Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's Date(s) __05 31 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role WILLIAMS, NICHOLAS If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 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 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.

Sabrina B. Landreth

Print Name

Signature of Agency Head or Designee

Comment:

(month, day, year)

City Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Event Description: A'S 05 30 Date(s) -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: . Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number 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 Income HEFFLEY, JOHN If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 2 services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes**

4. Verification

Comment:

I have read and understand FPPC Regulation	is 18944.1 and 18942. I	have verified that the distribu	ution set forth above, i	s in accordance
with the requirements.			ACCUSA V PERANTA O ATRIPOTO ES NACES EL CONTENTO COMO — ATRAPECCARICON ESTA ESTA EL PER	

8	Sabrina B. Landreth	City Administrator	06/ 5/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

4. Verification

I have read and unders	tand FPPC R	egulations 18944	1.1 and 18942. I	I have verified that th	ne distribution set forth	above, is in a	accordance
with the requirements.							

		only / tarrillinou ator	001 5 12010	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				

Sabrina B. Landreth

06/5 /2018

City Administrator

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1.	Agency Name				Date Stamp	California Q02
	Oakland Alameda County C			Form OUZ		
į	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Office of the City Administra	itor				
	Designated Agency Contact ((Name, Title)				
ŝ	Sabrina B. Landreth, City Ad	dministrator			Amendment (Must Pro	vide Evolanation in Part 3 \
7	Area Code/Phone Number	E-mail			Amendment (wast 170	vide Explanation in Falt 3.)
	510-238-3301	slandreth@oa	klandca.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				w P
	Does the agency have a tick	ket policy?	Yes⊠ No□ F	ace Value of I	Each Ticket/Pass \$	78
	Event Description: A'S		18 1 S. S. S.	Date(s)05	, 28 , 18	*
	Event Description	Provide Title	L / Explanation	Date(s)		
	Ticket(s)/Pass(es) provided	by agency?	Yes⊠ No 🗆 I	f no:	Name of Source	
		3		f yes: Landretl	Name of Source h. Sabrina	
	Was ticket distribution made	at the behest	Yes 🖾 No 🗌 📑	r yes: <u>=arrarot</u>	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
	• Use Section A to identify the agend	cy's department or u	nit. • Use Section B to	identify an individ	ual. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Depa	MENTALY EVIS	Number of Ticket(s)/		e public purpose made pursu	AND SAME OF STREET
		NAMED AND DESCRIPTION	Passes	Parking the Links		
			Number	(martin (1) (m) (m) (m) (m)		
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the foll	lowing:
	COLEMAN, PRICILLA			1/28/1/020/02/1/11/10	onial Role Other X	Income
			2	To provide in	ing "Ceremonial Role" or "Other" descr icentives to City employ	ibe below: yees that provides
				services to the		
					onial Role Other	Income
				If checki	ing "Ceremonial Role" or "Other" descri	ibe below:
	C. Name of Outside Or (include address and		Number of Ticket(s)/	Describe the	public purpose made pursu	ant to the agency's policy
	(include address and	description)	Passes			
			ŀ	1		
	/erification					
	have read and understand FPF with the requirements.	PC Regulations 1	8944.1 and 18942. I	have verified th	hat the distribution set fort	h above, is in accordance
VI	nur ure requirements.		A 1980 P			
() <u>-</u>	Cionatura of Assauration Design		orina B. Landreth		City Administrator	06/ \$\int /2018
	Signature of Agency Head or Designe	e	Print Name		Title	(month, day, year)
(Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-3301 Date of Original Filing: slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: A'S Date(s) __05__/ 27 / 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 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 MOON, JAMAICA If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 2 services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes**

4. Verification

Comment:

I nave read and understand FPPC Re	∍gulations 18944.1 and 18	3942. I have verified that the	distribution set forth above	. is in accordance
with the requirements,				,
•				

8	Sabrina B. Landreth	City Administrator	06/ 5/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

4. Verification

Comment:

I have read and underst	and FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth above,	is in accordance
with the requirements.	120				

	Sabrina B. Landreth	City Administrator	06/ > /2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-3301 Date of Original Filing: slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 250.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: PAUL SIMON 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. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income BIRCHETT, SOPHIA If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 2 services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4.	Vei		

I nave read and under:	stand FPPC Regulations	18944.1 and 18942.	I have verified that the c	distribution set forth above	is in accordance
with the requirements.				atteriorina per un control de la control de	

	Sabrina B. Landreth	City Administrator	06/ 3 /2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

1.	Agency Name				Date Stamp	California 000
	Oakland Alameda County C	Coliseum Authority			,	Form 802
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Office of the City Administra	ator				
	Designated Agency Contact	(Name, Title)				
	Sabrina B. Landreth, City A	dministrator			Amandarant ## 18	
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)
Œ.	510-238-3301	slandreth@oaklar	ndnet.com		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation			H	0 06
	Does the agency have a tick	ket policy? Yes	⊠ No □ I	ace Value of	Each Ticket/Pass \$	909
	Event Description: A'S			Date(s)05	, 25 , 18	
	Event Becomption.	Provide Title/ Expl	anation	* *		
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □ I	f no:	Name of Source	
	Mar Halad Halalin C	· · · · · · · · · · · · · · · · · · ·		f yes: Landret	Name of Source h Sabrina	
	Was ticket distribution made	e at the benest Yes	⊠ No □ '	r yes:a.rarot	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit.	• Use Section B to	identify an individ	ual. • Use Section C to identif	v an outside organization.
	A. Name of Agency, Depa		Number of Ticket(s)/	La Diversity	e public purpose made pursu	
		18 4 2	Passes			
			#2			
			Mumban			
	B. Name of Indi (Last, Firs		of Ticket(s)/ Passes		Identify one of the fol	lowing:
	LARRAINZAR, JACQUE		1	000000000000000000000000000000000000000	onial Role Other 🗵	Income
			2	To provide in	ing "Ceremonial Role" or "Other" descr icentives to City employ	ibe below: vees that provides
				services to th		, ooo mar promace
				Ceremo	onial Role 🔲 Other 🔲	Income
				If checki	ng "Ceremonial Role" or "Other" descr	ibe below:
	C. Name of Outside Or		Number of Ticket(s)/	Describe the	public purpose made pursu	ant to the agency's policy
	(include address and	description)	Passes			
	Verification					
I	have read and understand FPI	PC Regulations 18944	1.1 and 18942.	have verified th	at the distribution set fort	h above, is in accordance
1	with the requirements.					
-	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		B. Landreth		City Administrator	06/ 5/2018
<u></u>	Signature of Agency Head or Designe	ee P	rint Name		Title	(month, day, year)
	Comment:					
	Comment.	****				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 **Date of Original Filing:** slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: A'S 05 Date(s). Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First)

FERGUSON, GLORIA ALCALA	2	Ceremonial Role Other M Income To provide incentives to City employees that provides services to the Authority.
		Ceremonial Role Other Income 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
Verification have read and understand EPPC Regulations 18944	1 and 180/2	I have verified that the distribution set forth above, is in accordance
mave read and anderstand I FF C Negulations 10944.	1 and 10942.	i nave vermeu mai me uismbunon sei form above, is in accordance

Sabrina B. Landreth

Print Name

with the requirements.

Comment: _

Signature of Agency Head or Designee

06/5 /2018

(month, day, year)

City Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** 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@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: A'S 05 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X TANNENBAUM, LARA If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 2 services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

Comment:

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

	Sabrina B. Landreth	City Administrator	06/ \$ /2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form 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@oaklandnet.com (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 Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: . Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income LANDRETH, SABRINA If checking "Ceremonial Role" or "Other" describe below:
To investigate the efficiencies of the operations of the 2 various sporting & other events that occur at the Coliseum 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

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

	Sabrina B. Landreth	City Administrator	06/ 5 /2018
Signature of Agency Head or Designee	Print Name	Title (month, day,	

Comment: _____

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** For Official Use Only Division, Department, or Region (if applicable) 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@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: A's Date(s)_ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X JACKSON, TERESA If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

Comment:

I have read and understa	and FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth above,	is in accordance
with the requirements.				AN DESTRUCTION BEGINNESS TORIS HOUR AND THE CHARLES AND THE CH	

8	Sabrina B. Landreth	City Administrator	06/ 5 /2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (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: PINK Date(s) __05__/ 19 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. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income PSCHIRRER, KELLY If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 2 services to the Authority. Ceremonial Role Other \square 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 understa	and FPPC Regulations	18944.1 and 1	18942. I have	verified that the	distribution set	forth above,	is in accordance
with the requirements.	0					8	

	Sabrina B. Landreth	City Administrator	06/ 5/2018
Signature of Agency Head or Designee	Print Name	Title (mo	
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** For Official Use Only Division, Department, or Region (if applicable) 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 \$ 500.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: MAROON 5 Date(s) __05__/ 19 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 B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Income SCHWARTZ, ALISON If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 2 services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator O6/ 1/2018 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) 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@oaklandnet.com (month, day, year) 2. Function or Event Information 300.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: PINK 05 18 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X POMICPIC, ANDREA 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

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(include address and description)

I have read and unders	tand FPPC Regulations	18944.1 and 18942	. I have verified that the	distribution set forth	above, is in accordance
with the requirements.	0				- Barrian Barria 4000 at € yi-acular duka nadiri yakiri asab kirinda (1764-464a ratio obula)
Tital tilo roganomonio.					

of Ticket(s)/

Passes

1	Sabrina B. Landreth	City Administrator	06/ 5/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

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

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@oaklandnet.com (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: CHAMPIONSHIP TOUR Date(s) __05 09 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 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 PERSONS, RICKEY If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provides 2 services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Passes C. 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 ab	ove, is in accordance
with the requirements.				

8	Sabrina B. Landreth	City Administrator	06/ 5/2018
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 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@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: A'S 08 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 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 Income CANESTRO, ALLEN If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

Comment:

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution	set forth above, is in accordance
with the requirements.	9. POSTED-1988 - CONTRACTE A CONTRACTOR CONTRACTOR POSTED A CONTRACTOR DE CONTRACTOR

	Sabrina B. Landreth	City Administrator	04/ 572018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: A'S 05 / 07 / Date(s)_ 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 Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income RAMEY, JAIME If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

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

8	Sabrina B. Landreth	City Administrator	04/ 5/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

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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@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: A'S 05 Date(s) -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X COCKERHAM, MELANIE If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes**

4. Verification

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

8	Sabrina B. Landreth	City Administrator	04/ 5/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

1. Agency Name			Date Stamp	California 202
Oakland Alameda County Coliseum Author	rity		-	Form OUZ
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 Pro	vide Explanation in Part 3.)
Area Code/Phone Number E-mail				Inprocession in Control
510-238-3301 slandreth@oa	aklandnet.com		Date of Original Filing:	(month, day, year)
2. Function or Event Information				7000
Does the agency have a ticket policy?	Yes⊠ No□ F	ace Value of I	Each Ticket/Pass \$	185-
Event Description: A'S			04 / 18	10 YET
Provide Title	e/ Explanation	ale(s)		
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No ☐ If	no:	100	
Market Company		yes: Landret	Name of Source h. Sabrina	
Was ticket distribution made at the behest	Yes ⊠ No □ If	yes:	Official's Name (Last, First)	
of agency official?				
3. Recipients	57			
• Use Section A to identify the agency's department or t	ınit. • Use Section B to i	dentify an individ	ual. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the	e public purpose made pursu	ant to the agency's policy
	Passes			The Course of Figure 1
-				
	Number			Page 17 July 1
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the fol	lowing:
HERNANDEZ, CARLOS		Cerem	onial Role Other 🗵	Income
HENNANDEZ, CANEOS	2		ing "Ceremonial Role" or "Other" descr acentives to City employ	ibe below:
		services to the		yood that provides
		Cerem	onial Role Other	Income _
		If checki	ing "Ceremonial Role" or "Other" descr	ibe below:
Name of Outside Organization	Number of Ticket(s)/	Describe the	e public purpose made pursu	ant to the agency's policy
(include address and description)	Passes			
9				
4. Verification	Service of the last of the las			
I have read and understand FPPC Regulations with the requirements.	18944.1 and 18942. I	have verified to	hat the distribution set fort	h above, is in accordance
				€
Signature of Agency Head or Designee	brina B. Landreth		City Administrator	04/ > /2018
Signature of Agency Head of Designee	PIIII NAME		Tiue	(month, day, year)
Comment:	ía			

