Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: 510.383.4801 smckibben1@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: Warriors Playoffs 2018 Seev atta Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes X No If yes: \_ Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income McKibben, Scott If checking "Ceremonial Role" or "Other" describe below: see att to promote the Coliseum Complex for use by general public and businesses to maximize revenues Income Ceremonial Role Other \_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

Scott McKibben (month, day, year) Title Print Name Signature of Agency Head or Designee Comment:

OACCA Executive Director

04.12.18

# Golden State Warriors 2018 Finals

#### **FINALS**

#### Scott McKibben

•	Warriors v Cavs	5.31.18	(6) tickets
•	Warriors v Cavs	6.1.18	(4) tickets

#### Agency Report of:

Ceremonial Role Events and Ticket/Pass Distribution	Ceremonial	Role	Events	and	Ticket/Pass	Distribution	្រាជ
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A Public Document

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#### **GOLDEN STATE WARRIORS**

#### **2018 PLAYOFFS**

#### **FINALS**

### Yui Hay Lee

•	<b>Warriors v Cavs</b>	5.31.18	(2) tickets
•	<b>Warriors v Cavs</b>	6.3.18	(2) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 80 1. Agency Name Date Stamp 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 \$ 312.50 Does the agency have a ticket policy? Yes No No Event Description: Golden State Warriors Playoffs Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ Name of Source 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 ₿. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Olher 🔲 Income Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of operations of various sporting and other events at the Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Chris Dobbins OACCA Commissioner 4.30.18 Signaturé of Agency Head or Designee Print Name (month, day, year)

Comment:

## GOLDEN STATE WARRIORS 2018 PLAYOFFS

#### **FINALS**

#### **Chris Dobbins**

•	<b>Warriors v Cavs</b>	5.31.18	(2) tickets
	<b>Warriors v Cavs</b>	6.3.18	(2) tickets

	gency Report of: eremonial Role Even	its and Ticket/P	'ass Distri	ibutions	Α	Public Document
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Ignacio De La Fuente, OAC	CA Commissioner				
	Designated Agency Contact	(Name, Title)				
	Area Code/Phone Number	E-mail	· · · · · · · · · · · · · · · · · · ·	and although the state of the s	Amendment (Must Pr	ovide Explanation in Part 3.)
	510.383.4801	idelafuente2012@g	gmail.com		Date of Original Filing: _	(month, day, year)
<u>2</u> .	Function or Event Infor	mation		1112-1112		0.50
	Does the agency have a tick	ket policy? Yes [	⊠ No□ F	ace Value of	Each Ticket/Pass \$ $\frac{31}{2}$	2.50
	Event Description: Golden S	State Warriors Playo	ffs c	Date(s) <u>A</u>	1. attachic	Lastes,
	Ticket(s)/Pass(es) provided		nation ⊠ No □ □	f no:		
	· · · · · · · · · · · · · · · · · · ·	•		¢	Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes [	□ No⊠ 「	f yes:	Official's Name (Last, First)	
3.	Recipients  • Use Section A to identify the agen	ncy's department or unit. •		identify an individ	lual, • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy	
			Number			
	B. Name of Indi (Last, Fin		of Ticket(s)/ Passes		Identify one of the fo	жiowing:
	De La Fuente, Igancio		2	to investigat	nonial Role Other King Ceremonial Role or Other des e the efficiencies of op I other events at Colise	cribe below: perations of various
		,			nonial Role Other Other des	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	be the public purpose made pursuant to the agency's p	
						- All Carries and
4.	Verification  I have read and understand FP, with the requirements.	PC Regulations 18944	.1 and 18942.	I have verified	that the distribution set fo	rth above, is in accordance
			De Fuente	(	DACCA Commissioner	ATTACAMENTAL TO THE PARTY OF TH
	Signalura of Agency Head or Design	nee Pi	rint Name		Title	(month, day, year)
	6 1					

