I. Agency Name			Date Stamp	California OA9
Oakland Alameda County Coliseum Authority	Oakland Alameda County Coliseum Authority			
Division, Department, or Region (if applicable)			j	For Official Use Only
Henry Gardner, Interim Executive Director				
Designated Agency Contact (Name, Title)		, , s.,		
			☐ Amendment (Must	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail			,,,,,,,	Trongo Espaination in Carlos
510.383.4801 HGardner@oaccjp	a.org		Date of Original Filing	: (month, day, year)
2. Function or Event Information	PARAMETER SANCTON SANC		L	
	⊠ No □ F	ace Value of I	Each Ticket/Pass \$ 2	232.00-2 day pass
Event Description: Rolling Loud Concert Provide Title/ Expla	[] anation	Date(s)	, 29 , 19	9 / 28 / 19
, and the second se		no:		
			Name of Source	
Was ticket distribution made at the behest Yes	□ No⊠ ^{If}	yes:	Official's Name (Last, First	()
of agency official?			,	,
. Recipients	TELEPHONESIA AND SANDESIA MARKAMANIA MARKAMA	INTERNATION PROCESSION AND AND AND AND AND AND AND AND AND AN	идиновнического постоя пос	
Use Section A to identify the agency's department or unit.	• Use Section B to i	dentify an individ	ual. • Use Section C to ide	ntify an outside organization.
	Number			
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	ırsuant to the agency's policy
		<u> </u>		
	<u> </u>			
B. Name of Individual	Number		Identify one of the	followings
(Last, First)	of Ticket(s)/ Passes		identity one of the	Tollowing.
Gardner, Henry			nonial Role 🔲 💮 Other	
Caranor, From y	3 per		king "Ceremonial Role" or "Other" o e efficiencies of oper	describe below: rations of various sporting
			ents occurring at Co	
			nonial Role 🔲 Other	
	date	If check	king "Ceremonial Role" or "Other" o	describe below:
C. Name of Outside Organization	Number of Ticket(s)/	Describe th	e public purpose made pu	ırsuant to the agency's policy
(include address and description)	Passes			
	<u> </u>	v (
. Verification				
I have read and understand FPPC Regulations 1894 with the requirements.	4.1 and 18942.	l have verified t	that the distribution set	forth above, is in accordance
7) 9				
	ry Gardner Print Name	Int	erim Executive Direc	
Signature or regulary freature presignee	THE PROPERTY		Hue	(month, day, year)
Comment:			, , , , , , , , , , , , , , , , , , ,	

	gency Report of: eremonial Role Events and Ticket/F	Pass Distr	ibutions	A	Neublic Document	
lesson	Agency Name			Date Stamp		
	Oakland-Alameda County Administrator, Alamed	da County			Form 802	
	Division, Department, or Region (if applicable)		· · · · · · · · · · · · · · · · · · ·	-	For Official Use Only	
	Susan S. Muranishi, County Administrator, Alam	neda County				
	Designated Agency Contact (Name, Title)	4				
	Susan Muranishi, County Administrator					
	Area Code/Phone Number E-mail			Amenament (Must.	Provide Explanation in Part 3.)	
	(510) 272-3893 countyadministrato	or@acgov.org		Date of Original Filing:	(толі́п, day, year)	
2.	Function or Event Information					
	Does the agency have a ticket policy? Yes	⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$ _	305,55	
	Event Description: Raiders vs. Denver Broncos			<u>, 09 , 19</u>		
	Provide Title/ Expla		f no:			
	Ticket(s)/Pass(es) provided by agency? Yes	⊠ No □ II	f no:	Name of Source	1-04/1/00000-1-04/1-04/1-04/1-04/1-04/1-	
	Was ticket distribution made at the behest Yes	□ No⊠	f yes:	Official's Name (Last, First)		
	of agency official?			Omciai's Name (Last, First)		
3.	Recipients • Use Section A to identify the agency's department or unit.	Use Section B to i	identify an indivi	dual. • Use Section C to iden	utify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe ti	Describe the public purpose made pursuant to the agency's policy		
	County Administrator's Office	2	To promote the Coliseum Complex for use by the general public & businesses to maximize revenues			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	following:	
			1	nonial Role Other C king "Ceremonial Role" or "Other" de		
			1	nonial Role Other C king "Ceremonial Role" or "Other" de		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy	
4.	Verification					
(I have read and understand FPPC Regulations 18944 with the requirements.	.1 and 18942. I	I have verified	that the distribution set f	orth above, is in accordance	
٠,	Susan Susan	S. Muranishi		County Administrator	8/27/19	
_	Signature of Agency Head or Designee Pr	int Name	Meiihleanna	Title	(month, day, year)	

Comment:

	gency Report of: eremonial Role Events and Ticket	/Pass Distr	ibutions	ΛDı	ıblic Document
S	Agency Name	1 400 5100	TOUGOTIO		California (a n a
	Oakland-Alameda County Administrator, Alam	eda County			Form 502
	Division, Department, or Region (if applicable)				For Official Use Only
	Susan S. Muranishi, County Administrator, Ala	meda County			
	Designated Agency Contact (Name, Title)	····			
	Susan Muranishi, County Administrator			Amendment (Must Provide	o Conformation in Day 4.0 h
	Area Code/Phone Number E-mail	Columbia		Amendment (wast Provide	e Explanation in Part 3.)
	(510) 272-3893 countyadministra	tor@acgov.org		Date of Original Filing:	month, day, year)
2.	Function or Event Information				
	Does the agency have a ticket policy? Yes	s⊠ No□ F	Face Value of	Each Ticket/Pass \$ <u>3</u> 5	05,55
	Event Description: Raiders vs. Kansas City Ch		Date(s) <u>09</u>	<u>, 15 , 19 </u>	DS.55_
	· · · · · · · · · · · · · · · · · · ·		f no:		
				Name of Source	
	Was ticket distribution made at the behest Yes of agency official?	s□ No⊠ [†]	f yes:	Official's Name (Last, First)	446
3.	Recipients • Use Section A to identify the agency's department or unit.	• Use Section B to	identify an individ	ual. • Use Section C to identify an	ı outside organization,
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant	t to the agency's policy
	County Administrator's Office	2	To promote to public & busi	the Coliseum Complex for inesses to maximize rever	use by the general nues
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the follow	ing:
			· ·	onial Role Other Othe	Income Income
			1	onial Role Other Onial Role or "Other" describe b	Income [
	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
Į. ¹	Verification	Anna Arthur (Alphonous anns an as annaide ar lea indiché bha anns	and the state of t		- Andrewson and
6	have read and understand FPPC Regulations 1894 with the requirements.	4.1 and 18942. I	have verified th	nat the distribution set forth a	bove, is in accordance
,		S. Muranishi Print Name		County Administrator	8/27/19 (month, day, year)
	Comment:				A PARAGRAPA

