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) 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: \_\_ (month, day, year) RSavage@coliseum.com 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 90.00 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) \_\_07\_\_/\_ Event Description: A's vs Indians 01 / Provide Title/ Explanation If no: \_\_ Ticket(s)/Pass(es) provided by agency? 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 Friday Night Live event raffle Oakland Unite/DHS 2 identify one of the following: Name of Individual Ceremonial Role 🔲 Other X Income L If checking "Ceremonial Role" or "Other" describe below: Income Other  $\square$ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Name of Outside Organization Include address and description 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 leguinements. 4. Verification **OACCA Commissioner** 07/30/18 Lynette McElhaney (month, day, year) Signature of Agency Head or Designed Print Name Comment: \_

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name 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: (month, day, year) RSavage@coliseum.com 510.383.4801 2. Function or Event Information .Face Value of Each Ticket/Pass \$ 78.00 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) \_\_\_\_\_/\_ Event Description: A's vs Padres Provide Title/ Explanation If no: \_ Yes ☑ No □ Ticket(s)/Pass(es) provided by agency? 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 Tickel(s)/ Passes Describe the public purpose made pursuant to the agency's policy Name of Agency, Department of Unit Friday Night Live event raffle Oakland Unite/DHS 2 ldentify one of the following Other 🗵 Income 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: pascribe the public purpose made pursuant to the agency's policy 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 have read and und OACCA Commissioner 07/30/18 Lynette McElhaney (month, day, year) Print Name Signature of Agency Head of Design

Agency Report of:

Comment: \_

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Division, Department, or Region (if applicable)					For Official Use Only
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Renee Savage - OACC		Amendment (Must I	Provide Explanation in Part 3.)		
Area Code/Phone Numb					,
510.383.4801	RSavage@	@coliseum.com		Date of Original Filing:	(month, day, year)
Function or Event I	nformation	top oppps aktual valet in foreign unversität in die legte kunn mangement in be. I	A		8.00
Does the agency have	a ticket policy?	Yes⊠ No□	Face Value of	f Each Ticket/Pass \$ $\frac{7}{2}$	<u> </u>
Event Description: A's	vs Padres			<u>_/04/18</u>	
	Provide	Title/Explanation			
Ticket(s)/Pass(es) prov	/ided by agency?	Yes ☑ No ☐	If no:	Name of Source	
Was ticket distribution	made at the hehr	est Voc XI No 🗆	If yes: Lynett	e McElhaney Official's Name (Last; First)	
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Α, Name of Agenc	y, Department or Unit	of Ticker			
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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) 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: -RSavage@coliseum.com (month, day, year) 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Date(s) \_\_07\_\_/\_ Event Description: A's vs Giants 22 / Provide Title/ Explanation If no: \_ Ticket(s)/Pass(es) provided by agency? 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 Tickel(8) Describe the public purpose made pursuant to the agency's policy Name of Agency Department or Unit: Name of Individual identify one of the following Ceremonial Role Byrd, Adeya If checking "Ceremonial Role" or "Olher" 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 I have read and ungerstand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the proquirement 07/30/18 **OACCA** Commissioner Tynette McElhaney (month, day, year) Print Name Comment:

Agency Report of:

**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) 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□ Date(s) 07 / 30 / Event Description: A's vs Blue Jays 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 policy Name of Agency, Department of Unit dentify one of the following Name of Individual Other X Ceremonial Role Income Hall, Phillip If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding an Oakland student Other  $\Pi$ Income ... Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number of Ticket(s)/ Name of Cutaide Organization (include address and description Describe the public purpose made pursuant to the agency's policy

4. Verification

l have read and understand F	PPC Regulations 1	8944.1 and 18942.	I have verified that the	distribution set forth above	, is in accordance
I have read and understand F with the requirements.	184[]				

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Signature of A	gency Head	or lesigne	7

Lynette McElhaney
Print Name

OACCA Commissioner

07/30/18

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(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 \$ 78.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: A's vs Blue Jays Date(s) 07 / 31 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? 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. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Friday Night Live event raffle Oakland Unite/DHS 2 Name of Individual identify one of the following: Ceremonial Role Other 🔀 Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Income \_\_\_ Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (include address and Nescription Describe the public purpose made purauant to the agency's policy 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. OACCA Commissioner 07/30/18 tvnette McElhaney (month, day, year) Print Name