1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	oliseum Auth	nority			Form 002
	Division, Department, or Regi	on (If Applicabl	e)			For Official Use Only
	Barbara J. Parker, City Attor	nev/OAACA	Official			
	Designated Agency Contact (Omolai		-	
	, , , , , , , , ,					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 238-3815	HOW AND DESCRIPTION	aklandcityatt	ornov ora	Date of Original Filing:	
			ananucityati	omey.org		(Month, Day, Year)
-	Function or Event Inform			Coss Value	of Each Ticket/Pass \$ _	78.00
	Does the agency have a tickel	10	Yes⊠ No	hemed		
	Event Description Oakland A	's v. Arizona Provide Title/Exp	Diamondbac lanation	Date(s)	5 , 27 , 18	
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of So	
	Was ticket distribution made a of agency official?	t the behest	No ⊠ Yes	If yes:	Official's Name (Last. First)
	Recipients • Use Section A to identify the agency	'e denartment or	unit allea Sa	ction B to identify an individ	ual a Use Section C to iden	tify an outside organization.
	ALCOHOLOGICAL SERVICE CONTROL	Control of the contro	Number of	Russia Santa de la companya della companya della companya de la companya della co		
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
6						
	B. Name of Individua (Last, Fist)	ı	Number of Ticket(s)/		Identify one of the follow	ing:
	(Last, First)	l		Ceremonial Role	Other 🗵	ing:
	B. Name of Individua (Last, First) Colata, Nicole		Ticket(s)/	If checking "Ceremon	Other in Other	
	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentiv services to the Aut	Other in Other	Income C
	(Last, First)	zation	Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentiv services to the Aut Ceremonial Role If checking "Ceremon	Other or "Other" describe below: es to City and County hority Other	employees that provide
	(Lest, First) Colata, Nicole Name of Outside Organi	zation cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive services to the Aution Ceremonial Role If checking "Ceremon Describe the pub crified that the distribution set for	Other Dial Role" or "Other" describe below. ees to City and County hority Other Dial Role" or "Other" describe below.	employees that provide Income to the agency's policy
	Colata, Nicole Name of Outside Organi (include address and desco	zation cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive services to the Aution of the	Other Dial Role" or "Other" describe below. ees to City and County hority Other Dial Role" or "Other" describe below.	Income Cemployees that provide

1. Age	ency Name				Date Stamp	California 802	
Oakl	land-Alameda County C	oliseum Auth	ority			Form OUZ	
Divisi	ion, Department, or Regi	on (If Applicable	3)			For Official Use Only	
Rarh	oara J. Parker, City Attor	nev/OAACA	Official	i i			
	gnated Agency Contact (/		Jillolul				
2001	January Johnson (, . 1110)					
Aron	Code/Phone Number	E-mail			Amendment (Must prov	vide explanation in Part 3.)	
) 238-3815	Depte temperatus	aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)	
	ction or Event Inform						
	the agency have a ticket		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	78.00	
	t Description Oakland A'				28 , 18		
Event	t Description	Provide Title/Expl	anation	Date(s)			
Ticket	et(s)/Pass(es) provided by	83	Yes⊠ No	☐ If no:	Name of Source		
					Name of Source	ce	
	ticket distribution made at gency official?	t the behest	No⊠ Yes	☐ If yes:	Official's Name (Las	st. First)	
	ipients	's department	tion B to identify an industry	al elles Section C to identify	an outside organization		
	Section A to identify the agency	or a proper variable and a					
Α.	Name of Agency, Departmen	Number of Ticket(s)/ Pass(es)	Describe the pub	the agency's policy			
a for high		AND THE SECTION OF THE SECTION	200,00	and a service of the service of the service of the service of	which was settled a state of the settled and the settled as the se		
				95			
B.	Name of Individual	Number of Ticket(s)/		Identify one of the following:			
The one	(Last, First)		Pass(es)				
Mcl a	aughlin, Kevin			Ceremonial Role	Other X al Role" or "Other" describe below:	Income	
WICE			2	To provide incentives to City and County employees that provide			
				services to the Auth		, j = 20 mar provido	
				Ceremonial Role	Other	Income	
				W-1 10 - 100 - 10-11 - 12	al Role" or "Other" describe below:		
NAC SULF TO A	to a superior described the	A STATE OF THE PARTY OF THE PARTY.	Number of	and the second sections of the second sections	of the Secretary of Proceedings of the		
C.	Name of Outside Organiz (include address and desc		Ticket(s)/	Describe the publ	lic purpose made pursuant to	the agency's policy	
A. S. William			Pass(es)	No. of the second secon	The state of the s	WARE DESCRIPTION OF SOME STATE	
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i nave re	ead and understand FPRC Regula						
_/	and the	-	Barbara J. P		Attorney/OAACA Officia		
Si	ignature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)	
	nent:						

1. Agency Name	Date Stamp California Form Form				
Oakland-Alameda County Coliseu		For Official Use Only			
Division, Department, or Region (If A	Applicable)				
Barbara J. Parker, City Attorney/C					
Designated Agency Contact (Name, 7					
Area Code/Phone Number E-mai	Amendment (Must p	rovide explanation in Part 3.)			
ALTER STATE OF STATE		orney ora	Date of Original Filing:		
2. Function or Event Informatio	(510) 238-3815 bparker@oaklandcityattorney.org				
	of Each Ticket/Pass \$ _	78.00			
	The second of th				
Event Description Oakland A's v. T	ampa Bay Hays Title/Explanation	Date(s)	5 , 29 , 18		
Ticket(s)/Pass(es) provided by agen	Name of So				
	cy? Yes ☒ No nehest No ☒ Yes				
Was ticket distribution made at the b of agency official?	Official's Name (I	Last, First)			
3. Recipients					
 Use Section A to identify the agency's depart 	rtment or unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ident	tify an outside organization.	
A. Name of Agency, Department or Ur	Number of	Describe the public purpose made pursuant to the agency's policy			
F-110-100-100-100-100-100-100-100-100-10					
B. Name of Individual (Last, Flist)	Number of Ticket(s)/ Pass(es)		Identify one of the following:		
Moore, Cheryl		Ceremonial Role If checking "Ceremon	Other Anial Role" or "Other" describe below:	Income	
	2	To provide incentives to City and County employees that provide services to the Authority			
		200,000 pp. 460	Other Daniel Role" or "Other" describe below.	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's po		to the agency's policy	
. Verification I have read and understand FPPC Regulations 18	1944.1 and 18942. I have ve.	rified that the distribution set fo	orth above, is in accordance with	n the requirements.	
Darle fro that	Barbara J. F	Parker City	Attorney/OAACA Office	cial 06/18/2018	
Signature of Agency Head or Designee	Print Name	e	Title	(Month, Day. Year)	
Comment:					

1.	Agency Name				Date Stamp	California 802		
	Oakland-Alameda County (Coliseum Autl	nority			Form OUZ		
	Division, Department, or Reg				-	For Official Use Only		
	Barbara I Barker City Atta	vrnov/OAACA	Official					
	Barbara J. Parker, City Atto Designated Agency Contact		Official		,			
	Designated Agency Contact	(Ivaille, Title)						
	Area Code/Phone Number	[E-mail			Amendment (Must pro	ovide explanation in Part 3.)		
	(510) 238-3815	The second second	aklandcityatt	orney ora	Date of Original Filing: _			
2	Function or Event Infor		anardonyan	omey.org		(Month, Day, Year)		
۷.	Does the agency have a ticket		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	78.00		
				_				
	Event Description Oakland A	Provide Title/Exp	lanation	Date(s)	5 , 30 , 18			
	Ticket/e\/Desc/ee\ receided b	500						
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🛛 No	If no:				
	Was ticket distribution made a	at the behest	No⊠ Yes	☐ If ves:				
	of agency official?			, , , , , , , , , , , , , , , , , ,	Official's Name (La	ast, First)		
3.	Recipients							
	Use Section A to identify the agence	y's department or	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to identif	fy an outside organization.		
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	et(s)/ Describe the public purpose made pursuant to the agency's policy				
		CONTRACTOR OF THE	Pass(es)	Sales William Value and Sales Sa				
	B. Name of Individua	al	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:		
	Sotelo, Amadis			Ceremonial Role	Other Other Other Other Other Other Other	Income [
	5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5		2	N 59860 150 00 600000	es to City and County e	employees that provide		
				Ceremonial Role	Other	Income		
				If checking "Ceremoni	al Role" or "Other" describe below:			
	3 (44)	No. of the contract of the con	Number of					
	C. Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy		
19								
	,							
	Verification					32 32		
1	have read and understand FPPC Regul	ations 18944.1 and			orth above, is in accordance with	the requirements.		
	Parbare to Sky		Barbara J. F	Parker City	Attorney/OAACA Offici	ial 06/18/2018		
1	Signature of Agency Head or Designee		Print Name	e	Title	(Month, Day, Year)		
	Comment:							
	COMMENT,							

1.	Agency Name	alla aure- A : ut	Date Stamp California Form				
	Oakland-Alameda County Control Division, Department, or Region				-	For Official Use Only	
	Barbara J. Parker, City Attorn Designated Agency Contact (/		Official		-		
	, , , , , , , , , , , , , , , , , , , ,				Amendment (Must pr	ovide explanation in Part 3.1	
	to produce the contract of the	E-mail		- Accessor			
	(510) 238-3815	bparker@oa	Date of Original Filing: _	(Month, Day, Year)			
2.	Function or Event Information Does the agency have a ticket		of Each Ticket/Pass \$	90.00			
	Event Description Oakland A		5 <u>, 25 , 18</u> .				
	Ticket(s)/Pass(es) provided by	8	Yes⊠ No	☐ If no:	Name of Sou	rce	
	Was ticket distribution made at of agency official?	the behest	Official's Name (Li	ast, First)			
3.	Recipients						
	Use Section A to identify the agency'	s department or	ual. • Use Section C to identi	fy an outside organization.			
	A. Name of Agency, Departmen	Number of 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)		Identify one of the following	ig:		
	Ortiz, Celso			Ceremonial Role If checking "Ceremoni	Other ial Role" or "Other" describe below:	Income	
			2	To provide incentives to City and County employees that provide services to the Authority			
2				Ceremonial Role If checking "Ceremoni	Other Diel Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's		o the agency's policy	
. ,	Verification						
	have read and understand FPPC Regulat	ions 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.	
	Signature of Agency Head or Designee		Barbara J. F		Attorney/OAACA Offic		
	Signature of Agency Flead of Designee		Print Name	ē.	Title	(Month, Day, Year)	
(Comment:						

