici	al 03/23/2019		
Signature of Ag	ency Head or Designee		Print Name	9	Title	(Month, Day, Year)		
Comment:								

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

Agency Name							
				Date Stamp	California Ong		
Oakland-Alameda County C	Coliseum Auth	nority			Form OUZ		
Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only		
Barbara J. Parker, City Attor	rnev/OAACA	Official					

					<u></u>		
Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)			
(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing: _	(Month Day Your)		
Function or Event Inform	nation	THE PERSON NAMED IN COLUMN 1			(Month, Day, Year)		
Does the agency have a ticker	t policy?	Yes 🕅 No	☐ Face Value o	f Each Ticket/Pass \$	304.80		
Event Description Warriors v.	. Charlotte Ho						
vent Description	Provide Title/Exp	lanation	Date(s)				
icket(s)/Pass(es) provided by	/ agency?	Yes 🕅 No	П If no:				
	380	TCS EN THO		Name of Sour	ce		
	t the behest	No⊠ Yes	☐ If yes:	Official's Name (I	-t Fi0		
		Oniciai s Name (La	st, First)				
	la denombre de la		R DX-13- RC - 1-R-13				
	Number of			ALVESTED TO THE			
A. Name of Agency, Department	nt or Unit	Ticket(s)/ Pass(es)					
				THE PERSON OF TH			
No. of the control of		Number of					
Name of Individual (Lest, First)	Ticket(s)/ Pass(es)	Identify one of the following:					
			Ceremonial Role	Other X	Income		
.ane, Laura		2					
			services to the Auth	es to City and County electives	mployees that provide		
				7	Income		
			Was a transfer and the same and		income []		
		Ticket(s)/	Describe the publi	lic purpose made pursuant to the agency's policy			
		Pass(es)					
	tions 18044 1 and	10012 have yes	Stad that the district of the	w			
	UUIIS 10344.1 dlla	10342. I flave ver	med that the distribution set for	tn above, is in accordance with th	ne requirements.		
Res. Of Do							
Signature of Agency Head or Designee		Barbara J. P	arker City	Attorney/OAACA Officia			
	Barbara J. Parker, City Atto Designated Agency Contact (Area Code/Phone Number (510) 238-3815 Function or Event Information Does the agency have a ticket Event Description Warriors volume Ticket(s)/Pass(es) provided by Was ticket distribution made a of agency official? Recipients Use Section A to identify the agency A. Name of Agency, Departme Name of Individual (Last, First) Lane, Laura Name of Outside Organization (include address and description)	Barbara J. Parker, City Attorney/OAACA Designated Agency Contact (Name, Title) Area Code/Phone Number (510) 238-3815 Function or Event Information Does the agency have a ticket policy? Event Description Warriors v. Charlotte Homographic Provide Title/Exp Ficket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or A. Name of Agency, Department or Unit Name of Individual (Last, First) Anne, Laura	Area Code/Phone Number (510) 238-3815 Function or Event Information Does the agency have a ticket policy? Yes \(\times \) No Event Description Warriors v. Charlotte Hornets Provide Title/Explanation Ficket(s)/Pass(es) provided by agency? Yes \(\times \) No \(\times \) Yes of agency official? Recipients Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or Unit Number of Ticket(s)/Pass(es) A. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) A. Name of Outside Organization (include address and description) Number of Ticket(s)/Pass(es)	Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title) Area Code/Phone Number [5:10) 238-3815 Daparker@oaklandcityattorney.org Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Sevent Description Warriors v. Charlotte Hornets Date(s) Date(s) Date(s) Date(s) O3 Provide Titler/Explanation If no: If no: If yes: If	Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title) Area Code/Phone Number [5-mail] (510) 238-3815 Dparker@oaklandcityattorney.org Date of Original Filing:		

						7 CT MICHOE BOOMINGHE	
1.	Agency Name		Date Stamp	California 802			
	Oakland-Alameda County C	Coliseum Auth	ority			Form OUZ	
	Division, Department, or Reg	ion (If Applicable)		1	For Official Use Only	
	Barbara J. Parker, City Atto	rney/OAACA	Official				
	Designated Agency Contact (Name, Title)					
	Area Code/Phone Number	E-mail			Amendment (Must pr	152	
	(510) 238-3815	bparker@oa	klandcityatto	orney.org	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$	45.00	
	Event Description Oakland A	's v. Los Ange	eles Angels	Date(s)03	3 28 19		
		Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Sou	urce	
	Was ticket distribution made a	t the hehest	☐ If ves:				
	of agency official?	it the benest	Official's Name (L	ast, First)			
	Recipients						
	Use Section A to identify the agency	r's department or i	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to identi	ify an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	B. Name of Individua	1	Number of				
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:	
	Ng, Ryan		2	Ceremonial Role Other M Income			
				Ceremonial Role	Other I	Income	
•	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy	
	Verification The read and understand FPPC Regulations in the second s	ations 19044 4 and	18042 have	wified that the distribution of			
,	A O O						
9	Signature of Agency Head or Designee		Barbara J. F		Attorney/OAACA Offic		
	Signature or igancy fread of Designee		r iiit ivaiili	V :	ride	(Month, Day, Year)	
5	Comment:						

1. Agency Name		X 10 A 32	Date Stamp California 802 Form				
Oakland-Alameda					_	For Official Use Only	
Division, Departme	nt, or Reg	ion (if Applicable	e)				
Barbara J. Parker			Official				
Designated Agency	Contact ((Name, Title)					
					Amendment (Must pro	Divide explanation in Part 3.)	
