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) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510.383.4801 idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{90.00}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Oakland A's -Wild Card Game Date(s) __10__/ 2 , 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. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Numbor Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Income De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events occurring 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 C. of Ticket(s)/ (include address and description) Passes

4. Y	Ve	rifi	cat	tion	1

I have read and understand	「デアPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth abov	e, is in accordance
with the requirements.					

Signature of Agency Head of Designee

Ignacio De La Fuente

OACCA Commissioner

10.1.19 (month, day, year)

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

A Public Document

1.	Agency Name				Date Stamp	California 802	
	Oakland Alameda County C	oliseum Authority				romi CC	
	Division, Department, or Reg		For Official Use Only				
	Henry Gardner, OACCA Inte						
	Designated Agency Contact (Name, Title)					
					Amendment (Must Pro	vide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Amenament (Mast / 10	vide Explanation in Fart 5.7	
	510.383.4801	HGardner@oaccjpa	a.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Inform	mation					
	Does the agency have a tick	ket policy? Yes [⊠ No □ F	ace Value of	Each Ticket/Pass \$ <u>^{90.}</u>	00	
	Event Description: Oakland		d Card				
	Ticket(s)/Pass(es) provided	,		f no:			
		100 2		503	Name of Source		
	Was ticket distribution made	e at the behest Yes	No □ If	yes: Henry C	Official's Name (Last, First)		
	of agency official?				Cincia o Namo (Last, 7 hot)		
3.	• Use Section A to identify the agen A. Name of Agency, Depart		Use Section B to i	1	dual. • Use Section C to identif		
			Number				
	B. Name of Indi		of Ticket(s)/ Passes		Identify one of the following:		
	Young, Dale		2	to promote t	nonial Role Other X king "Ceremonial Role" or "Other" desc the Coliseum Complex l sess to maximize revent	by use of general public	
					nonial Role Other description		
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy	
	:						
_	\/		L	1			
4.	Verification						
	I have read and understand FF with the requirements.	PPC Regulations 18944	l.1 and 18942.	I have verified	that the distribution set for	rth above, is in accordance	
	Tlema I Thus	Henr	y Gardner	Int	erim Executive Assista	nt 10.1.19	
	Signature of Agericy Headur Design		rint Name		Title	(month, day, year)	
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Henry Gardner, OACCA Interim Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: HGardner@oaccipa.org (month, day, year) 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 90.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Oakland A's Post Season Wild Card 2 10 Date(s) -Provide Title/ Explanation If no: Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ Name of Source If yes: Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) **Passes** Income Ceremonial Role Other X Gardner, Henry If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events occurring at Coliseum Complex Income Other \square Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization 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 10.1.19 Interim Executive Assistant Henry Gardner (month, day, year)

There read and understand FPPC Regulations 18944. I and 16942. Thave verified that the distribution set 16th above, is in association with the requirements.

Henry Gardner

Print Name

Interim Executive Assistant

10.1.19

(month, day, year)

Comment: 2 ficket to bule young who have been distribution set 16th above, is in association set 18th above, is in asociation set 18th above, is in association set 18th ab

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland-Alameda County Administrator, Alameda County Form Division, Department, or Region (if applicable) For Official Use Only Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title) Lonnie Hearne Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number (510) 272-3862 Date of Original Filing: countyadministrator@acgov.org (month, day, year) 2. Function or Event Information \$90.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes ☑ No ☐ Event Description: A's vs Rays - A.L. Wild Card Game Date(s) 10 / 02 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🔽 No 🗍 Was ticket distribution made at the behest Yes □ No ⊠ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes To promote the Coliseum Complex for use by the general 2 County Administrator's Office public & businesses to maximize revenues 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 C. of TicketteV (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 the requirements. Signature of Agency Head or Designee Susan S. Muranishi County Administrator 10-2-19 Print Name Title

Comment:

(month, day, year)

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) Donna Linton, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 dlinton113@aol.com (month, day, year) 2. Function or Event Information Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 90.00 Does the agency have a ticket policy? Event Description: Oakland A's -Wild Card Game 10 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 Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Income Linton, Donna If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events occurring at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

with the requirements.

