-	91 9111 9111 911 1 to 10 = 1 911	10 01110, 110110				
	Agency Name				Date Stamp	California 802
	Oakland Alameda County C					For Official Use Only
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Ignacio De Fuente, OACCA		V			
	Designated Agency Contact	(Name, Title)				
			,		Amendment (Must Pr	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510.383.4801	Idelafuente2012@g	gmail.com		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				2011 80
	Does the agency have a ticl	ket policy? Yes I	⊠ No □ Fa	ace Value of	Each Ticket/Pass \$	304 0
	Event Description: Warriors	54 570 H2-190700		-to(a) 50	ge attack	red.
	Event Description:	Provide Title/ Expla	nation	ate(s)	,	
	Ticket(s)/Pass(es) provided	by agency? Yes [⊠ No□ If	no:		
		0.00 101 0 0	1.6	20.00	Name of Source	
	Was ticket distribution made	e at the behest Yes [□ No⊠ II	yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
	 Use Section A to identify the ager 	ıcy's department or unit. •	Use Section B to id	lentify an individ	lual. • Use Section C to identi	ify an outside organization.
	△ Name of Agency, Depart	artment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made purs	suant to the agency's policy
	A. Name of Agency, Depa	artinent of one	Passes	Describe th	ne public purpose made pare	
	B. Name of Ind		Number of Ticket(s)/		Identify one of the fo	ollowing:
	(Last, Fir	Sij	Passes	-	monial Role Other X	Income
	De La Fuente, ignacio		2		nonial Role Other Other Cking "Ceremonial Role" or "Other" des	
				Ceren	monial Role Other	Income
					king "Ceremonial Role" or "Other" des	***************************************
	Name of Outside C)rganization	Number of Ticket(s)/	Describe th	ne public purpose made purs	suant to the agency's policy
	C. (include address and	d description)	Passes	Describe a	ne public purpose made pure	
				ta.		
ŀ.	Verification /	1				
	I have read and understand FF with the requirements,	PC Regulations 18944	1.1 and 18942. I	have verified	that the distribution set fo	orth above, is in accordance
	with the reguleries.					0.07.40
	Signature of Agency Head or Design		De La Fuente		OACCA Commissioner	9.27.18 (month, day, year)
	Signature of Agency Head of Design	nee P	init ivaille		ilde	(monur, day, yeal)
	Comment:					
	/					

Golden State Warriors Ignacio De La Fuente

• 9.29.18

(2) tickets

\$304.80

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 Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510.383.4801 (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 Season 2018-19 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes No No No Was ticket distribution made at the behest Yes ☐ No ☐ If yes: 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 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 | Income | If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other X Income _ Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of the operations of various sporting and other events occurring at Coliseum Complex 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.

Chris Dobbins
OACCA Commissioner
10.27.18
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment:

Golden State Warriors Chris Dobbins

9.29.18

(2) tickets

\$304.80

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 510.383.4801 idelafuente2012@gmail.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Event Description: Oakland Raider Season 2018-19 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Dobbins, Chris Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: 2 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 C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ignacio De La Fuente OACCA Commissioner 08.07.18 MgBatere of Agency Head or Designee Print Name Title (month, day, year)

Agency Report of:

Comment:

Oakland Raiders Ignacio De La Fuente

• 9.10.18

(2) tickets

\$305.55

• 9.30.18

(2) tickets

\$305.55

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510,383,4801 chrisdobbinslaw@yahoo.com (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: Oakland Ralder Season 2018-19 Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ If no: Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of operations of various sporting and other events that occur at coliseum complex 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 (include address and description) 4. Verification

Whave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Chris Dobbins OACCA Commissioner 08.07.18

Comment:

Signature of Agency Head of Designee

Print Name

Title

(month, day, year)

Oakland Raiders Chris Dobbins

• 9.10.18

(2) tickets

\$305.55

• 9.30.18

(2) tickets

\$305.55

	gency Report of: Seremonial Role Event	ts and Ticl	(et/Pa	ss Dist	ributions	/	A Public	: Document
1.0	Agency Name Oakland Alameda County C Division, Department, or Regi Chris Dobbins, OACCA Con Designated Agency Contact (oliseum Autho on <i>(il applicable)</i> nmissioner		Date Stamp	Calif	onla (e)(n/2)		
		E-mail chrisdobbins		Amondment (Must Provide Explanation in Part 3.) Date of Orlginal Filing:				
2.	Function or Event Information Does the agency have a ticket Event Description: Oakland Ticket(s)/Pass(es) provided to the work of agency official?	et policy? A's 2018 Seas Provide Tit by agency?	son le/Explanal Yes 図	ion No 🗍	Face Value of Date(s) If no: If yes: _	Each Ticket/Pass \$.	14 1/	
3,	Recipients • Use Section A to identify the agenc A, Name of Agency, Depar		unit. * Us	e Section B to Mumber of Ticket(s)/ Passes	T	Jual. Use Section C to ide to public purpose made p		
	B. Name of Indiv (Last, Firs			Number of Ticket(s)/ Passes		Identify one of the	following:	
	Dobbins, Chris				to promote t	nonial Role Other king "Ceremonial Role" or "Other" o he coliseum complex usinesses to maximi	describe below: (for use b	
					Ceren	nonial Role Other dang "Ceremonial Rele" or "Other" o		Income
	G. Name of Ontside Organic Control of Contro			Number of Ticket(s)/ Passes	Describe (f)	e public purpose made pi	usuant to the	angency's policy
				•				
4.	Verification There read and understand FPF with the requirements,	PC Regulations	18944.1	nnd 18942.	I have verilied (hal the distribution set	forth above	, is in accordance
	Signature of Agency Head or Designe	e	Chris E	Oobbins Name		DACCA Commissiono	or ·	4,30.18 (month, day, year)
	Comment:							

Oakland A's

Chris Dobbins

•	9.1.18	(4) tickets	\$90.00
0	9.2.18	(4) tickets	\$78.00
0	9.3.18	(2) tickets	\$90.00
	9.4.18	(2) tickets	\$100.00
•	9.5.18	(2) tickets	\$100.00
	9.7.18	(4) tickets	\$90.00
•	9.8.18	(4) tickets	\$90.00
•	9.9.18	(4) tickets	\$78.00
•	9.18.18	(4) tickets	\$78.00
•	9.20.18	(4) tickets	\$78.00
	9.21.18	(4) tickets	\$90.00
•	9.22.18	(4) tickets	\$100.00
•	9.23.18	(4) tickets	\$78.00

	Agency Report of: Deremonial Role Ever	nts and Ticket/	Pass Dist	tibutions	A	A Public Documen				
1	. Agency Name Oakland Alameda County (Collseum Authority			Date Stamp	Calliona 602				
	Division, Department, or Reg		# 17 - m V 12 - m V	And the state of t]	For Official Use Only				
	Ignacio De La Fuente, OAC									
	Designated Agency Contact	(Name, Tille)								
	Area Code/Phone Number	E-mail	Moderate Parket of the State of	A CONTRACTOR OF THE PROPERTY O	Amendment (Must	Provide Explanation In Part 3.)				
	510.383.4801	idelafuente2012@	gmail.com		Date of Original Filing:	(month, day, year)				
$\overline{2}$.	Function or Event Information									
	Does the agency have a lick	ket policy? Yes	⊠ No □	Face Value of I	Each Tickal/Dans 6	<u> </u>				
	Event Description: Oakland	,				,				
	Event Description,	Provide Tille/ Expla	anation	Dale(s)	and the second s					
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🗆	If no:						
	Mas ticket distribution made	ب المصاحبة مثل المد		If	Name of Source	The second secon				
	Was ticket distribution made of agency official?	at the benest. Yes	□No⊠	If yes:	Official's Mante (Lest, First)	All control of the second of t				
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.									
	A. Name of Agency, Depar		Number of Ticket(s)/ Passes			suant to the agency's policy				
	- Address of the second of the	and the second s								
	(Last, First		Number of Tickel(s)/ Passes	N = Thinkeye	identify one of the fo	oliowing:				
	De La Fuente, Ignacio			to promote the	nial Role Other X y 'Ceromonial Role' or 'Other' des e collseum complex f Sinesses to maximize	oibatelow. Of Use by the general				
				Ceremo	nial Role Other O g Cerenionial Role" or 'Other desi	locrope [7]				
	C. Name of Outside Org. (include address and d		Flumber of Ticket(s)/ Passes	Describe the	oublic purpose made purs	uant to the agency's policy				
						a service and a service and a service as a s				
				-						
	erification	:								
I I	have read and understand FPP(ith the requirements.	C Regulations 18944.1	and 18942. I	have verified (ha	t the distribution set for	th above, is in accordance				
		Ignacio Do	e La Fuente	OΛ	CCA Commissioner	4.30.18				
	Signature of Aganny Head or Designee	Print	Name	· ,	litte	(month, day, year)				
С	ommeni:					·				

Oakland A's Ignacio De La Fuente

•	9.1.18	(4) tickets	\$90.00
•	9.2.18	(4) tickets	\$78.00
•	9.3.18	(2) tickets	\$90.00
•	9.4.18	(2) tickets	\$100.00
•	9.5.18	(2) tickets	\$100.00
•	9.7.18	(4) tickets	\$90.00
•	9.8.18	(4) tickets	\$90.00
•	9.9.18	(4) tickets	\$78.00
•	9.18.18	(4) tickets	\$78.00
•	9.20.18	(4) tickets	\$78.00
•	9.21.18	(4) tickets	\$90.00
•	9.22.18	(4) tickets	\$100.00
•	9.23.18	(4) tickets	\$78.00

. Agency Name	arana manana ay ka			Date Stamp	Cal	ifornia 👩 🗘 🥎
Oakland Alameda County (Coliseum Authority		300 page 600	$_{\rm orm}$ 502		
Division, Department, or Reg	jion (if applicable)			1	F	or Official Use Only
Scott McKibben, OACCA E	xecutive Director					
Designated Agency Contact	(Name, Title)					
		Amendment	(Must Provide Eve	planation in Part 3.)		
Area Code/Phone Number	E-mail		<u> </u>		Iwasi Lioniae Ext	напавон из Сап. 3.)
510.383.4801	smckibben1@gma	il.com		Date of Original F	Filing:(mont	h, day, year)
2. Function or Event Info	rmation			l		
Does the agency have a tic		⊠ No □ F	Face Value of	Each Ticket/Pas	s \$ <u>100.00</u>	
					- •	
Event Description: A's Base	Provide Title/ Expla	nation	Date(s) <u>09</u>	<u> </u>		
Ticket(s)/Pass(es) provided			f no:	Name of Source		
				Name of Source		
Was ticket distribution mad	e at the behest Yes	□ No⊠ I	f yes:	Official's Name (Las	t, First)	·
of agency official?				-	·	
Name of Agency, Dep Name of Ind. Name of Ind. Last, Fi	artment or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe th	Identify one on the control of the c	of the following:	Income
			to promote the Coliseum Complex to gene businesses to maximize revenues		eral public and	
			Cerem		ther 🔲	Income [
C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th		de pursuant to t	he agency's policy
. Verification I have read antiquiderstand Fi with the requirements.	V///\	1.1 and 18942. McKibben		that the distribution		
Signature of Agency Nead of Design		rint Name		Title	DIFECTOR	8.22.18 (month, day, year)
I ha All	·					(, day, your)
Comment:						

	gency Report of: eremonial Role Even	ts and Ticket/F	ass Dist	ributions	Δ	Public Document
Same and S	Agency Name			Mark San Company Compa	Date Stamp	California 000
	Oakland Alameda County C	Coliseum Authority				Form 602
	Division, Department, or Reg	ion (if applicable)			-	For Official Use Only
	Scott McKibben, OACCA E	xecutive Director			-	
	Designated Agency Contact	(Name,Title)				
	Area Code/Phone Number	E-mail			Amendment (Must Pi	rovide Explanation in Part 3.)
	510.383.4801	smckibben1@gma	il.com		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation		THE STATE OF THE S	4000	
	Does the agency have a ticl	ket policy? Yes [⊠ No□	Face Value of	Each Ticket/Pass \$ <u>30</u>	5.55
	Event Description: Raiders		_	Date(s) 9		
		Provide Title/Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🗆	If no:	Name of Source	
	Was ticket distribution made	at the beheet work		If yes: McKibb	en,Scott	
	of agency official?	at the beliest Yes E	∆ No∐	n yes	Official's Name (Last, First)	
3.	Recipients	cu's deposits ont avanit.	I.I.a. C			
	Name of Agency, Departments		Number of Ticket(s)/ Passes	en jaran jaran	e public purpose made purs	
	B. Name of Indi		Number of Ticket(s)/		Identify one of the fo	llowing:
	(Last, Fire	<i>it</i>) (1.2)	Passes		* * * * * * * * * * * * * * * * * * *	
				1	onial Role Other Other oing "Ceremonial Role" or "Other" desc	Income In
					onial Role Other ing "Ceremonial Role" or "Other" description	Income Income

4.	Verifi	cation	
e comme	and the same of th	11.	

XFL Football

Kurt Byran

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 medicine medic.

Number of Ticket(s)/

Passes

2

Signature of Alency/stead or Gesigne

Name of Outside Organization

(include address and description)

Scott McKibben
Print Name

OACCA Executive Director

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

tp promote the Coliseum complex for use by general

public and businesses to maximize revenues

9.24.18 (month, day, year)

Comment:

Agency Report of:

Cere	emoni	al	Role	Events	and	Ticket/Page	Distributions

Λ	Pul	٦li	<u>~ </u>	$\mathbf{D}_{\mathbf{c}}$	~	1111	ant
<i>-</i>	rui	JH	L.	IJ.	H.	1111	(-1111)

4	Agency Name	A STATE OF THE PARTY OF THE PAR		Security and the second		Table Becament	
••	Oakland Alameda County Col	ingum Authority			Date Stamp	California 802	
	Division, Department, or Region					Form OUA For Official Use Only	
		•				Por Official Use Only	
	Scott McKibben, OACCA Exe						
	Designated Agency Contact (Na	ame, litle)					
	Area Code/Phone Number E				Amendment (Must Pr	ovide Explanation in Part 3.)	
		-mail				•	
	510.383.4801	scmckibben1@gm	ail.com		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Informa	ation	<u> </u>		(A)		
	Does the agency have a ticket		⊠ No 🗆	Face Value of F	Each Ticket/Pass \$ 90	.00 / 100.00	
	Event Description: Oakland A	Provide Title/Expla	nation	Date(s) <u>09</u> /	22 _ 18	09 , 23 , 18	
	Ticket(s)/Pass(es) provided by			If no:			
	•		_		Name of Source		
	Was ticket distribution made a	t the behest Yes [No □ ¹	If yes: McKibbe	en, Scott		
	of agency official?				Official's Name (Last, First)		
3.	Desirients		harran and the state of the sta			imaanista tii mineeyyyyssyy täheisia aanaa oo o	
ა.	Recipients		II C d 50				
	• Use Section A to identify the agency's	s acparament or unit. •	-	identity an individu	1al. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/	Describe the	public purpose made purs	uant to the agency's policy	
			Passes				
	B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the following:		
	(Last, First)		Passes				
					onial Role Other O	Income	
				п спески	ng "Ceremonial Role" or "Other" desc	fibe below:	
					onial Role Other O	Income	
				ii checkii	ng "Ceremonial Role" or "Other" desc	nbe below:	
		·	3 []				
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the	public purpose made pursi	ant to the agency's policy	
		oripuon)	Passes	:			
	Gratitude Foundation 349 Main Street		4 per	to provide op	portunities to commun	ity groups to utilize the	
			•	facility			
	Pleasanton, CA 94566		day				
estatura.							
	Verification /				N.		
1	have read and understand FPPC With the requirements	Regulations 18944.	1 and 18942.	l have verified th	at the distribution set fon	th above, is in accordance	
ι	var the reguleries is						
_			McKibben	OAC	CCA Executive Directo	r 09.13.18	
	Signature of light cylinead or Designee	Pri	nt Name		Title	(month, day, year)	
	Comment:						