Area Code/Phone N	lumber	E-mail				· · · · · · · · · · · · · · · · · · ·	
(510) 238-3815		bparker@oa	aklandcityatto	orney.org	Date of Original Filing: _	(Month, Day, Year)	
2. Function or Eve						45.00	
Does the agency ha			Yes 🗵 No	The same of the sa	of Each Ticket/Pass \$	45.00	
Event Description	Event Description Oakland A's v. Los Angeles Angels Provide Title/Explanation Date(s)						
Ticket(s)/Pass(es) p	provided by	y agency?	Yes⊠ No	☐ If no:	Name of Sour	rce	
Was ticket distributi	on made a	it the behest	No ⊠ Yes	□ If ves:			
of agency official?			Official's Name (La	ast, First)			
. Recipients					**************************************		
 Use Section A to identi 	fy the agency	s department or	7	ction B to identify an individ	lual. • Use Section C to identif	y an outside organization.	
A. Name of Agend	y, Departme	nt or Unit	Number of Ticket(s)/	y Describe the public purpose made pursuant to the agency's policy			
			Pass(es)				
	~~~						
B. Name	of Individua	ı	Number of Ticket(s)/		Identify one of the followin	<b>A</b> :	
	(Last, First)		Pass(es)		identity one of the followin		
Sotelo, Amadis				Ceremonial Role	Other X  nial Role" or "Other" describe below:	Income	
Cotolo, Amadis			2	To provide incentives to City and County employees that provide			
				services to the Aut		impleyees that provide	
				Ceremonial Role	Other	Income	
				If checking "Ceremo	nial Role" or "Other" describe below:		
C Name of Ou	talda Organi	ration	Number of				
C. Name of Ou (include addre			Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant to	o the agency's policy	
Verification	-						
I have read and understand	FPPC Regula	ations 18944.1 and	18942. I have ve	rified that the distribution set	forth above, is in accordance with i	the requirements.	
Butu J.	Sack	2	Barbara J. F	Parker City	y Attorney/OAACA Offici	ial 03/27/2019	
Signature of Agency Hea	ad or Designee		Print Name	9	Title	(Month, Day, Year)	
Comment:							

1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C					Form OUZ	
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only	
	Barbara J. Parker, City Atto	rney/OAACA	Official				
	Designated Agency Contact						
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)	
	(510) 238-3815	The state of the s	aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor			, ,		(мони, рау, теаг)	
	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	45.00	
	Oakland A	's v. Los Ang					
	Event Description Oakland A	Provide Title/Exp		Date(s)03			
	Ticket(s)/Pass(es) provided by	v agency?	Yes⊠ No	☐ If no:			
	, , , , , , , , , , , , , , , , , , ,	, agoney.	ICS 🔼 INO		Name of Source	ce	
	Was ticket distribution made a	t the behest	No 🛛 Yes	☐ If yes:	Official's Name (La:		
-	of agency official?				Official's Name (La:	st, First)	
3.	Recipients						
	Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an individu	ial. • Use Section C to identify	y an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's polic			
			T doo(es)				
	****		1				
	B. Name of Individua	1	Number of		Identify one of the following.		
	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following:			
	Dutler Frie			1945 N. 1010 Mail	Other 🔀	Income	
	Butler, Eric		2	If checking "Ceremonial Role" or "Other" describe below:  To provide incentives to City and County employees that provide			
				services to the Auth		imployees that provide	
				Ceremonial Role	Other	Income [	
				BSS NO 10-11 1-10-2 CO	al Role" or "Other" describe below:	income [	
,							
	Name of Outside Organi		Number of Ticket(s)/	Describe the publ	blic purpose made pursuant to the agency's policy		
	(include address and desi		Pass(es)				
			-				
	Verification						
1	have read and understand FPPC Regula	ations 18944.1 and	l 18942. I have vei	rified that the distribution set for	rth above, is in accordance with th	he requirements.	
