Agency Report of: Ceremonial Role Events and	Ticket/Pa	ıss Distrik	outions	A	Public Document
1. Agency Name	11011001			Date Stamp	California 802
Oakland Alameda County Coliseum	Authority			,	Form OUZ
Division, Department, or Region (if appl					For Official Use Only
Ignacio De Fuente, OACCA Commis					
Designated Agency Contact (Name, Title					
				Cl Amandmant (Must	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail				Amendment (music	Provide Explanation III art 3.7
20% 0	ente2012@g	mail.com		Date of Original Filing	:(mōnth, day, year)
2. Function or Event Information					301180
Does the agency have a ticket policy	? Yes∑	No ☐ Fa	ace Value of	Each Ticket/Pass \$ _	109
Event Description: Warriors Season	2018-19 ovide Tille/ Explan	Da	ale(s)	ge attac	peg
Ticket(s)/Pass(es) provided by agen		7.2	no:	Name of Source	
Was ticket distribution made at the b	ehest Yes [] No⊠ If	yes:	Official's Name (Last, First	0
of agency official?				Omelara Marie (Lasi, 1 incl	,
a Production		THE RESERVE THE PARTY OF THE PA			
 Recipients Use Section A to identify the agency's depart 	nent or unit. • !	Use Section B to Io	lentify an indivi	dual. • Use Section C to ide	ntify an outside organization.
		Number			
A. Name of Agency, Department or	Unit	of Ticket(s)/ Passes	Describe to	he public purpose made p	ursuant to the agency's policy
B. Name of Individual		Number of Ticket(s)/		Identify one of the	e following:
(Last, First)		Passes			
De La Fuente, ignacio			Cere	monial Role Other Cking "Ceremonial Role" or "Other"	
		2	II Che	cang Geremonia Note of Onto	assimilar betarri
					П . П
				monial Role Other cking "Ceremonial Role" or "Other"	
6					
		Number			
C. Name of Outside Organizatio (include address and description		of Tickel(s)/ Passes	Describe t	he public purpose made p	oursuant to the agency's policy
		1 43300			10.70
4. Verification					
I have read and understand FPPC Regu	lations 18944	.1 and 18942.	I have verified	I that the distribution se	t forth above, is in accordance
with the requirements	idiono ree r				
1911 A MA (88)	Ignacio	De La Fuente	1	OACCA Commission	ner 9.27.18
Signature of Aljancy Head or Designee		rint Name		Title	(month, day, year)
Comment:					
1					

Warriors

November 2018

Ignacio De La Fuente

•	Warriors v Timberwolves	11.2.18	(2) tickets
9	Warriors v Grizzlies	11.5.18	(2) tickets
•	Warriors v Bucks	11.8.18	(2) tickets
•	Warriors v Hawks	11.13.18	(2) tickets
•	Warriors v Thunder	11.21.18	(2) tickets
9	Warriors v Trailblazers	11.23.18	(2) tickets
•	Warriors v Kings	11.24.18	(2) tickets
•	Warriors v Magic	11.26.18	(2) tickets

Agency Report of: Ceremonial Role Events and Tid	ket/Pass Distr	ibutions A P	ublic Document
Agency Name Oakland Alameda County Coliseum Auth Division, Department, or Region (if applicable Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title)		Dale Stamp	California 602, Form 602, For Official Use Only
Area Code/Phone Number E-mail 510.383.4801	A wide large and the second se	Date of Originat Filing:	ride Explanation in Part 3.) (month, day, year)
2. Function or Event Information Does the agency have a ticket policy? Event Description: Warriors Season 2018 Provide 1 Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behes of agency official?	3-19 Ille/ <i>Explanation</i> Yes	Face Value of Each Ticket/Pass \$ 304 Date(s) Secretary ACCY If no: Name of Source Official's Name (Last, First)	.80
3. Recipients * Use Section A to identify the agency's department of Agency, Department or Unit	or unit. • Use Section B to Number of Ticket(s)/	identify an individual. • Use Section C to identify Describe the public purpose made pursu	
B. Name of Individual	Number of Ticke([s]/	Identify one of the foll	Owing:
(Last, First)	Passes	Ceremonial Role Other Il checking "Ceremonial Role" or "Other" descri	Income
Dobbins, Chris	2	Ceremonial Role Other IX If checking "Ceremonial Role" or "Other" description investigate the efficiencies of the caporting and other events occurring	operations of various
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursu	ant to the agency's policy
4. Verification I have read and understand FPPC Regulation with the requirements.	s 18944.1 and 18942.	I have verified that the distribution set fort	h above, is in accordance
Signature of Agency Head or Designee Comment:	Chris Dobbins Print Name	OACCA Commissioner	10.27.18 (month, day, year)

Warriors

November 2018

Chris Dobbins

0	Warriors v Timberwolves	11.2.18	(2) tickets
0	Warriors v Grizzlies	11.5.18	(2) tickets
•	Warriors v Bucks	11.8.18	(2) tickets
•	Warriors v Hawks	11.13.18	(2) tickets
•	Warriors v Thunder	11.21.18	(2) tickets
•	Warriors v Trailblazers	11.23.18	(2) tickets
•	Warriors v Kings	11.24.18	(2) tickets
0	Warriors v Magic	11.26.18	(2) tickets

Α	Pu	ıЫ	ic	Documen	ĺ
					Į

1,	Agency Name				Date Stamp	California c	MA
	Oakland Alameda County Coliseum Au	•				Form C	74
	Division, Department, or Region (if applica	ıble)				For Official Use	Only
	Chris Dobbins, OACCA Commissioner						
	Designated Agency Contact (Name, Title)						
					Amendment (Must	Provide Explanation in Pa	13.)
	Area Code/Phone Number E-mail						
	510.383.4801 chrisdobb	oinslaw@y	/ahoo.com		Date of Original Filing:	(month, day, year)	
2.	Function or Event Information						A
	Does the agency have a ticket policy?	Yes [⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$ 3	305.55	
	Event Description: Raider Season 201				<i></i>	, ,	
	Provice	le Title/Explai	nation	ale(s)			поэтилом
	Ticket(s)/Pass(es) provided by agency	? Yes	X No □ If	no:	Name of Source		
	185- 4i-lat distribution mode at the half			yes:			
	Was ticket distribution made at the beh of agency official?	est Yes[I No⊠ ''	yes	Official's Name (Last, First))	
	or agency officials	0.414					
3.	Recipients						
	Use Section A to identify the agency's department	nt or unit. •	Use Section B to i	dentify an individ	lual. • Use Section C to ider	ntify an outside organiza	tion.
	A. Name of Agency, Department or Uni		Number of Ticket(s)/ Passes	Describe th	ie public purpose made pu	rsuant to the agency's	policy
			1 40000			A 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		,					
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the		
	Dobbins, Chris		2	If check to investigat	nonial Role Other C king "Ceremonial Role" or "Other" d e the efficiencies of o I other events at Colis	 lescribe below: operations of the va	income C
				Ceren	nonial Role D Other [king "Ceremonial Role" or "Other" d		Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes		e public purpose made pu		
gamile.	Verification					Trickland Colonia and Colonia	and the latest the advantage of
r.	I have read and understand FPPC Regulativith the requirements.	ons 18944	.1 and 18942.	l have verified t	that the distribution set (forth above, is in acc	ordance
	Signature of Agency Head or Designee		s Dobbins		DACCA Commissione	er 09.6.	
	Comment:	•				(morney di	

Raiders

November 2018

Chris Dobbins

Raiders v Chargers

11.11.18 (2) tickets

1.	Agency Name	- SECTION AND SECTION ASSESSMENT		Date Star	mp (California
	Oakland Alameda County Coliseum Authority					Form OUZ
	Division, Department, or Region (if applicable)					For Official Use Only
	Ignacio De La Fuente, OACCA Commissioner					
	Designated Agency Contact (Name, Title)					
				Amendmen	t (Must Provide	Explanation in Part 3.)
	Area Code/Phone Number E-mail					
	510.383.4801 ideafuente2012@g	mail.com		Date of Origina	II Filing:	onth, day, year)
2.	Function or Event Information	AND THE REAL PROPERTY OF THE P				
	Does the agency have a ticket policy? Yes [No∏ F	ace Value of I	Each Ticket/Pa	iss \$ <u>305.5</u> 5	5
	Event Description: Raider games 2018-19 Season			'		, ,
	Provide Title/ Explan	nation				
	Ticket(s)/Pass(es) provided by agency? Yes [☑ No 🗌 If	no:	Name of Source		
	Was ticket distribution made at the behest Yes [–1 Nor⊠ If	yes:			
	of agency official?	T NOV	,	Official's Name (L	ast, First)	
· · · · · · · · · · · · · · · · · · ·			Contract of the Contract of th		The second se	
3.	Recipients					
	• Use Section A to identify the agency's department or unit.		dentify an individ	ual. • Use Section	C to identify an	outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the	e public purpose r	nade pursuant	to the agency's policy
		Passes	Table & construct a series	The state of the s	**************************************	
	,					
	B. Name of Individual	Number	MANALINI	Manual fra		
	(Last, First)	of Ticket(s)/ Passes		identity on	e of the follow	ng:
	De La Fuente, Iganacio			onial Role 🔲	Olher 🔀	Income 🗌
		2	to investigate	ing "Ceremonial Role" o e the efficiencie	r "Other" describe b es of operat	elow: ions of the various
				other events a		
				onial Role	Other 🔲	Income 🔲
			и спеск	ing "Ceremonial Role" o	r Other describe b	eiow:
		Number				
	C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes				to the agency's policy
	Congression Control of Congression Congression Congression Control of Congression Control of Congression Control of Congression Control of Congression Cong	1 03503				100000000000000000000000000000000000000
			***************************************	, , , , , , , , , , , , , , , , , , ,		
1.	Verification _	Colombia (Colombia de Colombia de Colombia (Colombia) de Colombia (Colombia) (Colombia de Colombia de Colombia	The state of the s			en e
	I have read and understand FPPC Regulations 18944.	1 and 18942. I	have verified ti	hat the distribution	on set forth a	bove, is in accordance
	with the requirements					
	/ <i>////////////////////////////////////</i>	De La Feunte		ACCA Commi	ssioner	9.6.18
	Signally of Agency Head or Designee Pri	nt Name		Title		(month, day, year)
	Comment:					
	V	- CONTRACTOR OF THE PROPERTY O	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWI	THE COLUMN TWO IS NOT THE PARTY OF THE PARTY		

Raiders

November 2018

Ignacio De La Fuente

Raiders v Chargers

11.11.18

(2) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name **A Public Document**