1.	Agency Name					Date Stamp	California O O O			
	Oakland Alameda County C	Coliseum Author	,	Form 602						
	Division, Department, or Reg	jion (if applicable)			For Official Use Only					
	Scott McKibben, OACCA E	xecutive Directo	r							
	Designated Agency Contact	(Name, Title)								
			Processing the second s							
	Area Code/Phone Number	E-mail	Amendment (Must P	rovide Explanation in Part 3.)						
	510.383.4801		l.com		Date of Original Filing:					
<u> </u>	Eupotion ou Event lufe.				(month, day, year)					
4.	Function or Event Infor					70	2.00			
	Does the agency have a tick		Each Ticket/Pass \$ <u>76.00</u>							
	Event Description: Oakland	A's	24 / 18	1 1						
	Tiplest/s\/Dess(ss) and dest	Provide Title								
	Ticket(s)/Pass(es) provided	by agency?	Yes 🔀	No 🔲	t no:	Name of Source				
	Was ticket distribution made	e at the behest	en, Scott							
	of agency official?		Official's Name (Last, First)							
Parate and		HIVEOCONIA III	······································	Name of the state		NBB6	nananananan sebahai mara amang mang mang periodi sebagai mang periodi sebagai mengang periodi sebagai mengang			
3.	Recipients									
	Use Section A to identify the agen	icy's department or u	ual. • Use Section C to ident	ify an outside organization.						
	A. Name of Agency, Depa			Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy			
	B. Name of Indi (Last, Fire			Number of Ticket(s)/ Passes		Identify one of the fo	Name of Source Scott Official's Name (Last, First) • Use Section C to identify an outside organization. ublic purpose made pursuant to the agency's policy Identify one of the following:			
						is community to the control of the cost	und value.			
					If checki	ng "Ceremonial Role" or "Other" des	cribe below:			
	Name of Outside Or	rganization		Number						
	C. (include address and		7 (4.5) L	of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy			
	Gratitude Foundation				to provide on	nortunities to commun	aity groups to utilize the			
	349 Main Street			4	facility	portarities to corresput	Form OUZ For Official Use Only Amendment (Must Provide Explanation in Part 3.) the of Original Filing:			
	Pleasanton, CA 94566									
	,									
Į. '	Verifica tio n									
	1 11	PC Regulations 18	3944.1	and 18942	l have verified th	at the distribution set for	th above is in accordance			
١	with the requirement	11/1//		-,			an above, is in accordance			
	Scott McKibben OAG					CCA Executive Directo	or 09.13.18			
-	Signature of Agercy Head or Design	le V		Name						
	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, OACCA Executive Director 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 (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 Baseball Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If 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. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes to provide opportunities to community groups to utilize the 4 facility

4. Verification

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

Signature #1/Agency Week or Designee

Comment:

Scott McKibben

OACCA Executive Director

09.17.18

Print Name

Title

(month, day, year)

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Geremonial Role Events and Tide Agency Name		ions A Public Documo
Oakland Alameda County Coliseum Auth	ority	Form 8U
Division, Department, or Region (if applicable	e)	For Official Use Only
Chris Dobbins, OACCA Commissioner		
Designated Agency Contact (Name, Title)		
		Amendment (Must Provide Explanation in Part 3.)
Area Code/Phone Number E-mail		Date of Original Filing:
	slaw@yahoo.com	(month, day, year)
. Function or Event Information		200.00
Does the agency have a ticket policy?		Value of Each Ticket/Pass \$ 200.00
Event Description: Sam Smith Concert	Date(s) <u>09 </u>
Provide Ticket(s)/Pass(es) provided by agency?	Title/ Explanation	
ricket(s)/Fass(es) provided by agency?	Yes⊠ No ☐ If no:	Name of Source
Was ticket distribution made at the behe	st Yes□ No⊠ Ifyes	Official's Name (Last, First)
of agency official?		Simulate Manife (Lady, 1 lidy)
A. Name of Agency, Department or Unit	of Ticket(s)/	Describe the public purpose made pursuant to the agency's poli
	Passes	
B. Name of Individual	Passes Number of Ticket(s)/	Identify one of the following:
(Last, First)	Passes Number	Identify one of the following:
	Passes Number of Ticket(s)/ Passes 2 to i	Identify one of the following: Ceremonial Role Other Image: Incomplete the checking "Ceremonial Role" or "Other" describe below: Nestigate the efficiencies of operations of various
(Last, First)	Passes Number of Ticket(s)/ Passes 2 to i	Identify one of the following: Ceremonial Role Other Image: Incoming the Image: Image: Incoming the Image: Image: Incoming the Image: Incoming the Image: Incoming the Image: Incoming the Image: I
(Last, First)	Number of Ticket(s)/ Passes 2 to i	Identify one of the following: Ceremonial Role Other Inco. If checking "Ceremonial Role" or "Other" describe below: nvestigate the efficiencies of operations of various rting and other events that occur at Coliseum Comp
(Last, First) Dobbins, Chris Name of Outside Organization	Number of Ticket(s)/ Passes 2 to i	Identify one of the following: Ceremonial Role Other Inco. If checking "Ceremonial Role" or "Other" describe below: Investigate the efficiencies of operations of various rting and other events that occur at Coliseum Comp. Ceremonial Role Other Inco. If checking "Ceremonial Role" or "Other" describe below:
(Last, First) Dobbins, Chris C. Name of Outside Organization (include address and description) Verification	Number of Ticket(s)/ Passes 2 to i spo	Identify one of the following: Ceremonial Role Other Image: Incomplete Inc
(Last, First) Dobbins, Chris C. Name of Outside Organization (include address and description) Verification	Number of Ticket(s)/ Passes 2 to i spo	Identify one of the following: Ceremonial Role Other Inco. If checking "Ceremonial Role" or "Other" describe below: Investigate the efficiencies of operations of various rting and other events that occur at Coliseum Comp. Ceremonial Role Other Inco. If checking "Ceremonial Role" or "Other" describe below:

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_		uv	11	v		v	•	u		G	

1.	Agency Name				Date Stamp	California O O O
	Oakland Alameda County C	oliseum Authority				Form OU4
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Chris Dobbins, OACCA Cor			•		
	Designated Agency Contact	(Name, Title)				
					Amendment (Must	t Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510.383.4801	chrisdobbinslaw@y	yahoo.com		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation		·		
	Does the agency have a ticl	ret policy? Yes [⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$ _	100.00
	Event Description: Riot Gar	nes			<u>/ 08 / 18</u>	09 , 09 , 18
	L voite Dood (priorit.	Provide Title/ Expla	nation	7ate(3)		
	Ticket(s)/Pass(es) provided	by agency? Yes [X No □ If	no:	Name of Source	
	Was ticket distribution made	at the hehast Vari		yes:		
	of agency official?	at the benest Yes [⊠ סאו ר	y 00	Official's Name (Last, First	n)
de la constante de la constant	·			TO MANAGEMENT OF THE PARTY OF T		
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit. •	T**	dentify an individ	lual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe th	e public purpose made pi	ursuant to the agency's policy
			Passes			
	B. Name of Indi	lubiy	Number			
	(Last, Fire		of Ticket(s)/ Passes		Identify one of the	following:
	Dobbins, Chris			1	nonial Role Other	
	# 0000mio, 0mio		4 per		ing "Ceremonial Role" or "Other" o e the efficiencies of o	describe below: Operations of the various
					other events at Coli	
					nonial Role Other	
			day	. If check	ring "Ceremonial Role" or "Other" o	describe below:
			Number			
	C. Name of Outside O		of Ticket(s)/	Describe th	e public purpose made pu	ursuant to the agency's policy
			Passes	********	. 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Verification				and the second s	аталын артуулуу тоонуу тоо
-	I have read and understand FP	PC Regulations 18944.	.1 and 18942.	l have verified t	hat the distribution set	forth above, is in accordance
	with the regulrements.	-				,
		Chris	Dobbins	C	DACCA Commissione	er 09.6.18
	Signature of Agency Head or Design	ee Pr	int Name		Title	(month, day, year)
	Comment:	•				
	COMMISSION					

1.	Agency Name		Date Stamp California O 0 0				
	Oakland Alameda County C			Form OU/4			
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Chris Dobbins, OACCA Cor	nmissioner					
	Designated Agency Contact	(Name,Title)					
					Amendment (Must C	rayida Explanation in Flort 2.1	
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)		
	510.383.4801	chrisdobbinslaw	@yahoo.com		Date of Original Filing: .	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? γ_{ϵ}	es⊠ No⊟ F	ace Value of	Each Ticket/Pass \$ 20	0.00	
	Event Description: BTS	Provide Title/ E:	Г		<u>, 12 , 18</u>		
	Ticket(s)/Pass(es) provided			f no:	Name of Source		
	Was ticket distribution made	at the behest v		f yes:			
	of agency official?	16	Official's Name (Last, First)				
3.	Recipients						
	Use Section A to identify the agen	cy's department or unit	identify an individ	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy		
			Number				
	B. Name of Indi (Last, Fire	and the state of t	of Ticket(s)/ Passes		Identify one of the following:		
	Dobbins, Chris		4	Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: to investigate the efficiencies of operations of various sporting and other events that occur at Coliseum (
					onial Role Other cling "Ceremonial Role" or "Other" des		
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy		

4.	Verification						
	I have read and understand FP. with the requirements.	PC Regulations 189	144.1 and 18942.	I have verified t	hat the distribution set fo	rth above, is in accordance	
(OSUS DOBBL Signature of Agency Head or Design		nris Dobbins		DACCA Commissioner		
	aignature of Agency Head of Design	R.S.		Title	(month, day, year)		
	Comment:						

1.	Agency Name	хиот они хот по останости на поличения по по останости на постаности на постаности на постаности на постаности	nice manifestation de la company de la compa	de la composition de	Date Stamp	California O O O	
	Oakland Alameda County C	Coliseum Authority				Form OUA	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Chris Dobbins, OACCA Cor	mmissioner					
	Designated Agency Contact	(Name,Title)			1		
					Amendment (Must	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	510.383.4801	chrisdobbinslaw@	yahoo.com		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tic	ket policy?	⊠ No□ F	ace Value of	Each Ticket/Pass \$ 2	220.00	
						09 , 16 , 18	
	Event Description: Rolling L	Provide Title/ Expla	nation	Jate(s)	<u>/ 15 / 18</u>	09 / 10 / 10	
	Ticket(s)/Pass(es) provided			no:	Name of Source		
	Was ticket distribution made	e at the behest Yes	□ No⊠ ^{II}	yes:	Official's Name (Last, First)		
	of agency official?						
3.	Recipients	описост на сильтической постанования останования на видиновии.	ara ana manana mana	2018 (Miliotel Manismira no management na romana na roma		oocaanaanaan aan ahaanaan kanaan ka	
	• Use Section A to identify the ager	ıcy's department or unit. •	Use Section B to i	dentify an individ	lual. • Use Section C to ider	ıtify an outside organization.	
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/	Describe th		rsuant to the agency's policy	
			Passes		· ·		
			Number				
	B. Name of Ind (Last, Fir		of Ticket(s)/ Passes	Identify one of the following:			
	Dobbins, Chris			Cerem	nonial Role Other	X Income □	
	DODDING, CHIIS		2		king "Ceremonial Role" or "Other" d	escribe below: al public and businesses	
				to maximize		ii public and businesses	
				Cerem	nonial Role Other	Income [
				If check	king "Ceremonial Role" or "Other" d	escribe below:	
		75575					
	C. Name of Outside O		Number of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy	
	(include address and	i description)	Passes				
4	Mariffer at land						
4.	Verification	DDC Beautations 48044	11 and 19010	lhoun unden d	that the distribution	Faulh aliana da la como de la	
	I have read and understand FF with the requirements.	ro Regulations 18944	i. i anu 18942, i	i nave veritied t	ınaı ine distribution set 1	rorun above, is in accordance	
	PMIS DORR	1115 Chris	s Dobbins		DACCA Commissione	nt 00 42 40	
	Signature of Agency Head or Design		rint Name		Title	er 09.13.18 (month, day, year)	
		W.O.				,,,	
	Comment:						

1.	Agency Name		Date Stamp California On					
	Oakland Alameda County C	•				Form OUA		
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only		
	Chris Dobbins, OACCA Cor	nmissioner						
	Designated Agency Contact ((Name, Title)						
					Amendment /Must Pro	ovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			(Widst Pi)	шпричинию пт г ан э.)		
	510.383.4801	chrisdobbinslaw@y	/ahoo.com		Date of Original Filing:(month, day, year)			
2.	Function or Event Infor	mation	ymenness disconness and a second	The state of the s	L			
,	Does the agency have a tick		⊠ No 🔲 F	ace Value of I	Each Ticket/Pass \$ 10	0.00		
	Event Description: J. Balvin			Date(s)				
	Event Description:	Provide Title/ Explai	nation	∍aιe(s) <u></u> J				
	Ticket(s)/Pass(es) provided			f no:	Name of Source			
	Mas tisket distribution was t	of the bet						
	Was ticket distribution made of agency official?	at the penest Yes [_l No⊠ 「	f yes:	Official's Name (Last, First)			
	or agency unitial!							
3.	Recipients							
	Use Section A to identify the agen	cy's department or unit,	identify an individ	ual. • Use Section C to identil	fy an outside organization.			
	A. Name of Agency, Depa	ertment or Unit	Number of Ticket(s)/	Describe the	e public purpose made purs	uant to the agency's policy		
			Passes					
						All		
			Number					
	B. Name of Indi (Last, Firs		of Ticket(s)/ Passes		Identify one of the following: Ceremonial Role Other In			
	Dobbins, Chris			Cerem				
	DODUMO, OHIIS		2	If checki	e the efficiencies of ope	Income		
				sporting and	e the efficiencies of ope other events at Colise	um Complex		
				Cerem	onial Role 🔲 Other 🔲	Income [
				lf check	ring "Ceremonial Role" or "Other" desc			
	C. Name of Outside Or		Number of Ticket(s)/	Describe the	e public purpose made pursi	uant to the agency's policy		
	(include address and	uescription)	Passes					
				-				
	Manife and an		A constitution of the second s	A comment of the control of the cont		Managananananan tarah sana arang penggan panan sana sana sana 1800 MAMMADA sana sana sana sana sana sana sana		
	Verification	DO Domistana 40044	4 00-1 400 40	l harra erroren erro	F-14 10 (2) ()			
	I have read and understand FPI with the readirements.	ru kegulations 18944.	ı nave verified ti	nat the distribution set for	th above, is in accordance			
		Chrin	Dobbino	^	00.004			
	Signature of Agency Head or Designation		Dobbins int Name	C	DACCA Commissioner	09.6.18 (month, day, year)		
	,				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(month, day, year)		
	Comment:							

1.	Agency Name				Date Stamp	California 802		
	Oakland Alameda County C	oliseum Authority			052	Form OUZ		
	Division, Department, or Regi	ion (if applicable)			1	For Official Use Only		
	Chris Dobbins, OACCA Con	nmissioner						
	Designated Agency Contact (Name, Title)			1			
					Amandwant (44 4 D			
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)			
	510.383.4801				Date of Original Filing:	(month, day, year)		
2.	Function or Event Inform	mation						
	Does the agency have a tick	ket policy? Yes	□ No □ I	Face Value of	Each Ticket/Pass \$ 97	² .55		
	Event Description: Champio		1		<u>/ 28 / 18</u>			
	Ticket(s)/Pass(es) provided			f no:				
	5.7 5 5 7				Name of Source	**************************************		
	Was ticket distribution made of agency official?	at the behest Yes	□ No□ ^I	f yes:	Official's Name (Last, First)			
3.	Recipients							
J.	• Use Section A to identify the agen	cv's department or unit.	Use Section B to	identify an individ	lual. • Use Section C to ident	ify an outside organization.		
	IL V V Sauce Burnell Anna Balan		Number	1	The second of the factor	ny an outside organization.		
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe th	e the public purpose made pursuant to the agency's po			
			1 40000					
				1				
			Number					
	B. Name of Indi		of Ticket(s)/ Passes		Identify one of the fo	ollowing:		
					nonial Role Other king "Ceremonial Role" or "Other" des			
					*			
				0	nonial Role Other X	·		
	Dobbins, Chris		2	If check	king "Ceremonial Role" or "Other" des	scribe below:		
			_			e operations of various		
	Name of Outside O		Number			g at Coliseum Complex		
	C. Name of Outside Or (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy		
			ASSESSE A					
1	Verification							
••	I have read and understand FP	PC Regulations 1894	1.1 and 18942.	I have verified t	that the distribution set fo	orth above, is in accordance		
1	with the requirements.							
١		10000000	s Dobbins		DACCA Commissioner			
	Signature of Agency Head or Design	ee F	rint Name		Title	(month, day, year)		
	Comment:							
	CONTRACT PROGRAMMENT AND THE CONTRACT PROGRAMMENT PROGRAMMENT AND THE CONTRACT PROGRAMMENT							