,	Sarban tack		Barbara J. F		Attorney/OAACA Officia	al 03/27/2019	
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
(	Comment:						

1.	Agency Name				Date Stamp	California Q02	
	Oakland-Alameda County C	Coliseum Auth	nority			Form OUZ	
	Division, Department, or Reg	ion (If Applicabl	le)		1	For Official Use Only	
	Barbara J. Parker, City Atto	rnev/OAACA	Official				
	Designated Agency Contact		1	,			
	Area Code/Phone Number	E-mail			Amendment (Must )	provide explanation in Part 3.)	
	(510) 238-3815		aklandcityatt	orney.org	Date of Original Filing:	(Month, Day, Year)	
2.				, ,	1	(Wonth, Day, Year)	
-	Does the agency have a ticket		Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$ _	45.00	
	Event Description Oakland A		3 , 31 , 19				
	Event Description	Provide Title/Exp	olanation	Date(s)			
	Ticket(s)/Pass(es) provided b	v agency?	Yes⊠ No	☐ If no:			
			TCS ZI TVO		Name of Sc	ource	
	Was ticket distribution made a of agency official?	at the behest	☐ If yes:	Official's Name (	Wash First		
					Official's Name (	Last, First)	
).	Recipients	via department or	unit - Hoo Co.	otion B to identify an individu	ual Uan Santian Site iden		
	Use Section A to identify the agence		Number of				
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy		
		ATTE A A TO THE STORY					
	B. Name of Individua	Number of Ticket(s)/		Identify one of the following:			
			Pass(es)	Ceremonial Role	Other 🛛	Income	
	Royal, Lenora			000 0 000 e-0	ial Role" or "Other" describe below:	income 🔲	
			2	To provide incentives to City and County employees that provide			
	Kanada and Andrews			services to the Auth	nority		
				Ceremonial Role	Other I	Income	
				ii checking "Geremoni	al Role of Other describe below.		
	C. Name of Outside Organ	ization	Number of	Describe Alexander			
9	(include address and des	cription)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy	
	Verification						
1	I have read and understand FPPC Regul	ations 18944.1 and	l 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wit	h the requirements.	
	Swan Senl		Barbara J. F	Parker City	Attorney/OAACA Offi	cial 03/27/2019	
4	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
	Cammant						
	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 Scott McKibben, OACCAExecutive Director Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 smckibben1@gmail.com Date of Original Filing: (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: Warriors Basketball Date(s) __03__/_ 05 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☐ No ☐ Name of Source If yes: McKibben, 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 Α. 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 | 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 Knights of Columbus to provide opportunities to community groups to utilize the 4 P.O. Box 454 facility Pleasanton, CA 94566 Verification PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I have fear CUBBIN EXECUTION

Comment: _

**Agency Report of:** 

C	eremonial Role Even	ts and Ticket/F	ass Distr	ibutions		A Public Docume	nt.
1.	Agency Name		nda 17000 liinimusee paanseen promises (1800 telepatiis pirjaka 1800)		Date Stamp	A III	
	Oakland Alameda County C	Coliseum Authority			,	Form 80	3
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	20000
	Scott McKibben, OACCAEx	ecutive Director					
	Designated Agency Contact (	(Name, Title)	V				
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)	
	510.383.4801	smckibben1@gma	il.com		Date of Original Filing	:(month, day, year)	
2.	Function or Event Inform	mation	new all need (Mill) September Marine and account in	en e	ernanning and a second sec		
	Does the agency have a tick	ket policy? Yes l	⊠ No 🗆 F	ace Value of I	Each Ticket/Pass \$ 🗓	304.80	
	Event Description: Warriors	Basketball		Date(s)03/			
	Ticket(s)/Pass(es) provided	Provide Title/Expla by agency? Yes		f no:			
	VAInn Einten deit dulle veilen eine eine	-146 1 4		f yes: McKibbe	Name of Source		
	Was ticket distribution made of agency official?	at the benest Yes	No □ II	yes: Mortibut	Official's Name (Last, First	)	
	or agency official?						
3,	Recipients	and the second s	and and the second seco	Sant Subdiving Sussesses Consumer Sussessing Subdivine	and a terminal control of the second	errorrorrorrorrorrorrorrorrorrorrorrorro	anadahii
	• Use Section A to identify the agen	cy's department or unit. •	ual. • Use Section C to ide	ntify an outside organization.			