•	Agency Ivaine					Date Glamp	Form 80/2
	Oakland Alameda County C	oliseum Autho	rity				
	Division, Department, or Regi	on (if applicable)					For Official Use Only
	Finance Department, City of	Oakland					:
	Designated Agency Contact (Name, Title)					
	Katano Kasaine, Finance Di	rector- JPA Me	ember			Amendment (Musi	t Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			,, .	E Tationalism (mast	Tronco Explanación In Fair ely
Sun foton	510-238-2989	kkasaine@oa	aklandı	net.com		Date of Original Filing	g: (month, day, year)
2.	Function or Event Inform	nation					
	Does the agency have a tick	et policy?	Yes [] No∏ F	ace Value of	Each Ticket/Pass \$	
	Does the agency have a tick	vsitijinjoeiwal	esi ~	e: F	ate(s)	A4023 TAN 1814	1 1
	Lion Doomphon.	Provide Tit	le/ Explan	ation	ato(0) <u></u>		
	Ticket(s)/Pass(es) provided	by agency?	Yes [] No□ If	no:	Name of Source	
	Was ticket distribution made	at the beheet	٧ ٦	- u If	yes:		
	of agency official?	at the benest	Yes L	ער דו או ר	, 00.	Official's Name (Last, Firs	0
	or agency emolar:						
3,	Recipients						
	* Use Section A to identify the agen	cy's department or	unit. • 1	Use Section B to i	dentify an individ	lual. • Use Section C to ide	entify an outside organization.
	Δ. Name of Agency, Depa	rtment or Unit		Number of Ticket(s)/	Describe th	e public purpose made p	urauant to the agency's policy
			t die	Passes			
	construction of the state of th	istopa e na antare de la dicional de	COLUMN DE LA COLUM	Personal and a strategic of the service	Calculation of a 1 stable control of the		
	B. Name of Indi			Number of Ticket(s)/		Identify one of the	e following:
	(Last, Fir	<i>y</i>	E HAND	Passes	34.0		
	dulieuvaishouavi.			2	If checi	nonial Role Other king "Ceremonial Role" or "Other"	describe below:
	Juliet Marshore	<i>,</i>		~	to provide in provide	centives to City and	County employees that
					<u> </u>	nonial Role D Other	Income 🗆
					1	king "Ceremonial Role" or "Olher"	
	/ Name of Outside O	rganization - 1	le ties	Number			ursuant to the agency's policy
	(include address and		ing d	of Ticket(s)/ Passes	Describe in	e habiic harbose illage h	ursuant to the agency's policy
			Mana .				DEMIANDITY.
				,			
4	Verification						*******
	I have read and understand FP	PC Regulations	18944.	.1 and 18942.	l have verified	that the distribution set	forth above, is in accordance
	with the requirements.						•
	1Cofer tar		Katan	o Kasaine		Finance Director	1/8/2019
	Signature of Agency Head or Design	100	Pr	int Name		Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name Cakland Alameda County Coliseum Authority

1.	Agency Name				Date Stamp	California OOO		
	Oakland Alameda County C	oliseum Authority			<u>*</u>	Form OUZ		
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only		
	Chris Dobbins, OACCA Cor	nmissioner						
	Designated Agency Contact (Name, Title)			1			
			Amondment (44 - 45					
	Area Code/Phone Number	E-mail			. Must P	rovide Explanation in Part 3.)		
	510.383.4801	chrisdobbinslaw@y	/ahoo.com		Date of Original Filing:	(month, day, year)		
_	Function on Frant Infan					(monur, day, year)		
۷.	Function or Event Infor		1/2		3(00.00		
	Does the agency have a tick		⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$ <u>3(</u>	00.00		
	Event Description: Trans Sil	berian Orchestra		Date(s)11	<u>, 28 , 18</u>			
	T1 1/1/15 / 1 1/1/1	Provide Title/ Explai	nation					
	Ticket(s)/Pass(es) provided	by agency? Yes	X No □ I	f no:	Name of Source			
	Was ticket distribution made	at the behest ves r		f yes:				
	of agency official?	armo policor 162 [Official's Name (Last, First)			
ti.					i)			
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 ident	ify an outside organization.		
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe the	he public purpose made pursuant to the agency's policy			
			Passes					
				=				
	-							
			Number					
	B. Name of India (Last, Firs		of Ticket(s)/ Passes	Identify one of the following:				
	-		1 40000	Corom	ionial Role Other X	Income		
	Dobbins, Chris		2	If check	ing "Ceremonial Role" or "Other" des	scribe below:		
					oportunities for commu	ınity groups to utilize		
				facility	and Data Data D			
				744777777777	ionial Role Other Cing "Ceremonial Role" or "Other" des	A COMPANY AND A		
	Name of Outside O		Number	A 12000				
	C. Name of Outside Or (include address and		of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy		
		8		E3				
1	Verification							
		DC Pagulations 19011	1 and 100.10	l hough verifie -14	hat the distribution of S	alle al anno 1- le company		
	I have read and understand FPI with the requirements.	- o rtegulations 18944.	i and 18942.	ı nave veriiled ti	nai ine distribution set fo	ππ above, is in accordance		
		Ob-!-	Dobbins	^)	44.00.40		
(Signature of Agency Head or Designation		Dobbins int Name		DACCA Commissioner	11.02.18 (month, day, year)		
		evan J. V.			nac	(month, day, year)		
	Comment:							

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 300.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Trans Siberian Orchestra Date(s) __11 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: . Was ticket distribution made at the behest Yes ☐ No ☐ If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to provide opportunities for community groups to utilize facility Other Ceremonial Role 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

Comment:

I have read and understand FF	PPC Regulations	18944.1 and	18942. I have	verified that the	distribution set to	ortn above, is	in accordance
with the requirements.							

Chris Dobbins	OACCA Commissioner	11.02.18
Print Name	Title	(month, day, year)
	2 (E-A) (EUR) (E-A) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	

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) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 100.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Trans Siberian Orchestra Date(s) __11 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes

No □ Was ticket distribution made at the behest Yes ☐ No ☐ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual of Ticket(s)/ Identify one of the following: B. (Last, First) Passes Ceremonial Role Other X Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to provide opportunities for community groups to utilize facility Other \square Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

I have re	ead and understand FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth	above, is in accorda	ance
with the	requirements.					

, man and an			
	Chris Dobbins	OACCA Commissioner	
Signature of Agency Head or Designee	Print Name	Title	

Comment:

11.02.18 (month, day, year)

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) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 300.00 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) __11__/__25__/ Event Description: Fleetwood Mac Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ⊠ No □ Was ticket distribution made at the behest Yes ☐ No ☐ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Income __ Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to provide opportunities for community groups to utilize facility Other _ Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

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

Chris Dobbins

Print Name

4. Verification

Comment:

with the requirements.

Signature of Agency Head or Designee

OACCA Commissioner

11.02.18

FPPC Form 802 (2/2016)

(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) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 300.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Kevin Hart Date(s) __11 _/ 17 _/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Was ticket distribution made at the behest Yes ☐ No ☐ If yes: , Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to provide opportunities for community groups to utilize facility 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 underst	and FPPC Regulations	18944.1 and 18942	l. I have verified that the	e distribution set forth ai	bove, is in accordance
with the requirements.	o .				
with the requirements.					
/ 1/					

	Chris Dobbins	OACCA Commissioner	11.02.18
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 California Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 100.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Super Jam Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Was ticket distribution made at the behest Yes ☐ No ☐ of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit 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 Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to provide opportunities for community groups to utilize facility Ceremonial Role Other _ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

I have read and understand FPPC Regul	lations 18944.1 and 18942. I have	e verified that the distribution set forth ab	ove, is in accordanc
with the requirements.			
	01 1 5 111	0.000.0	
	Chris Dobbins	OACCA Commissioner	11.02.18
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 California Date Stamp Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 150.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Twenty one pilots Date(s) __11__/__11__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source Was ticket distribution made at the behest Yes ☐ No ☐ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Other X Ceremonial Role Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to provide opportunities for community groups to utilize facility Ceremonial Role Other _ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4./Verification

Comment: _

			FPPC Regulations	18944.1 and	1 18942. I	have veri	fied that the	distribution	set forth a	bove,	is in a	ccordance
with the	requirem	ents.										

/ \ \	
Signature o	Agoney Hood or Decignos

Chris Dobbins

OACCA Commissioner

11.02.18

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 Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 60.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Family Bridges Date(s) 11 / 11 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Name of Source Was ticket distribution made at the behest Yes ☐ No ☐ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Income Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to provide opportunities for community groups to utilize facility 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

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

Signature of Agency Head or Designee

4. Verification

Comment:

Chris Dobbins

OACCA Commissioner

11.02.18

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

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1000	₹ ₁ .	Δ

1.	Agency Name		THE PARTY OF THE P		Date Stamp	California OAA		
	Oakland/Alameda County Co			Form OUA				
	Division, Department, or Regi	on (if applicable)		For Official Use Only				
	OACCA Commissioner							
	Designated Agency Contact (Vame, Title)						
	Lee Ann Fergerson, Ticket A	dministrator			[] A			
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)		
	510-272-6691	leeann.fergerson@	acgov.org)		Date of Original Filing	:(month, day, year)		
2.	Function or Event Inform	nation				A STATE OF THE STA		
	Does the agency have a tick	et policy?	⊠ No□ ¹	ace Value of	Each Ticket/Pass \$ _1	100.00		
						4		
	Event Description: Trans-Sit	Provide Title/ Expla	nation	Date(s)1	/			
	Ticket(s)/Pass(es) provided t			f no: GSW				
			_		Name of Source			
	Was ticket distribution made	at the behest Yes	□ No □	f yes: Haggerl	ty, Scott Official's Name (Last, First)	\$		
	of agency official?				Oniciais Name (Last, Filst)	,		
3.	Dacinionto	The state of the s	MINISTERNATION OF THE PROPERTY					
э.	Recipients * Use Section A to identify the agence	ark damantment on unit - a	Use Cention P.to	:.l		415		
	• Use Section A to identify the agenc	y s department or unit.		dentify an individ	ual. • Use Section C to ider	ntity an outside organization.		
	A. Name of Agency, Depar	tment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy		
	B. Name of Indiv	idual	Number		Identify one of the	F-31t		
	(Last, First		of Ticket(s)/ Passes		Identify one of the following:			
	Yeoman, Deborah		2 event in c			mote attendance at a county sponsored e [in order to maximize potential county nue for concession and parking sales.		
				+				
				i .	ionial Role Other Other of Other of Other			
				-				
	Name of Outside Ore	ranlantian	Number					
	C. Name of Outside Org		of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy		
ļ. '	Verification	A THE STATE OF THE	Lennousensessessessessessesses					
	Vermication Γήανε read and understand FPF	PC Regulatione 18044	1 and 18049	I have verified to	hat the distribution not t	forth above in in accordance		
	with the requirements.	0 1.090maiono 10944	. i ana 10042.	rnavo veimeti (i	nat me distribution SBC	orar above, is in accordance		
1	HILL XIAL	leo An	n Fergerson		Ticket Administrator	11/30/18		
1	Signature of Agency Head or Designe	THE CONTRACT	int Name	<u> </u>	Title	(month, day, year)		
						,,y, yy		
	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 **OACCA Commissioner** Designated Agency Contact (Name, Title) LEE ANN FERGERSON, TICKET ADMINISTRATOR ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-272-6691 leeann.fergerson@acgov.org Date of Original Filling: (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Warriors Date(s) __11__/_ 24 / 26 , 18 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: GSW Yes ☑ No 🏻 Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. 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 Income | If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other ... Income ... if checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Livermore Valley Joint Unified School Dist 2, 2 685 E. Jack London Blvd. Livermore Ca To reward a school or non-profit organization for its contributions to the community 94550

4. Verification

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

Lee Ann Fergerson Ticket Administrator 11/14/18

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

Comment: 9th annual back to school kick off. employee incentive

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 \$ 305.55 Yes ☒ No ☐ Event Description: Oakland Raiders Date(s) _ 11 / 11 / Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Name of Source If yes: McKibben,Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 3

A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Passes	identify an individual. • Use Section C to identify an ou Describe the public purpose made pursuant to	
	744.			
B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	Identify one of the following:	
			Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below	income
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below	Income [
C. Name of Outside Organiza		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to t	he agency's policy
The Taylor Family Foundation 5555 Arroyo Road		4	to provide opportunities to community grofacility	ups to utilize the
Livermore, CA 94550				
erification Tave read and understanty EPPC Re	egulations 18944	I.1 and 18942, [have verified that the distribution set forth abov	e, is in accordance
	Scott	McKibben	OACCA Executive Director	10.08.18
Jignahild of Adence Nadar for Uesignee	Р	rint Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions	F	A Public Document
1. Agency Name	Date Stamp	California 802
Oakland/Alameda County Coliseum Authority		Form OUZ
Division, Department, or Region (if applicable)		For Official Use Only
OACCA Commissioner		
Designated Agency Contact (Name, Title)	1	
Lee Ann Fergerson, Ticket Administrator	_	