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Dakland Alameda County Collseum Autnority Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail idelafuente2012@gmail.com Date of Original Filing:	1. Agency Name				Date Stamp	Califori	
Ignacio De La Fuente, OACCA Commissioner	Oakland Alameda County Coliseum	Authority				Form	(O)U/4
Amendment (Nust Provide Explanation in Part 3.) Amendment (Nust Provide Explanation in Part 3.)	Division, Department, or Region (if ap	olicable)				For Off	icial Use Only
Area Code/Phone Number E-mail	Ignacio De La Fuente, OACCA Con	nmissioner					
Area Code/Phone Number E-mail idelafuente2012@gmail.com Date of Original Filling: (month, day, year)	Designated Agency Contact (Name, Tit	(e)					
Area Code/Phone Number E-mail idelafruente2012@gmail.com Date of Original Filing: (month, day, year)					Amendment (Must	Provide Evolanati	ion in Part 3.)
2. Function or Event Information Does the agency have a ticket policy? Yes No Date(s) 09 04 18 Event Description: Sam Smith Concert Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Date(s) 09 04 18 Was ticket distribution made at the behest Yes No Managery 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. A. Name of Agency, Department or Unit Oriclet(s)/Passes De La Fuente, Ignacio **Number of Ticket(s)/Passes De La Fuente, Ignacio **Number of Ticket(s)/Passes De La Fuente, Ignacio **Number of Ticket(s)/Passes Ceremonial Role Other Section Soft various sporting and other events that occur at Coliseum Complex to investigate the efficiencies of operations of various sporting and other events that occur at Coliseum Complex (nectude address and description) C. Name of Outside Organization (nectude address and description) Observible the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency's policy Passes Commonial Role Operations of various sporting and other events that occur at Coliseum Complex (nectude address and description) C. Name of Outside Organization (nectude address and description) Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy Passes Describe the public purpose made pursuant to the agency's policy Passes Passes Describe the public purpose made pursuant to the agency's policy Passes Occurrence of Role Operations of Yes Commonia Role of Commonia Ro	Area Code/Phone Number E-mail			1I	Tanonamont (most	r romao Explanati	511 111 1 Unit 0.7
Does the agency have a ticket policy? Yes No Date(s) 09 04 18	510.383.4801 idelafu	ente2012@gmail.	com	Da	te of Original Filing	(month, day	; year)
Event Description: Sam Smith Concert Provide Title/Explanation Date(s) 09 04 18	2. Function or Event Information						
Event Description: Sam Smith Concert Provide Title/Explanation Date(s)	Does the agency have a ticket police	y? Yes⊠ No	o	ue of Eac	h Ticket/Pass \$ 🖆	200.00	
Ticket(s)/Pass(es) provided by agency? Yes \ No \ If no: \ \ \ \ \ \ \ \ \ \ \ \ \ \	Event Description: Sam Smith Cond	cert					
Was ticket distribution made at the behest Yes No If yes: Official's Name (Last. First) 8. Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Official's Name (Last. First) Describe the public purpose made pursuant to the agency's policy Passes De La Fuente, Ignacio 2		•	o □ If 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. A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy		_		٨	lame of Source		
Number of Ticket(s) Passes B. Name of Individual (Last, First) De La Fuente, Ignacio To Ticket(s) Passes Ceremonial Role Other Concernosial Role Other Concernosial Role Official Concernosial Role Official Concernosial Role Other Official Income Inc		pehest Yes ☐ No	o⊠ If yes:	Of	ficial's Name (Last, First)	
A. Name of Agency, Department or Unit Passes Describe the public purpose made pursuant to the agency's policy	-	···		individual.	• Use Section C to ide	ntify an outside o	organization.
B. Name of Individual (Last, First) Passes De La Fuente, Ignacio 2 Ceremonial Role Other Image: Other Image	A. Name of Agency, Department or	Unit of T	icket(s)/ Des	cribe the pul	olic purpose made pu	irsuant to the a	gency's policy
B. Name of Individual (Last, First) Passes De La Fuente, Ignacio 2 Ceremonial Role Other Image: Other Image: Income Inc							
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* or *Other* describe below: C. Name of Outside Organization (include address and description) Other* Describe the public purpose made pursuant to the agency's policy Passes		of T	icket(s)/				No established
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 Passes Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy passes 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. Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy passes. 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 9.4.18	De La Fuente, Ignacio		I TO HIVE	If checking "Ceremonial Role" or "Other" describe below: nvestigate the efficiencies of operations of various			
C. Name of Outside Organization (include address and description) of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Passes 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 9.4.18							Income
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. Ugnacio De La Fuente OACCA Commissioner 9.4.18		of T	icket(s)/ Des	cribe the pul	olic purpose made pu	rsuant to the a	gency's policy
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. Ugnacio De La Fuente OACCA Commissioner 9.4.18				· · · · ·			
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. Ugnacio De La Fuente OACCA Commissioner 9.4.18	1 Varification	<u> </u>					<u> </u>
Ugnació De La Fuente OACCA Commissioner 9.4.18	I have read and understand FPPC Reg	ulations 18944.1 and	l 18942. I have v	erified that	the distribution set	forth above, is	s in accordance
Signature of Agency Head of Designee Print Name Title (month, day, year)	elgnacio DeLasuer			OAC			
Comment:	CK-8,	Print Nam	ne		litle	(1	nontn, day, year)

Α	Pι	цb	li	C	Do	C	um	en	t

1.	Agency Name		Date Stamp California On					
	Oakland Alameda County C	oliseum Authority			Form OU 4			
	Division, Department, or Reg	ion (if applicable)				For Official Use Only		
	Ignacio De La Fuente, OAC	CA Commissioner						
	Designated Agency Contact	(Name,Title)						
					Amendment (Mark Br	ovide Evolunation in Dest 2.1		
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)			
	510.383.4801	ideafuente2012@g	mail.com		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 \$ <u>10</u>	0.00		
	Event Description: Riot Gan	Nes Provide Title/ Explai			, 08 , 18	09 , 09 , 18		
	Ticket(s)/Pass(es) provided			no:	Name of Source			
	Was ticket distribution made	at the behest Yes [J No⊠ ^{If}	yes:	Official's Name (Last, First)			
	of agency official?	_		Опсіагs Name (Last, First)				
	• Use Section A to identify the agen A. Name of Agency, Depa		Number of Ticket(s)/ Passes		ual. • Use Section C to identi			
	B. Name of Indi (Last, Fire	and the first of the control of the	Number of Ticket(s)/ Passes		Identify one of the fo	illowing:		
	De La Fuente, Iganacio		4 per	to investigate	Ceremonial Role Other Other			
			day	1	onial Role Other of "Other" descriptions of the control of the con			
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy		
Æ	Newficekies	NASSAMITATION OF THE PROPERTY						
	Verification I have read and understand FP with the reguirements.	7 PC Regulations 18944.	.1 and 18942. I	have verified t	hat the distribution set for	rth above, is in accordance		
	[[[AMMX]]]	Idnacio I	De La Feunte		ACCA Commissioner	9.6.18		
	Signaturelet Agency Mead or Design		int Name		Title	(month, day, year)		
1	, VIIIIIVIII							

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 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 \$ 220.00 Yes⊠ No 🗆 Event Description: Rolling Loud Date(s) 09 / 15 / 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 В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role De La Fuente, Ignacio Other X If checking "Ceremonial Role" or "Other" describe below: 2 to provide opportunities to 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 of Ticket(s)/ (include address and description) Passes

4. Verification

I have read and understand FF	PC Regulations	18944.1 and	' 18942. I hav	e verified that the	distribution s	et forth above	is in ac	cordano
with the requirements.	n				arear reaction to	ot form above.	is in ac	coruanc

LGNACO SLANTULA Highacio De La Fuente	OACCA Commissioner	09.13.18
Signature of Agency Head or Designee Print Name	Title	(month, day, year)
Comment:		

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~				DOGGIIGII	L

1. Agency Name				Date Stamp	California 802		
Oakland Alameda County Coliseum Au	uthority				Form OUA		
Division, Department, or Region (if applica	able)				For Official Use Only		
Ignacio De La Fuente, OACCA Commi	issioner						
Designated Agency Contact (Name, Title)							
				☐ Amandment /Atte	t Provide Explanation in Part 3.)		
Area Code/Phone Number E-mail				Amendment (Mass	(Provide Explanation in Part 3,)		
510.383.4801 ideafuent	:e2012@gm	ail.com		Date of Original Filing	(month, day, year)		
2. Function or Event Information		inden militat eta eta eta eta eta eta eta eta eta					
Does the agency have a ticket policy?	Yes 🏻	№П Б	ace Value of	Each Ticket/Pass \$.	20.00		
• •				<u>, 12 , 18</u>	1 1		
Event Description: BTS Provide	de Title/ Explanati	D	ate(s)	<u> </u>			
Ticket(s)/Pass(es) provided by agency			no:	Name of Source			
Was ticket distribution made at the beh	nest Yes□	No⊠ If	yes:	Official's Name (Last, Firs			
of agency official?							
3. Recipients	en e	halikantiin mitaitiitta maastillessessä tiise			Weeksteller 1998 to 19		
 Use Section A to identify the agency's departme. 	nt or unit. • Us	e Section B to i	dentify an individ	lual. • Use Section C to ide	entify an outside organization.		
		Number					
A. Name of Agency, Department or Un		of Ticket(s)/ Passes	Describe th	e public purpose made p	oursuant to the agency's policy		
B. Name of Individual		Number of Ticket(s)/		Identify one of the	e following:		
(Last, First)		Passes					
De La Fuente, Iganacio				nonial Role D Other	_		
		4	If checking "Ceremonial Role" or "Other" describe below: to investigate the efficiencies of operations of the variou				
				other events at Col			
				nonial Role DOther			
			ii crieci	king "Ceremonial Role" or "Other"	describe berow.		
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe th	e public purpose made p	oursuant to the agency's policy		
(minute decress and description)		Passes					
							
	Name to the second seco		***************************************		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
4. Verification	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,					
I have read and understand FPPC Regulat with the requirements/	ions 18944.1	and 18942. I	have verified i	that the distribution set	forth above, is in accordance		
1///////////				240040	0.0.40		
Signature of Agency Head or Designee	0	La Feunte	(DACCA Commission	ner 9.6.18 (month, day, year)		
Digitation of Agency Fread of Designee	LIGH	Hanic		nue	(month, day, year)		
Comment:							

Agency Report of:

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С	erem	ioni	al	Role	Events	and	Ticket/Pass	Distributions	
								m : 0 cl : 10 0 Cl (0 C)))))))))))))))))))))))))))))))))))	

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_				1.71.71.41.11.12.11.11

1.	Agency Name				Date Stamp	California 000
	Oakland Alameda County C	oliseum Authority			- 210 211111	Form 5U2
	Division, Department, or Reg					For Official Use Only
	Ignacio De La Fuente, OAC	CA Commissioner				
	Designated Agency Contact (
		,				
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
	510.383.4801	ideafuente2012@g	mail com		Date of Original Filing:	
			Jilian.Com			(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	⊠ No 🗌 📑	ace Value of	Each Ticket/Pass \$ <u>1</u>	00.00
	Event Description: J. Balvin			Date(s)09	, 20 , 18	, ,
	·	Provide Title/Expla	nation) at 0 (0)		
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🔲 I	f no:	Name of Source	
	Was ticket distribution made	at the beheat war		f yes:		
	of agency official?	at the benest Yes	_ No⊠ '	. yes	Official's Name (Last, First)	
	or agency official:					
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 iden	tify an outside organization.
	Δ. Name of Agency, Depa	rtmont outlait	Number			
	A. Name of Agency, Depa	rintent of Onit	of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
	1.1111111111111111111111111111111111111		·····			
	B. Name of Indiv	/idual	Number of Ticket(s)/		Identify one of the	
	(Last, Firs		Passes		Identify one of the	ioliowing:
	De La Fuente, Iganacio			:	onial Role Other	
	, ,		2	If checks	ing "Ceremonial Role" or "Other" de the efficiencies of o	escribe below: perations of the various
				sporting and	other events at Colis	eum Complex
				1	onial Role Other	
				lf checki	ing "Ceremonial Role" or "Other" de	escribe below:
				<u></u>		
	C. Name of Outside Or		Number of Ticket(s)/	Describe the	public purpose made pur	suant to the agency's policy
	(include address and	description)	Passes			
				 		
			aninterrotation tetrinology or a constraint and a supplying			
	Verification	1				
	I have read and understand FPF	PG [/] Regulations 18944.	.1 and 18942. I	have verified th	hat the distribution set fo	orth above, is in accordance
	with the requirements.	7				
			De La Feunte	0	ACCA Commissione	r 9.6.18
	Signature of Agency Head or Designe	e Pri	int Name	•	Title	(month, day, year)
/	Comment:					
1	/					

1.	Agency Name	666 (11100000 1110000 1110000 111000 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100 11100 1	O 771 N Selle VIII Sellem Van Sellem	Anna agailtheada an a a ann an an ann an an an an an an	Date Stamp	California 600
	Oakland Alameda County C	-				Form 5U2
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Ignacio De Fuente, OACCA					
	Designated Agency Contact ((Name,Title)			1	
					Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			<u> </u>	
	510.383.4801	Idelafuente2012@g	gmail.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ret policy? Yes [XI No □ F	ace Value of	Each Ticket/Pass \$ 9	7.55
	Event Description: Champio				<u>, 28 , 18</u>	
	Lvent Description,	Provide Title/Explai	nation	Date(s)	J	
	Ticket(s)/Pass(es) provided	by agency? Yes	X No □ I	f no:	Name of Source	
	Mos tisket distribution made	est the beheat were				
	Was ticket distribution made of agency official?	at the benest Yes [_l No⊠ '	f yes:	Official's Name (Last, First)	
W and A	or agency official:					
3.	Recipients					en e
	Use Section A to identify the agen-	cy's department or unit. •	Use Section B to	identify an individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
			1 43363			
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the f	
	De La Fuente, Ignacio			Cerem	nonial Role D Other D	Income 🗌
	· · · · · · · · · · · · · · · · · · ·		2		king "Ceremonial Role" or "Other" de e the efficiencies of th	scribe below: e operations of various
						g at Coliseum Complex
				1	nonial Role Other O	
				if check	ring "Ceremonial Role" or "Other" de	SCIIDE DEIOW;
			Number			
	C. Name of Outside Or (include address and		of Ticket(s)/	Describe the	e public purpose made pur	suant to the agency's policy
			rasses			
					· · · · · · · · · · · · · · · · · · ·	
	Verification /					
	I have read and understand PI	r PC Regulations 18944.	1 and 18942	l have verified to	hat the distribution set fo	orth above is in accordance
	with the requirements.	<u> </u>	. ,		alouisation out re	accre, is in accordance
	MMMM/V	Ignacio E	De La Fuente	C	ACCA Commissioner	9.27.18
	Signature of Agency Head or Designe		int Name		Title	(month, day, year)
1	Comment:					
d	OMITHORIC					

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 Date of Original Filing: 510-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 200.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Sam Smith 9 Date(s)_ 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 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 To promote attendance at a county sponsored Manchester, Marilyn event in order to maximize potential county 2 revenue for concession and parking sales. Ceremonial Role L Other L 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

Lhave 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 9/4/18

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

Comment:

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) 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 siandreth@oaklandca.gov (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 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 judget or unit,
 Use Section A to identify the agency's department or unit,
 Use Section B to identify the agency's department or unit,
 Use Section B to identify the agency's department or unit,
 Use Section B to identify the agency's department or unit,
 Use Section B to identify the agency's department or unit,
 Use Section B to identify the agency's department or unit,
 Use Section B to identify the agency's department or unit,
 Use Section B to identify the agency is department or unit,
 Use Section B to identify the agency is department or unit, Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X DID NOT USE If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role Other ___ Income If checking "Geremonial Role" or "Other" describe below; Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy. of Ticket(s)/ (include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator 10/ 8 /2018 Signature of Agency Head or Designee Print Name (month, day, year) Title