	A. Name of Agency, Depa	rtment or Unit	Number of TicketteV	Describe the	nublic nurness made n		
	A. Hame of Agency, Depa	THE OF THE	of Ticket(s)/ Passes	Describe (no	e public purpose made pu	irsuant to the agency's policy	
	B. Name of Indiv		Number of Ticket(s)/		Identify one of the	following:	
	(Last, Firs	ST)	Passes			-	
				1	onial Role  Other  Other  Other		
	P. C.	<del>Patra de</del> uc		II CHEDA	ng Celemoniai Roje or Other d	еѕспре реюм;	
-							
					onial Role Other ing "Ceremonial Role" or "Other" d	Income	
					ng coromonarios of only o	,	
	N. (0.41) 0		Number				
	C. Name of Outside Or (include address and		of Ticket(s)/ Passes	Describe the	public purpose made pu	rsuant to the agency's policy	
	AHS		1 8363	to provide on	nortunities to commu		
	101 8th Street Suite 100		4	facility	portunities to commi	unity groups to utilize the	3
	Oakland, CA 94607			-			_
	Caldana, G/C 5-TOO7						
. \	Verification	addis distribution and a second	and the second s	The state of the s		- A CONTRACT OF THE CONTRACT O	WHEELER
	\	PC Regulations 18944	1 and 18942 I	have verified th	at the distribution set t	forth above, is in accordanc	
١.	with the introduction with the	navo vonnou u	rac are distribution set f	orar above, is in accordant	æ		
\		McKibben	ΩΔα	CCA Executive Direc	tor 2.14.19		
-	Grand de Agendy Head on Designe		nt Name	<u> </u>	Title	(month, day, year)	
	0					,,,,==-,	
	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 For Official Use Only Division, Department, or Region (if applicable) Loren Taylor, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage- OACCA Executive Assistant ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: .. 510-383-4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ☑ No □ Event Description: Warriors Vs. Celtics Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No 🗆 If no: _ Name of Source If yes: Taylor, Loren Was ticket distribution made at the behest Yes ☑ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Nava, Marci Ceremonial Role Other 🔀 To provide oppertunity to community groups to utlize the 2 facility Ceremonial Role Other 🔀 Income ___ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

### 4. Verification

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

	Lm.	A	The state of the s	Loren Taylor	OACCA Commissioner	3/5/2019
1	Signature o	Agend	y Head or Designee	Print Name	Title	(month, day, year)
/						
ba	omment	<b>\</b>	1	•		

### **Agency Report of:** Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Loren Taylor, OACCA Commissioner Designated Agency Contact (Name, Title) Renee Savage- OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-383-4801 RSavage@Coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Warriors Vs. Nuggets Date(s) 3 / 8 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: _ Name of Source If yes: Taylor, Loren Was ticket distribution made at the behest Yes No I 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)/ Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) **Passes** Other 🔀 Ceremonial Role Elizabeth Barnett To provide opportunities to community to utilize the facility 2 Income 🔲 Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes

### 4. Verification

I have read and understand FPPC Regulations	18944.1 and	18942. I have	verified that the	distribution se	t forth above, i	s in accordance
with the requirements.						

Levat	Loren taylor	OACCA Commissioner	3/5/19
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 Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Loren Taylor, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage- OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-383-4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: Warriors Vs. Suns Date(s) 3 / 10 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🔯 No 🗀 Name of Source If yes: Taylor, Loren Was ticket distribution made at the behest Yes No 🗆 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Α. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Other 🗵 Ceremonial Role Chavus, Velma If checking "Ceremonial Role" or "Other" describe below:
To provide opportunities to community to utilize the facility 2 Income ___ Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (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 regulitements. OACCA Commissioner 3/5/19 Loren Taylor Title (month, day, year) Agency Head of Designee Print Name Signature of

Comment:

**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) Loren Taylor, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage- OACCA Commission Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mall Date of Original Filing: 510-383-4801 Rsavage@coliseum.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: Warriors Vs. Mavericks Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 🗆 If no: Name of Source If yes: Taylor, Loren Was ticket distribution made at the behest Yes ☑ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. 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) Passos 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 Rewarding a community group for their service to the City First 5 Alameda County: 1115 Atlantic Ave 0 4 of Oakland Alameda CA, 94501 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 **OCCA Commissioner** 3/14/19 Signature of Agency Head or Designee Print Name Title (month, day, year)

Agency Report of:

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

Δ	P	uh	lic	D	20	um	ent
		uw				ull	

1.	Agency Name				Date Stamp	California Q02	
	Oakland Alameda County co	oliseum Authority	~	Form OUZ			
	Division, Department, or Reg	ion (if applicable)		For Official Use Only			
	Scott McKibben, OACCA Ex	cecutive Director					
	Designated Agency Contact (	Name, Title)					
					Amendment (Must Pro	vide Explanation in Dod 3.1	
	Area Code/Phone Number	E-mail			Amendment (wast Pro	viue Expianalion in Part 3.)	
	510.383.4801	smckibben1@gr		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation				- 2007	
	Does the agency have a tick	ret policy?	ace Value of	Each Ticket/Pass \$ 304	1.80		
	Event Description: Warriors			Date(s)03			
	Ticket(s)/Pass(es) provided		es⊠ No□ I	f no:	Name of Source		
	Was ticket distribution made of agency official?	at the behest $\gamma_6$	es⊠ No□ I	f yes: McKibbe	en, Scott  Official's Name (Last, First)		
3.	Recipients  • Use Section A to identify the agen	cy's department or unit	. • Use Section B to	identify an individ	ual. • Use Section C to identify	y an outside organization.	