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Loren Taylor, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage- OACCA Executive Assistant ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-383-4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: A's Vs. Royals Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🛛 No 🗌 Name of Source If yes: Taylor, Loren Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Name of Agency, Department or Unit of Tickel(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual Identify one of the following: of Tickel(s)/ (Last, First) Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Rewarding school or non profit for its contribution to the Coliseum College Prep Academy: 1390 66th 2 community Ave, Oakland, CA 94621

4.	Vei	rific	cati	on

l have read and understand FPPC Regulatio	ns 18944.1 and 18942. I have verified tha	t the distribution set forth above,	is in accordance
with the requirements.	•		•
		•	

vitn	the re	equirements.		• •	
۲	T on		Loren Taylor	OACCA Comissioner	9.17.19
s	gnature	of Agency Head or Designee	Print Name	Title	(month, day, year)
1	,				* .
L		L. 1			•

FPPC Form 802 (2/2016)

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

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Loren Taylor, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage- OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-383-4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ☑ No □ Event Description: A's Vs. Royals Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🔯 No 🔲 Name of Source If yes: Taylor, Loren Was ticket distribution made at the behest Yes M No I Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy: of Ticket(s)/ Name of Agency, Department or Unit Passes Number Name of Individual 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 "Geremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Tickel(s)/ (include address and description) Passes Rewarding school or non profit for its contribution to the Greenleaf Elem. School: 6328 E 17th St, 2 community Oakland, CA 94621 Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance 9,17,19 **OACCA Comissioner** Loren Taylor

Print Name

of Agency Head or Designee

Commen

(month, day, year)

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Loren Taylor, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage- OACCA Executive Assistant ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 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: A's Vs. Royals Date(s). Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: _ Name of Source If yes: Taylor, Loren Was ticket distribution made at the behest Yes ☑ No □ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number of Ticket(s)/ Name of Individual identify one of the following: (Last, First) Passes Income Ceremonial Role Other . If checking "Ceremonial Role" or "Other" describe below. Income [Ceremonial Role Other 🔲 f 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)/ Passes (include address and description) Rewarding school or non profit for its contribution to the Skyline High School: 12250 Skyline Blvd. 2 community Oakland, CA 94619 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. **OACCA Comissioner** 9.17.19 Loren Taylor (month, day, year) ncy Head or Designee Print Name

Agency Report of:

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Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Loren Taylor, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage- OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-383-4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: A's Vs. Royals Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: , Name of Source If yes: Taylor, Loren Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ **Passes** Number Name of Individual identify one of the following: of Ticket(s)/ (Last, First) Ceremonial Role Other ___ Income L. If checking "Ceremonial Role" or "Other" describe below. Income Other 🔲 Ceremonial Role If checking "Geremonial 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 Rewarding school or non profit for its contribution to the Community United Elementary School: 6701 2 community International Blvd. Oakland, CA 94621 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. 9.17.19 OACCA Comissioner Loren Taylor (month, day, year) aluje of Agency Head or Designee Print Name

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (If applicable) Loren Taylor, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage- OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-383-4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45.00 Does the agency have a ticket policy? Yes 🗵 No 🗌 Event Description: A's Vs. Royals 17 , 9 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 Name of Source If yes: Taylor, Loren Was ticket distribution made at the behest Yes No I Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit Passes Number Name of Individual identify one of the following: В. of Ticket(s)/ (Last, First) Passes Other 🔲 Income [Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other \square Income __ If checking "Ceremonial Role" or "Other" describe belo Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Rewarding school or non profit for its contribution to the Futures Elementary School 6701 International 2 community Blvd. 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 requirendents. OACCA Comissioner 9.17.19 Loren Taylor Print Name (month, day, year) of Head or Designee mment

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Loren Taylor, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage- OACCA Executive Assistant ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-383-4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No 🗌 Event Description: A's Vs. Royals Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes 🛛 No 🗌 Name of Source If yes: Taylor, Loren Was ticket distribution made at the behest Yes No [Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Other Ceremonial Role Іпсоте If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Provide opportunities to community groups to utilize the Bruckhalter Elem. 2 facility 3994 Burckhalter Avenue 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 requirencents. **OACCA Comissioner** 9.17.19 Loren Taylor (month, day, year) Print Name Head or Designee

Comment

Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Loren Taylor, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage- OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-383-4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45.00 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: A's Vs. Royals Date(s) Provide Title/ Explanation If no: Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 Name of Source If yes: Taylor, Loren Was ticket distribution made at the behest Yes No I Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual (Last, First) identify one of the following: of Ticket(s)/ В. Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other 🔲 if checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description): Passes Provide opportunities to community groups to utlize the Youth Alive 3300 Elm Street 8 facility Oakland, CA 94609 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. **OACCA** Comissioner 9.17.19 Loren Taylor (month, day, year) Print Name gency Head or Designee

Agency Report of:

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1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Authority		Form OV/2		
	Division, Department, or Regi	on (if applicable)		For Official Use Only		
	Henry Gardner, Interim Exec	cutive Director				
	Designated Agency Contact (Name, Title)				
					☐ Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Trovido Explanatorrii i art c.,
	510.383.4801	HGardner@oaccjpa	a.org		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	cet policy? Yes [X No F	ace Value of	Each Ticket/Pass \$ 🖺	305.55
	Event Description: Oakland	Raiders Provide Title/ Explar			<u>, 09 , 19</u>	09 , 15 , 19
	Ticket(s)/Pass(es) provided	•		no:	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes [] No⊠ ^{If}	yes:	Official's Name (Last, First)
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to 1	dentify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy
	B. Name of Indi	of the contract of the contrac	Number of Ticket(s)/		Identify one of the	ı following:
	Gardner, Henry	st)	Passes 4 per	investigate t	nonial Role Other [ning "Ceremonial Role" or "Other" o the efficiencies of ope	describe belaw:
			date	Cerem	nonial Role Other ding "Ceremonial Role" or "Other" o	Income [
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy
1 .	Verification		1. The Control of the	decent and the second s		
	I have read and understand FP with the requirements.	PC Regulations 18944.	.1 and 18942. i	have verified t	hat the distribution set	forth above, is in accordance
	Signature of Agelicy Head or Design		y Gardner	Into	erim Executive Direc	otor 9.23.19 (month, day, year)
	Comment:		***************************************			Eveny and Addition