### GOLDEN STATE WARRIORS

#### 2018 PLAYOFFS

#### **FINALS**

### Ignacio De La Fuente

•	<b>Warriors v Cavs</b>	5.31.18	(2) tickets
•	<b>Warriors v Cavs</b>	6.3.18	(2) tickets

۹g Ce	ency Report of: remonial <u>Role Event</u>	s and Ticket/Pa	ss Distrib	utions		Public Document
1.	Agency Name Oakland-Alameda County A Division, Department, or Regi	dministrator, Alameda on (if applicable)	County		Dale Stamp	California 802 For Official Use Only
	Susan S. Muranishi, County	Administrator, Alame	da County .	ADDRESS AND A STREET		
	Designated Agency Contact (	Name, (199)			Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number (510) 272-3862	E-mail countyadministrator	@acgov.org		Date of Original Filing:	
2.	Function or Event Information Does the agency have a ticket Event Description: Western Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?	Ket policy? Yes Sometime Finals  Provide Title/ Explant by agency? Yes Sometime	Diation Di	ate(s)05	Each Ticket/Pass \$	
3.			Number of Ticket(s)/	lentify an indiv	idual. • Use Section C to ide	entify an outside organization. The agency's policy
	County Administrator's O	Passes 2	To provide provide ser	incentives to City and rvices to the Authority	County employees that	
	B. Name of Inc. (Last, F	d(viduel i/si)	Number of Ticket(s)/ Passes	Cor (f ch	Identify one of the	Income C
	Mary and Michigan Michigan Mary Mary Mary Mary Mary Mary Mary Mary			Cer If ci	remonial Role	
	C. Name of Outside	Organization: nd description)	Number of Ticket(8)/ Passes	Describe	the public purpose made	purepant to the agency's policy
4	I have read and understand I with the requirements.  Signature of Agerby Pead or Dec	Susar	4.1 and 18942 S. Muranish Print Name		ed that the distribution s  County Administra	et forth above, is in accordance tor 62616

Ag Ce	ency Report of: remonial Role Even	ts and Ticket/Pa	ass Distri	butions_		A Public Document
1.	Agency Name Oakland-Alameda County A Division, Department, or Reg Susan S. Muranishi, County Designated Agency Contact	dministrator, Alamed ion (if applicable) Administrator, Alame	a County		Date Stamp	California 802 For Official Use Only
		***************************************			Amendment (Mus	t Provide Explanation in Part 3.)
	Area Code/Phone Number (510) 272-3862	E-mail countyadministrator	@acgov.org		Date of Original Filing	g: (month, day, year)
2.	Function or Event Infor Does the agency have a tick Event Description: Western Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?	ket policy? Yes a Conference Finals  Provide Title/ Explain by agency? Yes a	Istan C	pate(s) 06	Each Ticket/Pass \$  103 1 18  Name of Source  Official's Name (Last, Fin	
3,	Recipients  • Use Section A to identify the ager	ncy's department or unit.	Use Section B to	iđentify an indivi	dual. • Use Section C to id	ientify an outside organization.
	A. Name of Agency, Dep	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
	County Administrator's Of	2	To provide incentives to City and County employees that provide services to the Authority			
	B. Name of Inc (Last, Fi	ilvidual irsi)	Number of Ticket(s)/. Passes	Care # che	identify one of the months is a control of the cont	г 🔲 іпсопте 🕻
				Çere	monial Role Othe cking "Ceromonial Role" or "Olhe	r 🔲 income 🗆
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe t	he public purpose made	purausint to the agency's policy
		- AND CONTROL OF THE				
4.	Verification I have read and understand F with the requirements.	. /			d that the distribution s	et forth above, is in accordance
	Dignature of Aggrey Head or Desi		S. Muranish Print Name		County Administra	(month, day, year