1.	Agency Name Oakland-Alameda County Co	oliseum Auth	Date Stamp	California 802		
	Division, Department, or Regi					For Official Use Only
	Barbara J. Parker, City Attor Designated Agency Contact (I		Official			
					Amendment (Must pro	ovide explanation in Part 3.)
	A THE RESERVE ASSESSED BASESSESSES	E-mail				Control Assessment Control Assessment Control
-	(510) 238-3815	bparker@oa	klandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform		V 57 N	Eace Value o	of Each Ticket/Pass \$	90.00
	Does the agency have a ticket		Yes 🗵 No	American Company of the Company of t		
	Event Description Oakland A	Provide Title/Expl	, 26 , 18			
	Ticket(s)/Pass(es) provided by	agency?	Name of Sou	rce		
	Was ticket distribution made at	t the behest				
	of agency official?		Official's Name (La	ast, First)		
3.	Recipients				0	
	• Use Section A to identify the agency	's department or i	ial. • Use Section C to identif	fy an outside organization.		
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following:		
	Moore, Cheryl		r deales)	Ceremonial Role	Other X	Income
			2	To provide incentives to City and County employees that provide services to the Authority		
			III two so seek topo Si	Other Dial Role" or "Other" describe below:	Income 🔲	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	Verification I have read and understand FPPC Regula	ulions 18944.1 and	18942. I have ve	prified that the distribution set fo	orth above, is in accordance with	the requirements.
	Jarba John	0	Barbara J. I	Parker City	Attorney/OAACA Office	ial 06/18/2018
	Signature of Agency Head or Designee	· · · · · · · · · · · · · · · · · · ·	Print Nam	е	Title	(Month, Day, Year)
	Comment:					

1.	Agency Name				Date Stamp	California 802		
	Oakland-Alameda County Col	liseum Auth	ority			roim 9 —		
	Division, Department, or Region	n (If Applicable)			For Official Use Only		
	Barbara J. Parker, City Attorne	ey/OAACA	Official					
	Designated Agency Contact (Na							
	Company of the second s							
	Area Code/Phone Number E	-mail			Amendment (Must prov	ten 21 15		
		oparker@oa	Date of Original Filing:	(Month Day Year)				
2.	Function or Event Informa	ation			· · · · · · · · · · · · · · · · · · ·	(Month, Day, Your)		
	Does the agency have a ticket p	oolicy?	☐ Face Value o	f Each Ticket/Pass \$	78.00			
	Event Description Oakland A's	v. Seattle M	, 22 , 18	, ,				
	Event Description	Provide Title/Expl	anation	Date(s)				
	Ticket(s)/Pass(es) provided by a	agency?	Yes⊠ No	☐ If no:	Name of Source	e		
	Was ticket distribution made at t	he behest	No⊠ Yes	П				
	of agency official?	no bonest	NO 🔼 Yes	S ☐ If yes:Official's Name (Last, First)				
3.	Recipients							
	Use Section A to identify the agency's	department or u	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to identify	an outside organization.		
	A. Name of Agency, Department	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to the agency's policy				
		Pass(es)						
	B. Name of Individual		Number of					
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following:			
	F = NPLE			Ceremonial Role		Income		
	La, Nikki		2	V-12-14-14-14-14-14-14-14-14-14-14-14-14-14-	al Role" or "Other" describe below:	nnlavage that provide		
				services to the Auth	es to City and County er pority	ripioyees triat provide		
				Ceremonial Role	Other	Income		
					al Role" or "Other" describe below:			
	** <u>\$</u>							
	The state of the s		Nombre					
1	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	the agency's policy			
			Pass(es)					
						<u>#</u>		
_	M18'1'							
	Verification have read and understand FPPC Regulatio	ons 18944 1 and	18942. I have vei	rified that the distribution set fo	rth above is in accordance with th	ne requirements		
	Sund Al		Barbara J. F					
	Signature of Agency-Head or Designee		Print Name		Attorney/OAACA Officia	06/18/2018 (Month, Day, Year)		
					5.00000	(month, 5-3), 100/		
(Comment:							

	Agency Name		Date Stamp California 802			
	Oakland-Alameda County C			Form For Official Use Only		
	Division, Department, or Reg	ion (If Applicab		Por Official Ose Offiy		
	Barbara J. Parker, City Atto	rney/OAACA				
	Designated Agency Contact ((Name, Title)				
			Amendment (Must p	rovide explanation in Part 3.)		
	Area Code/Phone Number	E-mail			1 No. 10 10 10 10 10 10 10 10 10 10 10 10 10	
-	(510) 238-3815		aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)
	Function or Event Infor		Yes⊠ No			78.00
	Does the agency have a ticke	15.	of Each Ticket/Pass \$ _			
	Event Description Oakland A	's v. Seattle Provide Title/Exp	5 , 23 , 18			
	Ticket(s)/Pass(es) provided by	y agency?	☐ If no:	Name of So	urce	
,	Was ticket distribution made a	t the behest	Official's Name (L			
	of agency official?		Official's Name (L	Last, First)		
3.	Recipients					
	Use Section A to identify the agency	y's department or	ual. • Use Section C to ident	tify an outside organization.		
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
			1	1		
72						
						93
	B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
-	(Last, First)	1	Ticket(s)/	Ceremonial Role	Other 🗵	ng:
-	B. Name of Individua (Last, First) Fung, Michael		Ticket(s)/	If checking "Ceremon	Other Ot	2014-2014 (1.1.)
-	(Last, First)	1	Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive services to the Auth	Other Ot	employees that provide
-	(Last, First)		Ticket(s)/ Pass(es)	To provide incentive services to the Authors Ceremonial Role	Other Ot	Income
	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive services to the Auth Ceremonial Role If checking "Ceremonial	Other Ot	Income employees that provide
	(Last, First)	ization	Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive services to the Auth Ceremonial Role If checking "Ceremonial	Other	employees that provide
-	Fung, Michael Name of Outside Organi	ization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To provide incentive services to the Auth Ceremonial Role If checking "Ceremonial	Other Ot	employees that provide
	Fung, Michael Name of Outside Organi	ization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To provide incentive services to the Auth Ceremonial Role If checking "Ceremonial	Other Ot	employees that provide
. \	Fung, Michael Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role If checking "Ceremoni Describe the pub	Other 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
. \	Fung, Michael Name of Outside Organi (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive services to the Auth Ceremonial Role If checking "Ceremoni Describe the pub	Other 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 In the requirements.

						/ I dollo Becallione			
1.	Agency Name		Date Stamp	California 802					
	Oakland-Alameda County C	Coliseum Auth	ority			Form OUZ			
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only			
	Barbara J. Parker, City Atto	rney/OAACA	Official						
	Designated Agency Contact								
	Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)			
	(510) 238-3815	bparker@oa	klandcityatte	orney.org	Date of Original Filing: .	(Month, Day, Year)			
2.	Function or Event Infor	mation							
	Does the agency have a ticke	t policy?	f Each Ticket/Pass \$	78.00					
	Fuent Description Oakland A	's v. Houston	Astros	Data(a) 05	, 07 , 18				
	Event Description Oakland A	Provide Title/Expl	anation	Date(s)					
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Sou				
	N		.00 🖾						
	Was ticket distribution made a of agency official?	it the behest	No ⊠ Yes	☐ If yes:	Official's Name (L	ast First)			
					Cincid o Name (2				
3.	Recipients • Use Section A to identify the agency	v's denartment or i	ınit ellse Ser	ction B to identify an individu	al allse Section C to ident	ify an outside organization			
	The second providence of the second		Number of			Charles and the Control of the Contr			
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
	- 10								
	B. Name of Individua	l .	Number of Ticket(s)/		Identify one of the following	ng: 1946 - 1949			
			Pass(es)	Ceremonial Role	Other 🛛	Income			
	Fung, Michael			The state of the s	al Role" or "Other" describe below:	income L			
			2		de incentives to City and County employees that provide				
				services to the Auth	nority				
				Ceremonial Role	Other	Income			
				If checking "Ceremonia	al Role" or "Other" describe below:				
į	C. Name of Outside Organ	ization	Number of		To the second second second second				
	(include address and des		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy			
•									
	Verification	THE RESERVE OF THE PARTY OF THE							
	have read and understand FPPC Regula	ations 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements.			
	The San	2	Barbara J. F	Parker City	Attorney/OAACA Office	cial 06/18/2018			
- 1	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)			
	2								
-	Commont								

1. Age	ency Name				Date Stamp	California 802			
Oak	kland-Alameda County C	oliseum Auth	nority			Form For Official Use Only			
Divis	sion, Department, or Regi	on (If Applicabl	e)		1	For Official Ose Only			
Bark	bara J. Parker, City Attor	nev/OAACA	Official						
	ignated Agency Contact (7							
Area	Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)			
	0) 238-3815		aklandcityatto	ornev.ora	Date of Original Filing: _	(Month Day Year)			
-	nction or Event Inform			,		(Month, Day, Teal)			
	s the agency have a ticket		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	78.00			
				_					
Even	nt Description Oakland A	Provide Title/Exp	lanation	Date(s)	06 , 18				
ment to the		52		- If no.					
TICKE	et(s)/Pass(es) provided by	/ agency?	Yes⊠ No	☐ II no	Name of Sour	се			
Was	ticket distribution made a	t the behest	No⊠ Yes	☐ If ves:					
of a	gency official?		—	, 555.	Official's Name (La	st, First)			
. Rec	ipients								
	Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to identif	y an outside organization.			
A.	Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy					
1461			Pass(es)	100					
В.	Name of Individua	l .	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:			
Flan	ders, Jordan		1 833(63)	Ceremonial Role	Other ial Role" or "Other" describe below:	Income [
			2		es to City and County e	mployees that provide			
. 				Ceremonial Role	Other	Income [
				The same way was the S	ial Role" or "Other" describe below:				
<u> </u>	Name of Outside Organization		Number of			and the second s			
-	(include address and desc		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy			
		w.							
	fication								
I have r	read and understand FPPC Regula	ations 18944,1 and	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.			
10	Mon for Sant		Barbara J. F	Parker City	Attorney/OAACA Offic	ial 06/18/2018			
/ 5	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)			
0									
Comi	ment:								

. Agency Name			Date Stamp	California 802			
Oakland-Alameda County					Form For Official Use Only		
Division, Department, or Re	gion (If Applicab	le)	9		For Official Ose Offig		
Barbara J. Parker, City Att	orney/OAACA	Official					
Designated Agency Contac	t (Name, Title)	A A STATE OF THE S		1			
Area Code/Phone Number	[E-mail			Amendment (Must pro	ovide explanation in Part 3.)		
(510) 238-3815	bparker@o	aklandcityatt	orney.org	Date of Original Filing: _	(Month, Day, Year)		
. Function or Event Info					(Month, Day, Tear)		
Does the agency have a tick		Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$	90.00		
Event Description Oakland							
Event Description	Provide Title/Exp	planation	Date(s)	5 , 05 , 18			
Ticket(s)/Pass(es) provided	hy agency2	V [7] N-	□ If no:				
nokel(s)/r ass(es) provided	by agency:	Yes 🛛 No		Name of Sou	rrce		
Was ticket distribution made	at the behest	No⊠ Yes	☐ If yes:	Official's Name (Li			
of agency official?				Official's Name (La	ast, First)		
Recipients							
Use Section A to identify the agent	cy's department o		ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.		
A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	The second secon						
MANAGEMENT AND	72						
B. Name of Individe	ual	Number of Ticket(s)/	and the second second	Identify one of the following	ıg:		
(Lasi, Filsi)		Pass(es)					
Parker, Barbara J.				Other 🔀	Income _		
,		2		efficiencies of the opera	ations of the various		
				events that occur at Co			
i)			Ceremonial Role	Other	Income		
			If checking "Ceremoni	al Role" or "Other" describe below:			
		Number of					
Name of Outside Orga (include address and de		Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy		
		Pass(es)					
			e5				
		-					
		THE RESERVE OF THE PERSON NAMED IN					
Verification			19	2			
Verification I have read and understand FPPC Reg	ulations 18944.1 an	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.		
	1	d 18942. I have ve Barbara J. F		orth above, is in accordance with Attorney/OAACA Offic	TO CONTROL OF THE SECOND PROCESS OF THE SECOND OF THE SECO		