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) **OACCC** Commissioner Designated Agency Contact (Name, Title) Denise Jacinto, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-272-6691 Denise.Jacinto@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 305.55 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Oakland Raider game Date(s) __09__/ 15 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ⋉ No 🗆 Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ 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)/ A. Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes To promote attendance at a county sponsored Gibbons, Connor event in or to maximize potential county 2 revenue for concession and parking sales Income [Ceremonial Role L Other I I If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Denise Jacinto **Ticket Administrator** 09/17/19 Signature of Agency Head or Designee Print Name (month, day, year)

Agency Report of:

Comment: _

1.	Agency Name				Date Stamp	California OOO	
	Oakland-Alameda County C	Coliseum Authority				Form OUZ	
	Division, Department, or Reg		For Official Use Only				
	OACCC Commissioner						
	Designated Agency Contact (Name, Title)					
	Denise Jacinto, Ticket Admi	nistrator					
	Area Code/Phone Number	E-mail			Amendment (Must Pro	vide Explanation in Part 3.)	
	510-272-6691	Denise.Jacinto@	acgov.org		Date of Original Filing:	(month, day, year)	
_				~		(month, day, year)	
2.	Function or Event Infor				160	.00	
	Does the agency have a tick		s⊠ No□ F	Face Value of I	Each Ticket/Pass \$ <u>160</u>		
	Event Description: Iron Mai	den Concert	[Date(s)09	10 / 19	1 1	
		Provide Title/ Exp	planation				
	Ticket(s)/Pass(es) provided	by agency? Yes	s⊠ No□ I	f no:	Name of Source		
	Was ticket distribution made	at the behest .v.	rea v m li	f yes: <u>Haggert</u>			
	of agency official?	at the beliest Yes	B⊠ NO□ .	. , 00	Official's Name (Last, First)		
	or agency official:						
3.	Recipients						
	• Use Section A to identify the agend	cy's department or unit.	• Use Section B to	identify an individ	ual. • Use Section C to identify	an outside organization.	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy	
			1 40000		210		
			1				
			1				
		4.4.2.12	Number		41.00 01.00 R0.00 #20.00	- 4 Feet	
	B. Name of Indiv (Last, Firs		of Ticket(s)/ Passes		Identify one of the follo	owing:	
	0			To pro	mote attendance at a	county sponsored	
	Sargiotto, Stephanie		2	■ S	omote attendance at a county sponsored ent in or to maximize potential county		
			_		enue for concession ar		
					onial Role 🔲 Other 🗀	income 🔟	
					ng "Ceremonial Role" or "Other" describ		
				1			
	Name of Outside Org	ganization	Number				
	C. (include address and		of Ticket(s)/ Passes	Describe the	public purpose made pursua	ant to the agency's policy	
			1				
1.	Verification					Alexander of the second	
2.5	I have read and understand FPF	C Regulations 1894	4.1 and 18942. I	have verified th	at the distribution set forth	above, is in accordance	
	with the requirements.	o rioganatione rou .					
<	Dancet	Der	ise Jacinto	-	Ticket Administrator	09/17/19	
2	Signature of Agency Head or Designe	No. of the last of	Print Name		Title	(month, day, year)	
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland-Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only OACCC Commissioner Designated Agency Contact (Name, Title) Denise Jacinto, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 510-272-6691 Denise.Jacinto@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 160.00 Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: Iron Maiden Concert Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes To promote attendance at a county sponsored Sargiotto, Stephanie event in or to maximize potential county 2 revenue for concession and parking sales Ceremonial Role I I Other L income 🔟 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4. Verification

i nave read and understand FPPC Regula	ations 18944.1 and 18942. I have	verified that the distribution set forth al	oove, is in accordance
with the requirements.			**************************************
Dinset	Denise Jacinto	Ticket Administrator	09/17/19

Ticket Administrator

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
- Committee in the comm			

09/17/19

Comment: _____

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	А	Public Document
	Agency Name			Date Stamp	T 0 "'f '	
	Oakland Alameda County C	Coliseum Authority				Form 802
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Office of the City Administra	ntor				22
	Designated Agency Contact	(Name, Title)				
	Sabrina B. Landreth, City Ad	dministrator			Amondment (Must D	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			. Manendment (Must Pi	ovide Explanation in Part 3.)
	510-238-3301	slandreth@oakland	dca.gov		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation			t.	104.00
	Does the agency have a tick	ket policy? Yes	⊠ No 🗆 🛚 F	Face Value of	Each Ticket/Pass \$ <u></u>	181.00
	Event Description: Diljit Dos	anjh		Date(s)09	<u>, 07 , 19</u>	
	Ticket(s)/Pass(es) provided	Provide Title/Expla by agency? Yes [f no:		
				. Landrot	Name of Source	
	Was ticket distribution made	at the behest Yes [⊠ No 🗆 🖠	f yes: Landret	Official's Name (Last, First)	
	of agency official?	74			Could the specific of the specific of the specific could be sufficient to the specific of the	
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	lual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the fo	pllowing:
	(Last, First	st)	Passes			
	Aleem, Harith	8	2	52000000000	nonial Role Other X ding "Ceremonial Role" or "Other" des in for City Administrator	
				English and	onial Role Other or "Other" des	Income Cribe below:
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
4	__\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
	Verification I have read and understand FPI	PC Regulations 18044	1 and 18042	I have verified t	hat the distribution set fo	rth above is in accordance
	with the requirements.	Negulations 10944	. i anu 10942.	i nave venneu t	กละ เกอ นเรเกมนแบก 500 10	ur above, is ill accordance
		Sahrina	B. Landreth		City Administrator	10/01/2019
	Signature of Agency Head or Designo		int Name		Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$ 160.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Iron Maiden 10 Date(s)_ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Sahner, Davide If checking "Ceremonial Role" or "Other" describe below:
Raffle winner for City Administrator's 2019 Annual Open 2 House. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

Comment: _

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

	Sabrina B. Landreth	City Administrator	10/01/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	¥		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Misfit 09 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients Use Section A to identify the agency's department or unit.
 Use Section B to identify an individual.
 Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Fujihara, Brian If checking "Ceremonial Role" or "Other" describe below:
Raffle winner for City Administrator's 2019 Annual Open 2 House. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

I have read and underst	and FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth	above, is in	accordance
with the requirements.					5)	

	Sabrina B. Landreth	City Administrator	10/01/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name **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 \$ Does the agency have a ticket policy? Yes ⊠ No □ 09 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income Esparrago, Rome If checking "Ceremonial Role" or "Other" describe below:
City Administrator Annual Open House raffle winner 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. 10/01/2019 Sabrina B. Landreth City Administrator Print Name (month, day, year) Signature of Agency Head or Designee