Agency Report 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) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$78.00 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: A's 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 □ 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 judget of the agency's department or unit.
 Use Section B to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes -Other X Ceremonial Role Income DID NOT USE If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role Other ___ 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 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 10/ 8 /2018 Signature of Agency Head or Designee Print Name Title (month, day, year)

Agency Report of:

Comment: _

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Dis	tribu	ıtions		A Publ	ic Do	cument
1.	Agency Name			***************************************		Date Stamp	Ca	lifornia	802
	Oakland Alameda County C	oliseum Authority					f	Form	(O)U/2
	Division, Department, or Reg							or Official	Use Only
	Office of the City Administra	itor							
	Designated Agency Contact								
	Sabrina B. Landreth, City A	dministrator						***************************************	
	Area Code/Phone Number	E-mail				Amendment (Musi	! Provide Ex	planation in	Part 3.)
	510-238-3301	slandreth@oakland	dca.gov			Date of Original Filing	:(mon.	th, day, yea	r)
2.	Function or Event Infor						\$90.00		
	Does the agency have a tick	ret policy? Yes	⊠ No 🗆	Face	e Value of	Each Ticket/Pass \$.	φου.υυ		***************************************
	Event Description: A's			Date	e(s) _ 9	<u>, 03 , 18</u>		, ,	
	,	Provide Title/ Expla	nation		/(0)			,	
	Ticket(s)/Pass(es) provided	by agency? Yes [⊠ No 🗆	lf no	:				this management of the same of
				16	Landret	Name of Source h, Sabrina			
	Was ticket distribution made	eat the behest Yes [No □	ır ye	s: <u>=======</u>	Official's Name (Last, Firs	<i>i)</i> ·		
	of agency official?								
3.	Recipients • Use Section A to identify the agen	cy's department or unit.	Use Section B	to iđeni	tify an individ	ual. • Use Section C to ide	ntify an ou	tside orgai	nization,
	(A) (A) (A) (A) (A) (A) (A) (A) (A)		Number		W(000 <u>00</u> 2025		54. 20 H		nas en e
	Δ. Name of Agency, Department	rtment or Unit	of Ticket(s Passes		-Describe th	e public purpose made p	ursuant to	the agenc	y's policy 👨
	Part of the second seco	Ministry 2. Chieff Chronel Biologic New York	1 10 10 10 10 10 10 10 10 10 10 10 10 10	(1894) Oz4r	an and secretary sec.	wasa harri al'arish sala sa salah kendari	0,85003513801635	(Marketa (Marketa)	SELECTION NO.
			 					/w 0.50= 0= 000 = 0.000	\$\$
	•								
			Number	61506 sico:	CAST OF ASSAULT	Control of the Contro	-021_000.60de156	mai skiri ilika kalend	Santonio su color.
	B. Name of Indi (Last, Fir	A STATE OF THE PARTY OF THE PARTY OF THE STATE OF THE STA	of Ticket(s	趋势		Identify one of the	following	100	
	Ccar, III	1.6 (F.5= (E.5) (H.5) (F.5)	Passes			—————————————————————————————————————		o list of the Control	
	DID NOT USE					nonial Role 🔲 Other			Income
			2		If check	king "Ceremonial Role" or "Other"	describe beloi	N:	
	- ADSTRUCT			_					
				1		onial Role Other			Income
					If check	ding "Ceremonial Role" or "Other"	describe belov	V:	
			<u> </u>			•			
	Name of Outside O	rganization	Number of Ticket(s		Describe th	e public purpose made p	remant to	the agenc	vie nolizy
	(include address and	description),	Passes		44100			100 C 100 T S POR 100 C 100 C	the state of the s
	- Control of the cont					<u> </u>	,		
						W. S M. S			
							•		
ammen A	Verification	alangan ng agamatan na n			Chance the Art Control of the Contro		Him approximation of the second	ากเลียกกระจกคราม	
4.	I have read and understand FP	PC Regulations 18944	.1 and 1894	2. I ha	ve verified t	hat the distribution set	forth abo	ve, is in a	accordance
	with the requirements.								
			B. Landre	th		City Administrator		10/ 8	
	Signature of Agency Head or Design	ee Pi	rint Name			Title		(monti	n, day, year)
	Comment:					<u> </u>			

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{$100.00}{}$ Does the agency have a ticket policy? Yes ⊠ No □ 04 / Event Description: A's Date(s)_ 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)/ Passes Describe the public purpose made pursuant to the agency's policy. Number of Ticket(s)/ Name of Individual Identify one of the following: (Last, First) Passes. Other X Ceremonial Role Income DID NOT USE If checking "Ceremonial Role" or "Other" describe below: 2 Other Ceremonial Role Income ... If checking "Ceremonial Role" or "Other" describe below. Number of Ticket(s)/ Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator 10/ 8 /2018 Signature of Agency Head or Designee Print Name Title (month, day, year)

Agency Report of:

Comment:

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 \$ \$100.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Ticket(s)/ Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Number Name of Individual of Ticket(s)/ identify one of the following: _ (Last, First) _ Passes Ceremonial Role 🔲 Other X DID NOT USE Income If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role Other ... Income ___ If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator 10/ 8 /2018 Signature of Agency Head or Designee Print Name Title (month, day, year) Comment:

Agency Report of:

	gency Report of: eremonial Role Even	ts and Ticket/F	'ass Distri	butions	Α	Public Docu	ment_
1.	Agency Name				Date Stamp	California 👩	ഹ
	Oakland Alameda County C	Coliseum Authority				Form C) U <i>TA</i>
	Division, Department, or Reg	ion (if applicable)				For Official Use (Only
	Office of the City Administra	ator					
	Designated Agency Contact		annina ussanowno est				
	Sabrina B. Landreth, City A				50 		
	Area Code/Phone Number	E-mail		WITH A STATE OF THE STATE OF TH	Amendment (Must)	Provide Explanation in Part	3.)
	510-238-3301	slandreth@oakland	dca.gov		Date of Original Filing:	(month, day, year)	_
2.	Function or Event Infor	mation					
	Does the agency have a ticl	ket policy? Yes	⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$ <u></u> \$	90.00	_
	Event Description: A's	Provide Tille/ Expla	г		, 07 , 18		****
	Ticket(s)/Pass(es) provided			no:			
	Tioket(a)/T doo(es) provided	by agency: 165	_	•	Name of Source	(************************************	
	Was ticket distribution made	at the behest Yes	No la lf	yes: <u>Landret</u>	h, Sabrina		
	of agency official?				Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agen	ncy's department or unit. •	-	dentify an individ	ual. • Use Section C to iden	tify an outside organizat	ion.
	A. Name of Agency, Depa	AND TO THE PERSON OF THE PERSO	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	suant to the agency's p	oolicy -
					Management	······································	
	Bi Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		dentify one of the i	ollowing:	
	DID NOT USE		2		onial Role Other Other of "Other" de	-	come 🔲
	pospoje.					7	
				1	onial Role Other ing "Ceremonial Role" or "Other" de		come
	C. Name of Outside O		Number of Ticket(s)/	Describe the	e public purpose made pu	suant to the agency's p	olicy.
		, description	Passes				
		years and the second se		,			
4.	Verification	co e co con Na Company (Company Company Compan	A Comment of the Comm	Annan Maria Ma	ntikolikuutusta tallankuutus en	TANKS TIMO TIMO TIMO TIMO TIMO TIMO TIMO TIMO	OTTO: 101/201/201/201/201/201/201/201/201/201/
	I have read and understand FP with the requirements.	PC Regulations 18944	.1 and 18942. I	have verified to	hat the distribution set fo	orth above, is in acco	rdance
		<u> </u>	B. Landreth		City Administrator	10/ 8 /2	2018
	Signature of Agency Head or Design	ee Pr	int Name		Tille	(month, day	year)

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) 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 \$ \$90.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's 80 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. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ identify one of the following: (Last, First) Passes Ceremonial Role Other 🛛 DID NOT USE Income __ If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator 10/ 8 /2018 Signature of Agency Head or Designee Print Name Tifle (month, day, year)

Agency Report of:

Comment: _

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) 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{$200.00}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Riot Games 8 Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Name of Individual identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗵 Lau, Jonathan If checking "Ceremonial Role" or "Other" describe below;
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Passes Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator 10/ 8 /2018 Signature of Agency Head or Designee Print Name Title (month, day, year)

Agency Report of:

Comment:

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) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$78.00 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: A's 09 Date(s) 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 of Ticket(s)/ Number Name of Individual of Ticket(s)/ Identify one of the following: (Lest, First). Passes Ceremonial Role Other 🗵 Income DID NOT USE If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role Other ___ Income | If checking "Ceremonial Role" or "Other" describe below: Number: Name of Outside Organization Describe the public purpose made pursuant to the agency's policy. of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator 10/ 8 /2018 Signature of Agency Head or Designee Print Name (month, day, year)

Agency Report of:

Comment: _

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	butions	A	Public Document
1.	Agency Name			aan 1990 bill 1998 oo gagaan gaab oo garag oo 880 b	Date Stamp	California 802
	Oakland Alameda County C	•				Form For Official Use Only
	Division, Department, or Reg					Por Chicial Ose Chily
	Office of the City Administra					
	Designated Agency Contact	,				
	Sabrina B. Landreth, City A				Amendment (Must F	Provide Explanation in Parl 3.)
	Area Code/Phone Number	E-mail			Date of Original Ellings	
Manager	510-238-3301	slandreth@oakland	dca.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor				e -	200.00
	Does the agency have a tick	ket policy? Yes [⊠ No∏ F	ace Value of	Each Ticket/Pass \$ <u></u> \$	200.00
	Event Description: Riot Gar	nes	D	ate(s)9	<u>/ 9 / 18</u>	
		Provide Title/ Expla				
	Ticket(s)/Pass(es) provided	by agency? Yes		no:	Name of Source	
	Was ticket distribution made	e at the behest Yes [⊠ No□ If	yes: Landret	h, Sabrina Official's Name (Last, First)	***************************************
	of agency official?				Official's Ivame (Last, First)	·
3.	Recipients					
	Use Section A to identify the agent	· -		dentify an individ	lual, • Use Section C to iden	tify an outside organization.
	Д. Name of Agency, Dep		Number of Ticket(s)/	Describe th	e public purpose made pui	reuant to the agency's policy
			Passes			
				-MANIEURO*	15-711113-11114-1-1-1-1-1	
	R Name of Ind	e version de la company	Number			
	B. Name of Ind (Last, Fir	一般的人,我们就是一个一个,我们就是一个人的人,我们就是一个人的人,他们就是一个人的人,	of Ticket(s)/ Passes		ldentify one of the f	rollowing:
	Lee, Christopher				nonial Role 🔲 Other 🖸	
			2	To provide i	king "Ceremonial Role" or "Other" de Noentives to City empl	escribe below: lovees that provide
	2007-01	A-FORMA (D. M		services to t		
					nonial Role Other Other Other	-
				ii chaci	ang deremoniar Note of Other de	
*			Number	NAMES OF THE PARTY		and contract of the standing to go a const
	C. Name of Outside O		of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
		。 1965年 - 中国政治中的中国公司公司公司的政治中的政治中的	2.035.04(0.74.0000)(1-0.00)			發展的發展的影響。 <u>1—10</u> 286.5 m 至3.5 cm
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	VANSARIJI (NAME OF THE OWNER O		
4	Verification	The state of the s	(1)			And the second s
	I have read and understand FF	PPC Regulations 18944	.1 and 18942. I	have verified t	that the distribution set fo	orth above, is in accordance
	with the requirements.					
	The state of the s		B. Landreth	ohlossosohili kusoumonno	City Administrator	10/ 8 /2018
	Signature of Agency Head or Design	nee Pi	rint Name		Title	(month, day, year)

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Disti	ributions	A	Public Document
1.	Agency Name				Date Stamp	California OAO
	Oakland Alameda County C	oliseum Authority				Form 002
	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 Ad	dministrator			T Amandment (Must (Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail	**************************************	· · · · · · · · · · · · · · · · · · ·	Antenument (wast /	rovide Explanation III Part 3.)
	510-238-3301	slandreth@oakland	lca.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor			Face Value of	Each Ticket/Pass \$ \$	78.00
	Does the agency have a ticl	ket policy? Yes [
	Event Description: A's			Date(s)9	<u>, 20 , 18 </u>	
		Provide Title/ Explar		1£		
	Ticket(s)/Pass(es) provided	by agency? Yes	XI No ∐	ir no:	Name of Source	
	Was ticket distribution made	e at the behest Ves D		If yes: Landre	th, Sabrina	
	of agency official?	2 ct (1) 2 cm est 163 f	21 NO [1]		Official's Name (Last, First)	•
3.	Recipients • Use Section A to identify the agen A: Name of Agency, Dep.	5.5550.000.500.000000000000000000000000	Use Section B to Number of Ticket(s)/ Passes	31.711552		tify an outside organization, rsuant to the agency's policy
	B, Name of Ind	特別数数4.05の見を受ける 在げ ちょくしき 三部 ちゅうさん	Number of Tickét(s)/ Pässes		identify one of the	following:
	Control of the Contro		Estimated sections	Cere	nonial Role 🔲 💮 Other 🛭	
	Jenkins, Tier		2	To provide	cking "Ceremonial Role" or "Other" of Incentives to City emp the Authority	
		,		1	monial Role	
	C: Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe t		rsuant to the agency's policy
					- A SA S	
A A	Verification	NO COLUMNIA POR CONTRACTOR DE LA COLUMNIA DEL COLUMNIA DEL COLUMNIA DE LA COLUMNI	a zarości (1) sarodości w cierwoży za zają (1) kwedności czy		ZOZK ominicz (ZOZNIE) III OZSO III III II OZSO III III OZSO	
4.	I have read and understand FF with the requirements,	PPC Regulations 18944	1.1 and 18942	2. I have verified	that the distribution set i	forth above, is in accordance
		Sahrina	a B. Landret	ħ	City Administrator	10/ 8 /2018
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)
	Comment:	and the second s			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

C)	<u>eremonial Role Event</u>	ts and licketip	<u>ass Distri</u>	butions		<u> A Public Document</u>		
1.	Agency Name			***************************************	Date Stamp	California 802		
	Oakland Alameda County C	oliseum Authority				13.11		
	Division, Department, or Regi	on (if applicable)				For Official Use Only		
	Office of the City Administra	tor	•					
	Designated Agency Contact (Name, Title)			1			
	Sabrina B. Landreth, City Ac	lministrator			Amendment (Mus	t Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			tumal 7	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	510-238-3301	slandreth@oakland	lca.gov		Date of Original Filing	(monlh, day, year)		
2.	Function or Event Inform	mation				A.100.00		
	Does the agency have a tick	et policy? Yes [⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$.	\$100.00		
	Event Description: J. Balvin	Provide Title/ Explar		ate(s) 9	<u>, 20 , 18 </u>			
	Ticket(s)/Pass(es) provided		no:					
	monot(o), accepts promaca	~, ~go.,o,. ,co.			Name of Source			
	Was ticket distribution made	at the behest Yes	No □ If	yes: Landret	n, Sabrina Official's Name (Last, Firs	f) :		
	of agency official?		•		omoraro rramo (2004, 7 m)	,		
3.	Reciplents • Use Section A to identify the agen-	cv's department or unit.	Use Section B to i	dentify an individ	ual. • Use Section C to ide	entify an outside organization.		
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes	_ Describe th	e public purpose made p	ursuant to the agency's policy		
		University of the control of the con	Number					
	B. Name of Indi (Last, Firs	ACTION RELIGIOUS CONTROL FEED TO THE PROPERTY OF THE PROPERTY	of Ticket(s)/ Passes		Identify one of th	a following:		
	Jensen, Shanti		2	I .		☑ Income ☐ describe below: ployees that provide		
				,	nonial Role Other king "Ceremonial Role" or "Other"			
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy		
	·	a no subjected Malayet		At a tis now the second				
4.	Verification I have read and understand FP with the requirements.	PC Regulations 18944	.1 and 18942.	l have verified t	that the distribution set	forth above, is in accordance		
	· · · · · · · · · · · · · · · · · · ·	Sabrina	B. Landreth		City Administrator	10/ 8 /2018		
	Signature of Agency Head or Design		int Name		Title	(month, day, year)		