1.	Agency Name		Date Stamp	California 802				
	Oakland-Alameda County C	Coliseum Auth	ority			Form OUZ		
170	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only		
	Barbara J. Parker, City Attor	rnev/OAACA	Official					
	Designated Agency Contact (
		•						
9	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)		
	(510) 238-3815 bparker@oaklandcityattorney.org				Date of Original Filing: _			
-000	Function or Event Infor		manaonyani	onloy.org		(Month, Day, Year)		
	Does the agency have a ticker		of Each Ticket/Pass \$	78.00				
			Yes⊠ No					
1	Event Description Oakland A	's v. Baltimore Provide Title/Expl	lanation	Date(s)				
3	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	No Name of Source				
2								
١	Was ticket distribution made a of agency official?	t the behest	No⊠ Yes	☐ If yes:	Official's Name (L	ast First)		
					Official's (Value (E.	aot, r iioty		
	Recipients • Use Section A to identify the agency	l'e danartment es	unit alles for	tion R to identify an individu	ral a lieo Section C to identi	fy an outside organization		
•			Number of					
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
×-		(FACOSTAL AND ALLES THE						
I	Name of Individua		Number of Ticket(s)/ Pass(es)	and see we have a first or a first or a	Identify one of the following	!!		
1	Fung, Michael			Ceremonial Role	Other A	Income		
	ang, menaer		2	10 00 AU		employees that provide		
				services to the Auth		navolidita (luescosto dilattica (fili. di luestica)		
-				Ceremonial Role [If checking "Ceremonia	Other all Role" or "Other" describe below:	Income		
-	Name of Cutalda Carry		Number of		Accounts No. 101 Company Company	n de la companya de		
_	Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant t	o the agency's policy		
-						-		
	/erification							
	have read and understand FPPC Regula	ations 18944.1 and	18942. I have ve	rified that the distribution set for	rth above, is in accordance with	the requirements.		
	Karma & &) 1	Barbara J. F					
	Signature of Agency Head or Designee	-	Print Name		Attorney/OAACA Offic	06/18/2018 (Month, Day, Year)		

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1.	Agency Name	Colicoum Aut	hority		Date Stamp	California 802
	Oakland-Alameda County Coliseum Authority Division, Department, or Region (If Applicable)					For Official Use Only
	Barbara J. Parker, City Atto		Official			
	Designated Agency Contact	(Name, Litle)				
					Amendment (Must pro	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail			- Constitution and the second	
	(510) 238-3815	bparker@o	aklandcityatt	orney.org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				250.00
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$	250.00
	Event Description Paul Simo	n		Date(s) 05	25 , 18	1 1
	Evont Decomption	Provide Title/Exp	olanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	☐ If no:	Name of Sour	
			AGENCIA A MARKA		Name of Sour	rce
	Was ticket distribution made a of agency official?	it the behest	No 🛛 Yes	☐ If yes:	Official's Name (La	net Eiret
					Official's (Valle (La	151, 1 1151)
	Recipients					
- 3	Use Section A to identify the agency	y's department or	ial. • Use Section C to identif	y an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
		12				
•						
Ì	B. Name of Individua	i	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
	D 41.			Ceremonial Role		Income
	Roe, Adrian		2	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that provide incentives to City and County employees.		
				services to the Auth		mployees that provide
*				Ceremonial Role		Income
					al Role" or "Other" describe below:	income [
	919					
(Name of Outside Organi		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	the agency's policy
	(include address and desc	cription)	Pass(es)			
0.5						
. 1	/erification					
	have read and understand FPPC Regula	ations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	rth above, is in accordance with i	the requirements.
	Dan Soul		Barbara J. F	Parker City	Attorney/OAACA Offici	al 06/18/2018
-	Signature of Agericy Head or Designee		Print Name		Title	(Month, Day, Year)
-	Comment:					

1.	Agency Name Oakland-Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title)				Date Stamp	California 802		
						For Official Use Only		
					-			
	Area Code/Phone Number E	E-mail			Amendment (Must pro	vide explanation in Part 3.)		
	SE PROPERTY OF THE PROPERTY OF	bparker@oa	aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)		
	Function or Event Inform Does the agency have a ticket p		Yes⊠ No		of Each Ticket/Pass \$			
	Event Description Pink Date(s) 05 / 19 / 18/_							
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Source	ce		
	Was ticket distribution made at of agency official?	the behest	No ⊠ Yes	☐ If yes:	Official's Name (La	st, First)		
3.	Recipients • Use Section A to identify the agency's	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			Describe the public purpose made pursuant to the agency's policy				
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	cket(s)/ Identify one of the following:				
	Smith, Jamie		2	77	ial Role" or "Other" describe below:	Income 🗌		
				To provide incentives to City and County employees that provid services to the Authority				
				2007/20 17/2011 2008 1 100	Other Diel Role" or "Other" describe below:	Income .		
	C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy		
						38.		
	Verification I have read and understand FPPC Regulation	ions 18944.1 and	l 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with I	the requirements.		
	Signature of Agency Head or Designee		Barbara J. F		Attorney/OAACA Offici	al 06/18/2018 (Month, Day, Year)		
	Comment:				(Market)			

		MAN CHARLETTE BUTE				711 dollo Beediment
1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County Coliseum Authority					Form CO-
	Division, Department, or Region (If Applicable)					For Official Use Only
	Barbara J. Parker, City Attorney/OAACA Official					
	Designated Agency Contact (Name, Title)					
	Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 238-3815		aklandcityatto	orney.org	Date of Original Filing: -	(Month Day Year)
2	Function or Event Infor	lander of the land		, , , , ,		(Month, Day, Tear)
					of Each Ticket/Pass \$	300.00
	Event Description Pink Date(s) 05					
	Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □			L 1110.	Name of Sou	rce
	Was ticket distribution made at the behest No ⊠ Yes ☐ If yes:			Official's Name (L		
	of agency official?				Official's Name (L	ast, First)
3.	Recipients					
	Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.					fy an outside organization.
	A. Name of Agency, Department	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	Pass(es)					Control of the Contro
	The state of the s	on the gode regard was to	Number of	NATES AND THE STATE OF STATE O		
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role		Income
	Moore, Cheryl		2	A3-31 S-49-67 (C	al Role" or "Other" describe below:	amplauses that are ide
				services to the Auth		employees that provide
				Ceremonial Role	Other	Income
					al Role" or "Other" describe below:	
	Number of					A CONTRACTOR OF THE CONTRACTOR
-	C. Name of Outside Organization (include address and description)				blic purpose made pursuant to the agency's policy	
-	Pass(es)					Elyspecia, per el como de la como
`			-			
_						
	Verification I have read, and understand FPPC Regul	lations 18044 1 and	1 18942 have ve	rified that the distribution set to	orth above, is in accordance with	the requirements
,	The read and understand FFF Regul	n				
	Signature of Agency, Head or Designee	<u></u>	Barbara J. F		Attorney/OAACA Offic	
	and the state of business		i im isam	= 0	· · · · · · · · · · · · · · · · · · ·	(Month, Day, Year)
	Commont					

Oakland-Alameda County Colise	um Authority		Date Stamp	California 802		
Division, Department, or Region (If		For Official Use Only				
Barbara J. Parker, City Attorney/						
Designated Agency Contact (Name,						
			Amendment (Must pr	rovide explanation in Part 3.)		
Area Code/Phone Number E-ma (510) 238-3815 bpa	ail rker@oaklandcityatt	ornov ora	Date of Original Filing:	1000		
. Function or Event Information		omey.org		(Month, Day, Year)		
Does the agency have a ticket police		☐ Face Value o	of Each Ticket/Pass \$	200.00		
150 Hit H		- Indiana de la companya della companya della companya de la companya de la companya della compa				
Event Description Championship Provide	le Title/Explanation	Date(s)	, 00 10			
Ticket(s)/Pass(es) provided by age	ncy? Yes⊠ No	☐ If no:	Name of Sou			
Was ticket distribution made at the of agency official?	behest No 🛛 Yes	If yes:	Official's Name (L	ast, First)		
. Recipients						
· ·	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 U	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy		
B. Name of Individual	Number of Ticket(s)/	THE STATE OF	Identify one of the following	ng:		
B. Name of Individual (Last, First) Parker, Barbara J.	Ticket(s)/ Pass(es)	If checking "Ceremon	Other X	Income _		
(Lost, First)	Ticket(s)/	If checking 'Ceremon' To investigate the	Other 🛛	Income Cations of the various		
(Lost, First)	Ticket(s)/ Pass(es)	To investigate the esporting and other Ceremonial Role	Other ial Role" or "Other" describe below: efficiencies of the opera events that occur at Co	Income Cations of the various oliseum Complex		
(Lost, First)	Ticket(s)/ Pass(es) 2	To investigate the esporting and other Ceremonial Role If checking "Ceremon	Other	ations of the various oliseum Complex		
Parker, Barbara J. Name of Outside Organization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	To investigate the esporting and other Ceremonial Role If checking "Ceremon	Other In Role" or "Other" describe below.	ations of the various oliseum Complex		
Parker, Barbara J. C. Name of Outside Organization (include address and description) Verification	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the esporting and other Ceremonial Role If checking "Ceremon Describe the pub	Other All and the control of the purpose made pursuant for the pur	Income ations of the various oliseum Complex Income to the agency's policy		
Parker, Barbara J. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the esporting and other Ceremonial Role If checking "Ceremon Describe the pub erified that the distribution set for	Other All and the control of the purpose made pursuant for the pur	ations of the various oliseum Complex Income to the agency's policy In the requirements.		

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 \$ ___ Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Oakland A's 2018 Season 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual Identify one of the following: of Ticket(s)/ В. (Last, First) Passes Ceremonial Role Other Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: to promote the coliseum complex for use by the general public and businesses to maximize revenues Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Mumber 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.

Chris Dobbins

Print Name

Signature of Agency Head or Designee

Comment:

4.30.18

(month, day, year)

OACCA Commissioner

Title

Oakland A's

May 2018

Chris Dobbins

•	A's	5.4.18	(4) tickets	\$78.00
•	A's	5.5.18	(2) tickets	\$90.00
•	A's	5.6.18	(4) tickets	\$78.00
•	A's	5.7.18	(4) tickets	\$78.00
•	A's	5.8.18	(4) tickets	\$78.00
	A's	5.9.18	(4) tickets	\$78.00
•	A's	5.22.18	(4) tickets	\$78.00
•	A's	5.23.18	(4) tickets	\$78.00
•	A's	5.24.18	(4) tickets	\$78.00
•	A's	5.25.18	(4) tickets	\$90.00
•	A's	5.26.18	(4) tickets	\$90.00
•	A's	5.27.18	(4) tickets	\$78.00
•	A's	5.28.18	(4) tickets	\$78.00
•	A's	5.29.18	(4) tickets	\$78.00
•	A's	5.30.18	(4) tickets	\$78.00
•	A's	5.31.18	(4) tickets	\$78.00

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) 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: idelafuente2012@gmail.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Oakland A's 2018 Season 7001 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Ceremonial Role Other X Income De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: to promote the coliseum complex for use by the general public and businesses to maximize revenues Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ignacio De La Fuente **OACCA Commissioner** 4.30.18 Print Name (month, day, year) Signature of Agency Head or Designee

Comment:

Oakland A's

May 2018

Ignacio De La Fuente

•	A's	5.4.18	(4) tickets	\$78.00
•	A's	5.5.18	(2) tickets	\$90.00
	A's	5.6.18	(4) tickets	\$78.00
•	A's	5.7.18	(4) tickets	\$78.00
•	A's	5.8.18	(4) tickets	\$78.00
•	A's	5.9.18	(4) tickets	\$78.00
•	A's	5.22.18	(4) tickets	\$78.00
•	A's	5.23.18	(4) tickets	\$78.00
•	A's	5.24.18	(4) tickets	\$78.00
•	A's	5.25.18	(4) tickets	\$90.00
•	A's	5.26.18	(4) tickets	\$90.00
•	A's	5.27.18	(4) tickets	\$78.00
•	A's	5.28.18	(4) tickets	\$78.00
•	A's	5.29.18	(4) tickets	\$78.00
•	A's	5.30.18	(4) tickets	\$78.00
•	A's	5.31.18	(4) tickets	\$78.00