Donna Linton
OACCA Commissioner
10.1.19
Signature of Agency Head 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

4. Verification

A Public Document Ceremonial Role Events and Ticket/Pass Distributions California 1. Agency Name **Date Stamp** 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 Date of Original Filing: 510-383-4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 90.00 Does the agency have a ticket policy? Yes ☑ No ☐ Event Description: A's Wildcard Vs. Rays 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? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Collins-McMurray, Amauri Rewarding a City Employee for their exemplary service to 2 the City Other \square Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. **OACCA Commissioner** 10/1/19 Loren Taylor Print Name (month, day, year) cy Head or Designee omment:

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form Oakland-Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) OACCC Commissioner Designated Agency Contact (Name, Title) Denise Jacinto, Ticket Administrator ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mall Date of Original Filing: 510-272-6691 Denise.Jacinto@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 90.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Oakland A's Wild Card game Date(s) __10__/ 02 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ⊠ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes No 🗆 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes To promote attendance at a county sponsored Trampetti, Dominic event in or to maximize potential county 2 revenue for concession and parking sales Income Ceremonial Role 🔲 Other I I If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes 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. **Ticket Administrator** 10/07/19 Denise Jacinto

Print Name

Comment:

(month, day, year)

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) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510.383.4801 Idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 200.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Marco Antonio Date(s) _10_/_5_/ 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: _ 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 A. Name of Agency, Department or Unit of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income 🔲 De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 6 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

Mully Ignacio De La Fuente Signature of Agency Head or Designee Print Name

OACCA Commissioner

10.11.19

(month, day, year)

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) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ Idelafuente2012@gmail.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 218.75 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Chris Brown Date(s) 10 15 1 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☑ No □ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Income De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 to promote the Coliseum Complex for use by general public and businesses to maximize revenues Income Ceremonial Role 🔲 Other \square 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 10.11.19

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

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 510.383.4801 Idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 150.00 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 10 / 26 / Event Description: Fantasma Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ Was ticket distribution made at the behest Yes □ No 🗵 If yes:, Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number 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. of Ticket(s)/ Identify one of the following: (Last, First) Passes Other 🗵 Ceremonial Role Income ___ De La Fuente, Ignacio 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:

C. Name of Outside Organization (include address and description)

Number of Ticket(s)/ Passes

Describe the public purpose made pursuant to the agency's policy

Number of Ticket(s)/ Passes

Passes

Number of Ticket(s)/ Passes

Describe the public purpose made pursuant to the agency's policy

Number of Ticket(s)/ Passes

Describe the public purpose made pursuant to the agency's policy

Number of Ticket(s)/ Passes

Number of Ticket(s)/ Passes

Describe the public purpose made pursuant to the agency's policy

Number of Ticket(s)/ Passes

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Number of Ticket(s)/ Passes

Describe the public purpose made pursuant to the agency's policy

Number of Ticket(s)/ Passes

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Describe the public purpose made pursuant to the agency's policy

Number of Ticket(s)/ Passes

Number of Ticket(s)/ Passes

Number of Ticket(s)/ Passes

Describe the public purpose made pursuant to the agency's policy

Number of Ticket(s)/ Passes

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Print Name

Signature of Agency Head or Designee

Comment:

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510.383.4801 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: Marco Antonio Solis Date(s) __10 / 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. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Other 🗵 Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: 6 to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification I have read and understand FAPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Ignacio De La Fuente

Print Name

with the requirements

Comment:

Signature of Agency Head or Designee

FPPC Form 802 (2/2016)

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

10.5.19

(month, day, year)

OACCA Commissioner

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) Finance Department, City of Oakland Designated Agency Contact (Name, Title) Adam Benson, Finance Director- JPA Member ☐ Amendment (Must Provide Explanation in Part 3,) Area Code/Phone Number E-mail **Date of Original Filing:** 510-238-2026 abenson@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ☐ No ☐ Event Description: Disney on Ice 20 , Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No If no: _ Was ticket distribution made at the behest Yes ☐ No ☐ If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Name of Individual identify one of the following: Income Ceremonial Role Other 🔲 Juliet Naishorua If checking "Ceremonial Role" or "Other" describe below: Provide incentives to City and County employees Other 🔲 Income Ceremonial Role [Lashae Walker If checking "Ceremonial Role" or "Other" describe below: 4 Name of Outside Organization Include address and description Describe the public purpose made pursuant to the agency/s policy