C	eremonial Role Even	<u>ts and Ticket/P</u>	ass Distr	ibutions		A Publ	<u>lic Doçun</u>	<u>rent</u>
1.	Agency Name	ganaramananananananananananananananananan	ng Hoteles Interested in the Commission of the C	Date Stamp	Ca	lifornia 👩	02	
	Oakland Alameda County C	oliseum Authority					Form 🕑	74
	Division, Department, or Regi	i on (if applicable)	<u> </u>		-] '	For Official Use Or	aly
	Office of the City Administra	tor						
	Designated Agency Contact (Name, Title)		Carried Advances in the Control of t				
	Sabrina B. Landreth, City Ad	dministrator						
	Area Code/Phone Number	E-mail	,		Amendment (#	Aust Provide Ex	planation in Part 3	1.)
	510-238-3301	slandreth@oakland	ica.gov		Date of Original Fl	ling:(mon	th, day, year)	
2.	Function or Event Inform	mation				program prophenie, he h		
	Does the agency have a tick	cet policy? Yes [⊠ No 🗆 🛚	Face Value of	Each Ticket/Pass	\$ \$90.00		_
	Event Description: A's		Date(s) 9 / 21 / 18/					
		Provide Title/ Explai	nation				<i></i>	
	Ticket(s)/Pass(es) provided	by agency? Yes [X No□ I	lf no:	Name of Source			_
	Was ticket distribution made	at the beheet v	von	f yes: Landret	h, Sabrina			
	of agency official?	at the benest 1981	X No □ ¹	y oo.	Official's Name (Last,	First)		
3.	Recipients					<u> </u>		
υ.	• Use Section A to identify the agen-	cy's department or unit.	Use Section B to	identify an individ	lual. • Use Section C to	identify an ou	ıtside organizatio	ın,
	Δ. Name of Agency, Depa	erment or Unit	/ Number / / of Ticket(s)/	Describe th	e public purpose mad	e pursuant to	the agency's n	alicy.
			Passes					a diva
			Number	44 T00 51 T00 50 T00 T00 T00 T00 T00 T00 T00 T00	agustivas Vientija talinas ir ir ir		36.45.174.Y3.774.20440	grana.
	B. Name of Indi — (Last,)Firs		of Ticket(s)/ Passes		identify one of	the following		
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		•	2	To provide is	king "Ceremonial Role" or "Ot ncentives to City 6	her" describe belo employees	that provide	
				services to t			•	
		,				ner 🗌		ome 🗌
				If check	king "Ceremonial Role" or "Oli	her" describe belo	w:	
	Name of Outside Or		Number			Artinio Artinio de		
	C. (include address and		of Ticket(s)/i	Describe th	e public purpose mad	e pursuant to	the agency's po	olicy
								
erren A	N. J	292894-884-8000-000000000000000000000000000	onaesopassures onesonoson					XAqiii (ditriripi Almin
.	Verification I have read and understand FPi	DC Dogulations 19011	1 and 10010	I hove verified	that the distribution	not forth at -	un la la casse	dones
	with the requirements.	PC Regulations 18944	.1 and 16942.	i nave veritied t	nat the distribution .	set forth abo	ve, is in accor	aance
		Sabrina	B. Landreth		City Administrat	or .	10/ 8 /2	018
	Signature of Agency Head or Designation)	rint Name	PG/W/f-tit/vienomi bressyssensonger	Title		(month, day,	
	Comment:							
	· · · · · · · · · · · · · · · · · · ·							

C	<u>eremonial Role Even</u>	ts and Ticket/F	'ass Dist	ributions		A Publi	c Document		
1.	Agency Name	gency Name					ifornia 802		
	Oakland Alameda County C	oliseum Authority				F	orm OU4		
	Division, Department, or Reg	ion (if applicable)			1	F.	or Official Use Only		
	Office of the City Administra	itor			l				
	Designated Agency Contact ((Name,Title)			1				
	Sabrina B. Landreth, City Ad	dministrator			Amendment (f	Must Provide Evr	Janakan in Dari 2 \		
	Area Code/Phone Number	E-mail	24-00-00-00-00-0			nasti ionae Exp	ianawon in Fart o.,		
	510-238-3301	slandreth@oakland	dca.gov		Date of Original Filing:(month, day, year)				
2.	Function or Event Infor	mation							
	Does the agency have a tick	ket policy? Yes	⊠ No 🗆	Face Value of	Each Ticket/Pass	\$ \$100.00			
	Event Description: A's			Date(s) 9	<u>, 22 , 18</u>	,			
		Provide Title/ Expla	nation	(.,					
	Ticket(s)/Pass(es) provided	by agency? Yes	X No □	If no:	Name of Source	***			
	Was ticket distribution made	at the behest Vest	XI No I	If yes: Landret	h, Sabrina				
	of agency official?	163		,	Official's Name (Last,	First)			
3.	Recipients								
J.	• Use Section A to identify the agen	cy's department or unit.	Use Section B t	o identify an individ	lual. • Use Section C to	identify an out	side organization.		
	Δ Name of Agency, Depa	erment or Unit	Number	500000	45 (W. 1)				
	Δ Name of Agency, Depa		of Ticket(s)/ Passes	Describe ti	e public purpose mad	e pursuant to t	ne agency's policy		
		•			, I a considerate				
	<u> </u>								
	Kata as a same and a same as a		Number	elou sease geretetotototototo	ATTA SE A TILORE IN TRADUCE AND INVAL	veitas nesavario e e e e e e e e e e e e e e e e e e e	Anne virginis de la constantina de la c		
	B. Name of Indi (Last, Fire	2.00 mm (1975) [1] 2.00 [1] 2	of Ticket(s)/		Identify one of	the following:			
	Verdin, Felicia	and the company of the state of	DESCRIPTION OF THE PARTY OF THE	Cerem	nonial Role 🔲 Oti	лег 🛛	Income		
	Verditi, Felicia		2	CAO 2018 C	wing "Ceremonial Role" or "Oto Open House Raffle	her" describe below.			
	*** *** *** *** *** *** *** *** *** **			000 2010 0	open riouse rtaine	, , , , , , , , , , , , , , , , , , ,			
				I	_	ner 🔲	Income _		
				If check	king "Ceremonial Role" or "Oti	ner" describe below:			
		Notes the second se	Number			Pa lance (consiste <u>see</u>			
	C. Name of Outside Or (Include address and		of Ticket(s)/ Passes		e public purpose mad	e pursuant to t	he agency's policy		
	81-92/30 (SOS) (2 miles + La Charles Carles + Miles +		MWX6.esT-sess						
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	Verification	BO Demiletten - 100 11	4 (455) =	N 1 1					
	I have read and understand FPI with the requirements.	ru Regulations 18944	nat the distribution :	set forth abov	e, is in accordance				
		Sabrina	City Administrate	or	10/ 8 /2018				
	Signalure of Agency Head or Designo	Title	•	(month, day, year)					
	Comment:								

C	<u>eremonial Role Even</u>	ts and Ticket/F	<u>'ass Dis</u> tı	ributions		A P	<u>ublic Docι</u>	<u>ıment</u>
1.	Agency Name				Date Sta	ımp	California	302
	Oakland Alameda County C	oliseum Authority					Form	e) 1 <i>74</i>
	Division, Department, or Reg	ion (if applicable)			1		For Official Us	e Only
	Office of the City Administra	tor				Ĭ.		
	Designated Agency Contact	Name,Title)			1	ľ		
	Sabrina B. Landreth, City Ad	dministrator			[] Amondmo	nt (Much Classe	ide Explanation in P	. d n 1
	Area Code/Phone Number	E-mail				iii. (iwasi Piovi	шө Ехріалашол іп Р	ai(3.)
	510-238-3301	slandreth@oaklan	dca.gov		Date of Origin	al Filing:	(month, day, year)	_
2.	Function or Event Infor	mation				_ሱ ታດ	00	
	Does the agency have a tick	ret policy? Yes	⊠ No 🗆	Face Value of	Each Ticket/P	ass \$ \$78.	UU	consequences
	Event Description: A's			Date(s)9	<u>, 23 , 18</u>		1 1	
	·	Provide Title/Expla	ınatlon	,				
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🗆	If no:	Name of Source		ntelecinismentelecistriministri (NOMMATAP Civilisis Indonesia	ovenienoshiobial
	Was ticket distribution made	at the hehest Voc	1971 N 10 11 11	If yes: Landret	th, Sabrina	o .		4
	of agency official?	at the benest 168	M NOL	, 9 0 0 1	Official's Name (Last, First)		
3.	Recipients				l Million (Million (Million and America)			***************************************
	• Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individ	lual. • Use Sectior	C to identify	an outside organiz	ation.
	Δ. Name of Agency, Depa	irtment or Unit	Number of Ticket(s)/	Describe th	ne public purpose	made pursua	ant to the agency!	s policy
			-Passes		The work to		15 F9 100 100 100 100	
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	B: Name of Indi		of Ticket(s)/		Identify o	ne of the follo	owlng:	gar.
		Y Y	Passes			Other 🔀		Г
	Basada, Phil		,	1	nonial Role [_] king "Ceremonial Role"		be below:	Income L
	•		2		king "Ceremonial Role" ncentives to C the Authority	ity employ	ees that provi	de
					nonial Role	Other 🗌		Income [
					king "Ceremonial Role"		oe below:	niconte L
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	C:(include address and		of Ticket(s)/ Passes		ie public purpose			s policy
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4.	Verification		ALCON TO THE PROPERTY OF THE PARTY OF THE PA	оми с обтого положения Моточной Монеский (1916—1916) Монеский	Nancaum Santacana and American	A CHARLES OF THE PROPERTY OF THE PARTY OF TH	AND COMMON	
	I have read and understand FF with the requirements.	PPC Regulations 1894	4.1 and 18942	. I have verified	that the distribu	tion set forti	n above, is in ac	cordance
		City Adminis	strator	10/ 8	/2018			
	Signature of Agency Head or Design		a B. Landreth Print Name	· · · · · · · · · · · · · · · · · · ·	Title	a a w		day, year)
	Comment:						Mark College and C	

	gency Report of: eremonial Role Ever	nts and Ticket/F	Pass Distri	ibutions	,	A Public Document
27,422.0	Agency Name				Date Stamp	
	Oakland Alameda County (Coliseum Authority				Form 802
	Division, Department, or Rec	jion (if applicable)	(*************************************		1	For Official Use Only
	Office of the City Administra	ator				
	remonial Role Events and Ticket/Pass Distribut Agency Name Dakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Diffice of the City Administrator Designated Agency Contact (Name, Title) Disbrina B. Landreth, City Administrator Distribut Division, Department, or Region (if applicable) Diffice of the City Administrator Distribut Division B. Landreth, City Administrator Distribut Division B. Landreth, City Administrator Division B. Landreth, City Adm				1	Í
	Sabrina B. Landreth, City A	dministrator			O Colored Towns	
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
	510-238-3301	slandreth@oaklan	dca.gov		Date of Original Filing	(month, day, year)
2.	Function or Event Info	mation		wywysocounskienumkielum-kinkleenidmiset	***************************************	
	Does the agency have a tic	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ 2	\$200.00
	Event Description: Childish	Gambino			<u>, 27 , 18</u>	
	Evon Goodpion.	Provide Title/ Expla	anation	Jaic(3)		
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □ If	f no:	Name of Source	
	Man finket distribution			f yes: Landret	Name of Source h. Sabrina	•
		e at the benest Yes	⊠ No 🔲 "	yes.	Official's Name (Last, First)
	or agency official?					
3.	· Use Section A to identify the age			identify an individ	ual. • Use Section C to ide	ntify an outside organization.
			of Ticket(s)/	Describe th	e public purpose made pi	irsuant to the agency's policy
					PhotoGraph	
	B. Name of Ind (Lest, Fi		Number of Ticket(s)/ Passes		Identify one of the	following:
	Foster, Frank		2		onial Role Other [ing "Ceremonial Role" or "Other" o ncentives to City emp ne Authority	-
				1	onial Role Other [ing "Ceremonial Role" or "Other" d	
	C. Name of Outside C (Include address and		Number of Ticket(s)/ Passes	Describe the		rsuant to the agency's policy
					V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-V-	
<u></u>	Verification				OH (many) 1150-251 M Section 18 Control of Many 16 M Section 18 Control of Many 16 M Section 18 Control of Many	
~F.	I have read and understand FF with the requirements.	PC Regulations 18944	1.1 and 18942. I	l have verified t	hat the distribution set i	forth above, is in accordance
	The state of the s	Sabrina	a B. Landreth		City Administrator	10/ 8 /2018
	Signature of Agency Head or Design		rint Name	· · · · · · · · · · · · · · · · · · ·	Title	(month, day, year)

C	eremonial Role Even	ts and Ticket/F	ributions	A Public Document			
1.	Agency Name				Date Stamp	California ONO	
	Oakland Alameda County C					Form OU/4	
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
	Office of the City Administra						
	Designated Agency Contact	•			1		
	Sabrina B. Landreth, City A				☐ Amendment (Mi	ust Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail]		
	510-238-3301	slandreth@oaklan	dca.gov		Date of Original Fills	ng:(month, day, year)	
2.	Function or Event Infor	mation		erika i Galaisia maanaa maa ya maa ka qagay iyo qaga ka ka ka ka maa ka maa ka qaga ka ka ka ka ka maa ka maa a		_	
	Does the agency have a tick	cet policy? Yes	⊠ No 🗆	Face Value of	Each Ticket/Pass \$	\$304.00	
	Event Description: Warriors	· · · · · · · · · · · · · · · · · · ·		Date(s) 9	<u>, 29 , 18 </u>	1 1	
		Provide Title/ Expla					
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🗆	If no:	Name of Source		
	Was ticket distribution made	at the behest Yes	No I	If yes: Landret	h, Sabrina		
	of agency official?	100	E 140 E	•	Official's Name (Last, Fi	rst)	
3.	Recipients		,				
	• Use Section A to identify the agen	cy's department or unit.	Use Section B to	o identify an individ	lual. • Use Section C to is	dentify an outside organization.	
	Δ . Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describeth	a nublic numero mede	pursuant to the agency's policy —	
			Passes	经工工工工工工 化二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	mederal process		
			Number				
	B. Name of Indi	医感染性结膜炎 化接进器 化基本化 经基础证明 网络丁克尔亚尔 计自己工作 化二二二	of Ticket(s)/ Passes		Identify one of t	ne following:	
	limenez Tiffeny	Hygenesis in the second se	●中心(1000年) - 中央(1000年)	Cerem	ionial Role 🔲 💮 Olhe	r 🗵 Income 🗆	
	Jimenez, Tiffany		2			r" describe below; nployees that provide	
				services to the	he Authority	ipioyees triat provide	
					ionial Role 🔲 Othei		
				If check	ding "Ceremonial Role" or "Other	" describe below:	
		12767a	Number		and the state of t		
	C Name of Outside Or (include address and		of Ticket(s)/	== Describe the	e public purpose made	pursuant to the agency's policy	
			Passes -				
		7 - 14 WHAT (64)		W(1)	····		
HERRIKA	Entanglisma and simplify a blank of proposition in the second of the second of the second of the second of the	SANONIA MANAGAMINA MANAGAMINA MANAGAMINA MANAGAMINA MANAGAMINA MANAGAMINA MANAGAMINA MANAGAMINA MANAGAMINA MAN	46544				
4.	Verification	· · · · · · · · · · · · · · · · · · ·					
	I have read and understand FPI	PC Regulations 18944	.1 and 18942	. I have verified t	hat the distribution se	t forth above, is in accordance	
	with the requirements.						
	Signatore of Agency Head or Designator	THE COMPANY OF THE COMPANY	B. Landreth)	City Administrator	**************************************	
	Signature of Agency Freat of Designa	SO PI	па гчапте		Title	(month, day, year)	
	Comment:						