Comment: \_

1.	Agency Name		100 miles		Date Stamp	California 802
	Oakland-Alameda County Co	oliseum Autho	ority			Form For Official Use Only
	Division, Department, or Region					For Official Use Only
	Barbara J. Parker, City Attori	nev/OAACA (				
	Designated Agency Contact (A		J.110.00			
	Doorginated rigories (	, , , , , , , , ,				- Annual Control of the Control of t
	Area Code/Phone Number	E-mail			Amendment (Must prov	ride explanation in Part 3.)
		bparker@oa	klandcitvatto	rnev ora	Date of Original Filing:	(Manth Day Voor)
*********	(510) 238-3815		Mandonyano	incy.org		(Wonth, Day, Year)
2.	Function or Event Inform		v (52) ki. (	T Face Value o	f Each Ticket/Pass \$	100.00
	Does the agency have a ticket	policy r	Yes⊠ No			
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٠.	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	y an outside organization.
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	C. Name of Outside Organ (include address and des	ization cription) —	Ticket(s)/ Pass(es)	Describe the put	ilic purpose made pursuant t	o the agency's policy
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	10u Ash		Barbara J. I		y Attorney/OAACA Offic	(Month, Day, Year)
	Signature of Agency Head or Designee		rmu nam	ru.	, ac	(
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1.	Agency Name	\_H a	Date Starrip	Form 604		
	Oakland-Alameda County C		-	For Official Use Only		
	Division, Department, or Reg	ion (if Applicable)				
	Barbara J. Parker, City Atto					
	Designated Agency Contact (	(Name, Title)				
			☐ Amendment (Musi	t 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)
<u> </u>	Function or Event Information					90.00
	Does the agency have a ticke	t policy?	Yes⊠ No		of Each Ticket/Pass \$	
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			Barbara J.		Tille	(Month, Day, Year)
	Signature of Agency Head or Designa	₽ <del>e</del>	Pant Nai	ne	1,000	Ç
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1	Agency Name				Date Stamp	California 909
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	Division, Department, or Region (If Applicable)					For Official Use Only
	Barbara J. Parker, City Attorney/OAACA Official  Designated Agency Contact (Name, Title)					
	Designated Agency Contact	1401110, 111107	· ·			
					Amendment (Must	t provide explanation in Part 3.)
	Area Code/Phone Number E-mail bparker@oaklandcityattorney.org				Date of Original Filing	]:
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2.	Function or Event Infor				(5.   Ti-1UD #	78.00
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	Comment:					EDDC Forms 900 (A)

1. Agency Name Oakland-Alameda County Coliseum Authority Division, Department, or Region (If Applicable)	Form
	For Official Use Only
Barbara J. Parker, City Attorney/OAACA Official	
Designated Agency Contact (Name, Title)	
Amendment	(Must provide explanation in Part 3.)
Area Code/Phone Number E-mail  Date of Original	Filina:
(510) 238-3815 pparker@oakianocityatiomey.org	(Month, Day, Year)
2. Function or Event Information	78.00
Does the agency have a ticket policy? Yes ⊠ No ☐ Face Value of Each Ticket/Pa	
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Barbara J. Parker City Attorney/OAA	CA Official 07/31/2018
	(Month, Day, Year)
Signature of Agency Head or Designee Print Name Title	

1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C	oliseum Auth		Form For Official Use Only			
	Division, Department, or Regi			47/10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	<i>.</i>	Por Unicial Dse Only	
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	Area Code/Phone Number   E-mail			100 A	Amendment (Must p	provide explanation in Part 3.)	
	(510) 238-3815	_ ·	klandcityatto	rnev.ora	Date of Original Filing:		
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4.	<b>Verification</b>				Lianth above to in accordance	with the requirements	
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	Signature of Agency Head or Designation	e	Print Ner	ne	Title	(Mithia), 12dy, 16dr)	
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1	Agency Name		<u> </u>		Date Stamp	California Ong
••	Oakland-Alameda County Coliseum Authority				<u>'</u>	Form OU 🚄
	Division, Department, or Reg					For Official Use Only
	Barbara J. Parker, City Attorney/OAACA Official					
	Designated Agency Contact	(IName, Litte)				
			Amendment (Mus	t provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail			_	
	(510) 238-3815 bparker@oaklandcityattorney.org			Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Infor	mation				125.00
	Does the agency have a ticke	et policy?	e of Each Ticket/Pass \$	120,00		
	Event Description Oakland A	N's v. San Fran	icisco Giants	Date(s)	07 <u>, 21 , 18</u>	
	Event Description	Provide Title/Expl				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗵 No	☐ If no:	Name of S	
	·				Name of S	Source
	Was ticket distribution made a	at the behest	No ⊠ Yes	☐ If yes:	Official's Name	e (I est. First)
	of agency official?				Oniou when	( cut) 1 // o/
3.	Recipients			ar i mai rai care i i i i i i i i i	ordinar - Han Gantlan C to Jel	entify an extelde organization
	Use Section A to identify the agence	y's department or		a dinambasan damasa makabasa ka		
	🛕 Name of Agency, Departm		Numbero/ Tickethy Passon	Deacribe the	public purpose made pursus	int to the agency/s policy
			NEW CONTROL OF			
					•	
	<b>L</b>		-			
					•	
			Number of			
	B. Name of Individu	al .	Tičkotie)/ = Pase(es)		identify one of the follo	owing:
	ELLINO: Standard Character Standard Control of the	Section 1621 Subset Property Section Section Section Section 1		Geremonial Ro	le 🗌 Other 🛭	Іпсоте 🗌
	Mulry, Brian		2	I =	monial Role" or "Other" describe belo	
	•					ty employees that provide
				services to the A		
				Ceremonial Ro	ole	Income L
			2	I oncoming don't		1
	Name of Outside Orga		Number of			
	(include address and de	scription): 🚐	Ticket(e)/ Pass(es)	JAPAN JOSEPH STATE	public purpose made pura u	
		Periting of Charles and Williams				
			-			
energy -						
4.	Verification  I have regd and understand PRPC Reg.	ulalions 18044 1 on	d 18942   have in	erified that the distribution	set forth above, is in accordance	with the requirements.
	Thave read and understand FFFC Reg.	uraduna 10844,1 ani				
	Cary X ad		Barbara J.	**	City Attorney/OAACA C	Official 07/31/2018 (Month, Day, Year)
	Signalure of Agency Head or Designe	U	rom Nen	re.	Tible	fine titl mall sand
	Comment:					WASH, MARKAMAT HARRASHAR KANADAN KANAD