Comment: _

1.	Agency Name				Date Stamp	California 802	
	Oakland Alameda County C	oliseum Auth		Form OUZ			
	Division, Department, or Reg	ion (if applicable		For Official Use Only			
	Office of the City Administra	itor					
	Designated Agency Contact	(Name, Title)	St.				
	Sabrina B. Landreth, City A	dministrator				Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Amenament (mast / 70	vide Explanation III T art 6.)
	510-238-3301	slandreth@	oaklando	a.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				2200 4-20	
	Does the agency have a ticl	ket policy?	Yes 🗵	l No □ F	ace Value of	Each Ticket/Pass \$ <u>\$.</u> 2	7.00
	Event Description: A's	Provide T	tle/Explana			, 06 , 19	
	Ticket(s)/Pass(es) provided				f no:		
	(/,	., ., .,	100 24			Name of Source	
	Was ticket distribution made	at the behes	Yes 🗵	l No□ l	f yes: <u>Landret</u>	Official's Name (Last, First)	
	of agency official?					emorare rrame (zaer, r ney	
3.	Recipients						·
	• Use Section A to identify the agen	cy's department o	r unit. • U		identify an individ	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa	artment or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	uant to the agency's policy
							2
	B. Name of Indi (Last, Fir.			Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
	Horton, Brianna		·	2	To provide in	nonial Role Other X ding "Ceremonial Role" or "Other" desc ncentives to City employ he Authority.	Income ☐ ribe below: yees that provide
	8	e				nonial Role Other Other description of the descript	Income Income
	C. Name of Outside O (include address and			Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
	·			-			
	Verification				:		
	I have read and understand FP with the requirements:	PC Regulation:	s 18944.1	and 18942.	I have verified t	that the distribution set for	th above, is in accordance
	with the requirements.					0" 11 11 11	40/04/0040
	Signature of Agency Head or Design			3. Landreth		City Administrator	10/01/2019 (month, day, year)
	Signature of Agency Head of Design	66	Pill	LIVATILE		line	(monur, day, year)
Comment:							1

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$\frac{\$17.00}{}\$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's 17 / 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 A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Income Henderson, Mark If checking "Ceremonial Role" or "Other" describe below:
City Administrator Annual Open House raffle winner 2 Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

Comment: _

I have i	read and unders	stand FPPC F	Regulations 189	144.1 and 18942.	I have verified that	the distribution se	t forth above,	is in accordance
with the	e requirements.		Annual Telephone in the Park Control of the Control				rumentanamakan 1281 (480-35-140-110 €1)	
vvitir tire	o roquirornomo.							

	Sabrina B. Landreth	City Administrator	10/01/2019	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$ 17.00 Does the agency have a ticket policy? Yes⊠ No□ Date(s) __09 / Event Description: A's 20 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? 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 A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Ceremonial Role Other X Keene, Marcus If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ C. Describe the public purpose made pursuant to the agency's policy (include address and description)

4. Verification

Comment:

I have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth above	is in accordance
with the requirements.			-7 155005 3003.53	,

	Sabrina B. Landreth	City Administrator	10/01/2019	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 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.) E-mail Area Code/Phone Number 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{$305.55}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Raiders 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 A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Passes Identify one of the following: (Last, First) Ceremonial Role Other X Silva, Walter If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority. Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

Comment: _

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

	Sabrina B. Landreth	City Administrator	10/01/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$305.55 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Raiders Date(s) __09__/ 15 / Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other X Sykes, Renee If checking "Ceremonial Role" or "Other" describe below:
Raffle winner for City Administrator's 2019 Annual Open 2 House. Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Sabrina B. Landreth

Print Name

with the requirements.

Comment:

Signature of Agency Head or Designee

10/01/2019

(month, day, year)

City Administrator

						Tit done becamen	
1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C	Coliseum Auth	nority			, oilli	
	Division, Department, or Reg	ion (If Applicabl			For Official Use Only		
	Barbara J. Parker, City Attor	rnev/OAACA	Official				
	Designated Agency Contact (Omolai				
	Area Code/Phone Number	[E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
	(510) 238-3815		aklandcityatto	ornov ora	Date of Original Filing: _		
_			anianuchyani	orney.org		(Month, Day, Year)	
۷.	Function or Event Inform			Essa Value o	f Each Ticket/Pass \$	160.00	
	Does the agency have a ticke	100	Yes⊠ No				
	Event Description Iron Maide	Provide Title/Exp	lanation	Date(s)	, 10 , 19		
		Trovide ThierExp	nariation	V			
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Sou	rce	
	Was ticket distribution made a	t the behest	No⊠ Yes				
	of agency official?		NO Z	ii yes	Official's Name (La	ast, First)	
3.	Recipients						
	Use Section A to Identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	to the agency's policy	
			Pass(es)				
			1				
				σ			
	B. Name of Individua	ı	Number of				
	(Lest, First)		Ticket(s)/ Pass(es)	1	Identify one of the following	ig:	
				Ceremonial Role	Westernam America	Income	
	Quirk, Michael		3	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that provid			
				services to the Auth		employees that provide	
					Other	Income	
					al Role" or "Other" describe below:	moone L	
			3	=			
	0						
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
	(Include address and des	cription)	Pass(es)				
4.	Verification						
	I have read and understand FPPC Regul	ations 18944.1 and	d 18942. I have ve	erified that the distribution set fo	rth above, is in accordance with	the requirements.	
	And Sh		Barbara J. F	Parker City	Attorney/OAACA Office	oial 09/10/2019	
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)	
	Comment						
	I DOMESTI						