	gency Report of: eremonial Role Even	its and Ticket/F	^o ass Distr	ibutions	Δ	Public Document
	Agency Name	<u> </u>			Date Stamp	
	Oakland Alameda County (Coliseum Authority				Form 802
	Division, Department, or Reg	ion (If applicable)			1	For Official Use Only
	Office of the City Administra	ator				ļ.
	Designated Agency Contact					
	Sabrina B. Landreth, City A	, , ,				
	Area Code/Phone Number	[E-mail	1102 · 1102		. Amendment (Must)	Provide Explanation in Part 3.)
	510-238-3301	slandreth@oaklan	dca.gov		Date of Original Filing:	(month, day, year)
2	Function or Event Infor	mation		er de la companya de		
	Does the agency have a tick	ket policy? Yes	⊠ No 🗆 🛚	Face Value of	Each Ticket/Pass \$ <u></u> \$	156.27
	Event Description: Oakland	Raiders Provide Title/ Expla		Date(s)9		
	Ticket(s)/Pass(es) provided		⊠ No 🗆 I	f no:	Name of Source	
	TATE COLUMN TO A STATE OF			f yes: Landret	Name of Source	
	Was ticket distribution made	at the behest Yes	⊠ No□ I	f yes: Landred	Official's Name (Last, First)	
	of agency official?				(2001) / // // //	
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 iden	tify an outside organization.
	A Name of Agency, Depa	900 CNC / SALEMENTS THE	Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	Walker, Carlos	se and see an one out to have a person of the second of the		Cerem	onial Role 🔲 Other 🔀	income [
	Walker, Galles		1		ing "Ceremonial Role" or "Other" de Icentives to City empl	
					onial Role Other	
					ing "Ceremonial Role" or "Other" des	
	C Name of Outside Or		Number of Ticket(s)/	Describe the	public purpose made our	suant to the agency's policy
	(include address and	description)	Passes			and some state of the state of
						Mrs. Wildiamed
4.	Verification				National Control of the Control of t	And the second s
	I have read and understand FPF with the requirements.	PC Regulations 18944.	1 and 18942. I	have verified th	at the distribution set fo	rth above, is in accordance
			B. Landreth		City Administrator	10/ 8 /2018
	Signature of Agency Head or Designe	e Pri	int Name	- Commence of the Commence of	Title	(month, day, year)
	Comment:					

	gency Report of: eremonial Role Even	its and Ticket/F	Pass Dist	ributions		A Public Do	cument
	Agency Name				Date Stamp	California	
	Oakland Alameda County C	Coliseum Authority				Form	802
	Division, Department, or Reg					For Official	Use Only
	Office of the City Administra	ator					
	Designated Agency Contact				z.		
	Sabrina B. Landreth, City A	All Jr. Dubrick Managers			0		(4
	Area Code/Phone Number	IE-mail			Amendment (Mus	t Provide Explanation in	n Part 3.)
	510-238-3301	slandreth@oakland	dca.gov		Date of Original Filing	j:(month, day, yea	ar)
2.	Function or Event Infor	mation				A	-
	Does the agency have a tick				Each Ticket/Pass \$	\$15929 30	555
	Event Description: Oakland	Raiders		Date(s)9	<u>, 30 _/ 18</u>		
	Ticket(s)/Pass(es) provided	Provide Title/ Explai	nation				
	ncket(s)/Fass(es) provided	by agency? Yes [⊠ No 🗆	f no:	Name of Source		
	Was ticket distribution made	at the behest ves i	XI No III	f ves: Landrett	n, Sabiina		
	of agency official?	163			Official's Name (Last, First	t)	
-							
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 ide	ntify an outside orgai	nization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe the	e public purpose made pu	ursuant to the agenc	y's policy
		Mark the second second	Passes	A TABLE AND THE STREET			家属 計劃
		24		1			
	3 Total Control of the Control of th						
			Number	The State of the S	77 427 27 47	The second second second	Virginary and an
	B. Name of Indiv (Last, Firs		of Ticket(s)/ Passes		Identify one of the	following:	
	Production of Allerander of South Control of the Co		F48888				
	McKinstry, Alvin		4		onial Role Other Other		Income
			1	To provide in	ng "Ceremonial Role" or "Olher" d centives to City emp	loyees that prov	⁄ide
				services to th		_	
				79.77°	onial Role Other _ ng "Ceremonial Role" or "Other" do		Income
		建			ing the control of the control of	oddriad below.	
	Nove description		Number			Shrift Till Dien in the Till	O service and service all
	C. Name of Outside Or (Include address and	ganization description)	of Ticket(s)/		public purpose made pu		y's policy
	PERMITTER AND	A STATE OF THE STA	Passes		San Shernor Congress	2000年 美國學	
A	Verification					VPO MATERIAL TO THE TOTAL TO TH	
	2 (2007) B 1 (0 (1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
	I have read and understand FPF with the requirements.	C Regulations 18944.	1 and 18942. I	have verified th	at the distribution set f	orth above, is in a	ccordance
		N-SULENCE AND ADDRESS OF THE PARTY OF THE PA	5 9				
,	Signature of Agency Head or Designe	Sabrina	B. Landreth		City Administrator	10/ 8	/2018
	organization of Agency Head of Designe	o Prii	nt Name		Title	(month,	day, year)
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

A Public Document

1.	Agency Name			- Andread Comment		Date Stamp	California Q00
	Oakland Alameda County C	oliseum Authorit	У				Form OUZ
	Division, Department, or Regi	on (if applicable)			,		For Official Use Only
	Lynette Gibson McElhaney,		ission				
	Designated Agency Contact (Name, Title)					, in the second of the second
	Renee Savage - OACCA Ex	ecutive Assistar	nt			Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail					·
	510.383.4801	RSavage@col	iseum.cor	m		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation	,				
	Does the agency have a tick		Yes⊠ N	lo⊡ F	ace Value of	Each Ticket/Pass \$ 90	.00
	· .	- ·	LOCKER IA				
	Event Description: A's vs Ra	Provide Title/	Explanation	[Jate(s)	<u>, 01 , 18</u> .	
	Ticket(s)/Pass(es) provided		Yes⊠ N	lo 🔲 📗	f no:		······································
		, - ,				Name of Source	
	Was ticket distribution made	at the behest	Yes⊠ N	lo 🔲 📙	f yes: Lynette	Official's Name (Last, First)	·
	of agency official?					,	
3.	Recipients		kakaimakasiimaakamigaakepy <u>miölök</u>		Opposition of the second secon	oras gapturigus muggataris en	
•	• Use Section A to identify the agen	cy's department or u	nit. • Use Se	ction B to	identify an individ	lual. • Use Section C to identi	fy an outside organization.
				lumber			
	A. Name of Agency, Dape	ITMENT OF UNIT		Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	West Oakland Senior Cen	ter		7	To be distrib	outed to the seniors who	o attend the Senior
				2	Center		
						- COORTICOORTIC-CILLUM	TO LOCATION OF THE STATE OF THE
	·	<u>-</u>			:		
	B. Name of Ind			lumber Ticket(s)/		Identify one of the fo	llowing:
	(Last-Fif	et)		gsees			
	•••					nonial Role Other king "Ceremonial Role" or "Other" desi	
					и спес	wilg Gelemonial Role of Other desi	unde delow.
							
						nonial Role Ofher Oher Manial Role Oher Ohe	
					n oned	and cereinellarioe of Other res	, ,
				vumber 🐇			
	C. Name of Cutside C		or	Ticket(s)	Describett	ie public purpose made purs	uant to the agency's policy
				Parses			
	<u> </u>	<u> </u>					
A.	Vaniši andinu		<u> </u>			one and a second control of the second contr	appellingssommenset (Alexandersettersettersettersettersettersettersettersettersettersettersettersettersetterse
4.	Verification	of Bandation &	9044 4 ~··	d 10040	I house use wifes at	that the distribution and for	rth above, is in accordance
	I have read and understand FF with the requirements	Regulations T	mat the distribution set to	ни авоче, із іп ассогавітс			
	Lynette McElhaney					OACCA Commissioner	00/20/40
	Signature of Agency Head or Design		Print Na		··············	Title	09/28/18 (month, day, year)
	Comment:						•

•	Action .ich		••				
0	eremonial	Role	Events	and	Ticket/Pass	Distribution	ns

A Public Document

Oakland Alameda County Cotiseum Authority Division, Department, or Region (# applicable) Lynette Gibson McEihaney , OACCA Commission Designated Agency Contact (*//eme, *Tite) Renee Savage - OACCA Executive Assistant Area Code/Phone Number E-mail FSavage@coliseum.com Amendment (*//www.provice Explanation in Part 3.) Date of Original Filling:	. Agency Name		Marie	amenia and the control of the contro	Date Stamp	California 802
Lynette Gisson McEhaney , OACCA Commission Designated Agency Contact (Name, Pile) Renes Savage - OACCA Executive Assistant Area Code/Prohoe Number Rawing Contact (Name, Pile) Resease Savage - OACCA Executive Assistant Resource College Renet Resource Renet Renet Resource Renet	Oakland Alameda County Colis	eum Authority				1 OIIII
Designated Agency Contact (Name, Title)	Division, Department, or Region	(if applicable)	, garantan			For Official Use Only
Renee Savage - OACCA Executive Assistant Area Gode/Phone Number E-mail Total Research Total Research			1			
Area Code/Phone Number E-mail	Designated Agency Contact (Nan	ne, Title)		,		
E-mail RSavage@coliseum.com Date of Original Filing:	Renee Savage - OACCA Execu	utive Assistant			Amendment (Must F	Provide Explanation in Part 3.)
Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 100.00	Area Code/Phone Number E-1	mail	· · · · · · · · · · · · · · · · · · ·			·
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 100.00 Event Description: A's vs Yankees Date(s) 09 / 03 / 18 / / / Date(s) 18 / OB / O	510.383.4801 R	Savage@coliseum	i.com		Date of Original Filing:	(month, day, year)
Event Description: A's vs Yankees	. Function or Event Informa	tion				
Event Description: A's vs Yankees	Does the agency have a ticket	policy? Yes ⊠	No ☐ Fa	ace Value of I	Each Ticket/Pass \$ $\frac{1}{2}$	00.00
Ticket(s)/Pass(es) provided by agency? Yes No If no: Was ticket distribution made at the behest Yes No If yes: Lynette McElhaney 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 entaide organization. **Aume 5/Agency Department or Unit	Event Description: A's vs Yanke					
Was ticket distribution made at the behest Yes No If yes: Lynette McElhaney 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 Agency, Department or Unit of Ticket (a) Describe the public purpose made pireuent to the agency's policy's Passes. 2 Number Identify Common land Other Income Inc	Event Description.	Provide Title/Explana	ate(5)			
Was ticket distribution made at the behest Yes No If yes: Lynette McElhaney 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.	Ticket(s)/Pass(es) provided by	agency? Yes ⊠] No □ If	no:		
Recipients - Use Section A to identify the agency's department or unit. - Name of Agency Department DrUnit - Name of Agency Department DrUnit - Official(s) - Plane - P			15	Lynette		
Recipients - Use Section A to identify the agency's department or unit. - Name of Agency Department DrUnit - Name of Agency Department DrUnit - Official(s) - Plane - P		the behest. Yes] No □ If	yes: Lynotto	Official's Name (Last, First)	
Vas Section A to identify the agency's department or unit. Vas Section B to identify an individual. Vas Section C to identify an outside organization.	of agency official?					
Vas Section A to identify the agency's department or unit. Vas Section B to identify an individual. Vas Section C to identify an outside organization.	Recinients	enal probabilistic survival probabilistic survival survival survival survival survival survival survival surviv -			-постоя на может в нутеления выполняем выполняем выполняем выполняем выполняем выполняем выполняем выполняем в	
A Name of Agency Department or Unit of - ticket(e): Passes Passes	• •	department or unit. • U	se Section B to id	lentify an individ	ual. • Use Section C to iden	tify an outside organization.
Research Passes			Number			
B. Name of Individual of Ticket(e)						
Benjamin, Tasha Ceremonial Role Other Income			Transmitting of Assess (Pages 20200 A 182		Puritation of the State of the	
B. Name of Individual (Less(FreeI)) Benjamin, Tasha Ceremonial Role Other S Income Is the fallowing. Rewarding a community activist for his/her service to the City of Oakland Ceremonial Role Other Other obscribe below. Rewarding a community activist for his/her service to the City of Oakland Ceremonial Role Other Income Income Is the existing Ceremonial Role or Other obscribe below. Builder of Ceremonial Role Other Other obscribe below. C. Name of Outside Organization Income Is the existing Ceremonial Role or Other obscribe below. Describe the public purpose made pursuant to the agency's policy Passes. Passes. Lynette McElhaney OACCA Commissioner 09/28/18 Signature of Agency Head or Designee Print Name Title (month, day, year)			2			
B. Name of Individual (Less(FreeI)) Benjamin, Tasha Ceremonial Role Other S Income Is the fallowing. Rewarding a community activist for his/her service to the City of Oakland Ceremonial Role Other Other obscribe below. Rewarding a community activist for his/her service to the City of Oakland Ceremonial Role Other Income Income Is the existing Ceremonial Role or Other obscribe below. Builder of Ceremonial Role Other Other obscribe below. C. Name of Outside Organization Income Is the existing Ceremonial Role or Other obscribe below. Describe the public purpose made pursuant to the agency's policy Passes. Passes. Lynette McElhaney OACCA Commissioner 09/28/18 Signature of Agency Head or Designee Print Name Title (month, day, year)			-			
B. Name of Individual (Less(FreeI)) Benjamin, Tasha Ceremonial Role Other S Income Is the fallowing. Rewarding a community activist for his/her service to the City of Oakland Ceremonial Role Other Other obscribe below. Rewarding a community activist for his/her service to the City of Oakland Ceremonial Role Other Income Income Is the existing Ceremonial Role or Other obscribe below. Builder of Ceremonial Role Other Other obscribe below. C. Name of Outside Organization Income Is the existing Ceremonial Role or Other obscribe below. Describe the public purpose made pursuant to the agency's policy Passes. Passes. Lynette McElhaney OACCA Commissioner 09/28/18 Signature of Agency Head or Designee Print Name Title (month, day, year)		,				
Benjamin, Tasha Ceremonial Role Other Service to the City of Oakland Ceremonial Role Other Other describe below. Rewarding a community activist for his/her service to the City of Oakland Ceremonial Role Other Income						
Rewarding a community activist for his/her service to the City of Oakland Ceremonial Role Other Income					(UBININY ONE OF HIS	ollowing.
Rewarding a community activist for his/her service to the City of Oakland Ceremonial Role Other Income	Roniamin Tacha			Cerem	nonial Role Other D	Income _
City of Oakland Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (Include address and description) Passes: Describe the public purpose made purguant to the agency's policy Passes: Legisland Passes: Lynette McElhaney OACCA Commissioner 09/28/18 Signature of Agency Head or Designee Print Name Tille (month, day, year)	Denjaniir, Tasna					
Number of Toutside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and describtion). Leave that the distribution set forth above, is in accordance with the distribution set forth above, is in accordance with the distribution set forth above, is in accordance with the distribution set forth above. Signature of Agency Head or Designee Print Name Title (month, day, year)						of this/fiel service to the
Number of Outside Organization of Tiske(is)/ Describe the public purpose made pursuant to the agency's policy (include address and description): Verification				Cerem	nonial Role Other	Income _
C. (Include andress and description) Verification				If check	king "Ceremonial Role" or "Other" de	scribe below:
C. (Include andress and description) Verification			•			
(Include address and description) Fesses Legislation Have read and interstantiff C Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the fedure ments. Lynette McElhaney OACCA Commissioner 09/28/18 Signature of Agency Head or Designee Print Name Title (month, day, year)			Number	Describe th	souble numosexuade ou	suant to the agency's policy
the version of an interstee of the Commissioner above, is in accordance with the fedure ments. Lynette McElhaney OACCA Commissioner 09/28/18 Signature of Agency Head or Designee Print Name Tille (month, day, year)	Y (include address and des	(eription)	Passes			
the version of an interstee of the Commissioner above, is in accordance with the fedure ments. Lynette McElhaney OACCA Commissioner 09/28/18 Signature of Agency Head or Designee Print Name Tille (month, day, year)						
the version of an interstee of the Commissioner above, is in accordance with the fedure ments. Lynette McElhaney OACCA Commissioner 09/28/18 Signature of Agency Head or Designee Print Name Tille (month, day, year)						
the version of an interstee of the Commissioner above, is in accordance with the fedure ments. Lynette McElhaney OACCA Commissioner 09/28/18 Signature of Agency Head or Designee Print Name Tille (month, day, year)						
the version of an interstee of the Commissioner above, is in accordance with the fedure ments. Lynette McElhaney OACCA Commissioner 09/28/18 Signature of Agency Head or Designee Print Name Tille (month, day, year)						
With the reducements. Lynette McElhaney OACCA Commissioner 09/28/18 Signature of Agency Head or Designee Print Name Tille (month, day, year)	l. Verification	T				
Signature of Agency Head or Designee Print Name Title (month, day, year)	they and stop and protection of the	Regulations 18944.	1 and 18942. I	have verified	that the distribution set f	orth above, is in accordance
Signature of Agency Head or Designee Print Name Title (month, day, year)	with the reduine monts.	7				
		Lynette	McElhaney		DACCA Commissione	r 09/28/18
Comment	Signature of Agency Head or Designee	Prir	nt Name		Title	(month, day, year)
	Comment			•		