۸	D:	ıh	lic	Docu	ıme	nt
-	rı	มม	111.	LUUG	41114	

4	Agency Name	A CONTRACTOR OF THE PARTY OF TH			Date Stamp	California 200
١.	Oakland-Alameda County C	coliseum Autho	· ·	Form 2024		
	Division, Department, or Regi		-	For Official Use Only		
	Barbara J. Parker, City Attor		Jiliciai		_	
	Designated Agency Contact (	(varne, rule)				
			Amendment (Must p	provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Date of Original Filing:	
kannotto	(510) 238-3815	bparker@oa	klandcityatto	rney.org		(Month, Day, Year)
2.	Function or Event Infor				ст т	100.00
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$ _			
	Event Description Oakland A	t's v. San Fran Provide Title/Expl	cisco Giants	Date(s)	7 , 22 , 18	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🛛 No [	] If no:	Name of So	ource
	Was ticket distribution made a of agency official?	at the behest	No ⊠ Yes I	☐ If yes:	Official's Name	(Last, First)
3.	Recipients					
	<ul> <li>Use Section A to Identify the agenc</li> </ul>	y's department or			Company of the Compan	ntify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(8)/		bilc purpose mada purayan	
			Paga(ga)			<b>多一种的人们的人们的人们的人们的人们</b>
		•				
						٠,
			Number of			
	B. Name of Individu	al .	Ticket(e)/ Pase(es)		dentity one of the follow	ving)
	表现是是經過程的發展是結構的20年過程可可與2018年1月2日 2018年	ileg(eligisəss/ilea)ii ilessociali iliisis	in the state of th	Ceremonial Role	Other 🗵	Income 🗌
	McLaughlin, Kevin		2		onial Role" or "Other" describe below	
				To provide incenti services to the Au		y employees that provide
		<u></u>	<u> </u>	<u> </u>		Income 🗆
				Ceremonial Role  If checking "Ceremonial Role  If checking "Ceremonial Role  Output  Description of the content	onial Role" or "Other" describe below	
			2	,		
	(Name of Curside Orga	nization	Number of Ticket(e)	Pascylla the v	ausyq samade pyrsus	nt to the agency's policy
	(include address and de	scription)	Pass(es)			
A	Verification			1		Name of the state
4,	Verification I have read and understand FPRC Reg	gulations 18944.1 ar	d 18942. I have v	erified that the distribution se	t forth above, is in accordance	with the requirements.
	By J (A)	)	Barbara J.		ity Attorney/OAACA O	
	Signature of Agency Head or Designation	88	Print Nar		Title	(Month, Day, Year)
	Comment:					FPPC Form 802 (4/12

_						M + Upilo populitori		
1.	Agency Name	en e	Date Stamp California 20					
	Oakland-Alameda County C			Form JUZ				
	Division, Department, or Regi	on (If Applicable	<del>)</del>			For Official Use Only		
	Barbara J. Parker, City Attor	ney/OAACA						
	Designated Agency Contact (/	Name, Title)						
	Area Code/Phone Number	E-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must provide explanation in Part 3.)			
	(510) 238-3815 bparker@oaklandcityattorney.			orney.org	Date of Original Filing:			
2.	Function or Event Inforn			(Month, Day, Year)				
	Does the agency have a ticket		Yes ⊠ No	. ☐ Face Value o	of Each Ticket/Pass \$	78.00		
	Event Description Oakland A'	s v. Toronto l			7 , 30 , 18			
	Event Description	Provide Title/Expl	analion	Date(s) <del></del>				
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:				
	rianation accept provided by	agonoy:	TES [M] IVO	, , , , , , , , , , , , , , , , , , ,	Name of Sou	ırce		
	Was ticket distribution made at	the behest	·No ⊠ Yes	☐ If yes:	Official's Name (L	77 W		
-	of agency official?				Official's Name (L	ast, First)		
5.	Recipients • Use Section A to identify the agency'	's department or i	unit. s lise Se	ction B to identify an individu	ual — e lice Section C to identi	ifu an auteida arganization		
			Number of			Departed at a market of the care		
	A Name of Agency, Departmen		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
					Shap to see to be specified to see the most of Children with a	ALATAN MANAY TO DISTRICT ON THE WAS A CHARLES OF THE SECTION OF TH		
						•		
	B. Name of Individual	Number of	Principal Capabile par algebras					
	(Last, First)		Ticket(s)/ Pass(es)	1 - 500 V. 5003 - 12 (2) 10 V.	Identify one of the following			
	Tong Batriol			Ceremonial Role	Other 🔀	Income		
	Tang, Patrick		2	-	ial Role" or "Other" describe below:	employees that provide		
				services to the Auth		employees that provide		
	PORTONO POR CONTRACTOR			Ceremonial Role	Other 🗍	Income		
			2	If checking "Geremonia	al Role" or "Other" describe below:			
			_					
		"(2008 o o Planagada"), pela ke kebasali	000000000000000000000000000000000000000	No. 10 of the control of the state of the control of the state of the				
1	C. Name of Outside Organiz (include address and descri		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant t	o the agency's policy		
-			Pass(es)	ing the special property of the second		y Marinina ann agus 1946 (1946)		
					·			
		na anamana anamana ang kanamana ana anamana di ang kang ng pang na ang kang ng pang na ang kang ng pang na ang						
	Verification	Vann 400444 - 1	40040 15	alle and alle at the control of the				
1	have read and understand FPPC Regulat					•		
ľ	Signature of Agricultural or Day		Barbara J. F		Attorney/OAACA Office			
1	Signature of Agency Head or Designee		Print Name	e	Title	(Monlh, Day, Year)		
	Comment:							