	A. Name of Agency, Depa	ortment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy	
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:		
	(Last, Fire	51)	Passes		onial Role Other on "Other on "Other" descri	Income In	
					onial Role Other in Other in Other or "Other" description of "Other" description or "Other" description of the other of th	Income Income	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy	
	F.H. Dailey 800 Davis Street		4		ne Coliseum Complex fo usinesses to maximize i		
	San Leandro, CA 94577						
	Verification I have read and understand FPI with the requirements.		044.1 and 18942. ott McKibben		hat the distribution set fort  CCA Executive Director		
	Signature of Agency, Head or Designo	ee	Print Name		Title ·	(month, day, year)	

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

**A Public Document** 

1.	Agency Name	eta en la comuna de	25.00	HER CONTINUES HIS CONTINUES HI	Date Stamp	California 000
	Oakland Alameda County C	oliseum Authority		Form 802		
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Scott McKibben, OACCA Ex	ecutive Director				
	Designated Agency Contact (	(Name, Title)				
					☐ Amendment /Must Di	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail	. , , , , , , , , , , , , , , , , , , ,		Amendment (mast 1)	ovide Explanation in Part 3.)
	510.383.4801	smckibben1@gma	il.com		Date of Original Filing: _	(month, day, year)
<u></u>	Function or Event Infor	l mation				The state of the s
<b>.</b>	Does the agency have a tick		1721 N. ET. E	aco Valuo of I	Each Ticket/Pass \$ 30	)4.80
	- ·					
	Event Description: Warriors	Provide Title/ Expla		Date(s)3	, 10 , 19	3 / 23 / 19
	Ticket(s)/Pass(es) provided			f no [.]		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ay agonoy. 103		M 129 1	Name of Source	
	Was ticket distribution made	at the behest Yes	⊠ No□ ^{II}	fyes: McKibbe	en, Scott  Official's Name (Last, First)	
	of agency official?				Oniciars Name (Last, First)	
3.	Daginianta		or manufacture and an activities of the control of	10 NM fide Atlantan bassassa		
ა.	Recipients • Use Section A to identify the agen	cv's department or unit	Llee Section R to	identify on individ	unl + Hea Section C to identi	ife an autoide auconiostis-
	Ose Section A to identify the agent	cy sucpartment of unit.	Number	dentity an intivid	uar. • Ose section C to identi	ny an outside organization.
	A. Name of Agency, Depa	ırtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
			rasses			
			Number			
	B. Name of Indi (Last, Fire	and a second of the second of the second of the	of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	<u></u>			Cerem	onial Role Other 🗵	Income 🔲
					ing "Ceremonial Role" or "Other" des	
				Cerem	onial Role Other 🗵	Income 🔲
				If check	ing "Ceremonial Role" or "Other" des	cribe below:
	C. Name of Outside O		Number of Ticket(s)/	Describe the	e public purpose made purs	suant to the agency's policy
	(include address and	description)	Passes			
	Knights of Columbus		4	to provide or	portunities to commur	nity groups
	P.O. Box 454					
	Pleasanton, CA 94566					
						and a constant of the constant and a
4.	Verification					
•	I have read and understand FP	PC Regulations 18944	1.1 and 18942.	l have verified t	hat the distribution set fo	rth above, is in accordance
	with the reducement					
	1) ( MAN MIN IN)		McKibben	OA	CCA Executive Direct	
	Signature of Adents High or Design	ee P	rint Name		Title	(month, day, year)
	Comment:					

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

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1.	Agency Name				Date Stamp	California OOO
A	Oakland/Alameda County (	Coliseum Authority			Justo Otalinp	Form 802
	Division, Department, or Reg				-	For Official Use Only
	Board if Supervisors	rd if Supervisors				
	Designated Agency Contact	(Name Title)			-	
	Lee Ann Fergerson, Ticket					
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)
	510-272-6691				Date of Original Filing: _	
	510-272-0091	leeann.fergerson@	yacgov.org		Date of Original Fining. 2	(month, day, year)
2.	Function or Event Infor	mation				x = 2
	Does the agency have a tic	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ 304	4.80
	Event Description: Warriors	vs. Denver Nugget			<u>/ 8 / 19</u>	
	Eveni Description.	Provide Title/ Expla	anation L	Date(s)		
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □ I	f no: GSW		
			•	f yes: Haggeri	Name of Source	
	Was ticket distribution made	at the behest Yes	⊠ No □	ryes: Hagger	Official's Name (Last, First)	
	of agency official?				<u> </u>	
3.	Recipients	Mary Committee				
	• Use Section A to identify the ager	ncy's department or unit.	• Use Section B to	identify an individ	lual. • Use Section C to identif	fy an outside organization.