	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	OACCA Commissioner					
	Designated Agency Contact	Name, Title)				
	Lee Ann Fergerson, Ticket	Administrator				
	Area Code/Phone Number	E-mail	4		Amendment (Must Pro	vide Explanation in Part 3.)
	510-272-6691	leeann.fergerson@	acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes [⊠ No □	Face Value of	Each Ticket/Pass \$ 300	0.00
	Event Description: Fleetwood	od Mac		Date(s)11		7 7
	Event Becomption.	Provide Title/ Expla				
	Ticket(s)/Pass(es) provided	by agency? Yes [⊠ No □	If no: GSW		
	Was ticket distribution made of agency official?	at the behest Yes [□ No □	If yes: Haggert	Name of Source y, Scott Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •		o identify an individ	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy
	B. Name of Indi	Number of Ticket(s)/ Passes		Identify one of the fol	lowing:	
	Estes, Joy		2	eve	omote attendance at a nt in order to maximize enue for concession an	potential county
					onial Role Other Uing "Ceremonial Role" or "Other" descri	Income Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
	4					
4.	Verification I have read and understand FP with the requirements.	PC Regulations 18944	.1 and 18942	2. I have verified t	hat the distribution set fort	h above, is in accordance
	V X V XX C	Lee An	n Fergersor	1	Ticket Administrator	11/22/18

4	2 /	0.00			
4.	Ve	rati	Ca	Ť١	nn
7.0	A C		00	u	UII

Comment:

wit	h the requirements.			
V	10 VIX WX TO	Lee Ann Fergerson	Ticket Administrator	11/22/18
T	Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

1.	Agency Name	The state of the s					Date Stamp	California OOO
	Oakland/Alameda County (Coliseum Autho	rity					Form 802
	Division, Department, or Reg						31	For Official Use Only
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)						
	Lee Ann Fergerson, Ticket	Administrator						
	Area Code/Phone Number	E-mail					Amendment (Must Pr	ovide Explanation in Part 3.)
	510-272-6691	leeann.ferger	son@a	acgov.org			Date of Original Filing: _	(month, day, year)
2	Function or Event Infor							(month, day, year)
	Does the agency have a tic		ce Value of F	Each Ticket/Pass \$ <u>15</u>	0.00			
			Yes 🛚	No □				
	Event Description: Twenty-	Provide Titl	a/ Evnlan	ation	Da	te(s)/	, 11 , 18	
	Ticket(s)/Pass(es) provided			3 No □	If n	o: GSW		
	Transito)/T designs/ provided	by agonoy.	163 12	7 140 🖂			Name of Source	
	Was ticket distribution made	e at the behest	Yes 🛚	No□	If y	es: <u>Haggert</u>	y, Scott	
	of agency official?						Official's Name (Last, First)	
3.	Recipients					VIII CONTRACTOR OF THE CONTRAC		
	• Use Section A to identify the age	ncy's department or	unit. • U	Jse Section B	to ide	entify an individ	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Dep	artment or Unit		Number of Ticket(s) Passes	,	Describe the	e public purpose made purs	uant to the agency's policy
				1 43303	+			
					+			
					- 1			
	B. Name of Ind (Last, Fi			Number of Ticket(s)/		ntitumuis tilinimii ettie	Identify one of the following:	
	was a second of the second of	, oty		Passes	+	110-n1-7 (100 otype 110 110 p. million 110 110 110 110 110 110 110 110 110 11		a county sponsored
	Valentine, Kevin			2		AVA	promote attendance at a county sponsored vent in order to maximize potential county evenue for concession and parking sales	
		2				Cerem	nonial Role Other on "Other" des	Income
	C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes		Describe the	ne public purpose made pursuant to the agency's policy	
							ii	
4.	Verification	HILLIA COLUMN SOM SOM SOM						
	I have read and understand FI	PPC Regulations	18944.	1 and 1894	2. <i>1 h</i>	nave verified t	hat the distribution set fo	rth above, is in accordance
	with the requirements.	74-56						
	Tulen of	DO L	ee Anr	Fergerso	n		Ticket Administrator	11/6/18
	Signature of Agency Head or Desig	V.		nt Name	0.20100111		Title	(month, day, year)
	Comment:							
	Confinent.							

1. Agency Name			Date Stamp	California 802
Oakland-Alameda County Coliseum Auth	ority			FOIIII
Division, Department, or Region (If Applicable	9)			For Official Use Only
Barbara J. Parker, City Attorney/OAACA	Official			
Designated Agency Contact (Name, Title)	- Indiai			
Area Code/Phone Number E-mail		T-2-1	Amendment (Must pro	vide explanation in Part 3.)
(510) 238-3815 bparker@oa	klandcityatt	orney.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	herman di	f Each Ticket/Pass \$	60.00
Event Description Family Bridges Present	s Liza Wang	Date(s)11	, 03 , 18	<i></i>
Ticket(s)/Pass(es) provided by agency?		☐ If no:		
ricket(3)/1 ass(es) provided by agency:	Yes⊠ No	L 1110.	Name of Sour	ce
Was ticket distribution made at the behest	No⊠ Yes	☐ If yes:	Official's Name (La	1.5/0
of agency official?			Official's Name (La	st, rirst)
3. Recipients	umit - Han Co.	otlan D to identify an individu	nal - Han Cantion C to identify	
Use Section A to identify the agency's department or	Number of			
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
8				
	<u> </u>			
B. Name of Individual	Number of Ticket(s)/		Identify one of the following:	
	Pass(es)	Ceremonial Role	Other 🛛	Income
Li, Sophia			al Role" or "Other" describe below:	income L
	2		es to City and County e	mployees that provide
3-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4	<u> </u>	services to the Auth		
			Other al Role" or "Other" describe below	Income
C. Name of Outside Organization	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	the agency's policy
(include address and description)	Pass(es)		e statement in the control of the co	<u>- 174</u>
4. Verification				
I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance with t	he requirements.
Carba take	Barbara J. F		Attorney/OAACA Offici	
Signature of Agency,Head or Designee	Print Nam	е	Title	(Month, Day, Year)
Comment:				

_						
1.	Agency Name		Date Stamp	California 802		
	Oakland-Alameda County C	Coliseum Aut	hority			Form 002
	Division, Department, or Reg	ion (If Applicab	ile)			For Official Use Only
	Barbara J. Parker, City Atto	rnev/OAACA	Official			
	Designated Agency Contact		-			
	3 ,					
	Area Code/Phone Number	E-mail			Amendment (Must provi	ide explanation in Part 3.)
	(510) 238-3815		Date of Original Filing:			
n		bparker@o		(Month, Day, Year)		
۷.	Function or Event Infor		f Cook Tisket/Doos A	150.00		
	Does the agency have a ticke		of Each Ticket/Pass \$			
	Event Description Twenty-O	ne Pilots				
		Provide Title/Exp				
	Ticket(s)/Pass(es) provided b	y agency?	Yes⊠ No[] If no:	Name of Source	9
	AND THE ENGLISH OF THE STATE OF					
	of agency official?	it the penest	Official's Name (Last	t, First)		
)	Recipients					
ο.	Use Section A to identify the agence	y's department o	r unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identify	an outside organization.
	A. Name of Agency, Departme	The Real Property	Number of	THE STRUCK PLANTAGE		
	A. Name of Agency, Departme	ant or other	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individua	Number of Ticket(s)/		Identify one of the following:		
	(Last, First)		Pass(es)	建产业金融		English Landau L. E.
	Logue, Jennifer			Ceremonial Role	Other 🛛	Income
	Logae, commer		2		es to City and County en	nployees that provide
				services to the Auth		ipioyood that provido
				Ceremonial Role	Other	Income
				If checking *Ceremoni	al Role" or "Other" describe below)
	Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to t	the agency's policy
	(include address and des	Pass(es)				
	Verification					
I	have read and understand FPPC Regul	ations 18944.1 an	d 18942. I have ver	ified that the distribution set fo	orth above, is in accordance with the	e requirements.
.594	Mub & this		Barbara J. P	arker City	Attorney/OAACA Officia	01/22/2019
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
(Comment:					

1.	Agency Name		Date Stamp	California 802		
	Oakland-Alameda County C					Form For Official Use Only
	Division, Department, or Regi	on (If Applicabl	le)			, 5, 5 moin 555 5 mj
	Barbara J. Parker, City Attor	ney/OAACA	Official			
	Designated Agency Contact (/					
	Area Code/Phone Number	E-mail	. Amendment (Must prov	9,444 DO#00109M099M094 W		
	(510) 238-3815	bparker@oa	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Inform	nation		SI OS COSTA POZOSA		
	Does the agency have a ticket	policy?	Yes⊠ No		f Each Ticket/Pass \$	
	Event Description Kevin Hart		, 17 <u>,</u> 18	1 1		
	Event Description	Provide Title/Exp	Date(s)			
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:				Name of Source	
	Mary Kalant Batalan					
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes: of agency official?				Official's Name (Las	t. First)
2					manusum et consequent discontinue (all consequent discontinue)	
ქ.	Recipients • Use Section A to identify the agency	's department or	ual. • Use Section C to identify	an outside organization.		
	A. Name of Agency, Departmen	vici chi di la regio	Number of	Ber and the regulation and the	lic purpose made pursuant to	
	Maine of Agency, Departmen	Ticket(s)/ Pass(es)	Describe the pub	no purpose made pursuant to	are agency a poncy	
	B. Name of Individual	Number of Ticket(s)/	Identify one of the following:			
			Pass(es)	Ceremonial Role	Other 🛛	Income
	Early, Shavonda			BOX 20 B B B	al Role" or "Other" describe below:	
			2		es to City and County er	mployees that provide
				services to the Auth		
					Other	Income
				ii cnecking "Ceremonia	al Role" or "Other" describe below:	
						•
	C. Name of Outside Organiz	zation	Number of			
	(include address and desc		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	tne agency's policy
	Verification					
	I have read and understand FPPC Regula	tions 18944.1 and	d 18942. I have vei	rified that the distribution set fo	orth above, is in accordance with th	ne requirements.
	Barbuf Sail		Barbara J. F	Parker City	Attorney/OAACA Officia	al 01/22/2019
	Signature of Agency Head or Designee		Print Name		Tille	(Month, Day, Year)
	Comment:					

1.	Agency Name Oakland-Alameda County Co		Date Stamp	California Form 802			
	Barbara J. Parker, City Attorn Designated Agency Contact (A	ney/OAACA					
		E-mail bparker@oa	1900/190	Date of Original Filing:(Month, Day, Year)			
2.	Function or Event Inform Does the agency have a ticket Event Description Fleetwood Ticket(s)/Pass(es) provided by	policy? Mac Provide Title/Exp	Yes ⊠ No lanation Yes ⊠ No	Date(s)	of Each Ticket/Pass \$	300.00	
	Was ticket distribution made at of agency official?	the behest	No ⊠ Yes	☐ If yes:	Official's Name (Last,	First)	
5.	Recipients • Use Section A to identify the agency? A. Name of Agency, Departmen	unit. • Use Sec Number of Ticket(s)/ Pass(es)		dual. • Use Section C to identify a	CHORDS ASSESSMENT		
	B. Name of Individual	COMMITTEE OF THE STATE OF THE S	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
)	Ortiz, Celso		2		onial Role" or "Olher" describe below: ves to City and County em	Income Income Inployees that provide	
				Ceremonial Role		Income	
	Number of Outside Organization (include address and description) Number Ticket Pass(Describe the pu	scribe the public purpose made pursuant to the agency's policy		
	Verification have read and understand FPPC Regulation Signature of Agency Head or Designee	ions 18944.1 and	18942. I have ver Barbara J. P	arker Cit	forth above, is in accordance with the y Attorney/OAACA Official Title	and the second s	