1	. Agency Name				<del></del>	Date Stamp	California OAS
	Oakland-Alameda County (	Coliseum Auth	ority			- Balo Gamp	Form 802
	Division, Department, or Reg						For Official Use Only
	Barbara J. Parker, City Atto	rn au // \ \ \ \ \ \ \ \	O#:-!-1				
	Designated Agency Contact		Official	1900			
		(realito, rato)					
	Area Code/Phone Number	TE				Amendment (Must pri	ovide explanation in Part 3.)
	(510) 238-3815	E-mail	aklandait att			Date of Original Filing: _	, , , , ,
-	. Function or Event Infor	bparker@oa	ananochyan	orney.org		Date of Original Filing.	(Month, Day, Year)
4	Does the agency have a ticke						78.00
	· ·		Yes 🔀 No			f Each Ticket/Pass \$	70.00
	Event Description Oakland A	S V. Toronto  Provide Title/Exp.	Blue Jays	Date(s	s) <u>07</u>	, 31 , 18	
	T 1 1/ 1/m / /		iananon				
	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	☐ If was:			
	of agency official?		110 24 100	п yes.		Official's Name (La	ast, First)
3.	Recipients	A CONTRACTOR OF THE PARTY OF TH					The state of the s
	• Use Section A to Identify the agency	r's department or	unit. • Use Se	ction B to Identify an	individua	al. • Use Section C to identif	fy an outside organization.
	$oldsymbol{A}_{i}$ . Name of Agency Departme	nt or Unit	Number of Ticket(s)	A STOCKED WEST MICHIGANISM TO COMPA	Telephone (American Section)	ic purpose madaipuravanti	Control of the Contro
			Pass(09)				1000000000000000000000000000000000000
							T-100
			Number of			NASANA ARABAT ING NASAN TING PANGA	
	Bi Name of Individua		Ticket(s) Pass(es)			identify one of the followin	9.
	(a) the same and t			Ceremonia	al Role F	] Other ⊠	
	Schoenberger, Sonya				_	I Role" or "Other" describe below;	Income 🔲
			2	To provide in	centive	s to City and County e	mployees that provide
	1			services to th	e Autho	ority	A
				Ceremonia	_	Other D	Income
			2	и спеский	ceremoniai	Role of Other describe below:	
	C Name of Outside Organi	zation	Numberal		(a)		
	(include address and dead	ripilon)	Ticket(s)/ Pass(es)	Lies Cride t	ne publi	c purpose made purcuant (c	stre agency's policy
						A CONTRACTOR PROPERTY.	2520年6月2日1日日日 1月1日 2月1日 2月1日 2月1日 1日 1
					W	ARAS ARREST	Western Was
4.	Verification				ganinakan mangapan menjada		Will control the control of the cont
	I have read and understand FPPC Regula	tions 18944.1 and	18942. I have ve	rified that the distribution	on set fort	h above, is in accordance with t	he requirements.
	But Sed	_	Barbara J. F			Attorney/OAACA Offici	
	Signature of Agency Head or Designee		Print Name		Oity 7	Title	(Month, Day, Year)
	-						,,
	Comment:	440-0-1					