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: ... 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 78.00 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: A's vs Orioles 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 an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's polic Name of Agency Department of Unit Name of individual (Las! First) Ceremonial Role Did Not Use If checking "Ceremonial Role" or "Other" describe below. 2 Not issued Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below: Name of Culside Organization Include address and description) Describe the public purpose made pursuant to the agency's polic

·			
Verification			
I have read and understand FPPOIRegu	lations 18944.1 and 18942. I have	verified that the distribution set forth ab	ove, is in accordance
with the requirements.			
	Lynette McElhaney	OACCA Commissioner	4/30/18
Signature of Agency Head or Designee	Print Name	Tille	(month, day, year)
Comment:			

	gency Report of: eremonial Role Even	its and Ticket/F	Pass Distril	outions		A Public	Document
1.	Agency Name	•			Date Stamp	Califo	rnia 802
	Oakland Alameda County C	Coliseum Authority				For	
	Division, Department, or Reg	ion (if applicable)			1	For	Official Use Only
	Lynette Gibson McElhaney	, OACCA Commissi	on				
	Designated Agency Contact	(Name,Title)					
	Renee Savage - OACCA E	xecutive Assistant			Amendment (Mu	ıst Provide Explan	ation in Part 3.)
	Area Code/Phone Number	E-mail					,
	510.383.4801	RSavage@coliseu	ım.com		Date of Original Filin	ng:(month, a	ay, year)
2.	Function or Event Info	rmation		-		90.00	
	Does the agency have a tic	ket policy? Yes	☑ No□ Fa	ace Value of	Each Ticket/Pass \$	5	
	Event Description: A's vs C	Prioles	Da	ate(s)	<u>, 05 , 18 </u>		
		Provide Litte/ Expli		no:		•	,
	Ticket(s)/Pass(es) provided	i by agency : Tes			Name of Source	 -	-7.474.00
	Was ticket distribution mad	e at the behest Yes	⊠ No□ If	yes: <u>Lynette</u>	McElhaney Official's Name (Last, Fi	iret)	
	of agency official?	,			Onicial's Ivame (Last, Fi	1151/	
3.	Recipients • Use Section A to identify the age		• Use Section B to id Number of (Ickei(s))		dual, • Use Section C to i		
			Passes # 1				
	B. Name of in		Number of Ticket(s)/ Passes		ldentify:one-d/t	irie following)	
	Morris, Yolanda		2	If che	cking "Ceremonial Role" or "Othe a community activis	er 🛛 er describe below: st for his/her	income C
				L	moniał Role Otho cking "Ceremonial Role" or *Olho	er 🔲 er" describe below:	Income _
	C)		Number of Ticket(s)/ Passes	S S S S S S S S S S S S S S S S S S S	lie public purpčse mada	pursuan to th	regency's policy
				- A STANDARM			
4.	Verification I have read and understand,	PPC Regulations 1892	4.1 and 18942	l I have verified	I that the distribution s	set forth above	, is in accordance
	with the requirements,	4//	te McElhaney		OACCA Commission		4/30/18
	Signature of Agency Head of Desi	<u> </u>	Print Name		Title		(month, day, year)

Comment: __

_	ncy Report of: emonial Role Even	ts and Ticket/	Pass Distrib	outions	ΑI	Public Document
	gency Name		Date Stamp	California Q02		
	akland Alameda County (Coliseum Authority				Form OU4
Dí	vision, Department, or Reg	ion (if applicable)	1	For Official Use Only		
Ly	ynette Gibson McElhaney	, OACCA Commiss				
De	esignated Agency Contact	(Name, Title)	1			
R	enee Savage - OACCA E	xecutive Assistant			Amendment (Must Pro	.L ovide Explanation in Part 3.)
Ar	rea Code/Phone Number	E-mail				,
5	10.383.4801	RSavage@colise	eum.com		Date of Original Filing:	(month, day, year)
2. F	unction or Event Info	mation			70	00
D	oes the agency have a tic	ket policy? Yes	s⊠ No□ Fa	ce Value of	Each Ticket/Pass \$ 78.	
E	vent Description: A's vs C	rioles Provide Title/ Exp		ate(s)	<u>, 06 , 18 </u>	
Tí	icket(s)/Pass(es) provided	-		no:	Name of Source	
1.0	f= - 4: -1 - 4 -4: -4 -4:	6 46 - b - b - a 6	If s	, Lynette	McElhaney	
	las ticket distribution mad of agency official?	e at the beliest γe	s⊠ No∐ ")	, c.s	Official's Name (Last, First)	
	Recipients • Use Section A to identify the age A Name of Agency, Dep		• Use Section B to id Number of Ticker(e)/ Passos		dual. • Use Section C to idention of public purpose made pure	
•						
	B, Name of Inc.		Number of Ticket(6)/ Passes		identity one of the fo	llowing:
i	Pearson, Harold (SPAAT)			If chec	monial Role Other M king "Ceremonial Role" or "Other" desc a community activist for and	
_				Cerer	monial Role Other Sking "Ceremonial Role" or "Other" desc	Income inbe below:
	e Name of Outside: (Include address an		Number of Ticket(s)/ Passes	Déscribé (g public purpose made purs	
_		440			with .	
	erification have read and filders of the series of the ser				that the distribution set fo	
_	Signature of Agency Head or Designature		tte McElhaney Print Name		OACCA Commissioner	4/30/18 (month, day, year)

Comment: _

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: . 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 78.00 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: A's vs Astros Date(s) __05__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ It no: Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Name of Individual is (Last First) Identity one of the following Ceremonial Role Other X Income | Did Not Use If checking "Ceremonial Role" or "Other" describe below. 2 Tickets were not issued Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below Describe the public purpose made pursuant to the agency sipolicy Name of Cutaide Organization nolude address and description

4. Verification Library and and understand EPDC Regulations 18944 1 and 18942. Library verified that the distribution

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 reguirements.

Jantha Head of Designee)

Comment: _

Lynette McElhaney

OACCA Commissioner

4/30/18

Print Name

Tille

(month, day, year)

A Public Document

1.	Agency Name	14 Declar 1 Post 1 November 200 (200)	ocomo promo posmo com mano com porte de la companya		Date Stamp	California 202
	Oakland Alameda County C	Coliseum Authority				Form 002
	Division, Department, or Reg	ion (if applicable)		1 1 1/22		For Official Use Only
	Lynette Gibson McElhaney	, OACCA Commission	n			
	Designated Agency Contact	(Name, Title)		W. 52000		
	Renee Savage - OACCA Ex	xecutive Assistant			☐ Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			[_] Antenuncia (mast)	· POVICE Explanation In Face C./
	510.383.4801	RSavage@coliseur	m.com		Date of Original Filing:	(month, day, year)
2	Function or Event Infor	mation				, , , , , , , , , , , , , , , , , , , ,
Æ.,			- · · ·	Food Value of	Each Ticket/Pass \$ _3	12.50
	Does the agency have a tic					
	Event Description: Warriors		Game 4	Date(s)	/	
	Ticket(s)/Pass(es) provided	Provide Title/ Explai		If no:		
	Ticket(s)/Fass(es) provided	by agency: 1est			Name of Source	
	Was ticket distribution made	e at the behest Yes	No □	If yes: Lynette	McElhaney Official's Name (Last, First)	
	of agency official?	·			Oπiciai s ivame (Last, First)	
<u> </u>		akinooliin maali maagaa sa s	a de l'estre et l'emistraturat partir un maniformit	Names (1977) - 1- and 1		
3.	Recipients • Use Section A to identify the age		Has Eastian P to	identifican individ	hal A Tica Section C to iden	atify an autoide arganization
	- Ose Section A. to identify the ager	ncys department or unit.	Number	ondeniny an incivio	man. Ose section C to men	nny an ouiside organization.
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/	Cescribe in	e public purpose made pu	rauant to the agency a policy
			Passes			
			E Number			
	Bij Name of Ind		of Ticket(s). Passes		identify one of the	following:
	Did Not Lico			Ceren	nonial Role 🔲 Other [X Income 🗌
	Did Not Use		2		king "Ceremonial Role" or "Other" d N Series - game canc	
	,			vvairiors wo	ir selies - gaine cano	eleu
				Ceren	nonial Role 🔲 Other [Income [
				If checi	king "Ceremonial Role" or "Other" d	lescribe below:
	·					
	Name of Cutside C		Number of Tickers	Describerin	e vulbic purgose mage ol	reuent to the agency's policy
	include address an	d description)	of Ticket(s)/ Passes			
	ENGAGE					
	•					
<u>Kantiliyin</u>						
4.	Verification					
	I have read and understand FI	PPC Regulations 18944	l.1 and 18942	2. I have verified	that the distribution set	forth above, is in accordance
فعمود	with the requirements.					
r	Streeth fler Affe		McElhaney	/ Commission Bernarian	DACCA Commissione	NAME OF TAXABLE PARTY O
	Signature of Agency Head of Deerg	hee P	rint Name		Title	(month, day, year)
	Comment:	, ,				

A	m.,		:_	m -	<u> </u>		
\mathbf{A}	гu	υı	IG	Do	СU	H	2111

1.	Agency Name			***************************************		<u>algenet a response en en</u>	Date Stan	пр	California 🙎 🕽 🤊
	Oakland Alameda County C	Coliseum Auth	ority			-			Form 002
	Division, Department, or Reg	ion (if applicable)	/A-1/5					For Official Use Only
	Lynette Gibson McElhaney		nmissio	n					
	Designated Agency Contact	(Name, Title)		•					
	Renee Savage - OACCA E	Amendmen	t (Must Prov	ide Explanation in Part 3.)					
	Area Code/Phone Number	E-mail							
	510.383.4801	RSavage@	coliseur	n.com			Date of Original	l Filing:	(month, day, year)
2.	Function or Event Infor	mation							
	Does the agency have a tic	ket policy?	Yes 2	No □	Fac	e Value of	Each Ticket/Pa	ss \$ <u>78.0</u>	00
	Event Description: A's vs A	stros					<u>, 08 , 18</u>		
	Event Description	Provide 1	itle/ Explan	ation	Dati	z(s)	J	_	
	Ticket(s)/Pass(es) provided	by agency?	Yes 2	No□	If no);	Name of Source		6-4800HSS8222L-5-
		Name of Source McElhaney							
	Was ticket distribution made	e at the benes	Yes 2	⊴ No 🗆	пус	·S	e McElhaney Official's Name (La	st, First)	
	of agency official?							·	•
3.	Recipients	etteren metetet ja metete ja et ja ett i i i i i i i ja et ja ett i i i i i i i ja et ja ett i i i i i i i ja e		entropy of the state of the sta					
	• Use Section A to identify the age	ncy's department o	or unit. • 1	Use Section B	to ider	tify an indivi	dual. • Use Section •	C to identify	an outside organization.
	Δ Name of Agency/Dep			Number of Ticket(s)		Diservica 1	ha nuhla puronse n	nada nijeli	ent to the agency's policy
				Passes					
		,							
		,							
				Number					
	B. Name of inc	rei)		of Ticket(s Passes	JE		identity on	o of the fol	owing:
	Did Not Use		***************************************		2741: 054	Cere	monial Role 🔲	Other 🗵	Income 🔲
	Did Not Ose			2	_		cking "Ceremonial Role" of e not issued	r "Olher" descn	be below:
						101(0101101			. *
•							monial Role	Other \square	Income 🔲
						If che	cking "Ceremonial Role" o	r "Other" descn	be below:
								and or observe of the same in	ANNA 2021 I SHO DAN KOMMUNING DENGAN (DENGAN DEN DEN
	C Name of Outside (Drganization		Number of Ticketis	ji.	Describe t	he public purpose r	nade pursu	ant to the agency's policy
	(include address an	a description)		Passos					
	•								
						BOASHWA COLOR OF		A CONTRACTOR OF THE PERSON OF	
	,								
*****							<u>,</u>		
4.	Verification								the action of the East
	I have read and understand Fawith the requirendents	PPC Regulation	ıs 18944	.1 and 1894	2. I h	ave verified	ı tnat the distributi	on set fort	n above, is in accordance
	() William William	7	4 "	NA~5"!			040040	 a a i = =	4/00/40
acreide.	THE MILL	mso		McElhane	₹y		OACCA Comm	issioner	4/30/18 (month, day, year)
ومس د کم	The signature of Agency Peoples Design	,''') "	-	THE PROPERTY.			, Indo		terestard and towns
	Comment:	····				<u>-</u>			