			Number	1		7
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
			1,0000			
	B. Name of Ind	ividual	Number			
	(Last, Fir		of Ticket(s)/ Passes		Identify one of the fo	llowing:
		The state of the s		Cerem	nonial Role Other	Income
				If check	king "Ceremonial Role" or "Other" desc	ribe below:
				Cerem	nonial Role Other	Income
				If check	king "Ceremonial Role" or "Other" desc	
	C. Name of Outside O		Number of Ticket(s)/	Describe th	e public purpose made pursi	uant to the agency's policy
	(include address and	description)	Passes		o pazno parposo mado paro	aunt to the agency o poncy
	Fremont Education Found	ation	2	To pro	omote attendance at a c	county sponsored
	39120 Argonaut Way, #38	11		even	it in order to maximize	ootential county
	Fremont CA 94538-1304			reve	nue for concession and	parking sales.
4.	Verification					
	I Ifave read and understand FF	PPC Regulations 1894	4.1 and 18942.	I have verified t	that the distribution set for	th above, is in accordance
K	with the requirements.					
(	MUMM / MYMM	LEE ANN	I FERGERSO	N	Ticket Administrator	02/26/19
	Signature of Agericy Head or Design	iee F	Print Name		Title	(month, day, year)
	Comment. fundraising go to	owards the Foundati	on's Innovativ	e Education G	Grants for Fremont's pul	blic-school classrooms.

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

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (if applicable) For Official Use Only **Board of Supervisors** Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-272-6691 Date of Original Filing: leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Basketball Date(s)  $\frac{3}{2}$ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: GSW Yes⊠ No 🗆 Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Lest, 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 В. of Ticket(s)/ identify one of the following: (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 C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Alameda County Deputy Sheriff's Assoc. 2 To reward a school or non-profit organization for 6689 Owens Dr, Pleasanton, CA 945 its contributions to the community 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.

Lee Ann Fergerson Signature of Agency Hea

**Ticket Administrator** 

Comment: Tickets for 2019 Annual Crab Feed Fundraising

#### Agency Report of:

(	Ceremor	nial	Role	Events	and Ti	cket/Pass	Distribu	tions

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_			The state of the s			
1.	Agency Name				Date Stamp	California 802
	Oakland/Alameda County C					Form OUZ For Official Use Only
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	OACCA Commissioner					
	Designated Agency Contact	(Name,Title)				
	Lee Ann Fergerson, Ticket	Administrator			Amendment (Must Provid	de Explanation in Part 3.)
	Area Code/Phone Number	E-mail				and any any any
	510-272-6691	leeann.fergerson@	gacgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$ 304.5	80
	Event Description: Basketba				<u>, 21 , 19 </u>	
	Event Description.	Provide Title/ Expla	nation	Date(s)		
	Ticket(s)/Pass(es) provided	7.		no: GSW		
				Haggar	Name of Source	
	Was ticket distribution made	at the behest Yes	⊠ No□ I	yes: <u>Hagger</u>	Official's Name (Last, First)	
	of agency official?				chiana trame (200), r noy	
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit.	Use Section B to i	dentify an individ	lual. • Use Section C to identify a	an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	Describe th	e public purpose made pursua	nt to the agency's policy
			Passes	<u> </u>		
			<del>                                     </del>			
			Number			
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes		Identify one of the follo	wing:
				1	nonial Role Other O	Income I
					•	
				Cerem	nonial Role Other	Income
				If check	sing "Ceremonial Role" or "Other" describe	e below:
			Number			
	C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe the	e public purpose made pursua	nt to the agency's policy
	Fremont Senior Crab Feed	1 40086				
	Paseo Padre Pkwy, Fremo	ont, CA 94538	2	To rew	ard a school or non-profit	t organization for
					its contributions to the co	
				~		
4.	Verification					
	I have read and understand FP with the requirements.	PC Regulations 18944	1.1 and 18942.	l have verified t	hat the distribution set forth	above, is in accordance