### Agency Report of:

Ceremonial	Role	<b>Events</b>	and	Ticket/Pass	Distributions

1	. Agency Name	THE RESERVE OF THE PERSON NAMED IN		Date Stamp	California O 0 5
	Oakland Alameda County Coli	sium Autho	ority		Form 802
	Division, Department, or Region (If Applicable			-	For Official Use Only
	Yui Hay Lee, Commissioner				
	Designated Agency Contact (Name, Title)			-	
	, , , , , , , , , , , , , , , , , , , ,				
	Area Code/Phone Number   E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	그 교육 그녀는 그렇게 하면 하면 하는 그래요 하는 것이 없는 것이 없는 것이 없는 것이 없다면 하는데 하는데 그렇게 되었다.	ay@YHLA.ne	et	Date of Original Filing: _	(Monih, Day, Year)
2.	Function or Event Information	THE RESIDENCE OF THE PARTY OF T			THE RESERVE OF THE PARTY OF THE
	Does the agency have a ticket policy?	Yes No [	7 Face Value o	f Each Ticket/Pass \$	100.00
	Event Description BG 3		<del></del>		
	Provide Title/Expl	lanation	Date(s)/	16 18	
	Ticket(s)/Pass(es) provided by agency?	Yes ☐ No ☐	7 If no:		ĺ
		IEST NOT	J 1110	Name of Sou	rce /
	Was ticket distribution made at the behest	No ☐ Yes ☐	] If yes:		
	of agency official?		5.42	Official's Name (La	ast, First)
3.	Recipients				No contract the contract to the contract of th
	Use Section A to Identify the agency's department or	unit. • Use Section	on B to identify an Individu	al. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
,	Yui Hay Lee, Commissioner	2	#3		
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	74-74-74-74-74-74-74-74-74-74-74-74-74-7	Identify one of the followin	g:
			Ceremonial Role [ If checking *Ceremonia	Other I	Income [
,			Ceremonial Role [	Other	Income [
(	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
\ !!	Verification nave read and understand FFPC Regulations 18944 1 and 1 Yui	18942. I have veriffe Hay Lee		h above, is in accordance with the	ne requirements
(	Signature of Aguaciy Haad or Designee	Print Name		Title	(Month, Day, Year)
		*			EPPC Form 902 (4/4

1.	Agency Name					Date Stamp	California OOO		
	Oakland Alameda County C	oliseum Auth		Form OUZ					
	Division, Department, or Reg	ion (if applicable		For Official Use Only					
	Scott McKibben, OACCA Ex	xecutive Direc							
	Designated Agency Contact	(Name, Title)							
	Area Code/Phone Number	E-mail	.   Amendment (Must Pro	Amendment (Must Provide Explanation in Part 3.)					
	510.383.4801	smckibben1	@gmail	.com		Date of Original Filing: _	(month, day, year)		
2.	Function or Event Infor	mation	40	000					
	Does the agency have a tick	ket policy?	Yes D	☑ No □	Face Value of	Each Ticket/Pass \$	00-		
	Event Description: Oakland	A's Baseball			Date(s)07	, 22 , 18			
	Event Description.	Provide 1	itle/ Explan	ation					
	Ticket(s)/Pass(es) provided	by agency?	Yes 2	No□	If no:	Name of Source			
					McKibb	Name of Source			
	Was ticket distribution made	at the behes	t Yes 🛚	No□	If yes: McKibb	Official's Name (Last, First)			
	of agency official?					(===,,			
3.	Recipients								
٠.	• Use Section A to identify the agen	cv's department o	or unit.  • U	Jse Section B to	identify an individ	ual. • Use Section C to identif	v an outside organization		
	A. Name of Agency, Depa			Number of Ticket(s)/		e public purpose made pursi			
	Anti-de-si			Passes					
	B. Name of Indi (Last, Fire			Number of Ticket(s)/ Passes		Identify one of the fol	llowing:		
					CONTRACTOR OF THE PROPERTY OF	onial Role Other Other Cing "Ceremonial Role" or "Other" descriptions	Income In		
					Ceremonial Role Other I				
					If check	ing "Ceremonial Role" or "Other" desci	ribe below:		
							1)		
	C. Name of Outside O			Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy		
	Gretchen Piscotty Foundat	ion		10	to provide op	portunities to commun	ity groups to utilize the		
	Livermore, CA 94550			10	facility	1000014			
					×				
A	Verification	<i>C</i>							
	Thave read and understand F.P.	DC Bogulation	0 19044	1 and 10010	I have verified t	hat the distribution and for	th about is in		
<	with the requirements.	rc Regulation	5 10944.	1 anu 16942.	i nave vermea u	nat the distribution set for	tn above, is in accordance		
1	/ / / / / ////////////////////////////		Coott N	Makibban		Evaputive Diseases	0.00.40		
	Signature of Agency Head or Design	ee		McKibben nt Name	i i	Executive Director	6.20.18 (month, day, year)		
V	J. J	5050.	1 100			TING	(month, day, year)		
	Comment:								