_						welle Berninger
1.	Agency Name		Date Stamp	California 802		
	Oakland-Alameda County C	Coliseum Auth	ority			Form 002
	Division, Department, or Reg					For Official Use Only
	Barbara J. Parker, City Atto	rnev/OAACA	Official			
	Designated Agency Contact		- Inolai			
	Janes Janes					
	Area Code/Phone Number	IE mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 238-3815	E-mail	klandaiheatt	ornov ora	Date of Original Filing: _	
0		bparker@oa	Date of original fillings	(Month, Day, Year)		
	Function or Event Infor		(F T 1/D A	300.00		
	Does the agency have a ticke		of Each Ticket/Pass \$			
	Event Description Trans-Siberian Orchestra Date(s)					
		Provide Title/Exp.				
	Ticket(s)/Pass(es) provided by agency? Yes ⊠ No ☐ If no:			Name of Sou	rce	
	Mas tisket distribution made at the behavior.					
	Was ticket distribution made at the behest No ☑ Yes ☐ If yes: of agency official?				Official's Name (L	ast, First)
3.	Recipients					
٥.	Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an individu	ıal. • Use Section C to identi	fy an outside organization.
	Α	Mile paragraph in the	Number of			STREET, STREET
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	and the public the pub	blic purpose made pursuant to the agency's policy	
	Particle Control of the Control of t					
	4					
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following	10.
	(Last, First)		Pass(es)			
	Meyers, Michelle			Ceremonial Role	Other 🛮 Other land of the control o	Income
	Weyers, Wichelie		2			employees that provide
				services to the Auth		simpley coo that provide
				Ceremonial Role	Other	Income
				Carton of the Control	al Role" or "Other" describe below:	31.75.55.55.55.55.55.55.55.55.55.55.55.55.
				MASSING IN SIGNATURE SECURITION		
(Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant t	o the agency's policy
	(include address and des	cription)	Pass(es)			
	Verification					
1	have read and understand FPPG Regula	ations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.
	Darbon Jo John		Barbara J. F	Parker City	Attorney/OAACA Office	ial 01/22/2019
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
(Comment:					

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

 Agency Name Oakland-Alameda 	County Coliseum Auth	ority		Date Stamp	California 802
Market and the second s	nt, or Region (If Applicable	arana Tarana arang arang a			For Official Use Only
Barbara J. Parker.	City Attorney/OAACA	Official			
Designated Agency					
		□ Amendment (11 -1	iida ayalanalis sis Ded 3.1		
Area Code/Phone N				. Amendment (Must prov	
(510) 238-3815	bparker@oa	Date of Original Filing:	(Month, Day, Year)		
2. Function or Eve		Yes⊠ No[304.80
Does the agency ha		f Each Ticket/Pass \$			
Event Description $\frac{V}{L}$	Varriors v. Minnesota T Provide Title/Expl	, 02 , 18			
Ticket(s)/Pass(es) p	rovided by agency?	Yes⊠ No[If no:	Name of Source	e
Was ticket distribution					
of agency official?	made de life periodi	NO M Test		Official's Name (Las	t, First)
3. Recipients					
Use Section A to identif	y the agency's department or	7	tion B to identify an individu	al. • Use Section C to Identify	an outside organization.
A. Name of Agency	, Department or Unit	Number of Ticket(s)/ Pass(es)	s)/ Describe the public purpose made pursuant to the agency's pol		
***************************************			provide a special and a manifest and the		

	B. Name of Individual		Identify one of the following:		
	usi, rusi)	Ticket(s)/ Pass(es)	0		Charles and the
Wiseman, Dara			Ceremonial Role If checking "Ceremonial Role	Other X al Role" or "Olher" describe below.	Income
		2	To provide incentive services to the Auth	es to City and County er pority	mployees that provide
			Ceremonial Role	Other al Role" or "Other" describe below	Income
			a coconing Colonium	and the street describe deloty.	
	side Organization ss and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
					20
Water 1900 100 100 100 100 100 100 100 100 10	F. P. S.				
. Verification					
I have read and understand	FPPC Regulations 18944.1 and	18942. I have veri	ified that the distribution set fo	rth above, is in accordance with th	e requirements.
(Mibau for		Barbara J. P.		Attorney/OAACA Officia	
Signature of Agendy Hea	d or Designee	Print Name		Title	(Month, Day, Year)
Comment:					

Name and			CATALOG VICTORIA PROPERTY CONTRACTOR			
1.	Agency Name		Date Stamp	California Qn7		
	Oakland-Alameda County C	oliseum Auth	nority		25	Form OUZ
	Division, Department, or Regi				-	For Official Use Only
	Barbara J. Parker, City Attor	rnev/OAACA				
	Designated Agency Contact (-			
	boorginated rigority contact (rvamo, moj				
	A 0 1 101 N 1	TF 11			Amendment (Must p	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail	-1.1 1-9 0		Date of Original Filing:	
riage 200	(510) 238-3815	bparker@oa	Date of Original Filling.	(Month, Day, Year)		
	Function or Event Infor			304.80		
	Does the agency have a ticker		of Each Ticket/Pass \$ _			
	Event Description Warriors v.	Memphis G Provide Title/Exp	, 05 , 18			
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:			Name of So	urce	
-	Was ticket distribution made at the behest No ☒ Yes ☐ If yes:					
	of agency official?		Official's Name (Last, First)		
3.	Recipients					
	 Use Section A to identify the agency 	's department or	unit. • Use Sec	ction B to identify an individu	ıal. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit			Describe the public purpose made pursuant to the agency's policy		
-						
	D Name of Individua		Number of			
i	3. Name of Individua	ı	Number of Ticket(s)/ Pass(es)	·	Identify one of the follow	ing:
_	3. Name of Individua (Last, First) Forte, Mark		Ticket(s)/ Pass(es)	If checking "Ceremoni	Other al Role" or "Other" describe below:	Income
_	(Last, First)		Ticket(s)/	If checking "Ceremoni	Other all Role" or "Other" describe belowed to City and County	
_	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive services to the Auth Ceremonial Role	Other Ot	Income
	(Last, First)	zation	Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role	Other Other or "Other" describe below es to City and County nority Other	Income employees that provide Income
	(Last, First) Forte, Mark Name of Outside Organi	zation	Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role	Other Ot	employees that provide
	(Last, First) Forte, Mark Name of Outside Organi	zation	Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role	Other Ot	employees that provide
((Last, First) Forte, Mark Name of Outside Organi	zation :ription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon, To provide incentive, services to the Auth Ceremonial Role If checking "Ceremonial Describe the publications"	Other All and County are all c	employees that provide Income to the agency's policy
(Forte, Mark Name of Outside Organi (include address and desc	zation :ription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon, To provide incentive, services to the Auth Ceremonial Role If checking "Ceremonial Describe the publication set for	Other All and County are all c	employees that provide Income to the agency's policy the the requirements.

4		THE RESERVE OF THE PARTY OF THE				
1.	Agency Name		Date Stamp	California 802		
	Oakland-Alameda County C	Coliseum Auth	nority			Form 002
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
	Barbara J. Parker, City Atto	rnev/OAACA	Official			
	Designated Agency Contact					
	3 3 , .					
1	Area Code/Phone Number	(r			Amendment (Must p.	rovide explanation in Part 3.)
		E-mail	اللام والمام والمام		Date of Original Filing	
-	(510) 238-3815 bparker@oaklandcityattorney.org				Date of Original Filing: .	(Month, Day, Year)
	Function or Event Infor		defined the bear to bridge to	304.80		
	Does the agency have a ticke	150	of Each Ticket/Pass \$	004.00		
1	Event Description Warriors v	. Milwaukee I Provide Title/Exp	, 08 , 18			
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:			Name of Sou		
				Name of Sou	urce	
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes: of agency official?			Official's Name (L	act Firet)	
			Onicial's Name (L	ast, riist)		
	Recipients	5	GU LV E			
	Use Section A to identify the agency	/'s department or	ial. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Departme	Number of Ticket(s)/ Describe the pub		olic purpose made pursuant to the agency's policy		
-					A PRINCIPAL CONTRACTOR CONTRACTOR	
		1	Identify one of the following:			
I	B. Name of Individua	I = =	Number of Ticket(s)/		Identify one of the following	ng:
	B. Name of Individua (Lost, First)	1				_
-	(Last, First)	I	Ticket(s)/	Ceremonial Role	Other 🛛	ng:
-	B. Name of Individua (Last, First) Ng, Ryan		Ticket(s)/	If checking "Ceremoni	Other al Role" or "Other" describe below.	Income
-	(Last, First)	1	Ticket(s)/ Pass(es)	If checking "Ceremoni	Other al Role" or "Other" describe below. Ses to City and County	_
-	(Last, First)	1	Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role	Other al Role" or "Other" describe below. es to City and County nority	Income
-	(Last, First)	1	Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role	Other al Role" or "Other" describe below. es to City and County nority Other	Income Income Income Income
-	Ng, Ryan Name of Outside Organi	zation	Ticket(s)/ Pass(es) 2 Number of	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia	Other Ot	Income In
-	(Lost, First) Ng, Ryan	zation	Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia	Other al Role" or "Other" describe below. es to City and County nority Other	Income employees that provide
-	Ng, Ryan Name of Outside Organi	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia	Other Ot	Income ncome ncome
-	Ng, Ryan Name of Outside Organi	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia	Other Ot	Income employees that provide
-	(Lost, First) Ng, Ryan Name of Outside Organi (include address and desc	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia	Other Ot	Income employees that provide
-	Ng, Ryan Name of Outside Organi	zation cription)	Number of Ticket(s)/ Pass(es)	If checking *Ceremoni To provide incentive services to the Auth Ceremonial Role [If checking *Ceremonial Describe the publication of the characteristic	Other All al Role" or "Other" describe below. es to City and County nority Other All Role" or "Other" describe below.	employees that provide Income Income to the agency's policy
- - -	Ng, Ryan Name of Outside Organi (include address and descondend)	zation cription)	Number of Ticket(s)/ Pass(es)	If checking *Ceremoni To provide incentive services to the Auth Ceremonial Role If checking *Ceremonial Describe the publication of the checking that the distribution set for the publication of the checking that the distribution set for the publication of the checking that the distribution set for the publication of the checking that the distribution set for the publication of the checking that the distribution set for the publication of the checking that the distribution set for the publication of the checking that the checking the checking the checking that the checking the check	Other All al Role" or "Other" describe below. es to City and County nority Other All Role" or "Other" describe below.	employees that provide Income to the agency's policy to the requirements.