Comment:

Cer	emonial Role Even	ts and Ticket/P	ass Distri	butions		A Public Documen
I. A	gency Name		Date Stamp	California 802		
0	akland Alameda County C	oliseum Authority			·	
Di	ivision, Department, or Regi	ion (if applicable)		For Official Use Only		
Ly	ynette Gibson McElhaney ,	, OACCA Commissio				
Do	esignated Agency Contact (Name, Title)		•		
R	enee Savage - OACCA Ex	cecutive Assistant	Amendment ////	t Provide Explanation in Part 3.)		
Āī	rea Code/Phone Number	E-mail			Manual Company	rrovide Explanditor in rait 6.7
5	10.383.4801	RSavage@coliseur	n.com		Date of Original Filing	i:(month, day, year)
2. F	unction or Event Infor	mation				70 00
D	oes the agency have a ticl	ket policy? Yes [Each Ticket/Pass \$.	70.00
E	vent Description: A's vs As	stros	, 09 , 18			
		Provide Title/ Explai	nation			
Ti	icket(s)/Pass(es) provided	by agency? Yes	☑ No 🗌 If	no:	Name of Source	
۱۸	Vas ticket distribution made	e at the behest. You !	RI No. TI If	yes: Lynette	McElhaney	
	of agency official?	. at the bonder 165 g		,	Official's Name (Last, Firs	/
mismoninaria			e transier van de transier van de gewonderlijke gewone de kommente gewonde de kommente de kommente gewonde de			
	Recipients • Use Section A to identify the agen	seve department or unit	Hee Section R to i	dentify an individ	hal • Use Section C to ide	entify an outside organization.
Ī			Number			
ļ	A. Name of Agency, Dape	(TIMEN 20 / UNIT	of Ticket(s)/ Passes	Zenzileki)	e jarralo zpriro sezina (1910	ursuant to the agency's policy
				1		
	, ,		!	1		
			Number			
İ	S) Name of Ind		OF IGRAIGI		i ildəniliy one ordi	e following:
	ADDITION OF THE PERSON OF THE		I I I I I I I I I I I I I I I I I I I	Coron	nonial Role 🔲 Other	X Income
	Did Not Use		2	II chec	king "Ceremonial Role" or "Other"	
				Tickets were	e not issued	
-				Ceren	nonial Role 🔲 Other	Income
				If chec.	king "Ceremonial Role" or "Other"	
	:					
•	Name of Dutside C	rganization	Number of Tipket(s)/	nescille	enuble aurose mater	ure uent to the legency's policy
	C. (include address and		P88605			
					,	
-						
						<u> </u>
4. V	/erification					
	have read and up@eretand Fl	2BC Regulations 18944	I.1 and 18942.	I have verified	that the distribution se	t forth above, is in accordan
	ifth the Requirements.					,
,	76 -47 W MIGH	Lynette	DACCA Commission	ner 4/30/18		

Print Name

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: RSavage@coliseum.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Championship Tour 09 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: _ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Name of individual lidentify one of the following Ceremonial Role McElhaney, Lynette If checking "Ceremonial Role" or "Other" describe below: 2 Reviewing the contribution of a facility or an event to the City's goals for fostering arts and culture opportunities for Ceremonial Role Olher 🗌 Income If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Name of Ourside Organization (include address and description) Describe the public purpose made pursuant to the agency's polic

Verification			
I have read and understand FPP Regul	ations 18944.1 and 18942. I have	verified that the distribution set forth at	ove, is in accordance
with the reduirements			-
The state of the s	Lynette McElhaney	OACCA Commissioner	5/30/18
Signature of Agency Head of Designee	Print Name	Tille	(month, day, year)
Comment:			

Agency Report of:

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	Ceremonia	I Role	Events	and	Ticket/Pass	Distributions

A Public Document

1.	Agency Name	***************************************		Date Stamp	California 802
	Oakland Alameda County Coliseum Authority			,	For Official Use Only
	Division, Department, or Region (if applicable)				
	Lynette Gibson McElhaney , OACCA Commission	on			
	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	11
	510.383.4801 RSavage@coliseu	m.com		Date of Originary lining	(month, day, year)
2.	Function or Event Information			·	
	Does the agency have a ticket policy? Yes	⊠ No 🗆	Face Value of	Each Ticket/Pass \$ 🗓	300.00
	Event Description: Pink Concert		Date(s)05		1 1
	Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided by agency? Yes	⊠ No 🗆	If no:	Alara of Oanaa	
	18/2 - field distribution made of the behalf of		If yes. Lynette	McElhaney	
	Was ticket distribution made at the behest Yes of agency official?	∆ No L	ii yes	McElhaney Official's Name (Last, First	()
	or agency official?			•	
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	ntify an outside organization.
	A Name of Agency/Department of Unit	Number of Ticket(s)		e public purpose made pi	urauant to the agency's policy:
		Passes	Tallett Carrier and a second s		
	- Control of the Cont				
	•		V		e.
	B. Name of Individual	Number of Ticket(s)		ldentify one of the	(fallówing:
	(Lest, Elist)	Passes			□
	Jones, Dwayne		If chec	nonial Role 🖃 Other king "Ceremonial Role" or "Other" (describe below:
		2			for his/her service to the
			City of Oakla	ariu nonial Role 🔲 💮 Other	Income F
				king "Ceremonial Role" or "Other" i	
			[
	Name of Outside Organization	Number			
	C: ((include address and description))	of Ticket(s) Passes	/ Describe (1	ie public purpose made p	ursuant to the agency's policy
		S ELIMONATION CONTROL			A CHILDREN SON SON SON SON SON SON SON SON SON SO
]			•
					0//-
4.	Verification				
	I have read and understand FPPC Regulations 1894	4.1 and 1894	2. I have verified	that the distribution set	forth above, is in accordance
	with the requirements.				
2-IN 14	Julia Je Sillian Lynette	e McElhane	ey _ (DACCA Commission	er 4/30/18
10	Signature of Agency Head of Designee F	Print Name		Title	(month, day, year)
	Comment:				
	COUNTRIES.				

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) 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 \$ 300.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Pink Concert Date(s) _____/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency a policy Name of Agency, Department or Unit Name of Individual dentity one of the following: Other X Ceremonial Role Wright, Darrick If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a community activist for his/her service to the City of Oakland Other Income 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number of Ticket(s)/ Passes Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's policy. 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requireme Lynette McElhanev OACCA Commissioner 4/30/18

Print Name

Comment: _

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 78.00 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: A's vs Mariners 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 Ceremonial Role Hayes-Smith, Susan 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 (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.

with the requirements.			7070, 10 117 110001 011110
	Lynette McElhaney	OACCA Commissioner	4/30/18
Signature of Agency Hear or Designee	Print Name	Title	(month, day, year)
Comment:	<u></u>		

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1.	Agency Name	•					Date St	amp	California 80	7
	Oakland Alameda County C		rity						Form OC For Official Use Only	4
	Division, Department, or Reg								To: Official Ose Offiy	ļ
	Lynette Gibson McElhaney	*	missior	1						
	Designated Agency Contact		4							Ī
	Renee Savage - OACCA E		ant				☐ Amendme	nt (Must Pro	ovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail					Data of Ociola	al Ellinas		1
	510,383,4801	RSavage@c	oliseum	n.com			Date of Origin	iai Filing:	(month, day, year)	
2.	Function or Event Infor	mation								
	Does the agency have a tic	ket policy?	Yes 🛚	No□	Fa	ace Value of I	Each Ticket/P	ass \$ <u>78.</u>	00	
	Event Description: A's vs M	lariners				ate(s)05/				
	Lvent bescription.	Provide Titi	le/ Explana	ation						
	Ticket(s)/Pass(es) provided	by agency?	Yes 🛚	No□	lf	no:	N			
	AAA- Aatok distribution mask			<u> </u>	l£.	vos: Lynette	Name of Source McElhaney	e		
	Was ticket distribution made of agency official?	at the penest	Yes 🔼	No□	11	yes: <u>Lynette</u>	Official's Name ((Last, First)	. •	
	or agency officials									
3.	Recipients							***************************************		***************************************
	 Use Section A to identify the ager 	ncy's department or	lentify an individ	ual, • Use Section	n C to identif	y an outside organization.				
	Δ. Name of Agency, Deb	artmentroptünit	8.46	Number of Ticket(8)	7 1	Describe th	e public purpose	made pure i	uant to the agency's polic	
				Passes				Total carried on the same		
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			iiikkiisisessist	Number	examp.					en/200013
	B. Name of Ind	(Vidual)		of Ticket(s)			identify o	ne of the fol	lowing:	
	(Last) Fi			Passes				- IVI		
	Hayes-Smith, Susan		ļ	2		If check	onial Role			
				2		Rewarding a City of Oakla		ectivist for	his/her service to the	€
				a	-		onial Role	Other 🔲	Income	一
					ĺ		ing "Ceremonial Role"	-		= L
									•	
	Name of Outside o	liganization		Number					iant (o the agency/e polic	
	include address an	idescription):		of Ticket(6) Passes		Describe		The designation of the same	Halle Oalle agency as trolls	

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4.	Verification									
	I have read and understand FI	PPC Regulations	18944.	1 and 1894	2. /	have verified t	hat the distribu	tion set for	th above, is in accorda	nce
سخير	with the requirements.									
	Truttab fer All has	<u> </u>		McElhane	у		ACCA Comr	nissioner	4/30/18	
	Signature of Agency Head or Design	nee	Prij	nt Name	-		Title		(month, day, yea	ir)
	Comment:	yen:								

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) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 78.00 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: A's vs Mariners 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. Describe the public purpose made purevant to the agency/a policy Name of Agency, Department or Unit identify one of the following Name of Individual Ceremonial Role Other 🗵 Hayes-Smith, Susan If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a community activist for his/her service to the City of Oakland Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below.