Δ	Pii	hl	ic	Docun	nent
~	ı u	131		<b>D</b> UGUII	ICHI

1. Agency Name			Date Stamp	California 802			
Oakland Alameda County Coliseum Authority		Form OU/4					
Division, Department, or Region (if applicable)			•	For Official Use Only			
ScotMcKibben, OACCA Executive Director	ScotMcKibben, OACCA Executive Director						
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)						
			Amendment (Must	Provide Explanation in Part 3.)			
Area Code/Phone Number E-mail				riotias Explanason in rait c.y			
510.383.4801 smckibben1@gm	ail.com		Date of Original Filing	:(month, day, year)			
2. Function or Event Information				W. Commission of the Commissio			
Does the agency have a ticket policy? Yes	s□ No□ F	Face Value of	Each Ticket/Pass \$ _	125.00			
Event Description: Oakland A's Baseball  Provide Title/ Exp	L Dianation	Jate(s)	<u>/ 20 / 18</u>				
		f no:	Name of Source				
			Name of Source				
Was ticket distribution made at the behest γ <sub>et</sub>	s□ No⊠ 「	f yes:	Official's Name (Last, First	<del>(</del> )			
of agency official?							
3. Recipients				<u>Militaria de la como esta como esta</u>			
• Use Section A to identify the agency's department or unit.	• Use Section B to	identify an individ	lual. • Use Section C to ide	ntify an outside organization.			
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe th	e public purpose made pa	ursuant to the agency's policy			
	Passes						
		]					
(4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,							
	Number						
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		following:				
Makibban Soott		Cerem	nonial Rote 🔲 Other	Income			
McKibben, Scott	4	If check	describe below:				
			he Coliseum Comple usinesses to maximi:				
		Cerem	nonial Role 🔲 Other	Income _			
		If check	king "Ceremonial Role" or "Other" o	lescribe below:			
C. Name of Outside Organization	Number of Ticket(s)/	Describe the	e public purpose made pı	irsuant to the agency's policy			
(include address and description)	Passes						
				·			
1							
Verification				• • •			
I have read and understand THPC Regulations 1894 with the regulation and the regulation of the regulat	14.1 and 18942.	l have verified t	that the distribution set	forth above, is in accordance			
	44 NA - 120 4	~ -	0045 " "	, , , , , , , , , , , , , , , , , , , ,			
Signature of Dendy Hear in Designee	tt McKibben Print Name	OA	CCA Executive Dire	ctor 07.17.18 (month, day, year)			
	, tare reame		HUG	(monun, 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 Scott McKibben, OACCA Executive Director 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: smckibben1@gmail.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 125.00 Yes ⊠ No □ Event Description: Oakland A's Baseball Date(s) \_\_07\_\_/\_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_\_ Yes ☑ No ☐ Name of Source If yes: McKibben,Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. 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 🔲 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes** Charles Schwab to promote the Coliseum Complex for use by general 4 120 Kearny Street public and businesses to maximize revenues San Francisco, CA 94108 Verification

I have read and unlighted FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the graduated of the control of

	Scott McKibben	OACCA Executive Director
Signature of Agent Head of Designee	Print Name	Title

Director 07.16.18 (month, day, year,

Comment: \_

40 Ce	jency Report of: ∍remonial Role Even	ts and Ticke	<i>il</i> Pas	s Dist	rilo	utions		A Public	Document
1.	Agency Name Oakland Alameda County C Division, Department, or Regi	oliseum Authorit					Date Stamp	F(0)	Official Use Only
	Ignacio De La Fuente, OAC Designated Agency Contact (	er	<u></u>						
			,				Amendment (	Must Provide Expla	nation in Part 3.)
	Area Code/Phone Number 510.383,4801	E-mail idelafuente201	2@gm	ail.com			Date of Original Fi	lling:(month,	day, year)
2.	Function or Event Infor	mation	STATE STATE OF THE		PC-10 (A-1	2-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0			
	Does the agency have a tick Event Description: Oakland		No 🗀	Fa Da	ce Value of l ite(s)/	Each Ticket/Pass	\$	and the same of th	
	Ticket(s)/Pass(es) provided	Pludde lines	Сирианов	an No 🗀	lf r	10;	Name of Source	· · · · · · · · · · · · · · · · · · ·	and the second s
	Was ticket distribution made					/es:	Name of Source Official's Name (Last,		
	of agency official?		e.: 15						<u>a and all the second and the second</u>
3.	Recipients • Use Section A to identify the agen	cy's department or to	ait. 4Us	Action of the Control	ln ide	entify an individ	ual. * Use Section C &	o identify an outs	de organization.
	A. Name of Agency, Depo	ortment or Unit		Number of Tickel(s) Passes	,	Describe th	e public purpose ma	de pursuant to th	e agency's policy
		and the state of t						wy w a summer of the summer of	and the second s
	B. Name of Indi (Last, Fit			Number of Tickel(s). Passes	,	· · · · · · · · · · · · · · · · · · ·	Identify one o	of the following:	
	De La Fuente, Ignacio	411-20				i <i>rchect</i> to promote t	ionial Role	plex for use b	Income ☐ y the general es
	A					Ceren		lher 🔲	Income [
	C. Name of Outside O (include address and			Number of Ticket(a)/ Describe ( Passes		Describe th	the public purpose made pursuant to the agency's policy		e agency <sup>t</sup> s policy
		and the second s						www.mann., % ilianidad distribution in the interest of the	A Republik separation of the second of the s
ā.	Verification			<del>Tallin or more than to</del>	i nasansalai		and the second s	taranan <u>ana Panganan an</u>	
- i u	I have read and understand Fi- with the requirements.	PPC Regulations 1	8944.1	and 1894.	2. 11	have verified i	that the distribution	sel forth abov	a, Is in accordance
	Signature of Agency Head or Design			La Fuer Name	nle		DACCA Commiss	sloner	4.30.18 (month, day, year)
	Comment:	Statistic (vol.) in the second		***************************************	o maining pos		en a de		