						711 dibilio ib comment
1.	Agency Name		Date Stamp	California 802		
	Oakland-Alameda County C	oliseum Auth	nority			Form
	Division, Department, or Regi	on (If Applicabl	e)	The state of the s		For Official Use Only
	Barbara J. Parker, City Attor	nev/OAACA	Official			
	Designated Agency Contact (/	Called A Land Co. St. Co. Co. C.				
	, ,					
	Area Code/Phone Number	E-mail			Amendment (Must pr	rovide explanation in Part 3.)
	(510) 238-3815		aklandcityatt	orney ora	Date of Original Filing: _	
2	Function or Event Inform			(Month, Day, Year)		
4.			of Each Ticket/Pass \$	304.80		
	Does the agency have a ticket	5. (5.)				
	Event Description Warriors v.	Provide Title/Exp				
	Ticket(s)/Pass(es) provided by	agency?	Yes 🛛 No	☐ If no:	Name of Sou	
	of agency official?	the penest	No ⊠ Yes	If yes:	Official's Name (L	ast, First)
^						
3.	Recipients • Use Section A to identify the agency	's denartment or	unit • Use Sec	ction B to identify an individu	ual a Use Section C to identi	ify an outside organization
	A STANDARD WITH	Commence of the sales	States of the second	A SPORT OF THE SECTION AND A SECTION OF		
	A. Name of Agency, Departmen	Ticket(s)/ Describe the pub		blic purpose made pursuant to the agency's policy		
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
			rass(es)	Ceremonial Role	Other 🛛	Income 🔲
	Ferrell, Elizabeth		2		al Role" or "Other" describe below:	
				services to the Auth		employees that provide
				Ceremonial Role	Other	Income 🔲
				William Control of Assault Assault Control of Assau	al Role" or "Other" describe below:	income 🗖
	C. Name of Outside Organiz (include address and desc	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	to the agency's policy	
-	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	degrading of the Con-	Pass(es)		English Sylven	
			-			
	Verification	100111 1	40040 11			
	I have read and understand FPPC Regula					
	Signature of Agency Hand of David		Barbara J. F		Attorney/OAACA Office	
	Signature of Agency Head or Designee		Print Name	u	Title	(Month, Day, Year)
	Comment:					

						A I ubile Document		
1. /	Agency Name		Date Stamp	California 802				
(Oakland-Alameda County C	Coliseum Auth	nority			Form 002		
D	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only		
Е	Barbara J. Parker, City Attor	rnev/OAACA	Official					
	Designated Agency Contact (2	-			
		.ec.ma es 2 2011 (c.d. 1200 0 5)						
_	rea Code/Phone Number	IF!!			Amendment (Must pr	rovide explanation in Part 3.)		
		E-mail	المام والمام والمام		Date of Original Filing:			
	510) 238-3815		aklandcityatte	Date of Original Filing: -	(Month, Day, Year)			
	unction or Event Inform					304.80		
D	oes the agency have a ticke	t policy?	of Each Ticket/Pass \$	The second secon				
E	vent Description Warriors v.	. Oklahoma C	, 21 , 18					
	No.	Provide Title/Exp.	lanation					
Т	icket(s)/Pass(es) provided by	/ agency?	Yes 🛛 No	☐ If no:	Name of Sou			
					Name of Sou	irce		
	las ticket distribution made a of agency official?	t the behest	No ⊠ Yes	☐ If yes:	Official's Name (L	ant Eirati		
200000					Official's Name (L	ast, Filst)		
	Recipients							
•	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu I	al. • Use Section C to identi	ify an outside organization.		
	Name of Agency, Departme	nt or Unit	Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy		
-			Pass(es)	i(es)				
B	Name of Individua		Number of Ticket(s)/		Identify one of the followin			
_	(Last, First)		Pass(es)		Identify one of the following	ig:		
Т	ang, Patrick		2	Ceremonial Role [If checking "Ceremonia	Other And a Role" or "Other" describe below:	Income		
_			2	To provide incentive services to the Auth		employees that provide		
				Ceremonial Role [Other and Role" or "Other" describe below:	Income 🗌		
C	Name of Outside Organi		Number of Ticket(s)/	Deposits the nubli	ic purpose made pursuant t			
-	(include address and desc	ription)	Pass(es)	Describe the publi	to purpose made pursuant t	o the agency's policy		
	erification ove read and understand FPPC Regula	tions 18944 1 and	18942 have yet	rified that the distribution set for	th shave is in secondaries	the requirements		
0.00000	Back							
-	Signature of Agangy Head or Designee		Barbara J. F		Attorney/OAACA Offic			
	Segment of rayding riedu of Designee		rınt Ivame	•	Title	(Month, Day, Year)		
Co	omment:							

		linear control of the same					
1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C	Coliseum Aut		Form 002			
	Division, Department, or Reg	ion (If Applicab		For Official Use Only			
	Barbara J. Parker, City Atto	rnev/OAACA					
	Designated Agency Contact (
		, , , , , , , , ,					
	Avera Conta/Dhara Navahara			Amendment (Must provide explanation in Part 3.)			
	Area Code/Phone Number	E-mail	ملاحد ما داد مرادا م		Date of Original Filing:		
	(510) 238-3815		aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor					304.80	
	Does the agency have a ticke	A 5	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$		
	Event Description Warriors v. Portland Trail Blazers Provide Title/Explanation Date						
	Ticket(s)/Pass(es) provided by agency?		Yes⊠ No	☐ If no:	Name of Source		
	Was ticket distribution made a	t the behest	No ⊠ Yes	□ If yes:			
	of agency official?	NO M 168	ш пуеs	Official's Name (Las	t, First)		
}	Recipients						
**	Use Section A to identify the agency	r's department o	r unit. • Use Sec	tion B to identify an individu	ial. • Use Section C to identify	an outside organization.	
	A. Name of Agency, Department or Unit		Number of		blic purpose made pursuant to the agency's policy		
	Name of Individual		Number of	programmy nased			
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)	Identify one of the following:			
	Daye, Connie			Ceremonial Role If checking "Ceremoni	Other X	Income 🗌	
			2	To provide incentives to City and County employees that provide services to the Authority			
				Ceremonial Role	Other all Role" or "Other" describe below	Income 🗌	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy	
	Verification have read and understand FRPC Regul	ations 18944.1 an	Barbara J. F	Parker City	Attorney/OAACA Officia	al 01/22/2019	
- 6	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
(Comment:						

1.	Agency Name				Date Stamp	California 202		
	Oakland-Alameda County Coliseum Authority					Form OUZ		
	Division, Department, or Region (If Applicable)					For Official Use Only		
	Barbara J. Parker, City Atto	rney/OAACA	Official					
	Designated Agency Contact (Name, Title)							
	and at a	2 JAN 1						
	Area Code/Phone Number	E-mail	Amendment (Must provide explanation in Part 3.)					
	(510) 238-3815	aklandcityatte	orney.org	Date of Original Filing:(Month, Day, Year)				
2.	Function or Event Infor			(мони, рау, теаг)				
	Does the agency have a ticke		of Each Ticket/Pass \$	304.80				
	Event Description Warriors v	. Sacramento						
	Event Description	Provide Title/Exp	lanation	Date(s)				
	Ticket(s)/Pass(es) provided by	y agency?						
			Name of Sou	irce				
	Was ticket distribution made at the behest No ☑ Yes ☐ If yes:				Official's Name (L	act Firet		
	of agency official?				Official's Name (L	ası, riisij		
3.	Recipients							
	Use Section A to identify the agency's department or unit. Use Section B to identify an individed Number of							
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the publ	Describe the public purpose made pursuant to the agency's policy			
						The same of the sa		
	B. Name of Individual		Number of Ticket(s)/	Identify one of the following:				
•	1		Pass(es)	Ceremonial Role	Other 🛛	T		
	Smith, Jamie		2	NAME OF TAXABLE PARTY.	al Role" or "Other" describe below.	Income		
				To provide incentives to City and County employees that provide				
				services to the Auth				
				Ceremonial Role		Income		
				If checking "Ceremonia	al Role" or "Other" describe below:			
-	C. Name of Outside Organization (include address and description)		Number of	Section 2 Section Address				
			Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant t	purpose made pursuant to the agency's policy		
						THE SAME WAS AND ASSESSED.		
,	Verification				The second Management of the second s			
	have read and understand FPPC Regula	ntions 18944.1 and	18942. I have ver	rified that the distribution set for	rth above, is in accordance with	the requirements.		
	Subart Sark	3	Barbara J. F		Attorney/OAACA Office			
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)		
(Comment:							

Agency Name				Date Stamp	California 802	
D. Contraction of the Contractio			Form OUZ			
Division, Department, or Region (If Applicable)					For Official Use Only	
Barbara J. Parker, City Attorney/OAACA Official						
Area Code/Phone Number 1	E-mail	Amendment (Must pi	rovide explanation in Part 3.)			
	aklandcitvatto	ornev.ora	Date of Original Filing:(Month, Day, Year)			
	The second secon		ooy.org		(Month, Day, Year)	
		f Fach Ticket/Pass \$	304.80			
	10.					
Event Description	Provide Title/Ext					
	o craci see waterwood.					
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no:				Name of Source		
			☐ If ves:			
of agency official?			, ,	Official's Name (Last, First)		
. Recipients						
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Describe the pu		iblic purpose made pursuant to the agency's policy		
		Pass(es)				
B. Name of Individual		Number of Ticket(s)/		Identify one of the following	ng:	
Pos Maria		T das(es)			Income [
Bee, Maria		2	To provide incentives to City and County employees that provide services to the Authority			
				THE SECTION NAMED IN		
		Number of Ticket(s)/	Describe the pub	ic purpose made pursuant (to the agency's policy	
(include address and description)		Pass(es)				
Verification					PP-TESSTEETHE STUDY AND SQUARES AND ASSESSED FOR SPECIAL MEDICAL STATES	
Verification have read and understand FPPC Regulat	tions 18944.1 and	l 18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements.	
	ions 18944.1 and	1 18942. I have ve Barbara J. F		rth above, is in accordance with		
	Division, Department, or Region Barbara J. Parker, City Attorn Designated Agency Contact (Parker Code/Phone Number (510) 238-3815 Function or Event Inform Does the agency have a ticket Event Description Warriors v. Ticket(s)/Pass(es) provided by Was ticket distribution made at of agency official? Recipients Use Section A to identify the agency. A. Name of Agency, Department B. Name of Individual (Last, First) Bee, Maria	Division, Department, or Region (If Applicable Barbara J. Parker, City Attorney/OAACA Designated Agency Contact (Name, Title) Area Code/Phone Number (510) 238-3815	Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title) Area Code/Phone Number (510) 238-3815	Division, Department, or Region (If Applicable) Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title) Area Code/Phone Number (510) 238-3815 bparker@oaklandcityattorney.org Function or Event Information Does the agency have a ticket policy? Yes \(\) No \(\) Face Value of Event Description \(\) Warriors v. Orlando Magic \(\) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes \(\) No \(\) If no: Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual (Last, Feet) A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Bee, Maria 2 Ceremonial Role If checking 'Ceremonial Role If checking	Division, Department, or Region (If Applicable) Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail	

A	Δ							
1.	Agency Name				Date Stamp	California 802		
	Oakland-Alameda County Coliseum Authority					Form 002		
	Division, Department, or Region (If Applicable)					For Official Use Only		
	Barbara J. Parker, City Atto	rnev/OAACA						
	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			TOTAL TOTAL CONTRACTOR			
	(510) 238-3815	bparker@o	aklandcityatt	orney.org	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Inform	mation						
	Does the agency have a ticket policy? Yes ☒ N			☐ Face Value of	of Each Ticket/Pass \$ _	100.00		
	Event Description WWE Live	Holiday Tou	. 15 . 18					
	Event Description	Provide Title/Exp						
	Ticket(s)/Pass(es) provided by	, aganay?						
	richet(a)ri ass(es) provided by	y agency:	Yes 🛛 No		Name of Sou	urce		
	Was ticket distribution made a	t the behest	No ⊠ Yes	□ If yes:				
	of agency official?		110 23 100	П усэ	Official's Name (L	.ast, First)		
}	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	Number of						
	7 tame of Agency, Departine	int or omit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
,								
	B. Name of Individual		Number of Ticket(s)/ Pass(es)			ng:		
	B.W. E.			Ceremonial Role	Other 🗵	Income		
	Butler, Eric		2	If checking "Ceremonial Role" or "Other" describe below.				
				services to the Auth	es to City and County	employees that provide		
•			-					
				Ceremonial Role [Other al Role" or "Other" describe below	Income		
-		-						
(C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	to the agency's policy		
						in the state of th		
_					e			
	Verification							
1	have read and understand FPPC Regula	tions 18944 1 and	th above, is in accordance with	the requirements.				
	Darker Surk Barbara J. Parker City			Attorney/OAACA Offic	cial 01/22/2019			
-	Signature of Agericy Head or Designee	***************************************	Print Name		Title	(Month, Day, Year)		
(Comment:							