1	The requiredients.					
	Signalure of Agency Hard	Lee Ar	n Fergerson		Ticket Administrator	3/5/19
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)
	Comment: funds go to supp	ort the Fremont Ser	nior Center's n	utritious afford	dable meals cooked at th	e center by a culinary

Ceremonial Role Events and Ticket/Pass Distrib 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) Lee Ann Fergerson, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 501-272-6691 Date of Original Filing: leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Warriors Tickets Date(s) _3 23 / Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes DSA (Dep. Sheriff's Assn.) To reward a County employee for his or her 2 exemplary service to the public or to encourage staff development Number B. Name of Individual of Ticket(s)/ Identify one of the following: (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 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. Lee Ann Fergerson Ticket Administrator 3/519 Signature of Agency Head of Designee Print Name (month, day, year) Comment:

Agency Report of:

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Nate Miley, OACCA Chair 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: 'nate.miley@acgov.org' (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Basketball Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ⊠ No □ Name of Source If yes: Miley,Nate 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (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** Meals on Wheels to provide opportunities to community groups to utilize the 4 80 Swan Way- Suite 120 facility Oakland, CA 94621 8

#### 4. Verification

I have read and understand FPP	C Regulations 18944.1 and 1894	<ol><li>I have verified that the distribution set forth above,</li></ol>	is in accordance
with the requirements.		and and another than a section in above,	io in accordance

sence Sura	YC
Signature of Agency Head or Designee	

Renee Savage

OACCA Ticket Administrator

02.26.19 (month, day, year)

	ancy Report of: remonial Role Events and Ticl	œVPa	ıss Disti	ibutions	A	Public Document
1. 1	Agency Name Dakland Alameda County Coliseum Autho Division, Department, or Region <i>(if applicable</i> )	Date Stamp	(Sallionnia) (Sall			
C	Chris Dobbins, OACCA Commissioner designated Agency Contact (Name, Tille)	rational randomistal abduse.				
	rea Code/Phone Number   E-mail	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		······································	☐ Amendment (Must Pro	
PATATORNI I	function or Event Information	The second secon				(month, day, year)
D	loes the agency have a ticket policy? vent Description: Warriors Season 2018-	19		Face Value of Date(s)	Each Tickel/Pass \$ 30 Secontrol	4.80 L. V.
Ţ	Provide Till icket(s)/Pass(es) provided by agency?			If no;		
	las ticket distribution made at the behest of agency official?	Yes □	No □ I	if yes:	Name of Source Official's Name (Last, First)	
	Recipients · Use Section A to identify the agency's department or a	anit. • Us	e Section B to	identify on individ	ual. • Use Section C to identif	fy an outside organization.
,	A Name of Agency, Department or Unit		Number of Ticket(s)/ Passos	Describe the	e public purpose made purs	uant to the agency's policy
Ē	3. Name of Individual		Number of Ticket(s)/		Identify one of the fol	Wowing:
	(Last, First)		Passes	1	onial Role Olher Olher Ing "Commonial Role" or "Other" descri	Income
	Dobbins, Chris		2	If chectal to investigate	onlat Role Other M ag 'Cereanorlat Role' er 'Other' descri the efficiencies of the a other events occurring	operations of various
<u>C</u>	Name of Outside Organization (include address and description)	,	Number of Tickel(s)/ Passes	1	public purpose made pursu	
			- THE WORLD WANTED			
l ha	rification ave read and understand FPPC Regulations 1 a the requirements.	8944.1 a	and 18942. I	have verified th	at the distribution set forb	h above, is in accordance
<u></u>	signature of Agency Head or Designee	Chris Do		O	ACCA Commissioner	10,27,18 (month, day, year)
Co	mment;					

## **Golden State Warriors**

## March 2019

## **Chris Dobbins**

•	Warriors v Celtics	3.5.19	(2) tickets
•	Warriors v Nuggets	3.8.19	(2) tickets
•	Warriors v Suns	3.10.19	(2) tickets
•	Warriors v Pacers	3.21.19	(2) tickets
•	Warriors v Mavericks	3.23.19	(2) tickets
•	Warriors v Hornets	3.31.19	(2) tickets

gency Report of: eremonial Role Even	rs and Ticket/P	ass Distri	ibutions	,	\ Public Document	
1. Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Ignacio De Fuente, OACCA Commissioner Designated Agency Contact (Name, Title)				Date Stamp	Galfronnia 802, For Official Use Only	
Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)	
510.383.4801	Idelafuente2012@	lafuente2012@gmail.com		Date of Original Filing:(month, day, year)		
2. Function or Event Information  Does the agency have a ticket policy? Yes No Face Value  Event Description: Warriors Season 2018-19  Provide Title/ Explanation  Ticket(s)/Pass(es) provided by agency? Yes No If no: Was ticket distribution made at the behest Yes No If yes: of agency official?						