4. Verification

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

nave read and understand FPPC Regu	lations 18944.1 and 18942. I nave	verified that the distribution set forth	above, is in accordand
vith the requirements,			
ali Be	Adam Benson	Finance Director	10/18/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	t)		
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) Finance Department, City of Oakland Designated Agency Contact (Name, Title) Adam Benson, Finance Director- JPA Member Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-2026 abenson@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes □ No □ Event Description: Disney on Ice Date(s) __10__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes No No Was ticket distribution made at the behest Yes ☐ No ☐ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Name of Individual (Last, First) identify one of the following: Income Ceremonial Role Olher \square **Brittany Hines** If checking "Ceremonial Role" or "Other" describe below: 2 Provide incentives to City and County employees Income Ceremonial Role Other Maria Martinez If checking "Ceremonial Role" or "Other" describe below: 2 Name of Outside Organization (Include address and description) Describe the public purpose made pursuant to the agency's policy 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Adam Benson Finance Director 10/18/19 Signature of Agency Head or Designee (month, day, year) Print Name

Agency Report of:

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) Donna Linton, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: .. 510.383.4801 dlinton113@aol.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{90.00}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Oakland A's Wild Card game Date(s) __1____2___/ 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 Α. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other X Income Linton, Donna If checking "Ceremonial Role" or "Other" describe below: 3 to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

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

Donna Linton

Print Name

4. Verification

with the requirements

Comment: ___

ex to

Signature of Agency Head or Designee

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

10.2.19

(month, day, year)

OACCA Commissioner

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) Donna Linton, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 dlinton113@aol.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 218.75 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Chris Brown Date(s) __10__/ 15 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☑ No □ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income Linton, Donna If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization 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. Donna Linton OACCA Commissioner 10.11.19

Print Name

Signature of Agency Head or Designee

Comment: __

Title

(month, day, year)

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

Comment: _____

A Public Document

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1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County Coliseum Authority					Form For Official Use Only	
	Division, Department, or Regi	Division, Department, or Region (If Applicable)				1 of Official odd Offiy	
	Barbara J. Parker, City Attor	rney/OAACA (Official				
	Designated Agency Contact (Name, Title)					
	Area Code/Phone Number			Amendment (Must p	provide explanation in Part 3.)		
	(510) 238-3815	E-mail bparker@oa	klandcityatto	rney.org	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information							
	Does the agency have a ticke		Yes⊠ No.	☐ Face Value o	of Each Ticket/Pass \$_	90.00	
	• •			_			
	Event Description A's v. Devi	Provide Title/Expl	anation	Date(s)	02 10		
	Ticket(s)/Pass(es) provided by						
	Ticket(s)/Pass(es) provided by	y agency:	Yes⊠ No!		Name of So	purce	
	Was ticket distribution made a	at the behest	No⊠ Yes	lf yes:	Official's Name (
	of agency official?				Official's Name (Last, First)	
3.	Recipients						
	Use Section A to identify the agency	y's department or		tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	t to the agency's policy	
			Pass(es)				
			-				
			Number of				
	Name of Individual	al	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:	
				Ceremonial Role	Other 🛛	Income 🗌	
	Ortiz, Celso		2		nial Role" or "Other" describe below:		
				To provide incentives to City and County employees that provide services to the Authority			
						Income	
				Ceremonial Role If checking "Ceremor	Other Inial Role" or "Other" describe below:		
			2				
	C. Name of Outside Organ	nization	Number of	Denosibe the put	public purpose made pursuant to the agency's policy		
	(include address and des	scription)	Ticket(s)/ Pass(es)	Describe the put	one purpose made purous		
_	Verification						
+.	I have read and understand FPPC Regu	ulations 18944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance w	vith the requirements.	
	Beates 1	101	Barbara J.		y Attorney/OAACA Of		
	Signature of Agency Head or Designed		Print Nam		Title	(Month, Day, Year)	