A Public Document

1.	Agency Name		2007/1007/2000/2000/2000/2000/2000/2000/	Maria de la composició de	Date Stamp	California OOO
	Oakland Alameda County C	oliseum Authority				Form 802
	Division, Department, or Regi	on (if applicable)			-	For Official Use Only
	Ignacio De La Fuente, OAC	CA Commissioner				
	Designated Agency Contact (
		·				
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
	510.383.4801	Idelafuente2012@g	gmail.com		Date of Original Filing	:(month, day, year)
2.	Function or Event Inforr	nation				
	Does the agency have a tick	et policy?	⊠ No 🗆 F	ace Value of I	Each Ticket/Pass \$ =	60.00
	•					
	Event Description: Family B	Provide Title/Explai	nation	Date(s)	<u>/ 03 / 18</u>	
	Ticket(s)/Pass(es) provided			no:		
			Z 110		Name of Source	
	Was ticket distribution made	at the behest Yes [yes:	Official's Name (Last, First	3
	of agency official?				Official's Name (Last, First,)
_	Danision	<u> </u>		an ann a marana ann an	eren de la companya del companya de la companya del companya de la	30000000000000000000000000000000000000
3.	Recipients • Use Section A to identify the agend	aria donoutment ou unit	Has Castian D to 1	.a	leal attackada oa da	***
	Ose Section A to identify the agent	cys department or unit.	Number		mai. • Ose Section C to idei	ntify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy
			Passes			
			Number			
	B. Name of Indiv (Last, Firs		of Ticket(s)/		Identify one of the	following:
			Passes			3
	De La Fuente, Igancio				nonial Role Other Other Other Other	
			2		oportunities for comm	nunity groups to utilize
	- Institute of the second seco			facility	🗖 [
					nonial Role Other of the officer of	
	N		Number			
	C. Name of Outside Or (include address and		of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
				<u> </u>		
		·				
1	Verification /					
7.	I have read/and understand FPI	DC Pagulations 19044	1 and 10010	lhoun unvitind 1	that the distribution == 1	forth above in in the second
	with the requirements.	- o neguialions 18944.	. i anu 16942. i	nave venned t	nai ine distribution set i	ionn above, is in accordance
	IMMAMA AN	lannoi- F	Do La Evente	_)ACCA Commerte ete	44.00.40
	Signature of Agency Head of Designation		De La Fuente		OACCA Commissione	11.02.18 (month, day, year)
	/,	1,			1160	(month, uay, year)
	Comment:					

Α	P	u	b	li	C	D	O	C	u	n	n	e	n	t
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	A STATE OF THE STA	ts and Ticket/Pa	ass Distri			A Public Document
	gency Name				Date Stamp	California 802
	akland Alameda County C					For Official Use Only
	vision, Department, or Reg					· ·
_	nacio De La Fuente, OAC					
Dŧ	esignated Agency Contact	(Name, I Rie)				
Ar	rea Code/Phone Number	E-mail			Amendment (Mu	ist Provide Explanation in Part 3.)
5	10.383.4801	Idelafuente2012@g	mail.com		Date of Original Filir	ng:(month, day, year)
). F	unction or Event Infor	mation				450.00
D	oes the agency have a ticl	ket policy? Yes [5	No□ F	ace Value of	Each Ticket/Pass \$	150.00
E,	vent Description: Twenty 0	One Pilots	D		<u>/ 11 / 18</u>	
		Provide Title/ Explan				
11	icket(s)/Pass(es) provided	by agency? Yes b	I No □ If	no:	Name of Source	1111 1111 1111 1111 1111 1111 1111 1111 1111
	las ticket distribution made of agency official?	e at the behest Yes [] No□ ^{If}	' yes:	Official's Name (Last, Fi	rst)
	Recipients • Use Section A to identify the ager	ncy's department or unit.	Use Section B to i	dentify an indivi	iual. • Use Section C to i	dentify an outside organization.
-	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/	Describe th	ie public purpose made	
•			Passes	The second of th		pursuant to the agency's policy
- -	R Name of Ind	ividual	Passes			
- - - -	B. Name of Ind (Last, Fir	the contract of the contract o	Passes		Identify one of t	
-	□ • • • • • • • • • • • • • • • • • • •	the contract of the contract o	Passes Number of Ticket(s)/	Cerei	Identify one of t	he following: ar ⊠ Income [
-	(Last, Fii	the contract of the contract o	Number of Ticket(s)/ Passes	Cerer If chec to provide of facility	Identify one of to	he following: Income [or' describe below: nmunity groups to utilize Income [
-	(Last, Fii	organization	Number of Ticket(s)/ Passes	Cerer If chec to provide of facility Cerer If chec	Identify one of to nonial Role Other king "Ceremonial Role" or "Other pportunities for continuous Role Other king "Ceremonial Role" or "Other king "Ceremonial Role" or "Other Role" or "Oth	he following: Income [or' describe below: nmunity groups to utilize or
-	(Last, Fii De La Fuente, Igancio Name of Outside C	organization	Number of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	Cerer If chec to provide of facility Cerer If chec	Identify one of to nonial Role Other king "Ceremonial Role" or "Other pportunities for continuous Role Other king "Ceremonial Role" or "Other king "Ceremonial Role" or "Other Role" or "Oth	he following: Income [## describe below: nmunity groups to utilize ## Income [## describe below:
-	(Last, Fii De La Fuente, Igancio Name of Outside C	organization	Number of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	Cerer If chec to provide of facility Cerer If chec	Identify one of to nonial Role Other king "Ceremonial Role" or "Other pportunities for continuous Role Other king "Ceremonial Role" or "Other king "Ceremonial Role" or "Other Role" or "Oth	he following: Income [## describe below: nmunity groups to utilize ## Income [## describe below:
- - - -	C. Name of Outside C (include address and	organization d description)	Number of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	Cerer If chec to provide of facility Cerer If chec Describe the	Identify one of to monial Role Other thing "Ceremonial Role" or "Other portunities for conmonial Role Other thing "Ceremonial Role" or "Other the public purpose made	he following: Income [I

Α	P	ub	li	c	D	OC	Ш	m	e	n	î

1	Agency Name	Pass Distr		Date Stamp	ublic Document California
	Oakland Alameda County Coliseum Authority				Form 802
	Division, Department, or Region (if applicable)				For Official Use Only
	Ignacio De La Fuente, OACCA Commissioner				
•	Designated Agency Contact (Name, Title)				
				Amendment (Must Prov.	ide Evnlanation in Part 3 \
,	Area Code/Phone Number E-mail				as Explanation his art o.,
	510.383.4801 Idelafuente2012	@gmail.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Information				
	Does the agency have a ticket policy? Ye	s⊠ No□ F	Face Value of	Each Ticket/Pass \$ 100.	.00
	Event Description: Super Jam			<u>, 16 , 18</u>	
	Provide Title/ Ex	olanation	Date(s)	<u> </u>	
	Ticket(s)/Pass(es) provided by agency? Ye	s⊠ No□ I	f no:		
	Maga tipleat distribution made at the behant at	— — I	f yes:	Name of Source	
	Was ticket distribution made at the behest Ye of agency official?	s∐ No∐ '	ı yes	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agency's department or unit.	4 Use Section P to	identify on indivi	dual A Has Section C to identify	
	See Section A to identify the agency's department of unit.	Number	dentity an marve	dual Ose section C to identify	an outside organization.
	A Name of Agency, Department or Unit	of Ticket(s)/	Describe th	ne public purpose made pursua	ant to the agency's policy
		Passes	Describe		ant to the agency a poncy
			Jesonie II	and the profession of the second	ant to the agenty a poncy
		Passes	Describe		ant to the agency a poncy
	B. Name of Individual (Last, First)			Identify one of the folk	
	B. Name of Individual	Passes Number of Ticket(s)/	Cerei		owing: Income [
	B. Name of Individual (Last, First)	Number of Ticket(s)/	Cerei if chec to provide of facility Cerei	Identify one of the folk monial Role	owing: Income [be below: ity groups to utilize Income [
	B. Name of Individual (Last, First)	Number of Ticket(s)/	Cerei if chec to provide of facility Cerei if chec	Identify one of the folk nonial Role Other Making "Ceremonial Role" or "Other" descrit pportunities for communi	Income [be below: Ity groups to utilize Income [be below:
	B. Name of Individual (Last, First) De La Fuente, Igancio Name of Outside Organization	Number of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	Cerei if chec to provide of facility Cerei if chec	Identify one of the folion onial Role Other king "Ceremonial Role" or "Other" descrited or communities for	Income [be below: Ity groups to utilize Income [be below:
	B. Name of Individual (Last, First) De La Fuente, Igancio Name of Outside Organization	Number of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	Cerei if chec to provide of facility Cerei if chec	Identify one of the folion onial Role Other king "Ceremonial Role" or "Other" descrited or communities for	Income [be below: Ity groups to utilize Income [be below:
××××××××××××××××××××××××××××××××××××××	B. Name of Individual (Last, First) De La Fuente, Igancio Name of Outside Organization	Number of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	Cerei if chec to provide of facility Cerei if chec	Identify one of the folion onial Role Other king "Ceremonial Role" or "Other" descrited or communities for	Income [be below: Ity groups to utilize Income [be below:
	B. Name of Individual (Last, First) De La Fuente, Igancio C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	Cerei If ohec to provide of facility Cerei If chec	Identify one of the folkomonial Role Other Air Straig "Ceremonial Role" or "Other" descrit portunities for communimonial Role Other Air Straig "Ceremonial Role" or "Other" descrit the public purpose made pursua	Income [be below: Income [In

A Public Document

l. Agency Name			Date Stamp	California OOO
Oakland Alameda County Coliseum Authority				Form 802
Division, Department, or Region (if applicable)				For Official Use Only
Ignacio De La Fuente, OACCA Commissioner				
Designated Agency Contact (Name, Title)				
			Amondment ///us	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail			Amendment (wast	Provide Explanation in Part 3.)
510.383.4801 Idelafuente2012@	gmail.com		Date of Original Filing	: (month, day, year)
2. Function or Event Information				
Does the agency have a ticket policy? Yes	☑ No ☐ Fac	ce Value of I	Each Ticket/Pass \$ 🗓	300.00
Event Description: Kevin Hart Provide Title/ Expl.	Da		<u>, 17 _/ 18</u>	
		o:	Name of Source	
Was ticket distribution made at the behest Yes of agency official?	□ No□ ^{If y}	es:	Official's Name (Last, First)
B. Recipients • Use Section A to identify the agency's department or unit.	• Use Section B to ide	ntify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	ursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the	following:
De La Fuente, Igancio		If check	onial Role Other Othe	
		Cerem	onial Role Other I Other I Other I of "Other" of	
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
 Verification I have read and understand FPPC Regulations 1894 with the requirements. 	4.1 and 18942. I h	ave verified ti	hat the distribution set	forth above, is in accordance
Ignacio	De La Fuente		OACCA Commissione	
Comment:	THE PURE		Hee	(month, day, year)