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

						711 dono boodinone		
1.	Agency Name				Date Stamp	California 802		
	Oakland-Alameda County C	Coliseum Aut	hority		9	Form OUZ		
	Division, Department, or Reg					For Official Use Only		
	Parhara I Parker City Atto	rnov/OAACA	Official					
	Barbara J. Parker, City Atto Designated Agency Contact (Uniciai					
	Designated Agency Contact (rvame, miej						
					Amendment (Must prov	vide explanation in Part 3.)		
	Area Code/Phone Number	E-mail			The state of the s	Partia Stationary Indiana and the Partial Co.		
Column	(510) 238-3815 bparker@oaklandcityattorney.org				Date of Original Filing:(Month, Day, Year)			
2.	Function or Event Inform	mation						
	Does the agency have a ticke	t policy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$	160.00		
	Event Description The Original Misfits Da					1 1		
		Provide Title/Exp	olanation	Date(6)				
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗵 No	□ If no:	Name of Source			
	10/14/19 0-10 (no. 17 (no. 12/14/19 0/19)							
	Was ticket distribution made a of agency official?	t the behest	No 🛛 Yes	☐ If yes:	Official's Name (Las	A First		
	or agency official?				Official's Name (Las	st, First)		
3.	Recipients							
	Use Section A to identify the agency	's department or	al. • Use Section C to identify	an outside organization.				
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to	the agency's policy		
			Pass(es)					
			Number of			7		
	B. Name of Individua		Ticket(s)/ Pass(es)	W	Identify one of the following:			
			1.2.5,0.5	Ceremonial Role	Other 🛛	Income		
	Fung, Michael				al Role" or "Olher" describe below:			
			3	To provide incentives to City and County employees that provide				
		-		services to the Auth				
					Other	Income		
			3	If checking "Ceremonia	al Role" or "Other" describe below:			
	O Name of Outside Occurs		Number of					
	C. Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	the agency's policy		
			T Dasiesy					
0								
	Verification							
1	have read and understand FPPC Regula	ations 18944.1 and	d 18942. I have ve	rified that the distribution set for	rth above, is in accordance with th	ne requirements.		
	Due & Sel		Barbara J. F	Parker City	Attorney/OAACA Officia	al 09/10/2019		
- 2	Signature of Agency Head or Designee	(4)	Print Name	,	Title	(Month, Day, Year)		
	Comment:							

Geremoniai	I TOIC LACII	to and me	Moul doo	Biotilibutiono		A Fublic Document		
1. Agency Nai	me				Date Stamp	California 802		
Oakland-Alar	neda County C	Coliseum Auth	ority			roilli		
Division, Depa	artment, or Reg	ion (If Applicable	e)	-		For Official Use Only		
Barbara J. Pa	arker, City Atto	rnev/OAACA	Official					
	gency Contact							
Area Code/Ph	one Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)		
(510) 238-38		bparker@oa	aklandcityatto	orney.org	Date of Original Filing:	(Month Day Year)		
2. Function or						(month, 22), roal,		
	Does the agency have a ticket policy? Event Description Rolling Loud Bay Area			Face Value o	of Each Ticket/Pass \$			
				_	28 , 19			
Event Descript	tion	Provide Title/Exp	lanation	Date(s)				
Ticket/s\/Pass	(es) provided b	v agency?	Yes⊠ No	□ If no:	Name of Sour			
Ticket(b)/r doc	(oo) provided b	y agoney.	165 🔼 140		Name of Sour	ce		
	ribution made a	at the behest	No ⊠ Yes	☐ If yes:	Official's Name (La	at First		
of agency off	iciai?				Official's Name (La	si, rusij		
3. Recipients		# # % S						
Use Section A to	identify the agenc	y's department or	unit. • Use Sec		ual. • Use Section C to identif			
A. Name of	Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy		
			I dea(ce)					
-								
В.	Name of Individua	al	Number of Ticket(s)/		Identify one of the followin	g:		
	(Lest, First)		Pass(es)					
Duller Frie				Ceremonial Role	And Annual Control of the Control of	Income		
Butler, Eric			3	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that provide				
				services to the Auth				
				Ceremonial Role	Other	Income		
			3	If checking *Ceremoni	ial Role" or "Other" describe below:			
			Number of		A STATE OF THE STA	Marie Company of the		
	of Outside Organ e address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy		
			Pass(es)					
			-					
4. Verification	deretand EDDO Dee	ulations 19044 1 an	d 18042 have yo	orified that the distribution set for	orth above, is in accordance with	the requirements		
I nave read and und	() (,)	mauons 10944, I an						
Ollebe	pency Head or Designee		Barbara J. I		Attorney/OAACA Offic	(Month, Day, Year)		
Signature of A	Jericy riead of Designee	•	r iini ivdiii		Timo	(
Comment:								

1.	Agency Name				Date Stamp	California 802		
	Oakland-Alameda County C	oliseum Auth	ority			Form For Official Use Only		
	Division, Department, or Regi	on (If Applicable)			For Official Ose Offig		
	Barbara J. Parker, City Attor	rney/OAACA	Official					
	Designated Agency Contact (Name, Title)						
					Cl Amondment (Must are	suids auglevation in Dord 2.1		
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)			
	(510) 238-3815	bparker@oa	klandcityatto	orney.org	Date of Original Filing:(Month, Day, Year)			
2.	Function or Event Infor	mation		5*		45.00		
	Does the agency have a ticker	- No.	f Each Ticket/Pass \$					
	Event Description Oakland A	's v. Kansas (Provide Title/Expl	0 , 04 , 19					
	Ticket(s)/Pass(es) provided by	y agency?	Name of Sour	rce				
	Was ticket distribution made a of agency official?	t the behest	☐ If yes:	Official's Name (La	ast, First)			
3.	Recipients							
	Use Section A to Identify the agency	y's department or	unit. • Use Sec	ction B to Identify an Individu	ual. • Use Section C to identif	fy an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Describe the pub	lic purpose made pursuant t	o the agency's policy			
	B. Name of Individua	ıt	Number of Ticket(s)/ Pass(es)		Identify one of the following:			
	Fernandez, Ubaldo				Other A	Income		
			2	To provide incentives to City and County employees that provide services to the Authority				
			2	Ceremonial Role If checking *Ceremoni	Other island of the control of the c	Income 🗌		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	ilc purpose made pursuant t	o the agency's policy		
١.	Verification I have read and understand FPPC Regul	lations 18944.1 and	l 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.		
	Bu & De		Barbara J. I	Parker City	Attorney/OAACA Office	cial 09/03/2019		
	Signature of Agency Head or Designee	Name of the last o	Print Nam	ne	Title	(Month, Day, Year)		
	Comment:							