Name of Outside Organization Include address and description) Describe the public purpose made pursuant to the ago

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			ca	

I have read and understand FPPC Reg with the requirements.	ulations 18944.1 and 18942. I have	verified that the distribution set forth ab	ove, is in accordance
The the Williams	Lynette McElhaney	OACCA Commissioner	4/30/18
Signature of Agericy Head of Designee	Print Name	Title	(month, day, year)
Comment:			900000

A Public Document

1.	Agency Name		and Allenberts And School And School and Allenbert And All	and the second s	Date Stamp	California 802
	Oakland Alameda County C	· · · · · · · · · · · · · · · · · · ·				Form COZZ For Official Use Only
	Division, Department, or Regi					For Official Use Offix
	Lynette Gibson McElhaney		ion			
	Designated Agency Contact (•			***************************************	
	Renee Savage - OACCA Ex				Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510.383.4801	RSavage@colise	um.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$ ⁹	0.00
	Event Description: A's vs Di	iamondbacks			<u>, 25 , 18</u>	1 1
	Event Description.	Provide Tille/ Exp	lanation	atc(s)		
	Ticket(s)/Pass(es) provided	by agency? Yes	No ☐ If	no:	Name of Source	
	Was tisket distribution made	at the babant is		ves. Lynette	McElhaney Official's Name (Last, First)	
	Was ticket distribution made of agency official?	e at the benest Yes	[전 No L] "	y co	Official's Name (Last, First))
	or agency official:					
3.	Recipients		THE PROPERTY OF THE PROPERTY O			
	 Use Section A to identify the agen 	ncy's department or unit.	• Use Section B to i	dentify an individ	lual. • Use Section C to ider	ntify an outside organization.
	A Name of Agency, Dapa	ritment of Unit	Number of Ticket(s)	Describé th	u de public purpose made pu	repart to the agency/s policy
			Passes			
			Niniber		Nedescop (Peropet Peropet Peropet	
	B. Name of Intil	Vidual 8/	of Ticket(s)		ldeniity one of the	
			Passes	Coron	nonial Role 🔲 Other [
	Pearson, Harold (SPAAT)	•	2	If check	king "Ceremonial Role" or "Other" d	lescribe below:
	ı			Rewarding a City of Oakla		or his/her service to the
				1	nonial Role 🔲 Other [Income [
					king "Ceremonial Role" or "Other" d	lescribe below:
•						
	Name of Gutside C)rganization	Number of ticket(s)/	Describe th	e nublo burnose made n	ireusni to the agency's policy
	(include address and	i description)	Resees			

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4.	Verification					•
	I have read and understand FF	PPC Regulations 1894 الاحد	14.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
	with the requirements.					
	the tentille		te McElhaney Print Name	(OACCA Commissione	er 4/30/18 (month, day, year)
	Signature of Agency Head or Death	mac)	i mir isanig		THE	(monun, 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) 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 \$ 250.00 Does the agency have a ticket policy? Yes ☑ No □ Event Description: Paul Simon Concert Date(s) 05 / 25 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Name of Agency, Department or Unit Name of Individual. identify one of the following: Other 🗵 Ceremonial Role Nassoura, Ziad 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: Number of Ticket(s)/ Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's policy

4. Verification

	I have read and understand FPPC Rewith the requirements.	gulations 18944.1 and 18942. I have v	erified that the distribution set forth at	oove, is in accordance
, printing	The the Million	Lucatha Marillana	04004 0	4/00/40
		Lynette McElhaney	OACCA Commissioner	4/30/18
_ ₹	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	Date Stamp	California 802
Oakland Alameda County Coliseum Authority		Form UU2

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	Coliseum Authority		- VIII		
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Lynette Gibson McElhaney	, OACCA Commissi	on			
	Designated Agency Contact	(Name, Title)			1	
	Renee Savage - OACCA Ex	xecutive Assistant			Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				,
	510.383.4801	RSavage@coliseu	ım.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes	⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$ 90	0.00
	Event Description: A's vs D	iamondbacks	D	ate(s) 05	<u>, 26 , 18</u>	1 1
		Provide Title/ Expla	anation	, ,		- Commence - Commence
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No□ If	no:	Name of Source	
	Was ticket distribution made	at the heheet van	ren ⊾— 1f	ves Lynette	McElhaney Official's Name (Last, First)	
	of agency official?	e at the benest 168	四 NO口	,	Official's Name (Last, First)	
	or agency omoral:					
3.	Recipients					
	Use Section A to identify the ager	ncy's department or unit.	· Use Section B to i	dentify an individ	lual. • Use Section C to iden	tify an outside organization.
	Δ Name of Agency, Dep	artment or Unit	Number of Ticket(s)	Describe II	ja public purpose made pui	revent to the agency's policy
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	B. Name of Ind	Vidual .	of Ticket(s)/		Identify one of the	tòllowing);
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	Pearson, Harold (SPAAT)			If chec	nonial Role DOIher Diking "Ceremonial Role" or "Other" de	escribe below:
			2	Rewarding a City of Oakl		or his/her service to the
				1	nonial Role Other	Income
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	Name of Equality		Number			
	C. (include address an		of Ticket(s)/ Passes	Describe (ie public purpose made pu	rsuant to the agency's policy
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4.	Verification					
	I have read and understand Fl	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set f	forth above, is in accordance
	with the requirements	M				
,	Trustat Se SII	Lynet	te McElhaney	(OACCA Commissione	er 4/30/18
ţ	Signature of Agency Head of Desig	Charles Comments	Print Name	······································	Tifle	(month, day, year)
	Comment:	Sanger of Street				

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	Oakland Alameda County (Coliseum Author	rity			•	For	
	Division, Department, or Reg		1	For (Official Use Only			
	Lynette Gibson McElhaney	, OACCA Comi	missio	n				İ
	Designated Agency Contact							
	Renee Savage - OACCA E	xecutive Assista	ant			Amendment (Musi	t Brouids Evolur	ration in Bart 21
	Area Code/Phone Number	E-mail				Amendment (Musi	t Provide Explan	аноп іп Рап з.)
	510.383.4801	RSavage@cc	oliseun	n.com		Date of Original Filing	g:	lav. vear)
<u> </u>	Function or Event Info							
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	Does the agency have a tic		Yes [2	I No □				
	Event Description: A's vs D	Provide Tille	/Evalon	otion	Date(s)05	<u> </u>		
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	Hokot(a)/r ass(cs) provided	by agonoy:	103 12	NO EL		Name of Source		
	Was ticket distribution mad	e at the behest	Yes 2	¶ No □	If yes: Lynette	McElhaney Official's Name (Last, Firs	ştî	
	of agency official?					Official a Matthe (Eddi, 1 III	14	
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J.	Recipients • Use Section A to identify the age	ncy's denartment or i	unit. •1	Use Section B	to identify an individ	dual. • Use Section C to ide	entify an outsid	le organization.
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	B. Name of Inc	Iviane)		Number		laeniliy,cnexolili	72110001100011	
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(Signature of Agency Head or Design			McElhane	у	OACCA Commission	ier	5/30/18 (month, day, year)
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Comment: _

Ceremonial Role Eve	ins and neker	rass บเรแ	ทนเเกเล		A Public I	
. Agency Name		Date Stamp	Califor	nia 802 1		
Oakland Alameda County	•	 -	Control of the Contro	ficial Use Only		
Division, Department, or R		•				
Lynette Gibson McElhane	•]				
Designated Agency Conta	•		,			
Renee Savage - OACCA		Amendment (Must Provide Explanation in Part 3.)				
Area Code/Phone Number	E-mail					
510.383.4801	RSavage@colise	um.com		Date of Original Fill	ing:(month, day	y, year)
. Function or Event Inf	ormation	and the same facilities and a second second second second	Commence of the Commence of th		egi eta iliza da esta esta esta esta esta esta esta est	
Does the agency have a	ticket policy? Yes	s⊠ No □ F	ace Value of	Each Ticket/Pass	\$ <u>78.00</u>	// · · · · ·
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Event Description: A's vs	Provide Title/Exp	lanation	Jate(s)) <u> </u>		
Ticket(s)/Pass(es) provid			f no:			
				Name of Source		
Was ticket distribution ma	ade at the behest Yes	s⊠ No□ ¹	f yes: <u>Lynette</u>	McEinaney Official's Name (Last, F	Zienši	
of agency official?				Official's Name (Last, F	-11 St)	
	and the second s		Name of the state			
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	individue) Firsi)	of Ticket(s)/		(dentify one of	the following:	
		Passes			er 🛛	
Did not Use				monial Role Oth king "Ceremonial Role" or "Oth		Income
		2	Tickets were	e not issued		
				nonial Role Oth king "Ceremonial Role" or "Oth	ner 📙 ner" describe below:	Income
						reas plants and
Name of Outsid	ie Organization	of Ticket(s)/	Describe it	ne public purpose made	e pursuant to the e	gency's policy
		Passes				A DESCRIPTION
			 	75/100		
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4. Verification						
I have read and understand	FPPC Regulations 189	44.1 and 18942.	I have verified	that the distribution s	set forth above, i	s in accordan
with the regairements,	ul 1					
CALLE M	The same	tte McElhanev	1	OACCA Commissi	oner	5/30/18

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1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C					Form OUA For Official Use Only
	Division, Department, or Reg					Por Official Use Offly
	Lynette Gibson McElhaney		sion			
	Designated Agency Contact					
	Renee Savage - OACCA E				Amendment (Mus.	t Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510.383.4801	RSavage@colise	um.com		Date of Original Filing	g:(month, day, year)
2.	Function or Event Infor	rmation				
	Does the agency have a tic	ket policy? Yes	s⊠ No 🔲 F	ace Value of	Each Ticket/Pass \$	78.00
	Event Description: A's vs R				<u>, 29 , 18 </u>	
	Event Description.	Provide Title/ Exp	lanation			
	Ticket(s)/Pass(es) provided	by agency? Yes	s⊠ No 🗆 📗	f no:	Name of Source	
			,	Lvnette	Name of Source McElhanev	
	Was ticket distribution made	e at the behest Yes	s⊠ No□ '	r yes: <u>= 7 110 110</u>	McElhaney Official's Name (Last, Firs	70
	of agency official?				,	
3.	Recipients	and the second districts of the second secon				
	· Use Section A to identify the age	ncy's department or unit.	• Use Section B to	identify an individ	lual. • Use Section C to ide	entify an outside organization.
			Number			
	A, Name of Agency, Dep		of Ticket(6)/ Passes	U680//08/I	(e pud)ic-purpose: (Nade)	ursuant to the agency & policy
	THE RESERVE TO SERVE THE PROPERTY OF THE PROPE			0) 1434 mineral 1134 140-140-140-140-140-140-140-140-140-140-		
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	B, Name of Inc	ividual	Numaei olatioket(s)/		Identify one of the	e following:
	i de la companya de l		Passon			
	Did not Use				nonial Role 🔲 Olher	
			2	Tickets were	king "Ceremoniel Role" or "Other" 3 not issued	describe below:
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				l l	nonial Role D Other	
				If chec	king "Ceremonial Role" or "Other"	describe below:
	C. Name of Outside (Organization	Number of Ticket(s)	Describe th	ne public purpose made p	utsuant to the agency's policy
	Incinde address at		Passes Passes			
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sangas						
4.	Verification					•
	I have read and understand Fi	PPC Regulations 189	44.1 and 18942.	I have verified	that the distribution set	! forth above, is in accordance
	with the requirements	<i>{/</i> /				
(Truttap for All 1		tte McElhaney		OACCA Commission	
•	Signature of Agency Head or Design	mee	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 For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 78.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's vs Rays Date(s) __05__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⋈ No 🗆 Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes No [Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Describe the public purpose mede pursuant to the agency's polic Name of Agency/Department or Units Name of InclyIdual identify one of the following: of Ticket(s)/ Other 🗵 Ceremonial Role Income Did not Use If checking "Ceremonial Role" or "Other" describe below 2 Tickets were not issued Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (Include address and description) Describe the public purpose made pursuant to the agency's

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.

with the requirements.	Lynette McElhaney	OACCA Commissioner
Signature of Agency Head or Designee	Print Name	Tille

Comment:

4/30/18 (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 For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 78.00 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: A's vs Rays Date(s) __05 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 3. Recipients Use Section A to identify the agency's department or unit.
 Use Section B to identify an individual.
 Use Section C to identify an outside organization. Name of Agency, Department of Unit Name of Individual lidenthy one of the following Ceremonial Role Other X Income Did not Use If checking "Ceremonial Role" or "Other" describe below 2 Tickets were not issued Ceremonial Role Other ___ If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (Include address and description) Describe the public purpose made pursuant to the agency's policy

4.	ver	ITIC	atior	ì
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have read and understand FPPC Regula	tions 18944.1 and 18942. I have	verified that the distribution set forth ab	ove, is in accordance
The I Alfling	Lynette McElhaney	OACCA Commissioner	4/30/18
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** For Official Use Only Division, Department, or Region (if applicable) 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 Date of Original Filing: 510-272-6691 Leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 250.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Paul Simon Date(s) _ 5 25 / 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. 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 Income Income If checking "Ceremonial Role" or "Other" describe below:	
		Ceremonial Role Other Income 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	
Alameda County Fair Association 4501 Pleasanton Ave., Pleasanton CA 94566	2	To Reward a school or nonprofit organization for lts contributions to the community.	
Verification			

Lee Ann Fergerson Ticket Administrator 5/31/18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

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

with the requirements.