Α	P	u	b	li	ic	D	O	C	u	n	1e	n	۱	
---	---	---	---	----	----	---	---	---	---	---	----	---	---	--

1.	Agency Name				Date Stamp	California o o o
	Oakland Alameda County C	oliseum Authority				Form OUZ
	Division, Department, or Regi	on (if applicable)				For Official Use Only
	Ignacio De La Fuente, OAC	CA Commissioner				
	Designated Agency Contact (Name, Title)				
					Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				,
	510.383.4801	Idelafuente2012@g	gmail.com		Date of Original Filing	(month, day, year)
2.	Function or Event Inform	nation	and a second control of the second control of the second control of the second control of the second control of			
	Does the agency have a tick	et policy? Yes [X No□ F	ace Value of	Each Ticket/Pass \$ 2	300.00
	Event Description: Fleetwoo				, 25 <u>,</u> 18	
	Eveni Description.	Provide Title/ Explai	nation	ale(s)		
	Ticket(s)/Pass(es) provided	by agency? Yes [X No ☐ If	no:	Name of Source	
	Was ticket distribution made	at the behast war		yes:		
	of agency official?	at the beliest Yes [yes	Official's Name (Last, First,)
	or agonoy omolor.					
3.	Recipients					
	Use Section A to identify the agend	cy's department or unit. •	Use Section B to i	đentify an individ		
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe th		rsuant to the agency's policy
			Passes			
			Number			
	B, Name of Indiv		of Ticket(s)/ Passes		Identify one of the	following:
	De La Fuente, Igancio			Cerem	onial Role Other	Ĭ Income ☐
	Do La Faorito, Igariolo		2	If check to provide or	ing "Ceremonial Role" or "Other" d poortunities for comm	lescribe below: nunity groups to utilize
	T			facility		
					onial Role Other	
				If check	ing "Ceremonial Role" or "Other" d	escribe below:
		****	Number			
	C. Name of Outside Or (include address and		of Ticket(s)/ Passes	Describe the	·	rsuant to the agency's policy
		, , , , , , , , , , , , , , , , , , , ,	rasses			. :
1.	Verification /	and the state of t	**************************************			
	I have read and understand हिम्स	Regulations 18944.	.1 and 18942, I	have verified t	hat the distribution set i	forth above, is in accordance
	with the requirements.	/ -				,
	/MMM/II// XI	Ignacio [De La Fuente	C	ACCA Commissione	er 11.02.18
	Signature of Agency Head or Designe	ee Pr	int Name		Title	(month, day, year)
	Comment:					
	Comment.					- Company of the Comp

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 Idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 300.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Trans Siberian Orchestra Date(s) __11__/ 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X De La Fuente, Igancio If checking "Ceremonial Role" or "Other" describe below: 2 to provide opportunities for community groups to utilize facility 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 (include address and description) Passes

4. Verification
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

11.02.18 (month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 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: Family Bridges Date(s) __11__/ 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 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 Liao, Jason If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4. Verification

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

	Sabrina B. Landreth	City Administrator	12/ 01 /2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

_	eremonial Role Even	its and licket	Pass Dist	ributions	D-4- 04		ublic Dod	
1.	Agency Name	N-11 A. M			Date Sta	amp	California Form	802
	Oakland Alameda County (Division, Department, or Reg						For Official U	Jse Only
	Office of the City Administra							
	Designated Agency Contact							
	Sabrina B. Landreth, City A							
	Area Code/Phone Number	IE-mail			☐ Amendme	nt (Must Provi	de Explanation in	Part 3.)
	510-238-3301	slandreth@oakla	indca.gov		Date of Origin	al Filing:	(month, day, year)
2.	Function or Event Infor	mation				de sandre		
	Does the agency have a tic	ket policy? Ye	s⊠ No□	Face Value of B	Each Ticket/P	ass \$ <u>\$150</u>	0.00	
	Event Description: Twenty-			Date(s)11/	11 , 18		1 1	
	Event Description.	Provide Title/Ex	planation	Date(s)/				
	Ticket(s)/Pass(es) provided	by agency? Ye	s⊠ No□	If no:				
	*** ** ** * * * * * * * * * * * * * * *	3.00		If yes: Landreth	Name of Source	e		
	Was ticket distribution made of agency official?	e at the behest Ye	s⊠ No□	ii yes	Official's Name (Last, First)		
	or agency official?							
3.	Recipients							
	 Use Section A to identify the ager 	ncy's department or unit.	• Use Section B to	o identify an individ	ual. • Use Section	C to identify	an outside organ	ization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose	made pursua	nt to the agency	y's policy
						·		
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify of	ne of the follo	wing:	
	Stukes, Randy		2	160 G00 G100	onial Role ing "Ceremonial Role" centives to C	Other 🗵 or "Other" describe	e below: ees that prov	Income ide
				services to the				
				60000000000	onial Role ng "Ceremonial Role"	Other Other describe	e below:	Income
	C. Name of Outside O		Number of Ticket(s)/	Describe the	public purpose	made pursua	nt to the agency	's policy
		description)	Passes					

4. Verification

vermeation		
I have read and understand FP.	PC 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		12/ 01 /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 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: Super Jam Date(s) __11 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Income Turner, Erika If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Other Income __ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) Passes

4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set fort

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

Sabrina B. Landreth City Administrator 12/ 01 /2018
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

belefilorial Note Everits and Ticketh ass Distributions	A Public Document			
I. Agency Name	Date Stamp	California 802		
Oakland Alameda County Coliseum Authority		Form OUZ		
Division, Department, or Region (if applicable)		For Official Use Only		

ı.	Agency Name Oakland Alameda County C	olicoum Authority			Date Stamp	California Form	802
	Division, Department, or Reg	그런 일보다 먹고 있으면 그런 그렇게 되지 때 뭐지 않았다		For Official	Use Only		
	Office of the City Administra						
	Designated Agency Contact						
	Sabrina B. Landreth, City Ad						
	Area Code/Phone Number	E-mail			Amendment (Must Pro	vide Explanation ii	n Part 3.)
	510-238-3301	slandreth@oakland	dca.gov		Date of Original Filing:	(month, day, yea	ar)
2.	Function or Event Inform	mation					
	Does the agency have a tick	ret policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ _ \$3 0	00.00	
	Event Description: Kevin Ha			Date(s)11		Tr.	ı
	Event Description.	Provide Title/ Expla					
	Ticket(s)/Pass(es) provided	by agency? Yes [⊠ No 🗆 I	f no:			
	107 Al-look allokallooki	at the chart and	I:	f yes: Landret	Name of Source h, Sabrina		
	Was ticket distribution made of agency official?	at the benest Yes	ĭ No 🗌 '	ı yes	Official's Name (Last, First)		
	or agency official?	×				ψ.	
3.	Recipients						
	 Use Section A to identify the agen 	cy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to identify	y an outside orga	nization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agen	cy's policy
						8	
	B. Name of Indi (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the foll	lowing:	
	Allen, Ayanna		2		onial Role Other Ming "Ceremonial Role" or "Other" described to City employne Authority	ibe below: /ees that pro	Income 🗌 vide
					onial Role Other ing "Ceremonial Role" or "Other" descri	ibe below:	Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agend	cy's policy
	Verification I have read and understand EPI	DC Pogulations 19044	1 and 19042	I have verified to	hat the distribution set for	h ahaya ia in	aanardanaa

/	N 4	0	Do H	41	00	**	OF	3
4.	w	6.			ca	ш	OI.	п

I have read and understar	nd FPPC Regulations	: 18944.1 and 1894.	2. I have verified that the	distribution set forth	above, is in accordance
with the requirements.					

		Sabrina B. Landreth	City Administrator	12/	01	/2018
Signature of Agency Head or Designee		Print Name	Title	(m	onth, d	day, year)

Comment: ___

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	II WI	MI.				uii		11 %

1.	Agency Name				Date Stamp	California 802	
	Oakland Alameda County C	oliseum Authority		Form OOL			
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only			
	Office of the City Administra	itor					
	Designated Agency Contact	(Name, Title)]		
	Sabrina B. Landreth, City A	dministrator			Amendment (Must Pi	rovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			. Americanone (maser)	ovide Explanation in Fact 6.7	
	510-238-3301	slandreth@oakla	ndca.gov		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation			я	-	
	Does the agency have a tick	ket policy? Yes	S⊠ No□ F	ace Value of	Each Ticket/Pass \$ _ \$ 3	00.00	
	Event Description: Fleetwood			Date(s)11	<u>, 25 , 18</u>		
	Ticket(s)/Pass(es) provided			f no:			
		180 V-0 8		Landret	Name of Source		
	Was ticket distribution made	at the behest Yes	s⊠ No□ I	f yes: <u>Landret</u>	Official's Name (Last, First)		
	of agency official?				,		
3.	Recipients						
υ.	• Use Section A to identify the agen	cy's department or unit.	• Use Section B to	identify an individ	lual. • Use Section C to identi	ify an outside organization.	
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes		the public purpose made pursuant to the agency's polic		
			1 43303				
	B. Name of Indi		Number of Ticket(s)/		Identify one of the fo	bllowing:	
	(Last, Fire	st)	Passes				
	Woo, Vivian		2		nonial Role Other X king "Ceremonial Role" or "Other" des strator 2018 Employee	Income Cribe below: Open House RAFFLE	
					nonial Role Other Cing "Ceremonial Role" or "Other" des		
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy	
4	Verification						
	I have read and understand FP	PC Regulations 1894	14.1 and 18942.	I have verified t	that the distribution set fo	rth above, is in accordance	
	with the requirements.						
			a B. Landreth		City Administrator	12/ 01 /2018	
	Signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)	
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$100.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Trans-Siberian Orchestra Date(s) __11 28 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 Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Lim, Phil If checking "Ceremonial Role" or "Other" describe below:
City Administrator 2018 Employee Open House RAFFLE 2 Ceremonial Role Income 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

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

	Sabrina B. Landreth	City Administrator	12/ 01 /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 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: Warriors vs Timberwolves 11 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 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. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income LaCasse, Kirsten If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Income 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 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	12/ 01 /2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _

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	r u		6	- 0		0 8 8		B.

1.	Agency Name		Date Stamp California				
	Oakland Alameda County C	Coliseum Authority				Form OUZ	
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
	Office of the City Administra	itor					
	Designated Agency Contact	(Name, Title)			ĺ		
	Sabrina B. Landreth, City A	dministrator			Amondment (Must De	rovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			. Manenament (waster	ovide Explanation in Part 5.)	
	510-238-3301 slandreth@oaklandca.gov				Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation			24.00	State State Control	
	Does the agency have a tick	ket policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$ <u>\$3</u>	604.80	
	Event Description: Warriors	vs Grizzlies Provide Title/ Expla	D	Date(s)11	0518		
	Ticket(s)/Pass(es) provided	a a		f no:			
				yes: Landret	Name of Source		
	Was ticket distribution made	at the behest Yes	⊠ No 🗆 🛚 II	yes: Landret	Official's Name (Last, First)		
	of agency official?				, , , , , ,	980	
3.	Recipients						
٠.	• Use Section A to identify the agen	cy's department or unit.	Use Section B to i	identify an individ	lual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Depa	Number of Ticket(s)/		e public purpose made purs			
			Passes				
						*	
	B. Name of Indi (Last, Firs	Number of Ticket(s)/ Passes		Identify one of the following:			
	Wesley, Kassarine	2	Ceremonial Role Other I Income If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide services to the Authority				
		is the state of th		Cerem	nonial Role Other of the or "Other" descriptions of the other othe		
	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	
1	Verification						
	I have read and understand FP	PC Regulations 18044	1 and 18049	l have verified t	hat the distribution set for	rth ahove is in accordance	
	with the requirements.	Tregulations 10944	. i and 10342. I	nave vermeu t	กละ เกซ นเรเกมนแบก 581 101	ini above, is ili accordance	
		Sabrina I			City Administrator	12/ 01 /2018	
	Signature of Agency Head or Designature		rint Name		Title	(month, day, year)	
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors vs Bucks Date(s) __11 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Landingham, A'Janee If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide 2 services to the Authority Ceremonial Role Income 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 read and understan	d FPPC Regulations	18944.1 and 18942	2. I have verified that the	e distribution set forth	above, is in accordance
with the requirements.					