•				
ſ	?oromonial	l Rola Fvante	and Ticket/Page	Dietributions

Δ	Pu	bl	ic	Docu	me	nt

1.	Agency Name				Date Stamp	California 000	
	Oakland Alameda County C	oliseum Authority				Form 994	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Lynette Gibson McElhaney	, OACCA Commissio	n				
•	Designated Agency Contact	Name,Title)			1		
	Renee Savage - OACCA Ex	ecutive Assistant			Amendment (Must I	Provide Explanation in Part 3.}	
	Area Code/Phone Number	E-mail		,		TOTAL SAPIGNATION IN THE STATE OF	
	510.383.4801	RSavage@coliseur	n.com		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation		ATT			
	Does the agency have a tick	ret policy? Yes [No ☐ F	ace Value of	Each Ticket/Pass $$\frac{2}{}$	200.00	
	Event Description: Sam Sm	ith Thrill of it All		0418	1 1		
	Event Beschption.	Provide Title/ Explar	nation		•		
	Ticket(s)/Pass(es) provided	by agency? Yes [XI No□.If	no:	Name of Source		
	Man tiplest distribution made	at the beheat w		yes: Lynette	McElhaney.		
	Was ticket distribution made of agency official?	sarme benest Yes F	Ŋo∐ "	yes	Official's Name (Last, First)	ACCEPTATION OF THE COMMENT OF THE CO	
	or agency official:						
3.	Recipients						
	• Use Section A to identify the ager	cy's department or unit. •	Use Section B to id	dentify an individ	lual. • Use Section C to iden	ntify an outside organization.	
	Δ Name of Agency, Dep	artment or Unit	Number of Ticket(8)/	Describe ti	e public purpose made pu	rsuant to the agency's policy	
			Pasces.				
					St		
	·						
			Number				
	B. Name of Ind (Lest File		ol-Ticket(s); = Passes		dentify one of the	(Ollowing:	
	Jones, Monita				nonial Role 🔲 Other 🛭		
	oones, monta		2	If checking "Ceremonial Role" or "Other" describe below: Rewarding a community activist for his/her service to the			
				City of Oakla			
	•			l .	nonial Role Other	_	
				lf chec	king "Ceremonial Role" or "Other" de	escribe below:	
		No Carlo Nove (Crestolic State of District Of State of St					
	O Name of Outside C		Number of Ticket(s)	Describe ()	e public purpose made pu	revant to the agency's policy	
			Passes				
	•	•				u .	
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A	Verification //		- The second sec	Annua programme production of the second sec		nonconstruction and a second s	
 .	I have read and sufferst and a	PC Regulations 18044	1.1 and 18942	l have verified	that the distribution set (forth above, is in accordance	
	WHITE TO THE TOTAL OF THE PROPERTY OF THE PROP	The gardions 10044	100 12.1	таппов	season strong out		
· Concession	ひ / こじて	Lynette	McElhaney	(OACCA Commissione	er 8/30/18	
	Signature of Agency Head or Desig		rint Name		Title	(month, day, year)	
	0						
	Comment:						

•	·:	F						
1	Ceremo	nial	Role	Events	and Ti	cket/Pass	Distributi	ions

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_	R 6.4						

1.	Agency Name			rkamananan arangga	- Control Control	en e	Date Stamp	Califor	nia Q介の
	Oakland Alameda County C	oliseum Auth	ority					Forn	945960160000000000000000000000000000000000
	Division, Department, or Reg	ion (if applicable)					For Of	ficial Use Only
	Lynette Gibson McElhaney	, OACCA Cor	nmissio	n	•				٠
	Designated Agency Contact					·			
	Renee Savage - OACCA Executive Assistant						Amendment (Must P	rovide Explana	tion in Part 3.)
	Area Code/Phone Number	E-mail						•	ĺ
	510.383.4801	RSavage@	coliseur	n.com			Date of Original Filing: .	(month, da	y, year)
2.	Function or Event Infor	mation			enni-ac				
	Does the agency have a ticl	ket policy?	Yes 2	⊠ No □	Fa	ice Value of I	Each Ticket/Pass \$ <u>10</u>	00.00	
	Event Description: A's vs Ya	ankees					04 / 18		ì
	Lvein Description.	Provide T	itle/Explan	ation	U	10(3)			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🛭	☑ No □	lf ı	no:	Name of Source		
	Man tinted distribution manda					ves: Lynette			
	Was ticket distribution made of agency official?	e at the penes	≀ Yes <u>P</u>	S No □	" ;	yes	Official's Name (Last, First)		
	or agency official?					. '	-		
3.	Recipients			•	2333402000050				
	 Use Section A to identify the agen 	ncy's department o	r unit. • 1	Use Section B	to iđ	entify an individ	ual. • Use Section C to ident	tify an outside	organization.
	A Name of Agency, Dap	ertment or Unit		Number of Ticket(s		Describe th	e public purpose made pur	suant to the s	genev/a policy
•				P#8866					
				2			·		•
		·	-		_				
				Number					
	B. Name of Ind	ividual Bij		of Ticket(s Passes			dentity one of the f	ollowing)	
		POR RELIGIOUS AND ASSESSMENT OF THE PROPERTY O		Francis de Maria de Maria	111241	Cerem	ionial Role 🔲 💮 Other 🔀	3	Income 🗌
	Sanchez, Susan			2		If check	ting "Ceremonial Role" or "Other" de	_	,,,delle <u></u>
						Rewarding a	City Staff member		-
	•	·				Cerem	ionial Role Other]	Income
						If check	ing "Ceremonial Role" or "Other" de	scribe below:	
	<u> </u>								
	Name of Outside C			Number of Ticket(s		Describe th	e public purpose made pur	suant to the e	gency's policy
	(include address and	d description)		Pascos					
	4				\dashv				
mare 21	onnemmentoren oran en	errorrorrorrorrorrorrorrorrorrorrorrorro				enced to the latter of the control of the latter of the la	CT	10-25-056-10-00-00-00-00-00-00-00-00-00-00-00-00-	Socialis in antimo antimo de la companya de la comp
4.	Verification	w/1)						4.	
	I have read and undougland III	Pegulation	s 18944.	.1 and 1894	2. 1	have ventied t	that the distribution set for	orth above, i	s in accordance
			1			_	NAGOA O	_	00/00/40
	Signature of Agency Head or Design			McElhane	y		DACCA Commissioner		09/28/18 (month, day, year)
	Comment:			100000000000000000000000000000000000000			5		rha-Skh

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) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: RSavage@coliseum.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: A's vs Yankees 09 Date(s). Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☑ No □ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes 🛛 No 🗌 Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit West Oakland Senior Center To be distributed to seniors at the WOSC 2 Identify one of the following: Other 🗵 Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below Other [Income ___ Ceremonial Role If checking "Geremoniel Role" or "Other" describe below Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's polic

4. Verification I have read and under the PPC Begulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Lynette McElhaney **OACCA Commissioner** 09/28/18 Print Name (month, day, year) Comment: 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 1. Agency Name

Δ	Pu	ıhl	ic	Do	CH	me	ni

Ī.,	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Authority		10111		
İ	Division, Department, or Reg	on (if applicable)			1	For Official Use Only
	Lynette Gibson McElhaney	, OACCA Commissio				
•	Designated Agency Contact (Name,Title)	7	'		
	Renee Savage - OACCA Ex	ecutive Assistant			Amendment (Must)	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Total Explanation III are c.y
	510.383.4801	RSavage@coliseui	m.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			_	
	Does the agency have a tick	cet policy? Yes [⊠ No 🗆 📑	ace Value of	Each Ticket/Pass \$ 9	0.00
	Event Description: A's vs Ra	angers Provide Title/ Explai	[<u> </u>	
	Ticket(s)/Pass(es) provided	•	_	f no:		
	, ,		-	Lyneffe	Name of Source	
	Was ticket distribution made	at the behest Yes	No □ I	fyes: <u>Lynette</u>	Official's Name (Last, First)	
	of agency official?					
PROTEINE Pa		Dismarkia merekangangangangangangangan anaman arawa merekanan arawa merekanan arawa merekanan arawa merekanan a	·	**************************************	yayan an a	and the second s
3.	Recipients • Use Section A to identify the agen	ev's department or whit	Hea Saction R to	dentify an individ	dual . Hee Section C to ider	atify an outside organization
	• Use Section A to identify the agen	cysuepartment of ant.	Number	dentity an individ	dual. Ost Section C to Idea	thy an outside organization.
	A Name of Agency, Dept	irunent or Unit	of Ticket(s)/ Passes			rsuant to the agency's policy
	West Oakland Senior Cen	ter	2	To be distrit	outed to seniors at the	WOSC
	B. Name of Ind	Vidual	Number of ticket(e)		identity one of the	following:
	Cast File	8)	Passes			
	· · · · ·	•	' -		monial Role	
			,	1	monial Role Other	
				If chec	cking "Ceremonial Role" or "Other" d	escribe delow:
			n inggangga gang dan dan dalah dan da			
•	Name of Outside C		Number of Ticket(s)/	Describe t	ne public purpose made pu	rsuant to the agency's policy
			Passes			
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4.	Verification		4 4	I have in the	that the state television of	forth characteristics
	I have read and uniferstand Fi with the requirements.	770 Regulations 1894	1.1 and 18942.	I have ventied	that the distribution set	forth above, is in accordanc
	With the state of				0.001.5	** ** - * * -
	1		e McElhaney		OACCA Commissione	
	Signature of Agency Heath or Desig	nee F	rint Name		Title	(month, day, year)
. '	Comment:	•				

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

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

	Oakland Alameda County C	oliseum Authority			Form OUZ				
	Division, Department, or Reg	ion (if applicable)		 		For Official Use Only			
	Lynette Gibson McElhaney	, OACCA Commiss	sion						
	Designated Agency Contact	(Name, Title)							
	Renee Savage - OACCA Ex	kecutive Assistant			Amendment (Must Pr	ovide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	510.383.4801	RSavage@colise	eum.com		Date of Original Filing: _	(month, day, year)			
2.	Function or Event Infor	mation	en e	observer and a debid to the second of the se					
	Does the agency have a tick	ket policy? Ye	s⊠ No□	Face Value of	Each Ticket/Pass \$ 20	0.00			
					(s) <u>09 , 08 , 18</u>				
		Provide Tille/Exp							
	Ticket(s)/Pass(es) provided	by agency? Ye	s⊠ No□	If no:	Name of Source				
	Was ticket distribution made	at the behest Va	e IXI No FI	If yes: Lynette	McElhaney				
	of agency official?) de 110 20.1001 16	SET NOLL	,	Official's Name (Last, First)				
90000000		anno summer moder se destandas summer meneran	·		t de seu la companya de la companya				
3.	Recipients		** 0 **						
	Use Section A to identify the ager	icy's department or unit.	• Use Section B		dual. Use Section C to identi	Ty an outside organization.			
	A. Name of Agency, Dep	artment or Unit	of Ticket(s Passes	Describe t	në public purpose made pur	uant to the agency's policy			
			100000	Section Section					
	,								
	m	2m-312/20-1101111111111111111111111111111111							
	B. Name of Ind	ividual ***	Number or Ticketts		Identify one of the fo	illowing			
	(Cast Fi		Passes						
	None				monial Role Other X				
			2	Did not use		onde below.			
						· · · · · · · · · · · · · · · · · · ·			
				1	monial Role Other Other Other Other Other Other Other Other Other				
	Name of Outside C		Number						
	C. (include address an		of Ticket(s		he public purpose made pur	uent to the agency's policy			
	SAR-15-SARMINGS WINDS AND AND ASSESSMENT	And the state of t							
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					and the state of t				
4.	Verification 0	The state of the s		N					
	I have lead and undergrand F	PP Regulations 189	944.1 and 1894	42. I have verified	that the distribution set fo	orth above, is in accordance			
	Authorite Carrie Well	Heg	.						
	7017	<u> </u>	ette McElhane	ey	OACCA Commissioner				
	Signature of Agency Head or Desig	n <i>e</i> e∞−°	Print Name		ine	(month, day, year)			
	Comment:	•							

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

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I. Agency Name			Date Stamp California Form		
Oakland Alameda County Coliseum Authority				For Official Use Only	
Division, Department, or Region (if applicable)		,		1 57 5 113 113 113	
Lynette Gibson McElhaney , OACCA Commission	1				
Designated Agency Contact (Name, Title)					
Renee Savage - OACCA Executive Assistant			Amendment (Must	t Provide Explanation in Part 3.)	
Area Code/Phone Number E-mail			Date of Octobral Filling		
510.383.4801 RSavage@coliseum	n.com		Date of Original Filing	(month, day, year)	
2. Function or Event Information					
Does the agency have a ticket policy? Yes	I No □ F	ace Value of	Each Ticket/Pass \$ _	90.00	
Event Description: A's vs Rangers		Date(s)		1 1	
Provide Title/ Explana	ation	· u.u.(v)			
Ticket(s)/Pass(es) provided by agency? Yes ⊠	No □ I	no:	Name of Source		
Was ticket distribution made at the behest Yes ⊠	a v. 🕳 lí	yes: Lynette	McElhaney _		
of agency official?	a No⊟	y 00	Official's Name (Last, Firs		
or agency officials					
3. Recipients	,	_			
• Use Section A to identify the agency's department or unit. • U	Jse Section B to	identify an individ	ual. • Use Section C to ide	entify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe to	e public purpose made p	ursuant to the agency's policy	
	HARROS				
West Oakland Senior Center	2	To be distrib	uted to seniors at the	e WOSC	
	Number				
B. Name of individual (Last First)	of Ticket(s)/ Passes		Identify one of the	following:	
and the control of t		Coron	nonial Role 🔲 Other	Income □	
			sing "Geremonial Role" or "Other"		
		Ceren	nonial Role 🔲 Olher	☐ Income ☐	
<u>.</u>			ring "Ceremonial Role" or "Olher"		
Name of Outside Organization	Number of Ticket(s)/	Describe H	e public nurrose made p	ursuant to the agency's policy	
(Include address and description)	Passes				
			•		
New April (Mary 1997)				;; rannon	
		and a second decision of the second decision			
4. Verification		•			
I have read and understand EPFI Regulations 18944.	1 and 18942.	I have verified	that the distribution set	forth above, is in accordance	
WITH THE PERSON OF THE PERSON					
100	McElhaney int Name		DACCA Commission		
Signature of Agency Head or Designee Pri	in Naiise		·	(month, day, year)	
Comment:			· · · · · · · · · · · · · · · · · · ·		

Agency Report of: 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) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Riot Games Date(s). Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☑ No ☐ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number of Ticket(e)/ 'Passes Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy identity one of the following: Other X Ceremonial Role Income None If checking "Ceremonial Role" or "Other" describe below. 2 Did not use Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other" describe below: Number 1 Ticket(s) | Passes Name of Outside Organization (Include address and description) Describe the public purpose made pursuant to the agency's bollo

4. Verification 🌃 Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I have read and unf

Lynette McElhaney

OACCA Commissioner

9/30/18

Comment:

Print Name

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 305.55 Does the agency have a ticket policy? Yes⊠ No □ Event Description: Raiders vs Rams Date(s) 09 / 10 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No □ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy. Name of Agency, Department or Unit Name of Individual (Last First) identify one of the following: Ceremonial Role Other X Benjamin, Tasha If checking "Ceremonial Role" br "Other" describe below; 2 Rewarding a community activist for his/her service to the City of Oakland Ceremonial Role Other 🗌 Income ... If checking "Ceremonial Role" or "Other" describe below Number of Ticket(s) Name of Outside Organization Include address and description 4. Verification Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance i nake read and ৸