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 Designated Agency Contact (Name, Title) Donna Ziegler ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 05/30/2018 510-272-6700 donna.ziegler@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 200.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Kendrick Lamar Concert 05 09 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Name of Source If yes: Donna Ziegler 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 Office of the County Counsel To provide incentives to the City and County employees 2 who provide services to the Authority Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income | If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes**

4. Verification

Comment:

i nave read and understa	na FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth above,	is in accordance
with the requirements.				, , , , , , , , , , , , , , , , , , , ,	10 111 00001 001100

ALA	Donna Ziegler	County Counsel	05-30-2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California 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 \$ 250.00 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Paul Simon Date(s) __05 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other | Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

Comment: _

nave	ead and understand FPPC Regulation	s 18944.1 and 18942.	I have verified that the distribution set forth above,	is in accordance
with the	vrequirements.			
		OL 1 D 111		

	Chris Dobbins	OACCA Commissioner	4.30.18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 200.00 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: The Championship Tour Date(s) __05 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⋈ No 🗆 If no: _ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. 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 | Dobbins, Chris Income If checking "Ceremonial Role" or "Other" describe below: 2 to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other Income __ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

I have read and understa	nd FPPC Regulations 18944	l.1 and 18942. I have	e verified that the	distribution set forth	above is in accordance
with the requirements.					abovo, io iii accordance

	Chris Dobbins	OACCA Commissioner	4.30.18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: 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: Pink Concert Date(s) __05 19 , 18 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Dobbins, Chris Other If checking "Ceremonial Role" or "Other" describe below: 2 per to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: day 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: _

1	nave read and	a unaerstana FF	PC Regulations	18944.1 and	18942.	I have verified that	t the distribution	on set forth above	is in accordance
W	vith the require	ements.							io iii dooordarioo
1									

	Chris Dobbins	OACCA Commissioner	4.30.18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only 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: Pink Concert Date(s) __5__/ 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 A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. 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 per to investigate the efficiencies of operations of various sporting and other events at Coliseum Complex Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: day Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

Comment:

I have read and understand FPPC Regulations	18944.1 and 1894	2. I have verified that the	e distribution set forth above	e, is in accordance
with the requirements.				-,

	Ignacio De Fuente	OACCA Commissioner	04.30.18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only 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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: Paul Simon 5 Date(s) _ 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 Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X De La Fuente, Igancio If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of operations of various sporting and other events at Coliseum Complex Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

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.		I have verified that the distribution set forth above,	10 111 40007441100

vitir the regulernents.	Ignacio De Fuente	OACCA Commissioner	04.30.18
Signature of Agericy Head or Designee	Print Name	Title	(month, day, year)
Comment:			

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1.	Agency Name				Date Stamp	California OOO	
	Oakland Alameda County C	Coliseum Authority		Form 802			
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only			
	Ignacio De La Fuente, OAC	CA Commissioner					
	Designated Agency Contact	(Name, Title)					
					Amondment (M	11 5 1 5 15 15	
	Area Code/Phone Number	E-mail			. Must Pr	ovide Explanation in Part 3.)	
	510.383.4801	idelafuente2012@	gmail.com		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Information	mation				2-000	
	Does the agency have a tick	ket policy? Yes	⊠ No □ I	ace Value of	Each Ticket/Pass \$	20000	
	Event Description: Champic			Date(s)5	, 8 , 18		
	Event Description.	Provide Title/ Expl	anation	Jale(s)			
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □ I	f no:	Name of Source		
	W				Name of Source		
	Was ticket distribution made	e at the behest Yes	□ No⊠ ¹	f yes:	Official's Name (Last, First)		
	of agency official?						
3.	Recipients						
20.00	• Use Section A to identify the agen	cy's department or unit.	• Use Section B to	identify an individ	ual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Depa		Number of Ticket(s)/		e public purpose made purs		
			Passes				
				1			
	B. Name of Indiv		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
	De La Fuente,Igancio				onial Role Other X	Income _	
			2	If checking "Ceremonial Role" or "Other" describe below: to investigate the efficiencies of operations of various			
					other events at Colise		
				Cerem	onial Role Other	Income	
				If check	ing "Ceremonial Role" or "Other" desc	ribe below:	
	C Name of Outside Or		Number of Ticket(s)/	Describe the	e public purpose made purs	uant to the agency's policy	
	(include address and	description)	Passes			aunt to the agency o policy	
	Verification /						
	I have read and understand FPI	Regulations 1894	1.1 and 18942.	l have verified tl	hat the distribution set for	th above, is in accordance	
	with the requirements.	5				85%	
		Ignaci	o De Fuente	0	ACCA Commissioner	04.30.18	
	Signature of Agency Head or Designe		rint Name		Title	(month, day, year)	
	Comment						
./	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **OAKLAND/ALAMEDA COUNTYCOLISEUM AUTHORITY** Form For Official Use Only Division, Department, or Region (if applicable) **OACCA Commissioner** Designated Agency Contact (Name, Title) LEE ANN FERGERSON Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** E-mail Date of Original Filing: 510-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information OS Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ☑ No 🗆 Event Description: CHAMPIONSHIP TOUR - CONCERT Date(s) __5__/_ 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 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 В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Louden, Matt To promote attendance at a county sponsored 2 event in order to maximize potential county revenue for concession and parking sales. Ceremonial Role ___ Other L.J income i 1 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

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

Lee Ann Fergerson Ticket Administrator 5/2/18

Signature of Agercy Head or Disignee Print Name Title (month, day, year)

Comment:

FPPC Form 802 (2/2016)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 smckibben1@gmail.com (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: Paul Simon Date(s) __05 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 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 McKibben, Scott If checking "Ceremonial Role" or "Other" describe below: 4 to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other \square 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

4. Verification

I have read and understand F	PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, i	1. I
with the requirements A	To regulations 16944. Fand 16942. Thave verified that the distribution set forth above, i	is in accordanc
with the requirements.		

Scott McKibben
Signature of Agendy Head or Designee Print Name

OACCA Executive Director

04.30.18 (month, day, year)

Comment:

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1.	Agency Name					Date Stamp	California OOO	
	Oakland Alameda County C	Coliseum Author	rity				Form OUZ	
	Division, Department, or Reg		For Official Use Only					
	Scott McKibben, OACCA E	xecutive Directo						
	Designated Agency Contact	(Name, Title)						
	Area Code/Phone Number	E-mail				Amendment (Must Pro	vide Explanation in Part 3.)	
	510.383.4801	smckibben1@	namail	com		Date of Original Filing:		
			ggiriali	.60111			(month, day, year)	
2.	Function or Event Infor	mation						
	Does the agency have a tic	ket policy?	Yes 2	No □ I	Face Value of	Each Ticket/Pass \$ $\frac{300}{100}$	0.00	
	Event Description: PINK Co	ncert			Date(s)05		9 7	
	Eveni Description.	Provide Title	e/ Explan	ation	Jale(S)			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗵	No □ I	f no:	Name of Source		
					Scott M	Name of Source		
	Was ticket distribution made	e at the behest	Yes 🛚	No □ I	f yes: Scott M	Official's Name (Last, First)		
	of agency official?					omoid o Name (2001, 1 may		
3.	Desinients							
ა.	Recipients		!e . T	In Continu D 4	:1	1 . 11 6 4 0 11 46		
	Use Section A to identify the agent	ecy's department or t	init. • t		identify an individ	ual. • Use Section C to identify	y an outside organization.	
	A. Name of Agency, Depart	artment or Unit		Number of Ticket(s)/	Describe the	he public purpose made pursuant to the agency's policy		
				Passes				
					1			
	B. Name of Indi	vidual	J	Number of Ticket(s)/		Identify one of the following:		
	(Last, Fir	st)		Passes		ractiony one of the for	ownig.	
					Cerem	onial Role Other X	Income	
					If check	ing "Ceremonial Role" or "Other" descr	ibe below:	
					1			
					Cerem	onial Role Other	Income	
					If check	ing "Ceremonial Role" or "Other" descri	950 00000000000000000000000000000000000	
	Name of Outside O	rganization		Number				
	C. (include address and			of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy	
	Toylor Comily Coundation			. 43555	to promoto th	a Colingum Complay f	ar usa hu san sasl	
	Taylor Family Foundation 5555 Arroyo Road			4		ne Coliseum Complex fo usinesses to maximize i		
					pablic and be	domeste to maximize		
	Livermore, CA 94550							
		/						
4.	Verification							
/	I have read and understand FP	PC Regulations	18944.1	1 and 18942.	I have verified ti	hat the distribution set fort	h above, is in accordance	
	with the requirements!							
	X I I I I I I I I I I I I I I I I I I I		Scott N	/lcKibben	OA	CCA Executive Director	04.30.18	
	Signature of Agency Head of Design	ee	Prir	nt Name		Title	(month, day, year)	
	V' //							
	Comment:							

Δ	P	uhl	ic	Docu	mani	١
		uvi	10			L

1.	Agency Name			-	Date Stamp	California 802
	Oakland Alameda County C	coliseum Authority		Form OUZ		
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Scott McKibben, OACCA Ex	recutive Director				
	Designated Agency Contact (Name, Title)				
					Amondment (Mark Bro	id- F
	Area Code/Phone Number	E-mail			Amendment (wast Pro	vide Explanation in Part 3.)
	510.383.4801	smckibben1@gma	nil.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Information	mation				
	Does the agency have a tick	ket policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$ 300	0.00
	Event Description: PINK Co			Date(s)05		
	Ticket(s)/Pass(es) provided			f no:		
	(-) ===(==) p.01.000	ay againey. Too			Name of Source	
	Was ticket distribution made	at the behest Yes	⊠ No □ I	f yes: Scott M	CKIbben Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
3.	Recipients					
J.	• 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 organization
	A. Name of Agency, Depa	The second in th	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency'		
			Passes	Maria River		
			Number			
	B. Name of Indi (Last, Firs		of Ticket(s)/ Passes		Identify one of the foll	owing:
				•	onial Role Other X ing "Ceremonial Role" or "Other" descri	Income Income
	-				onial Role Other	Income
				If check	ing "Ceremonial Role" or "Other" descri	ibe below:
	Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe the	ne public purpose made pursuant to the agency's policy		
	Gratitude Network 349 Main Street		4		ne Coliseum Complex for usinesses to maximize r	
	Pleasanton, CA 94566					
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Verification I have lead and understand FPI with the requirements	Scott	.1 and 18942. McKibben		hat the distribution set fort	
	Signature of Agency Head or Designe	ee P	rint Name		Title	(month, day, year)
	Comment:					

Agency Report of:

0					Table 1 rest of
Ceremoniai	Kole	Events	and	Ticket/Pass	Distributions

A Public Document

A Fubile Documen		
Date Stamp California Q 0 2		
Form OUZ		
For Official Use Only		
Amendment (Must provide explanation in Part 3.)		
Date of Original Filing:(Month, Day, Year)		
(Monin, Day, Year)		
Face Value of Each Ticket/Pass \$300		
Date(s) 5,18,18 or 5,19,18		
If no:		
Name of Source		
If yes:		
Official's Name (Last, First)		
o identify an individual.		
Describe the public purpose made pursuant to the agency's policy		
#3		
if possible only		
Identify one of the following:		
Ceremonial Role Other Income I		
Ceremonial Role Other Income		
Describe the public purpose made pursuant to the agency's policy		
the distribution set forth above, is in accordance with the requirements.		

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 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: . chrisdobbinslaw@yahoo.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 500.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Maroon 5 Date(s) 06 / 1 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. 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 🗵 Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization 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 a	above, is in accordance
with the requirements.				

Mus DOBBLAS	Chris Dobbins	OACCA Executive Director	05.22.18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			