**Agency Report of:** Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney , OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Warriors Round 4, Game 1 Date(s) \_\_05\_\_/ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients Use Section A to identify the agency's department or unit.
 Use Section B to identify the agency's department or unit.
 Use Section B to identify the agency's department or unit. Name of Agency, Department or Unit. Describe the public purpose made pursuant to the agency/s policy Identify one of the following: (Lest First) Other X Ceremonial Role Edwards, Oscar If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a community activist for his/her service to the City of Oakland Ceremonial Role Other 🗌 Income [ If checking "Ceremonial Role" or "Other" describe below. Describe the public purpose made pursuant to the agency's polic Nams of Outside Organization (include address and description)

#### 4. Verification

I have read and understand PPPC Begula with the requirements.	ations 18944.1 and 18942. I have	verified that the distribution set forth ab	ove, is in accordance
Justa Jar Allhone	Lynette McElhaney	OACCA Commissioner	6/5/18
Signature of Agency Head or Designee	Print Name	Tille	(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 Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383,4801 Date of Original Filing: RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Round 4, Game 2 Date(s) \_ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No □ If no: \_ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Name of Agency, Department of Unit Deacribe the public purpose made pursuant to the agency's policy Name of Individual identify one of the following: Ceremonial Role Other 🗵 Asberry, Michael If checking "Ceremonial Role" or "Other" describe below 2 Rewarding a community activist for his/her service to the City of Oakland Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization nclude address and description) Describe the public purpose made pursuant to the agency's 4. Verification

Lynette McElhaney OACCA Commissioner 6/5/18
Signature of Agency Head or Designee Print Name Tille (month, day, year)

Comment:

I have read and und

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

#### Agency Report of:

C	eremonial Role Even	ts and Ticl	ket/Pa	ass Disti	ributions		AP	ublic Document
1.	Agency Name					Date Stamp		California 802
	Oakland/Alameda County C	Coliseum Autho	rity			100		Form OUZ
	Division, Department, or Reg	ion (if applicable)						For Official Use Only
	OACCA Commissioner							
	Designated Agency Contact	(Name, Title)						
	Lee Ann Fergerson, Ticket	Administrator				☐ Amendment (4)	funt Deau	ide Explanation in Part 3.)
	Area Code/Phone Number E-mail					Amendment (W	ust Flov	ide Explanation in Part 3.)
	510-272-6691	leeann.ferge	rson@a	acgov.org		Date of Original Fil	ing:	(month, day, year)
2.	Function or Event Infor	mation						
	Does the agency have a ticl	ket policy?	Yes 2	No□	Face Value of I	Each Ticket/Pass	\$ 312.	50
	Event Description: Warriors	Finals  Provide Title		***	Date(s)5			
	Ticket(s)/Pass(es) provided		550		If no: GSW			
	1A7 - P. L. V. P. L. W. V.				If yes: Haggert	Name of Source		
	Was ticket distribution made	at the behest	Yes 🛚	No □	If yes: Hagger	Official's Name (Last, F	First)	•
	of agency official?							
3.	Recipients							
	<ul> <li>Use Section A to identify the agen</li> </ul>	cy's department or	unit. • U	Jse Section B to	identify an individ	ual. • Use Section C to	identify	an outside organization.
	A. Name of Agency, Depa	artment or Unit		Number of Ticket(s)/ Passes	Describe the	e public purpose made	pursua	ant to the agency's policy
	· · · · · · · · · · · · · · · · · · ·			1 40000				
								Y Company
,	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of	the folic	owing:
	Mondoza Don				То	promote attendar	nce at	a county sponsored
	Mendoza, Dan			2	e	vent in order to m	aximiz	ze potential county and parking sales.
	3-11-1				Cerem	onial Role U Othe	er 🔲	Income L
						ing "Ceremonial Role" or "Oth		
	Name of Outside O	rganization		Number				
	C. (include address and			of Ticket(s)/ Passes	Describe the	e public purpose made	pursua	int to the agency's policy
4.	Verification							
	I have read and understand FP	PC Regulations	18944.1	1 and 18942.	. I have verified to	hat the distribution s	et forth	above, is in accordance
	with the requirements.							
	MILLIXI	8 L	ee Ann	Fergerson		Ticket Administrat	tor	6/1/18
	Signature of Agency Head or Design	ee	Prir	nt Name	-	Title		(month, day, year)