	Sabrina B. Landreth	City Administrator	12/ (1. /2018	
Signature of Agency Head or Designee	Print Name	Title	(moi	(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 \$ \$304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors vs Hawks Date(s) __11 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 B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income __ Miller, June

	2	To provide incentives to City employees that provide services to the Authority
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
M:6:4:		
Verification		
I have read and understand FPPC Regulations 18	3944.1 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

12/ 01 /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 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: Warriors vs Thunder Date(s) __11 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 lacktriangled No lacktriangledOfficial'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

	Passes	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
DeVries, Joe	2	Ceremonial Role Other Image: Income To provide incentives to City employees that provide services to the Authority
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
		20

4. Verification

Comment:

I have read and understa	and FPPC Regulations	18944.1 and 18942.	. I have verified that the	e distribution set forth	above is in accordance
with the requirements.					and 10, 10 11, addor ad 1,00

Signature	of Agency Head or Designee	

Sabrina B. Landreth

City Administrator

12/ 01 /2018

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

A Public Document

1.	Agency Name				Date Stamp	California OOO
	Oakland Alameda County Colis	eum Authority				Form OUZ
	Division, Department, or Region (if applicable)					For Official Use Only
	Office of the City Administrator					*
	Designated Agency Contact (Nam	ne, Title)				
	Sabrina B. Landreth, City Admir	nistrator			D Amondment (4. 15.	
	Area Code/Phone Number E-r	nail			Amendment (Must Pro	vide Explanation in Part 3.)
	510-238-3301 sla	andreth@oaklar	idca.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Informat	tion				
	Does the agency have a ticket p	oolicy? Yes	⊠ No □ F	ace Value of I	Each Ticket/Pass \$ <u>^{\$30}</u>	04.80
	Event Description: Warriors vs	Trailblazers		Date(s)11/		W TS
	Event Description.	Provide Title/ Expl	anation	Date(s)		
	Ticket(s)/Pass(es) provided by a	agency? Yes	⊠ No □ I	f no:		
		N 1 0 15	54	f yes: Landretl	Name of Source	
	Was ticket distribution made at the	the behest Yes	⊠ No □	r yes: <u>Landrott</u>	Official's Name (Last, First)	
	of agency official?				1	
3.	Recipients					
	• Use Section A to identify the agency's d	lepartment or unit.	• Use Section B to	identify an individ	ual. • Use Section C to identify	v an outside organization
	A. Name of Agency, Departme		Number of Ticket(s)/	9.0 LL 2 MK	e public purpose made pursu	
			Passes			
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Passes		Identify one of the foll	owing:
	Smith, Maraskeshia			Ceremo	onial Role Other X	Income
	,		2	To provide in services to the	ing "Ceremonial Role" or "Other" descri icentives to City employ	ibe below: /ees that provide
			1			
			1	0000001010000	onial Role Other Other on "Other" descri	Income Libe below:
			1			
	Name of Outside Organia	-00-	Number			THE RESERVE AND THE PERSON
	C. (include address and desc		of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
		10,000				
L	Verification					
	I have read and understand FPPC F	Populations 1804	1 1 and 19042	Lhava varified th	and the distribution and fort	b
	with the requirements.	regulations 1094-	. I and 10942. I	nave vermeu u	ial line distribution set forti	n above, is in accordance
					City Administrator	10/ 04 /0040
	Signature of Agency Head or Designee		rint Name		City Administrator	12/ 01 /2018 (month, day, year)
			· ····································		,,,,,	(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 Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors vs Kings Date(s) __11 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 Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Orologas, Alexandria Income 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 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 unders	tand FPPC Regulations	18944.1 and 18942	. I have verified that the	e distribution set forth above	e, is in accordance
with the requirements.					o, 10 111 accordance

	Sabrina B. Landreth	City Administrator	12/ 01	/2018
Signature of Agency Head or Designee	Print Name	Title	(month, c	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 \$ \$304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors vs Magic Date(s) __11 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 Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Massie, Kathryn Income 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

I have read and understar	nd FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth above,	is in accordance
with the requirements.				, , , , , , , , , , , , , , , , , , , ,	io iii accoraciioc

8	Sabrina B. Landreth	City Administrator	12/	01	/2018
Signature of Agency Head or Designee	Print Name	Title (month, day		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 Face Value of Each Ticket/Pass \$ \$305.55 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Raiders vs Chargers Date(s) __11__/ 11 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source 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 A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Walston, Valarie Income 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

I have read and understan	nd FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth about	ove is in accordance
with the requirements.			ACCORD TO ADMITT MATE	and the state of t	ovo, io in accordance

8	Sabrina B. Landreth	City Administrator	12/ 01 /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 Susan Muranshi, County Administrator, Alameda County Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510.272.3862 countyadministator@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: Warriors Season 2018-19 Date(s) ____/__ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** County Administrator Official to promote the Coliseum Complex for use by the general 2 public and businesses to maximise revenues Number B. 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 "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 se	t forth above, is in accordance
with the requirements/		and the state of t

Signature of Agency Head or Designee

Renee Savage

OACCA Ticket Administrator

12.5 -/ 8 (month, day, year)

Comment:

SOT Submetted

(month, day

Warriors

November 2018

Susan Muranishi

•	Warriors v Timberwolves	11.2.18	(2) tickets -NOT USED
•	Warriors v Grizzlies	11.5.18	(2) tickets
•	Warriors v Bucks	11.8.18	(2) tickets
	Warriors v Hawks	11.13.18	(2) tickets
•	Warriors v Thunder	11.21.18	(2) tickets—NOT USED
•	Warriors v Trailblazers	11.23.18	(2) tickets
•	Warriors v Kings	11.24.18	(2) tickets
•	Warriors v Magic	11.26.18	(2) tickets

Δ	P۱	ıhl	ic	Document
				LOCUINGII

1. Agency Name			Date Stamp	California 202		
Oakland Alameda County Coliseum Aut		Form UVA				
Division, Department, or Region (if applicab		For Official Use Only				
Susan Muranshi, County Administrator,						
Designated Agency Contact (Name, Title)						
Area Code/Phone Number E-mail			Amendment (Mus	t Provide Explanation in Part 3.)		
			Date of Original Filing	.		
510.272.3862 countyadm	ninistator@acgov.org	00000000000000000000000000000000000000	Date of Original Filing	(month, day, year)		
2. Function or Event Information						
Does the agency have a ticket policy?	Yes⊠ No 🔲 📗	ace Value of	Each Ticket/Pass \$.	305.55		
Event Description: Raiders Season 201			<i></i>	1 1		
Provide	Title/ Explanation	Jaio(6)				
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No 🔲 📗	f no:	Name of Source			
Was ticket distribution made at the behe		f yes:				
of agency official?	ar tes □ No 区 ·	. , 00.	Official's Name (Last, Firs	it)		
				74.71456.4144.4144.4144.4144.4144.4144.4144.		
3. Recipients				• • • • • • • • • • • • • • • • • • • •		
Use Section A to identify the agency's department	or unit. • Use Section B to	identify an individ	lual. • Use Section C to ide	entify an outside organization.		
A. Name of Agency, Department or Unit.	Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy		
County Administrator Official	2		promote the Coliseum Complex for use by the general plic and businesses to maximise revenues			
	Number					
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the	e following:		
		ī	nonial Role Other king "Ceremonial Role" or "Other"			
			nonial Role Other Other King "Ceremonial Role" or "Other"			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy		
4. Verification						
I have read and understand FPPC Regulatio with the requirements.	ns 18944.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance		
·	Renee Savage	Ω Δ4	CCA Ticket Administ	trator		
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)		
Comment:						

Raiders

November 2018

Susan Muranishi

Raiders v Chargers

11.11.18 (2) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Scott, McKibben OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510.383.4801 smckibben1@gmail.com Date of Original Filing: . (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 304.80 Yes ⊠ No 🗆 Event Description: Warriors Season 2018-19 Date(s) ____/_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: _ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual of Ticket(s)/ identify one of the following: (Last, First) Passes McKibben, Scott Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below: 4 to promote the Coliseum Comptex for use by the general public and businesses to maximize revenues Ceremonial Role Other | Income ... If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization Number C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification FFPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I have read and understand with the requirements.

Scott McKibben

Print Name

Comment:

9.27.18

(month, day, year)

OACCA Executive Director

Title

Warriors

November 2018

Scott McKibben

•	Warriors v Timberwolves	11.2.18	(4) tickets
8	Warriors v Grizzlies	11.5.18	(4) tickets
•	Warriors v Bucks	11.8.18	(4) tickets
•	Warriors v Hawks	11.13.18	(4) tickets
•	Warriors v Thunder	11.21.18	(4) tickets
•	Warriors v Trailblazers	11.23.18	(4) tickets
•	Warriors v Kings	11.24.18	(4) tickets
•	Warriors v Magic	11.26.18	(4) tickets

A Public Document

1.	. Agency Name				Date Stamp	California OOO
	Oakland Alameda County C	oliseum Author		Form OUZ		
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Susan Muranshi, County Ac	lministrator, Ala		25		
	Designated Agency Contact	Name, Title)				
					Amendment (Must Pro	Duido Evalenation in Flort 2.)
	Area Code/Phone Number	E-mail			Amendment (Mast Pic	ovide Explanation in Part 3.)
	510.383.4801	Imcelhaney@	oaklandca.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	ret policy?	Yes⊠ No□	Face Value of I	Each Ticket/Pass \$ 304	4.80
	Event Description: Warriors	Season 2018-1	10	Date(s)		
	Ticket(s)/Pass(es) provided		2	If no:		
	mence(c) mass(co) provided	by agoney.	Name of Source			
	Was ticket distribution made	at the behest	Yes□ No⊠	If yes:	Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
3.	Recipients					
٠.	• Use Section A to identify the agen	cv's department or u	ınit. • Use Section B to	identify an individ	ual • Use Section C to identif	y an outside organization
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes		e public purpose made pursu	
	Oakland City Council Distr	ict 3	2	to promote the	ne Coliseum Complex fusinesses to maximise	or use by the general
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
					onial Role Other X ing "Ceremonial Role" or "Other" descri	Income In
		e			onial Role Other Other ing "Ceremonial Role" or "Other" descri	Income In
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
1.	Verification					
	I have read and understand FPI with the requirements. Signature of Agency Head or Designation	age of the second	Renee Savage Print Name		CCA Ticket Administrate	. 2 10
	Comment: Porms	NOT SU	1Bmitte	a Ba	Othice	

Warriors

November 2018

Lynette McElhaney

0	Warriors v Timberwolves	11.2.18	(2) tickets
•	Warriors v Grizzlies	11.5.18	(2) tickets
•	Warriors v Bucks	11.8.18	(2) tickets
•	Warriors v Hawks	11.13.18	(2) tickets
•	Warriors v Thunder	11.21.18	(2) tickets
•	Warriors v Trailblazers	11.23.18	(2) tickets
•	Warriors v Kings	11.24.18	(2) tickets
•	Warriors v Magic	11.26.18	(2) tickets