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

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м.	гu	w		$\boldsymbol{\omega}$	uи		

1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County Coliseum Authority					Form For Official Use Only	
	Division, Department, or Region (If Applicable)					, , , ,,	
	Barbara J. Parker, City Atto	rney/OAACA	Official				
	Designated Agency Contact						
	Area Code/Phone Number	E-mail			Amendment (Must provi	ide explanation in Part 3.)	
	(510) 238-3815	l .	aklandcityatto	rney.org	Date of Original Filing:	(Month, Day, Year)	
2	Function or Event Infor	mation					
	Does the agency have a ticket		Yes⊠ No[¬ Face Value o	of Each Ticket/Pass \$	218.75	
	1 , 100 2) , 15 , 19	, ï	
	Event Description Chris Brown Provide Title/Explanation Date(s) 10						
	Ticket(s)/Pass(es) provided by agency? Yes ⊠ No ☐ If no:				Name of Sourc		
	Holici(S)/1 ass(co) provided by agents):			Name of Sourc	е		
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes:			Official's Name (Las	t Firet)		
	of agency official?				Official's Name (Las	i, riisi)	
3.	Recipients						
	Use Section A to identify the agence	y's department o					
	A. Name of Agency, Department or Unit Number of Ticket(s).			Describe the put	olic purpose made pursuant to	the agency's policy	
			Pass(es)				
	R Name of Individual Number of				A Later and the fallendary		
	B. Name of Individu	Ticket(s)/ Pass(es)	Identify one of the following:				
				Ceremonial Role		Income	
	McLaughlin, Kevin		2	If checking "Ceremonial Role" or "Other" describe below:		malayaaa that arayida	
			_	To provide incentives to City and County employees that proservices to the Authority			
				Ceremonial Role	Other	Income 🗍	
					nial Role" or "Other" describe below:		
			2				
	C Name of Outside Orga	nization	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant to	the agency's policy	
	(include address and de	scription)	Pass(es)	20001120 1110 pt			
	1 						
_	Verification						
+.	I have read and understand FPPC Reg	ulations 18944.1 a	and 18942. I have ve	erified that the distribution set	forth above, is in accordance with	the requirements.	
	Barton O	ha	Barbara J. I		ty Attorney/OAACA Offic		
	Signature of Agency Head or Designe	ee e	Print Nam		Title	(Month, Day, Year)	
	. Seatth cod						
	Comment:						

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

A Public Document

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1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County Coliseum Authority					For Official Use Only
	Division, Department, or Region (If Applicable)				1	Poi Official Ose Offiy
	Barbara J. Parker, City Attor	rney/OAACA	Official			
	Designated Agency Contact (Name, Title)				
	Area Code/Phone Number			Amendment (Must prov		
	(510) 238-3815	 bparker@oa	aklandcityatto	rney.org	Date of Original Filing:	(Month, Day, Year)
<u>_</u>	Function or Event Infor	mation				
-	Does the agency have a ticke		of Each Ticket/Pass \$	150.00		
	El Fantaer		Yes⊠ No.			J
	Event Description	Provide Title/Exp				
	Ticket(s)/Pass(es) provided b	v agency?	Yes⊠ No[☐ If no:		ce
	Ticket(s)/1 dos(es) provided by agency:				Name of Source	ce
Was ticket distribution made at the behest No ☑ Yes ☐ If yes:					Official's Name (Las	st, First)
 3.	Recipients					
	Use Section A to identify the agence	y's department o	ual. • Use Section C to identify	y an outside organization.		
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)			olic purpose made pursuant to	the agency's policy	
	B. Name of Individua	Number of Ticket(s)/		Identify one of the following	g:	
			Pass(es)	Ceremonial Role	Other 🛛	Income _
	Guerrero, Laura			***************************************	nial Role" or "Other" describe below:	
			2	To provide incention services to the Aut	es to City and County e hority	mployees that provide
				Ceremonial Role	_	Income
			2	If checking "Ceremo	nial Role" or "Other" describe below:	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to	o the agency's policy
			1 200(00)			
4.	Verification I have read and understand FPPC Regu	ulationa 19044 4 -	nd 18042 house in	erified that the distribution set	forth above is in accordance with	the requirements
	I nave read and understand FPPC Regu	uations 18944,1 ai				
	Themen stare		Barbara J.		ty Attorney/OAACA Office	ial 10/31/2019 (Month, Day, Year)
	Signature of Agency Head or Designer	9	Print Nam	IG.	INC	(month, buy, rout)
	Comment:					
						EDDO E 000 /4/40