100						A I dono bocament			
1.	Agency Name			Date Stamp	California 802				
	Oakland-Alameda County C	Coliseum Auth	nority			Form OUZ			
	Division, Department, or Reg					For Official Use Only			
	Barbara J. Parker, City Atto	rnev/OAACA	Official						
	Designated Agency Contact (Official						
	J.,	,							
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)			
	(510) 238-3815	1.00000	aklandcityatt	ornov ora	Date of Original Filing:				
2	Function or Event Infor		akianuchyani	orney.org	Date of Original Filing:	(Month, Day, Year)			
	Does the agency have a ticke			Con Volume	f Fair Tieler (Dans de	45.00			
	The state of the s	Yes⊠ No 		f Each Ticket/Pass \$					
	Event Description Oakland A	'S V. Detroit I	igers	Date(s)09					
	tandra New York de edition (New Yor No Profess (New York)		ianation						
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No	☐ If no:	ce				
	Was ticket distribution made a	t the behest	No⊠ Yes						
	of agency official?		NO IZI TES	Yes ☐ If yes:Official's Name (Last, First)					
3.	Recipients								
		Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the publ	lc purpose made pursuant to	the agency's policy			
,			Pass(es)			and agono, o poncy			
		4							
٠,									
	B. Name of Individua	Į.	Number of Ticket(s)/		Identify one of the following:				
-	8		Pass(es)		7 🔽				
	Roe, Adrian			Ceremonial Role	Other X If Role" or "Other" describe below:	Income			
			2	To provide incentive	es to City and County er	mployees that provide			
				services to the Auth					
				Ceremonial Role	Other	Income			
			2	If checking "Ceremonia	I Role" or "Other" describe below:				
-	5 N 101110		Number of						
(Name of Outside Organia (include address and desc		Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy			
-			1 435(63)						
			-						
	Verification	W 400 11 1	10010 1:	A THE TOTAL THE	2 2 00 2				
1	have read and understand FPPC Regula	uons 18944.1 and				*			
	July Sal		Barbara J. F		Attorney/OAACA Officia				
	Signature of Agency Head or Designee		Print Name	2	Title	(Month, Day, Year)			
r	Comment:	Ð							

Comment: _____

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

4	Agency Name				Date Stamp	California 802		
	Oakland-Alameda County C	olicaum Autho	ority.		,	Form OUZ		
	Division, Department, or Regi					For Official Use Only		
	Barbara J. Parker, City Attor		Official					
Î	Designated Agency Contact (Name, Title)						
					Amendment (Must provide explanation in Part 3.)			
	Area Code/Phone Number	E-mail						
	(510) 238-3815	bparker@oa	klandcityatto	rney.org	Date of Original Filing:(Month, Day, Year)			
2.	Function or Event Infor	mation				45.00		
	Does the agency have a ticke	t policy?	Yes⊠ No[☐ Face Value o	of Each Ticket/Pass \$			
	Event Description Oakland A's v. Kansas City Royals Date(s)				17 , 19			
	Event DescriptionProvide Title/Explanation							
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No[] If no:	Name of Sour			
	Was ticket distribution made a	at the behest	Official's Name (La	ust, First)				
	of agency official?							
3.	Recipients		Una Pac	tion D to identify an individ	ual a Use Section C to Identif	v an outside organization.		
	Use Section A to identify the agence		Number of					
	A. Name of Agency, Departme	olic purpose made pursuant t	b the agency's policy					
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the following:			
	(Lest, First)		Pass(es)	Ceremonial Role ☐ Other ☒ Income ☐				
	Butler, Eric			Ceremonial Role If checking "Ceremon	nial Role" or "Other" describe below:	income 🗀		
	Dutier, Lite		2		es to City and County	employees that provide		
				services to the Authority				
		- A		Ceremonial Role		Income		
			2	If checking "Ceremo.	nial Role" or "Other" describe below:			
			_					
	Name of the last o							
	C. Name of Outside Orga	nization	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy		
	(Include address and de	acription	Pass(es)					
4.	Verification					t. H		
	I have read and understand FPPC Reg	ulations 18944.1 an	d 18942. I have v					
	Bunga sel		Barbara J.	Parker Cit	ty Attorney/OAACA Offi			
	Signature of Agency Head or Designa	ee	Print Nar	пе	Title	(Month, Day, Year)		

1.	Agency Name				Date Stamp	California Q02		
	Oakland-Alameda County C	oliseum Auth	ority			Form OUZ		
	Division, Department, or Regi					For Official Use Only		
	Barbara J. Parker, City Attor	nev/OAACA	Official					
	Designated Agency Contact (- Inolai					
	,	10.50 N. 10.00 € 10.00 N. 10.0€ N						
	Area Code/Phone Number	F!		>	Amendment (Must pro-	vide explanation in Part 3.)		
		E-mail	ldon doib cotto	242011 042	Date of Original Filing:(Month, Day, Year)			
	(510) 238-3815	The state of the s	klandcityatto	orney.org	Date of Original 1 mily =	(Month, Day, Year)		
	Function or Event Infor		_		65 Ti-l A	45.00		
	Does the agency have a ticke	17. 62	Yes 🛛 No	_	f Each Ticket/Pass \$			
	Event Description Oakland A	's v. Texas R	angers	Date(s)09				
		Provide Title/Exp	anation					
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Source	ce .		
-	Was ticket distribution made a	t the behest	AL IV					
	of agency official?	t the benest	No 🛛 Yes	LI If yes:	Official's Name (Last, First)			
_								
۶,	Recipients • Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individu	ial. • Use Section C to identify	an outside organization.		
		Section of the Particular Conference of the Conf	Number of					
	A. Name of Agency, Departme	nt or Unit	Describe the pub	lic purpose made pursuant to	the agency's policy			
			Pass(es)		THAT I DO NOT THE OWNER OF THE OWNER OWN			
						TO SERVICE THE SECOND PROPERTY OF THE SECOND		
						ž		
	B. Name of Individua	l	Number of		Identify one of the following:			
	(Lest, First)		Ticket(s)/ Pass(es)					
	E			Ceremonial Role		Income		
	Fernandez, Ubaldo		2	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that provide				
				services to the Authority				
3			-	Ceremonial Role Other Income				
				ANDRON MARKS LINES IN	al Role" or "Other" describe below:	income 🗀		
			2	Elizabeth and the second secon				
	C. Name of Outside Organi		Number of Ticket(s)/	Describe the nubl	lic purpose made pursuant to	the agency's policy		
	(include address and des	cription)	Pass(es)	Describe the publ	ne purpose made parsuant to	the agency a policy		
	Verification							
	vermcation have read and understand FPPC Regul	ations 18944.1 and	l 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with t	he requirements.		
	Buch	_	Barbara J. F		Attorney/OAACA Offici			
,	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)		
	gg-rig-ri-j riodo di zionigrido			8		1		
1	Comment:							