Lynette McElhaney

Print Name

Signature of Agency Head or Designee

Comment: _

OACCA Commissioner

9/30/18

(month, day, year)

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

A Public Document

Oakland Alameda County Coliseum Authority Division, Department, or Region (# applicable) Lynette Gibson McElhaney , OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Area Code/Phone Number 510.383.4801 RSavage@coliseum.com Z. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 200.00 Event Description: BTS World Tour Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Face Value of Each Ticket/Pass \$ 200.00 Was ticket distribution made at the behest Yes No If no Name of Source Was ticket distribution made at the behest Yes No If yes: Lynette McElhaney 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. A. Name of Agency, Dapartment or Unit. Passas Pazola, Carlos Pazola, Carlos Ceremonial Role Other Incommission Incommission
Lynette Gibson McElhaney , OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Area Code/Phone Number E-mail
Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Area Code/Phone Number E-mail
Renee Savage - OACCA Executive Assistant Area Code/Phone Number E-mail Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 200.00 Event Description: BTS World Tour Date(s) 09 12 18
Area Code/Phone Number E-mail
Area Code/Phone Number E-mail RSavage@coliseum.com Date of Original Filling:
2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 200.00 Event Description: BTS World Tour Date(s) 09 / 12 / 18
Does the agency have a ticket policy? Yes \ No \ Date(s)
Event Description: BTS World Tour 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: Lynette McElhaney of agency official? 3. Recipients Use Section A to identify the agency's department or unit. Number of Apency, Department or Unit: Number of Apency, Department or Unit: Number of Ticket(s)/Passes Passes Number of Ticket(s)/Passes Passes Pazola, Carlos Pazola, Carlos Ceremonial Role Other New describe below: Presented to a community activist in appreciation for service to the City of Oakland Ceremonial Role Other Incommunity activist in appreciation for service to the City of Oakland Ceremonial Role Other Incommunity activist in appreciation for service to the City of Oakland
Event Description: BTS World Tour 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: Lynette McElhaney of agency official? 3. Recipients Use Section A to identify the agency's department or unit. Number of Apency, Department or Unit: Number of Apency, Department or Unit: Number of Ticket(s)/Passes Passes Number of Ticket(s)/Passes Passes Pazola, Carlos Pazola, Carlos Ceremonial Role Other New describe below: Presented to a community activist in appreciation for service to the City of Oakland Ceremonial Role Other Incommunity activist in appreciation for service to the City of Oakland Ceremonial Role Other Incommunity activist in appreciation for service to the City of Oakland
Ticket(s)/Pass(es) provided by agency? Yes No I If no: Was ticket distribution made at the behest Yes No I If yes: Lynette McElhaney 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. Name of Agency, Department of Unit. Name of Agency, Department of Unit. Name of Individual (Cast First) Describe the public purpose matis pursuant to the agency's roll:
Was ticket distribution made at the behest Yes No I If yes: Lynette McElhaney 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. A. Name of Agency, Department or Unit: Number of Ticket(s) Describe the public purpose made pursuant to the agency's polic place.
Was ticket distribution made at the behest Yes No I If yes: Lynette McElhaney 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. A. Name of Agency, Department or Unit: Number of Ticket(s) Describe the public purpose made pursuant to the agency's polic place.
Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number: of Ticket(s): Passes: Name of Agency, Department or Unit Official's Name (Last, First) Name of Individual Official's Name (Last, First) Name of Agency, Department or unit. Number of Individual Official's Name (Last, First) Number of Individual Official's Name (L
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 of Ticket(e). • Passes Number of Ticket(e). • Passes Pazola, Carlos Ceremonial Role Other Income of Individual in Appreciation for service to the City of Oakland Ceremonial Role Other Income of
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Pazola, Carlos Ceremonial Role Other Image:
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Pazola, Carlos Ceremonial Role Other Image:
Pazola, Carlos Ceremonial Role Other Image:
Pazola, Carlos Ceremonial Role Other Image: Incom If checking "Ceremonial Role" or "Other" describe below: Presented to a community activist in appreciation for service to the City of Oakland Ceremonial Role Other Image: Income
Pazola, Carlos 2 Presented to a community activist in appreciation for service to the City of Oakland Ceremonial Role Other Incom
service to the City of Oakland Geremonial Role Other Incom
Ceremonial Role ☐ Other ☐ Incom
Name of Gutside Organization Number Describe the subtle surgoes and a supplied the subtle
C. Name of Cultide Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's polic (include address and description). Passes
4. Verification
I have rearland understand FPFQRegulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance.
with the require fields.
Lynette McElhaney OACCA Commissioner 9/30/18
Signature of Agency Head or Designee Print Name Title (month, day, yet
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) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 100.00 Does the agency have a ticket policy? Yes ⊠ No 🗌 Event Description: J. Balvin 20 Date(s)_ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☑ No □ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A.	Name of Agency, Department of Unit	Number of Ticket(s)/ Fasses	Describe the public purpose made pursuent to	he agency's bolicy
	1,4			
B	Name of Individual (Last First)	Number of Tipket(s)/ Passes	I dentify one of the following:	
None		2	Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below Did not use	Income
			Ceremonial Role Offier If checking "Ceremonial Role" or "Other" describe below	Income C
G.	Name of Cutslee Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to	
Verificat I have read with troops		4.1 and 18942.	I have verified that the distribution set forth abo	ve, is in accordance
-1	Lynett	e McElhaney	OACCA Commissioner	9/30/18
-		Print Name	Title	(month, day, year)
Commen	it:		FPPC Toll-Free Helpline: 866/ASK	PC Form 802 (2/2016) FPPC (866/275-3772)

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) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 78.00 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: A's vs Indians 20 Date(s). Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 区 No □ If no: Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No □ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Ticket(s)/ Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Name of Individual identify one of the following: Other X Ceremonial Role Income Did Not Use If checking "Ceremonial Role" or "Other" describe below 2 Tickets were not issued Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below. Name of Outside Organization (Include address and description Describe the public purpose made pursuant to the agency's policy

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 source of
| with the sequirements. | III. | Land |
|--------------------------|--|------|
| | The same of the sa | 7 |
| Signature of Agency Head | or Deargnee | 1 |

Lynette McElhaney

OACCA Commissioner

0@/30/18

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) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 90.00 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: A's vs Twins Date(s) __09 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes No 🗆 Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Name of Agency, Department or Unit Describe the public burpose made pursuant to the agency's policy Identify one of the following: Other 🗵 Ceremonial Role Did Not Use If checking "Ceremonial Role" or "Other" describe below: 2 Tickets were not issued Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the ag

Income ___ Income ... 4. Verification Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I hay∕e read and u Lynette McElhaney **OACCA** Commissioner 06/30/18 Print Name (month, day, year) Comment: 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 Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 100.00 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: A's vs Twins Date(s) __09__/_ 22 / Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? if no: _ Yes ☑ No ☐ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Name of Individual (Last First) of Ticket(s)/ Passes identify one of the following: Other 🗵 Ceremonial Role Income ... Did Not Use If checking "Ceremonial Role" or "Other" describe below: 2 Tickets were not issued Income 🔲 Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "O(her" describe below: Namb of Dutalde Organization (Include address and description) Describe the public purpose made pursuant to the agency's policy

4.	Verification	1-					
	I have fead and	undersand FBPC Red	gulations 18944.1	and 18942. I h	ave verified that the	distribution set forth a	above, is in accordance
	That of our and	~ ### 1 1851/	g				

Lynette McElhaney

OACCA Commissioner

0\$/30/18

Signature of Agency Head or Designee

Comment:

Print Name

Tille

(month, day, year)

EPPC Form 802 (2/2016)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 78.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's vs Twins Date(s) __09__/ 23 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: _ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes 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. Name of Agency, Department proUnit Describe the public purpose made pursuant to the agency's policy Name of Individual Identify one of the following Ceremonial Role Other X Carey, Darrell If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a community activist for his/her service to the City of Oakland Ceremonial Role Other ___ Income ___ If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's policy 4. Verification

Lynette McElhaney

Print Name

I have read and ung

Comment: _

Signature of Agency Head or Designee

·____

OACCA Commissioner

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

09/28/18

(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) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 97.55 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: World Championship Boxing 28 Date(s) __09 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No □ If no: Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency/s polic Name of Agency, Department or Unit Name of Individual Identify one of the following Ceremonial Role Other X Income NONE If checking "Ceremonial Role" or "Other" describe below: 2 Did not use Other 🗌 Income Ceremonial Role 🔲 If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (Include address and description) Describe the public purpose made pursuant to the agen

Verification			THE CONTRACTOR OF THE CONTRACT
I have read and understand FPFT Regulation with the requirements	lations 18944.1 and 18942. I have	e verified that the distribution set forth all OACCA Commissioner	pove, is in accordanc 9/30/18
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:	,	William I Willia	

	L			
Ceremonia	I Role	Events an	d Ticket/Pass	Dietributione

A Public Document

1.	Agency Name			gggan at an	THE RESERVE THE PROPERTY OF TH	Date Stamp	California OOO
	Oakland Alameda County C	Coliseum Authorit	У				Form 6U4
	Division, Department, or Reg	ion (if applicable)				****	For Official Use Only
	Lynette Gibson McElhaney		ission				
	Designated Agency Contact						
	Renee Savage - OACCA Ex	ecutive Assistar	ıt ·			Amandment /Must B	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail					томов ехрівнаціон ін Рап З.)
	510.383.4801	RSavage@coli	seum.	com		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation		,			
	Does the agency have a tick	ket policy?	∕es⊠	No 🗆	Face Value	of Each Ticket/Pass \$ 30	05.55
			100 23	140 🗀			Octability Commonweal
	Event Description: Raiders	Provide Title/	Explanati	ion	Date(s)	9 , 30 , 18	
	Ticket(s)/Pass(es) provided		-	No 🔲	If no:		
	·					Name of Source	A STATE OF THE STA
	Was ticket distribution made	at the behest γ	∕es⊠	No □	If yes: Lyne	tte McElhaney Official's Name (Last, First)	· · · · · · · · · · · · · · · · · · ·
	of agency official?					emoter e realité (Euor, 1 not)	
3.	Recipients		tangga ang ang ang ang ang ang ang ang an			necoccinimate de la companya de la c	
ar i	• Use Section A to identify the agen	cy's department or un	it. • Us	e Section B t	o identify an indi	ividual. • Use Section C to ident	ify an outside organization
				Number			
	A. Name of Agency, Department	rtment or Unit		of Ticket(6)/ Passes	Describe	e the public purpose made pur	suant to the agency/s policy
	accommission and a second seco	annead programme and the second	artir (USA) (PE)		augus (Saundaleinin Salas Iniili)		
						•	
		· FORest				, Wiles	
	B. Name of Indi	vidual		Number of:Ticket(s)		identify one of the (
	(Last) Film			Passos		Centry One Of the fo	
				-	1	remonial Role 🔲 Other 🗵	
		•			If c	hecking "Ceremonial Role" or "Other" des	cribe below:
						eremonial Role Other O	
	•				lf ci	hecking "Ceremonial Role" or "Olher" des	cribe below:
		and the second	25 G.J. 254				
	C. Name of Outside O	rganization description)		Number of Ticket(s)/	Describe	the public purpose made pure	suant to the agency/s policy
				Pesses			
	Love Life Foundation PO Box 70351, CA 94612	•		2	to the City	g a community organizati ⁄ of Oakland	on/non-profit for service
	. 0 500, 1000 1, 07, 07012				To the Oily	Vuniu(IV	***************************************
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enne A	Varification		energy (Section 1)		,		
ŧ.	Verification I have reasond updestand EE	Boundations 15	20444	and 100 10	I house in the	and thank then all a late of the second	all at a second
1	with the goldenier and the within the goldenier and the within the goldenier and the within the control of the	ryerkegulations 16	944.7	ana 1 894 2	. i nave verifie	ed that the distribution set fo	rth above, is in accordance
(· otto M	1oElbana		000000000000000000000000000000000000000	0100110
	Signature of Agency Head or Design			lcElhaney _{Name}		OACCA Commissioner	9/30/18 (month, day, year)
						. tino	(monus, day, year)
	Comment:						

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1	. Agency Name		### ##################################	Date Stamp	California O 0
	Oakland Alameda County Colis	sium Auth	ority		Form OUZ
	Division, Department, or Region (If Applicable	9)			For Official Use Only
	Yui Hay Lee, Commissioner				
	Designated Agency Contact (Name, Tille)				
	Area Code/Phone Number E-mail		Amendment (Must p	rovide explanation in Part 3.)	
	(510 836-6688 x 10 YuiHa	ay@YHLA.n	et	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	ADMINISTRATION PRO	Martin Control of the	-	
- 1 m - 1 m	Does the agency have a ticket policy?	Face Value o	f Each Ticket/Pass \$ _	30480	
	Event Description Onland	SE ATTACHE	D),		
	Ticket(s)/Pass(es) provided by agency?	Yes No No Name of Source			urce
	Was ticket distribution made at the behest	No ☐ Yes [☐ If yes:		
	of agency official?			Official's Name (L	ast, First)
3.	Recipients				The order of the control of the order of the control of the contro
	Use Section A to identify the agency's department or	tion B to identify an individu	al. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Yui Hay Lee, Commissioner	8	#3		
	B. Name of Individual (Last, First)	1000 0000000000000000000000000000000000	Identify one of the following	ng:	
			If checking *Ceremonia Ceremonial Role	el Role" or "Olther" describe below:	Incoma []
				al Role" or "Other" describe below:	iucowa [~]
	C. Name of Outside Organization Number of Ticket(s)/ Pass(es)			ic purpose made pursuant	to the agency's policy
. '	Verification		A Control of the Cont		
1	have read and understand FPPC Regulations 16944 1 and	18942. I have veri	fied that the distribution set for	th above, is in accordance with	the requirements
1	Signeture of Agency Head or Designee	Hay Lee	OAG	CCA Commission	9-14.18 (Month, Day, Year)
	Comment:				

Golden State Warriors Yui Hay Lee

- 9.29.18
- (2) tickets

\$304.80

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

A Public Document

1. Agency Name	A TOTAL STATE OF STREET	W. Service Marketon Co.	Date Stamp	California 909	
Oakland Alameda County Colis		ority		Form OUZ	
Division, Department, or Region (If Applicable)			For Official Use Only	
Yui Hay Lee, Commissioner					
Designated Agency Contact (Name, Tille)					
				The state of the s	
Area Code/Phone Number E-mail	Contract contract		Amendment (Must)	provide explanation in Part 3.)	
The state of the s	y@YHLA.n	iet	Date of Original Filing:		
2. Function or Event Information	NUMBER OF STREET			(Month, Day, Year)	
Does the agency have a ticket policy?	Yes ☐ No	□ Face Value o	f Each Ticket/Pass \$ _		
DAIDEN-		100	Lacit Tickent ass y _		
Event Description Provide Title/Expl	anation	Date(s) 1C	129/8		
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No!	lf no:	Name of So		
Was ticket distribution made at the behest		-	ource		
of agency official?				Last, First)	
3. Recipients		,			
Use Section A to identify the agency's department or use.	tion B to identify an individu	al. • Use Section C to idea	Nfv an outside organization		
A. Name of Agency, Department or Unit	Number of		thic purpose made pursuant to the agency's policy		
	Pass(es)			to the agency a poncy	
	Number of				
B. Name of Individual	Ticket(s)/ Pass(es)	Identify one of the following:			
		Ceremonial Role [Other I	Income [
-		Ceremonial Role If checking "Ceremonia	Other Rale" or "Other" describe below:	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant	to the agency's policy	
ASIAN HEALTH SERVICE	3 2	#5			
OAKLAND, CA					
Verification	and the same transfer of the same of the s	EVALUATION OF STATEMENT OF STAT			
I have read and understand FPPC Regulations 18944 1 and 1	8942. I have veril	fied that the distribution set for	h above, is in accordance with	the requirements.	
Signatula on Agency Hand or Ocsigned	Hay Lee	OAC	CCA Commission	(Month, Day, Yola)	
Comment:					

Oakland Raiders Yui Hay Lee

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•	#+	4	v.	<u>.a.</u>	O

(2) tickets

\$305.55

• 9.30.18

(2) tickets

\$305.55