### Oakland A's Games

### July 2018

### Ignacio De La Fuente

6	A's v Cleveland	7.1.18	(4) tickets	\$90.00
•	A's v San Diego	7.3.18	(4) tickets	\$78.00
0	A's v San Diego	7.4.18	(4) tickets	\$78.00
0	A's v Giants	7.20.18	(4) tickets	\$125.00
•	A's v Giants	7.21.18	(4) tickets	\$125.00
6	A's V Giants	7.22.18	(4) tickets	\$100.00
•	A's v Toronto	7.30.18	(4) tickets	\$78.00
•	A's v Toronto	7.31.18	(4) tickets	\$78.00

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		8 10.7 11	100		<b>U. 41 H B B</b>	62111	a.

1.	Agency Name				Date Stamp	California OOO	
	Oakland Alameda County C	Coliseum Authority				Form 802	
	Division, Department, or Reg				-	For Official Use Only	
	Ignacio De La Fuente, OAC	CA Commissioner					
	Designated Agency Contact		-				
		5					
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)	
	510.383.4801	idelafuente2012@	amail aam		Date of Original Filing: _	9.1	
			gman.com			(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 \$ 10	0.00	
	Event Description: Big 3				<u>, 06 , 18</u>	777	
	Event Description.	Provide Title/ Expl	anation	Jale(s)			
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □ I	f no:	Name of Source		
	NAZ P. L. J. P. J. W. W. C.	7.75 1 1			Name of Source		
	Was ticket distribution made	e at the behest Yes	□ No 🗵 「	f yes:	Official's Name (Last, First)		
	of 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 identi	fy an outside organization.	
			Number	1 5058		,,	
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
				1		i i	
			<del>                                     </del>			(0)	
	D Nome of Indi	uldual	Number				
	B. Name of Indi (Last, First		of Ticket(s)/ Passes		Identify one of the fo	llowing:	
	Do La Eucata Janacia		l l	Cerem	nonial Role Other 🗵	Income	
	De La Fuente, Ignacio		2	If checking "Ceremonial Role" or "Other" describe below: to investigate the efficiencies of operations of various			
					r at coliseum complex		
					onial Role  Other	Income	
					ring "Ceremonial Role" or "Other" desc		
			1				
	Name of Outside Or	rganization	Number	Describe 4b			
*	(include address and		of Ticket(s)/ Passes	Describe the	e public purpose made pursi	uant to the agency's policy	
						1	
	(100						
	101						
١.	Verification	1					
	I have read and understand FP	PC Regulations 1894	1.1 and 18942.	I have verified to	hat the distribution set for	th above, is in accordance	
	with the requirements.	,				no reaso 2011 488 2856355745551555555555	
	MANIMAN	Ignacio	De La Fuente	C	ACCA Commissioner	06.28.18	
	Signature of Agency Head or Designation		rint Name		Title	(month, day, year)	
	6						
1	Comment:						

a C	gency Kepurtor: eremonial Role Even	ts and Ticket	/Pass Dist	ributions	ß	A Public Document	
1.	Agency Name Oakland Alameda County C Division, Department, or Reg		Date Stamp	For Official Use Only			
	Chris Dobbins, OACCA Cor Designated Agency Contact	nmissioner					
	Area Code/Phone Number	l E-mail	Amendment (Musi	Provide Explanation in Part 3.)			
	510.383.4801	chrisdobbinslaw	@yahoo.com		Date of Orlginal Filing	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick		es∏ No∏	Face Value of	Each Ticket/Pass \$	J. E. Mars Har	
	Event Description: Oakland	A's 2018 Season Provide Title/ Ex	eplanation	Date(s)	16 1 0/100	1-0-1	
	Ticket(s)/Pass(es) provided	by agency? Ye	es⊠ No∏	If no:	Name of Source	-	
	Was ticket distribution made of agency official?	at the behest $\gamma_{\epsilon}$	əş 📋 No 🗵	If yes:	Official's Name (Last, First	,	
3,	Recipion's  * 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, Depa	ortment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	usuant to the agency's policy	
	B. Name of Indi		Number of Tickei(s)/		Identify one of the	following:	
	Dobbins, Chris	sty.	Passes	to promote t	nonial Role   Other   hing "Ceremonial Role" or "Other" or he coliseum complex usinesses to maximi	disscribe below: It for use by the general	
					nonial Role Other Other or Other o		
į	G. Name of Ontside Or (include address and		Mumber of Ticket(s)/ Passes	Describe th	a public purpose made pt	nsuani to the agency's policy	
	Verification			- Log			
	Thave read and understand FP with the requirements.	PC Regulations 189	)44.1 and 18942	t. I have verilied i	hal the distribution set	forth above, is in accordance	
,	Signolure of Agency Read or Design		hris Dobbins Print Name		DACCA Commissions	4.30.18 (month, day, year)	
	Comment:	The second secon					