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California 802		
	Oakland-Alameda County C					Form For Official Use Only		
	Division, Department, or Regi	on (If Applicable	9)			1 of Official Ose Offiy		
	Barbara J. Parker, City Attor	ney/OAACA	Official					
	Designated Agency Contact (Name, Title)		1				
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)			
	(510) 238-3815	bparker@oa	klandcityatto	orney.org	Date of Original Filing: _	(Month, Day, Year)		
2.	Function or Event Inform	nation			005.55			
	Does the agency have a ticket		Yes 🗵 No		f Each Ticket/Pass \$			
	Event Description Oakland R	aiders v. Den Provide Title/Expl	09 19					
	Ticket(s)/Pass(es) provided by	agency?	Name of Source					
	Was ticket distribution made a	t the behest	No ⊠ Yes		Official's Name (Last, First)			
	of agency official?			yoo	Official's Name (La	ast, First)		
3.	Recipients							
	se Section A to identify the agency's department or unit. • Use Section B to Identify an individual. • Use Section C to identify an outside or							
	A. Name of Agency, Departmen	nt or Unit	Describe the pub	lic purpose made pursuant t	o the agency's policy			
	Name of Individua	I	Number of Ticket(s)/ Pass(es)		Identify one of the following:			
	Smith, Jamie			Ceremonial Role	Other A	Income		
	Sillini, Janile		2	To provide incentives to City and County employees that provide				
				services to the Authority				
				Ceremonial Role	Other	Income [
			2	If checking "Ceremoni	al Role" or "Other" describe below:			
	C. Name of Outside Organi		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	to the agency's policy		
ā	(manage and recording and		Pass(es)					
			-					
	Verification							
2.	I have read and understand FRPC Regula	ations 18944.1 and	l 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.		
	Bu ((she	/	Barbara J. F	Parker City	Attorney/OAACA Office	cial 09/06/2019		
	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)		
	Comment							

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

Annual						A L MONTO POOMINOTIE		
1.	Agency Name				Date Stamp	California OOO		
	Oakland-Alameda County C	Coliseum Auth	nority			Form 802		
	Division, Department, or Reg					For Official Use Only		
	Barbara J. Parker, City Atto	100	Official					
	Designated Agency Contact (Name, Title)						
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)		
	(510) 238-3815	bparker@oa	Date of Original Filing:(Month, Day, Year)					
2	Function or Event Inform				187	(Month, Day, Year)		
	Does the agency have a ticket		V (57) N	□ Food Volume to	f Fools Tisks MDs A	305,55		
		NO. 1 (2000) (100)	Yes⊠ No		f Each Ticket/Pass \$			
	Event Description Oakland R	aiders v. Kan	isas City Ch	lefs Date(s)09	<u>, 15 , 19</u>			
		Provide Title/Expl	lanation					
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No	☐ If no:	Name of Sou			
	Mos tisket distribution of a	t Description	-					
	Was ticket distribution made a of agency official?	t the benest	No⊠ Yes	☐ If yes:	Official's Name (Last, First)			
_					Official's Name (La	ast, First)		
3.	Recipients							
	Use Section A to identify the agency	's department or	ction B to identify an Individua	al. • Use Section C to identif	fy an outside organization.			
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy		
			Pass(es)					
-								
	B. Name of Individual		Number of Ticket(s)/	Identify one of the following:				
	(Lest, First)		Pass(es)					
	Carden, Carma			Ceremonial Role		Income		
	Oarden, Oanna		2		Role" or "Other" describe below:			
				To provide incentives to City and County employees that provide services to the Authority				
			-					
				Ceremonial Role	☐ Other ☐☐ I Role" or "Other" describe below:	Income		
			2	ii thooking octamonia	Thole of other describe below.			
7	Name of Outside Organia	otlon	Number of					
-	Name of Outside Organia (include address and desc		Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to	the agency's policy		
-			1 403(68)					
						0		
. 1	/erification							
	have read and understand RPPC Regula	tions 18944.1 and	18942. I have vei	rified that the distribution set for	th above, is in accordance with	the requirements.		
	Mar Chat		Barbara J. F		Attorney/OAACA Offici			
-	Signature of Agency Head or Designee	_	Print Name		Tille	(Month, Day, Year)		
	e en				THIS.	(MORIU, Day, Teal)		
(Comment:							

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			w	a i		▃	v	•	u	3 I I	G	111

1.	Agency Name	HIII (SA) III (A) AA A	ing ing panggarang panggarang panggarang panggarang panggarang panggarang panggarang panggarang panggarang pan	en e	Date Stamp	California 802		
	Oakland Alameda County C	-		····/m/	_	For Official Use Only		
	Division, Department, or Reg					7 Of Official Use Only		
	Nate Miley, OACCA V. Cha				_			
	Designated Agency Contact ((Name, Title)						
	Area Code/Phone Number	l E-mail			Amendment (Mus.	t Provide Explanation in Part 3.)		
					Date of Original Filing	,,		
evocum	510.383.4801	nate.miley@acgo	v.org		Date of Original Fining	(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 \$.	45.00		
	Event Description: Oakland	A's		Date(s)9				
	Everte Decomption.	Provide Title/ Exp	lanation	Jaic(3)				
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🗆 🍴	f no:	Name of Source			
	Was ticket distribution made	at the beheet .v.						
	of agency official?	at the beliest Yes	I NOM "	, yco.	Official's Name (Last, Firs	t)		
B7/A00500	or agoriey emolar:							
3.	Recipients							
	Use Section A to identify the agen		• Use Section B to i	identify an individ	lual. • Use Section C to ide	entify an outside organization.		
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy		
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the following:			
	Miley, Nate				Ceremonial Role Other 🗵 Income			
	vinoy, rtato		18	If checking "Ceremonial Role" or "Other" describe below: to provide opportunities for community groups to utilize the				
				facility	pp 0.14	varinty groups to dimes the		
				Ceren	nonial Role 🔲 Other	☐ Income ☐		
				If checi	king "Ceremonial Role" or "Other"	describe below:		
	C. Name of Outside Or		Number of Ticket(s)/	Describe th	e public purpose made p	ursuant to the agency's policy		
	(nicitude address and		Passes					
			<u> </u>					
A	Vaultianti		***************************************		nationality had is made in the state of the			
ᢤ.	Verification	DO Dogulations 4004	44 and 40040	l boug comition of	that the distribution	foulbabare in its		
	I have read and understand FP with the xequirements.	ro Regulations 1894	4.1 and 18942.	i nave veniled l	ınaı ine distribution set	iorin above, is in accordance		
ļ	(HIND C)	MARCHA	iee Savage	044	CCA Ticket Administ	trator 40.4.40		
`	Signature of Agency Head or Designation	<u> </u>	Print Name	UAI	CCA Ticket Administ	trator 10.1.19 (month, day, year)		
		V			••	,,,, ,,,		
	Comment: form not received	a HOLLI OLIIC O		· · · · · · · · · · · · · · · · · · ·				