#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California OAKLAND ALAMEDA COUNTY COLISEUM AUTHORITY Form Division, Department, or Region (if applicable) For Official Use Only 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 Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 312.50 Yes ⊠ No □ Event Description: WARRIORS Date(s) \_\_6\_\_/ 3, Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients \* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes CHASSET, NICK To promote attendance at a county sponsored 2 event in order to maximize potential county revenue for concession and parking sales Ceremonial Role L Other L 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.	ve	riti	ca	tioi	1
		•			

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

Melin	M	U	N	96
Signature of A	gency I	lead	or D	esignee

Lee	Ann	Fer	gerson

	Ticket	Administrator
--	--------	---------------

5/31/18

Print Name	

Title

(month, day, year)

Comment:

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

A Public Document

					A I ubile Document	
. Agency Name				Date Stamp	California 802	
Oakland-Alameda County Coliseum Authority						
Division, Department,	or Region (If Applicab	le)			For Official Use Only	
Barbara J. Parker, C	ity Attorney/OAACA	Official				
Designated Agency C	_ // 2			ł		
Area Code/Phone Nur	nher   F-mail			Amendment (Must pro	ovide explanation in Part 3.)	
(510) 238-3815	Area Code/Phone Number E-mail (510) 238-3815 bparker@oaklandcityattorney.org			Date of Original Filing:		
		ananuchyan	omey.org	3	(Month, Day, Year)	
<ul> <li>Function or Event Does the agency have</li> </ul>			□ Face \/alice o	f Fach Tisket/Dasa A	312.50	
		Yes⊠ No		f Each Ticket/Pass \$		
Event Description Wa	rriors v Cavaliers/Pl	ayoffs Game	<u>N</u> Date(s) <u>06</u>	0318		
	Provide Title/Exp	olanation				
Ticket(s)/Pass(es) pro-	vided by agency?	Yes 🗵 No	☐ If no:	Name of Sour	700	
Was ticket distribution	made at the behoot					
of agency official?	made at the benest	No ⊠ Yes	☐ If yes:	Official's Name (La	ast. First)	
				- Company of the Comp	and the second	
<ul> <li>Recipients</li> <li>Use Section A to identify the</li> </ul>	he agency's department o	runit. • Use Se	ction B to identify an individu	al.  ● Use Section C to identif	fy an outside organization	
	A STATE OF THE STATE OF THE STATE OF	Number of				
A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy	
B. Name of I		Number of Ticket(s)/		Identify one of the followin	a:	
(Last,	First)	Pass(es)				
Bee, Maria				Other 🗵	Income	
вее, мапа		2		al Role" or "Other" describe below: es to City and County e	mployees that provide	
			services to the Auth		imployees that provide	
			Ceremonial Role	Other	Income	
				al Role" or "Other" describe below:	income [	
		2				
C. Name of Outside Organization		Number of Ticket(s)/	Describe the publi	ic purpose made pursuant to	the agency's policy	
(include address	and description)	Pass(es)	2000 Me the publi	to purpose made pursuant to	o the agency's policy	
-						
Verification						
I have read and understand FPI	PC Regulations 18944.1 and	d 18942. I have ve	rified that the distribution set for	th above, is in accordance with t	the requirements.	
Eas 1 C	all.	Barbara J. F		Attorney/OAACA Offici		
Signature of Agency Head or	Designee	Print Name		Title	(Month, Day, Year)	
				U265657V	(monus, bay, real)	
Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Collseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-3301-Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Event Description: WARRIORS PLAYOFF GAME Date(s) \_\_06 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No 🗆 If no: . Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 3. Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes GILMORE, TONYA Other X Ceremonial Role income .... If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 2 services to the Authority. Ceremonial Role. Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) 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 Signature of Agency Head or Designee Print Name

Comment: \_