	W 20 20 20 20 20 20 20 20 20 20 20 20 20	Use Section B to i Number of Ticket(s)/ Passos	1	1000		
日. Name of Individual (Last, First)  De La Fuente, Ignacio		Number of Ticket(s)/ Passes				
		2	Сегелл	onial Role Other	Income	
C. Name of Outside Organization (Include address and description)		Number of Tickel(s)/ Passes	Describe the	public purpose made pu	rsuant to the agency's policy	
with the regulinements. Signature bi Atlancy Head or Designa	Ignacio E	)e La Fuente				
	Agency Name Agency Name Oakland Alameda County C Division, Department, or Reg Ignacio De Fuente, OACCA Designated Agency Contact Area Code/Phone Number 510.383.4801 Function of Event Infor Does the agency have a ticl Event Description: Warriors Ticket(s)/Pass(es) provided Was ticket distribution made of agency official? Recipients Use Section A to identify the agen A, Name of Agency, Depa B. Name of Agency, Depa De La Fuente, Ignacio	Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (il applicable) Ignacio De Fuente, OACCA Commissioner Designated Agency Contact (Name, Title)  Area Code/Phone Number E-mail Idelafuente2012@ Function or Event Information Does the agency have a licket policy? Yes [ Event Description: Warriors Season 2018-19 Provide Title/Explain Ticket(s)/Pass(es) provided by agency? Yes [ Was ticket distribution made at the behest Yes [ of agency official?  Recipients Use Section A to identify the agency's department or unit.  A. Name of Agency, Department or Unit  B. Name of Individual (Last, First)  De La Fuente, Ignacio  C. Name of Outside Organization (Include address and description)  Verification Universed and understand FPPC Regulations 18944.  With the regulations of Agency Head or besignee  Signature bi Agency Head or besignee  Price of Individual (Include address and description)  Verification  Universed and understand FPPC Regulations 18944.  We find the regulation of Individual (Include address and description)  Verification  Universed and understand FPPC Regulations 18944.  We find the regulation of Individual (Include address and description)  Verification  Universed and understand FPPC Regulations 18944.  Verification  Universed and understand FPPC Regulations 18944.	Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (il applicable) Ignacio De Fuente, OACCA Commissioner Designated Agency Contact (Name, Title)  Area Codel/Phone Number   E-mail   510.383.4801   Idelafuente2012@gmail.com  Function or Event Information Does the agency have a ticket policy?   Yes   No   Function or Event Information  Does the agency have a ticket policy?   Yes   No   Function or Event Information  Ticket(s)/Pass(es) provided by agency?   Yes   No   If Provide Title/Explanation  Ticket(s)/Pass(es) provided by agency?   Yes   No   If It	Agency Name Oakland Alameda Counly Coliseum Authority Division, Department, or Region (if applicable) Ignacio De Fuente, OACCA Commissioner Designated Agency Contact (Name, Tile)  Area Code/Phone Number Islandia Jameda Counly Coliseum Authority Idelafuente2012@gmail.com  Function or Event Information Does the agency have a ticket policy? Yes No   Face Value of I Event Description: Warriors Season 2018-19 Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No   If no:   Was ticket distribution made at the behest Yes   No   If yes:   of agency official?  Recipients  * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual (Last, First)  De La Fuente, Ignacio  C. Name of Individual (Last, First)  De La Fuente, Ignacio  C. Name of Outside Organization (Include address and description)  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified the with the requirigners.  Ignacio De La Fuente O Signature bi Affancy Head or besignee  Print Hams	Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Ignaclo De Fuente, OACCA Commissioner Designated Agency Confact (Name, Title)  Area Code/Phone Number 510.383.4801  Function or Event Information Does the agency have a ticket policy? Yes 🗵 No  Does the agency have a ticket policy? Yes 🗵 No  Ferror Ticket (s)/Pass(es) provided by agency? Yes 🖾 No  Ticket (s)/Pass(es) provided by agency? Yes 🖾 No  Gagency Official?  Reciplents  Ues Section A to identify the agency's department or unit.  Ues Section B to Identify an individual (Last, First)  De La Fuente, Ignacio  Name of Individual (Last, First)  De La Fuente, Ignacio  Name of Originat Filing  Number of Ticket(s)/Passes  Ceremonial Role  Officials Rame (Lest, First)  Describe the public purpose made public parases  Ceremonial Role  Officials Rame of Individual (Last, First)  Describe the public purpose made pu	

# Golden State Warriors March 2019 Ignacio De La Fuente

#### Warriors v Celtics 3.5.19 (2) tickets Warriors v Nuggets 3.8.19 (2) tickets Warriors v Suns 3.10.19 (2) tickets Warriors v Pacers 3.21.19 (2) tickets Warriors v Mavericks 3.23.19 (2) tickets Warriors v Hornets 3.31.19 (2) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 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 □ Muse **Event Description:** 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X De La Fuente, Ignacio Income 2 If checking "Ceremonial Role" or "Other" describe below: to investigate the efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** 4. Verification

Ignacio De La Fuente OACCA Commissioner 2.15.18

Signature of Agénoy Head of Designee Print Name Title (month, day, year)

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.

#### 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) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-272-6691 Date of Original Filing: leeann.fergerson@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 I Event Description: Justin Timberlake Date(s) __3 15 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: GSW 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 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** To promote attendance at a county sponsored Catalana, Kimberley e 🗌 event in order to maximize potential county 2 revenue for concession and parking sales. Ceremonial Role | Other L 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

Lee Ann Fergerson Ticket Administrator 3/21/19
Signature of Agency Read or Designee Print Name Title (month, day, year)

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

requirements.