1.	Agency Name	en de la companya de	tikologian kolonia tili kiloja aiki kunaman pengaja ayan ananan.		Date Stamp	California 665		
	Oakland Alameda County C	oliseum Authority				Form SUZ		
	Division, Department, or Regi	•				For Official Use Only		
	Nate Miley, OACCA V. Cha							
	Designated Agency Contact ('Name,Title)						
		g			Amendment (Must Dr	rovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			tame to the state of the state	- наа сприяникон ин r dit 3.)		
	510.383.4801	nate.miley@acgov	org.		Date of Original Filing: _	(month, day, year)		
2.	Function or Event Infor	nation		Tipleman and the second se				
-	Does the agency have a tick		⊠ No 🗆 F	Face Value of F	Each Ticket/Pass \$ 30	5.55		
	Event Description: Oakland	Provide Title/ Expla	nation [Date(s) <u>9</u> /	, 10 <u> 18</u> .			
	Ticket(s)/Pass(es) provided			f no:	Name of Source			
	Was ticket distribution made	at the behest Yes	□ No⊠ ^I	f yes:	Official's Name (Last, First)			
	of agency official?							
3.	Recipients		Electrical and a constant of the constant of t					
	• Use Section A to identify the agend	cy's department or unit. •	Use Section B to i	identify an individ	ual. • Use Section C to identi	fy an outside organization.		
			Number	A VALLEY AND A STREET				
	A. Name of Agency, Depa	ament of Offic	of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy		
	-,-,-							
	<u> </u>							
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the following:			
	Miley, Nate	33000		Ceremonial Role Other X Income				
	•		2	to promote th	ing "Ceremonial Role" or "Other" desc ne Coliseum Complex	cribe below: for use by general		
				public and bu	usinesses to maximize	revenues		
					onial Role Other O			
				If checks	ing "Ceremonial Role" or "Other" desc	cribe delow:		
	V		N11-	1				
	C. Name of Outside Or (include address and		Number of Ticket(s)/	Describe the	e public purpose made purs	uant to the agency's policy		
			Passes	<u> </u>				
			1					
]					
<u></u>	Verification	timentum minimentum eta filozofik kiriki	<u> </u>	and decimate of the second to the second				
	I have read and understand FPF	PC Regulations 19044	1 and 18049	l have verified #	hat the distribution and for	th shows is in accordant		
/	with the requirements.	o nogulations 10944	., anu 10942.,	i nave vermea ti	าอะ เทษ นเรขามนขอก 801 101	ur above, is in accordance		
(KLALL DAN	2 al Pana	ee Savage	040	CCA Ticket Administrat	or 10.1.19		
*	Signature of Agency Head or Designe	/	rint Name		Title	(month, day, year)		
	Commont. form not received	I from office				, , , , ,		
	Comment: Ioim not received	a irosti omog						

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) OACCC Commissioner Designated Agency Contact (Name, Title) Denise Jacinto, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-272-6691 Date of Original Filing: Denise.Jacinto@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 232.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Rolling Loud Concert Date(s) __09 28 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ If 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 Gibbons, Connor event in or to maximize potential county 2 revenue for concession and parking sales Ceremonial Role L.I. Income 📋 Other I I If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

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

Denise Jacinto

Signature of Agency flead of Designa	THI WAITE	riue	(month, day, year)
Comment:			

10/07/19

Ticket Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Funete, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: Idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? 232.00-2 day pass Yes ⊠ No □ Face Value of Each Ticket/Pass \$ Event Description: Rolling Loud Concert Date(s) __9 28 , 19 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes De La Fuente, Ignacio Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: 2 per to investigate efficiencies of operations of various sporting and other events occurring at Coliseum Complex Ceremonial Role Other \square Income __ date If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

I have read and underst	and FPPC Regulations 18	944.1 and 18942. I ha	eve verified that the o	listribution set forth above	is in accordance
with the requirements.			are termou that tho u	inclination set forth above	, is in accordance
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Menle Saval	Ignacio De La Fuente
Signature of Agency Head or Designee	Print Name

OACCA Commissioner

9.30.19 (month, day, year)

Comment:

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	Division, Department, or Region (if applicable)					For	Official Use Only
	Ignacio De La Fuente, OACCA Commissioner						
	Designated Agency Contact (Name, Title)				•		
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	Area Code/Phone Number	E-mail	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		∐ Amendment <i>(M</i> ≀	ust Provide Explar	iation in Part 3.)
	510.383.4801	ldelafunte2012@g	mail.com		Date of Original Fili	ng:(month, c	lay, year)
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,	Recipients						
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Ignacio De La Fuente

Print Name

Comment: _

OACCA Commissioner

9.5.19

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Idelafunte2012@gmail.com Date of Original Filing: (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 160.00 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Iron Maiden Date(s) 9 / 10 / Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source Was ticket distribution made at the behest Yes ☐ No 🖂 If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Α. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy. Passes Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X De La Fuente, Ignacio if checking "Ceremonial Role" or "Other" describe below. 2 to promote the Coliseum for use by general public and businesses to maximize revenues Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification

Income 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 regujrements. Ignacio De La Fuente OACCA Commissioner 9.5.19Signature of Agency Head or Designee 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 Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510.383.4801 Idelafunte2012@gmail.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 160.00 Yes ☐ No ☐ Event Description: MisFits Date(s) 9 / 11 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. 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 Identify one of the following: of Ticket(s)/ (Last, First) Passes De La Fuente, Ignacio Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below: 2 to promote the Coliseum for use by general public and businesses to maximize revenues 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) Passes 4. Verification

Income I have read and understand FPFC 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 9.5.19Signature of Agency Head or Designee Print Name Title (month, day, year) Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form For Official Use Only Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 Idelafunte2012@gmail.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: Raider Season 2019 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🗵 No 🗌 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Income De La Fuente, Ignacio 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 Ceremonial Role Other ... Income ___ If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** 4. Verification

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

| Ignacio De La Fuente | OACCA Commissioner | 9.5.19 |
| Signature of Agency Head & Designee | Print Name | Title | (month, day, year)

Çómment:

FPPC Form 802 (2/2016)

Oakland Raiders September 2019 Ignacio De La Fuente

Raiders v Denver

9.9.19

2 tickets

Raiders v Kansas City

9.15.19

2 tickets

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Signatur	of Agency Hend or Designee		of lame	OAC.	GA Commissioner	3.22.19
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Oakland A's September 2019 Ignacio De La Fuente

•	A's v Mariners	9.1.19	4 tickets
•	A's v Mariners	9.2.19	4 tickets
•	A's v Yankees	9.3.19	2 tickets
0	A's v Yankees	9.4.19	2 tickets
•	A's v Rangers	9.5.18	4 tickets
•	A's v Rangers	9.7.19	4 tickets
•	A's v Rangers	9.8.19	4 tickets
•	A's v Angels	9.20.19	4 tickets
0	A's v Twins	9.21.19	4 tickets
6	A's v Twins	9.22.19	4 tickets
6	A's v Twins	9.23.19	4 tickets