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{\$90.00}{}\$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Oakland A's Wild Card Date(s) 10 / 2 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes⊠ No 🗆 If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ 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 Α. Name of Agency, Department or Unit of Ticket(s)/ **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Ceremonial Role Other 🗵 Income Reiskin, Edward If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority. Other \square Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification

I have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth ab	ove, is in accordance
with the requirements.				8

		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sign	nature of Agency Head	f or Designee

Comment: _

Sabrina B. Landreth

City Administrator

11/01/2019

Print Name

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland 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 \$ \$200.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Marco Antonio Solis Date(s) 10 / 5 / 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 Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Lopez, Theresa 2 Raffle Winner for City Administrator's 2019 Annual Open House. 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

ı nave read and underşi	and FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth above	, is in accordance
with the requirements.	0/			·	

8	Sabrina B. Landreth	City Administrator	11/01/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 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 \$ \$218.75 Does the agency have a ticket policy? Yes ⊠ No □ Event Description Chris Brown Date(s) __10__/ 15 / 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 B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other 🗵 Income Ceremonial Role Turner, Erika 2 If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization 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.

Sabrina B. Landreth

Print Name

Signature of Agency Head or Designee

Comment:

11/01/2019

(month, day, year)

City Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority 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 \$ \$50.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Disney on Ice Date(s) __10__/__18__/ 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Robinson, Dezere If checking "Ceremonial Role" or "Other" describe below: Raffle winner for City Administrator's 2019 Annual Open 4 House. Other Ceremonial Role 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

' nave read and understand	d FPPC Regulations	18944.1 and 18942.	I have verified that the	e distribution set fol	rth above, is	s in accordance
with the requirements.	0					

. /	Sabrina B. Landreth	City Administrator	11/01/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 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{\$50.00}{}\$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Disney on Ice Date(s) 10 / 19 / Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No 🗌 If no: If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ 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. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Allen, Ayanna If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 4 services to the Authority. Ceremonial Role Other \square 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.

Sabrina B. Landreth

Print Name

Signature of Agency Head or Designee

Comment:

11/01/2019

(month, day, year)

City Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 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{\$50.00}{}\$ Does the agency have a ticket policy? Yes⊠ No □ Event Description: Disney on Ice Date(s) __10__/_ 20 / 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Other 🗵 Ceremonial Role Income Dempsey, Alessia If checking "Ceremonial Role" or "Other" describe below:
Raffle winner for City Administrator's 2019 Annual Open 4 House. Other \square 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) Passes

4. Verification

i nave read and underst	and FPPC Regulations	18944.1 and 18942	!. I have verified that	the distribution set to	orth above, is in accordance
with the requirements.					

	Sabrina B. Landreth	City Administrator	11/01/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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4. Verification

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

	Sabrina B. Landreth	City Administrator	11/01/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 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 \$ \$150.00 Does the agency have a ticket policy? Yes ⊠ No 🗀 Event Description: El Fantasma Date(s) 10 / 26 / 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income Landreth, Sabrina If checking "Ceremonial Role" or "Other" describe below:
To investigate the efficiencies of the operations of the 2 various sporting & other events that occur at the Coliseum. Ceremonial Role Other 🔲 Income L 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

Comment: _

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

Signature of Agency	Head or Designee	-

Sabrina B. Landreth

City Administrator

11/01/2019

Print Name

(month, day, year)