### Oakland A's Games

### July 2018

### Chris Dobbins

0	A's v Cleveland	7.1.18	(4) tickets	\$90.00
•	A's v San Diego	7.3.18	(4) tickets	\$78.00
•	A's v San Diego	7.4.18	(4) tickets	\$78.00
6	A's v Giants	7.20.18	(4) tickets	\$125.00
0	A's v Giants	7.21.18	(4) tickets	\$125.00
•	A's V Giants	7.22.18	(4) tickets	\$100.00
•	A's v Toronto	7.30.18	(4) tickets	\$78.00
0	A's v Toronto	7.31.18	(4) tickets	\$78.00

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	I U	WI		┙	$\mathbf{v}$	ساح	1888	GI	118

1.	. Agency Name					Date Stamp	California Q02
	Oakland Alameda County C	Coliseum Autho	rity				Form OUZ
	Division, Department, or Reg	ion (if applicable)					For Official Use Only
	Chris Dobbins, OACCA Cor	mmissioner					
	<b>Designated Agency Contact</b>	(Name, Title)					
			Amendment (Must Pro	vida Evalanation in Part 2 )			
	rea Code/Phone Number E-mail				Amendment (wast F10	vide Explanation in Part 3.)	
	510.383.4801	chrisdobbinsl	aw@ya	hoo.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy?	Yes 🗵	l No □	Face Value of I	Each Ticket/Pass \$ 100	0.00
	Event Description: Big 3	Provide Title	/ Evplone		Date(s)07		
	Ticket(s)/Pass(es) provided				f no:		
	Trestes (e)/1 des (es) provided	by agonoy.	103 🔼			Name of Source	
	Was ticket distribution made of agency official?	Yes □	No 🗵	f yes:	Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agen	icy's department or	ual. • Use Section C to identify	v an outside organization.			
	A. Name of Agency, Depart			Number of Ticket(s)/ Passes		e public purpose made pursu	
	B. Name of Individual (Last, First)			Number of Ticket(s)/		Identify one of the foll	owing:
	Dobbins, Chris			Passes 2	to investigate	nonial Role Other X ling "Ceremonial Role" or "Other" descri the efficiencies of ope other events that occur	rations of various
					Cerem	onial Role Other Other ing "Ceremonial Role" or "Other" descri	Income
e	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 FPRC Regulations 18944.1 and 18942. I hawith the requirements.				I have verified to	hat the distribution set fort	h above, is in accordance
	1		Chris	Dobbins	C	ACCA Commissioner	06.28.18
	Signature of Agency Head or Design	ee	Prin	t 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 Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Event Description: A's Date(s) 07 / 01 / 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. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other X MUNOZ, DASCO Income | If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 2 services to the Authority. Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy 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

Print Name

Signature of Agency Head or Designee

Comment:

07/ /2 /2018

(month, day, year)

City Administrator

Title

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 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Event Description: A's Date(s) 07 / 03 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: \_\_ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other X INMAN, VIVIAN Income | If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 2 services to the Authority. Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 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.

8	Sabrina B. Landreth	City Administrator	07/ 0/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland 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 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: A's Date(s) 07 / 04 / 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 В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X BERENS, MATT Income If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 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 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 07/ / / /2018 City Administrator Signature of Agency Head or Designee Print Name

Comment:

(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 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information 10000 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: BIG 3 Date(s) \_07 / 06 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ⊠ No □ Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Landreth, Sabrina Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** DOTSON, TROY Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 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 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 07/ 12018
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland 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 510-238-3301 **Date of Original Filing:** slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: A's Date(s) \_\_07\_\_/\_ 20 / 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 В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X WONG, NILA Income If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 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 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 07/ /0 /2018

Print Name

Signature of Agency Head or Designee

Comment: \_

(month, day, year)

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: A's Date(s) 07 , 21 , 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 OLOTEGUI, ARTURO Income If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 2 services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** 

### 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	07/	/> /2018
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 California Date Stamp 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 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: A's Date(s) \_07 / 22 / 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 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 JONES, SABRINA Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provides 2 services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification

Comment: \_\_

with the requirements.

	Cabrina D. Landarth		In.
	Sabrina B. Landreth	City Administrator	07/ 🎾 /2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: A's Date(s) \_\_07\_\_/ 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 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 Ceremonial Role Other X Income FLORES, ELMA If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provides 2 services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Sabrina B. Landreth

Print Name

with the requirements.

Comment: \_

Signature of Agency Head or Designee

City Administrator

Title

07/ 10/2018

(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 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: A's Date(s) \_07 / 31 / 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? 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 Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other X FUNG, LISA Income \_\_ If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 2 services to the Authority. Ceremonial Role Other Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

### 4. Verification

I have read and understa	nd FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth	above, is in accordance
with the requirements.	8				

/8	Sabrina B. Landreth	City Administrator	07/ 2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			