A Public Document Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp **Form** 1. Agency Name For Official Use Only Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: \_ (month, day, year) chrisdobbinslaw@yahoo.com 510.383.4801 Face Value of Each Ticket/Pass \$ see attached 2. Function or Event Information Does the agency have a ticket policy? Yes⊠ No□ Event Description: Warriors Season 2017-18 Date(s) \_\_\_ Provide Title/ Explanation Yes⊠ No□ If no: \_\_ Ticket(s)/Pass(es) provided by agency? Name of Source Was ticket distribution made at the behest Yes ☐ No ☐ If yes: \_ Official's Name (Last, First) of agency official? • 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 Number Name of Agency, Department or Unit of Ticket(s)/ Passes A. Identify one of the following: Number of Ticket(s)/ Name of Individual B. Passes Income (Last, First) Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income Other  $\square$ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy Number Name of Outside Organization of Ticket(s)/ (include address and description) Passes I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance 4. Verification with the requirements. OACCA Commissioner Chris Dobbins (month, day, year) Print Name Signature of Agency Head or Designee

### Warriors Games

### October 2017

### Chris Dobbins

**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) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: \_\_ (month, day, year) chrisdobbinslaw@yahoo.com 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 150.00 Does the agency have a ticket policy? Yes⊠ No□ Date(s) \_\_10\_\_/ Event Description: Enrique Iglesias Provide Title/Explanation If no: \_ 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? • 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. 3. Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. Passes (Last, First) Income Other X Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: to investigate efficiencies of operations of the various Dobbins, Chris 2 sporting and other events that occur at Coliseum Complex Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy Number Name of Outside Organization of Ticket(s)/ (include address and description) C. Passes I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance 4. Verification with the requirements. 10.4.17 **OACCA** Commissioner Chris Dobbins (month, day, year) Print Name Signature of Agency Head or Designee

gency Report of:	as Distribu	tions	A	Public Do	ocument
gency Report of: eremonial Role Events and Ticket/Pa	SS DISTIBU	LIONS	Date Stamp	Californi	a 802
Agency Name				101111	ial Use Only
Oakland Alameda County Coliseum Authority				For Onio	, and a second
Division, Department, or Region (if applicable)					
Chris Dobbins, OACCA Commissioner  Designated Agency Contact (Name, Title)					
Designated Agency Contact (Name, 1997)	12-10-7		Amendment (Mus	t Provide Explanatio	on in Part 3.)
Area Code/Phone Number E-mail			Date of Original Filing	g:	vear)
510.383.4801 chrisdobbinslaw@ya					
. Function or Event Information	<b>–</b> Foo	o Value of	Each Ticket/Pass \$	200.00	
Does the agency have a ticket policy? Yes	No □ Fac	e(s) 10	, 47	1	1
Arcade Fire	Dat	e(s)			
	ation ⊠ No □ If n	o:	Name of Source		
Ticket(s)/Pass(es) provided by agency? Yes					
Was ticket distribution made at the behest Yes	□ No⊠ <sup>If y</sup>	es:	Official's Name (Last, F	irst)	
of agency official?					
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or unit.</li> </ul>	· Use Section B to id	entify an indiv	vidual. • Use Section C to	identify an outside	organization.
	Maniper	Describe	the public purpose made	e pursuant to the	agency's policy
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe	100000		
		10			
				su fellewing:	
Name of Individual	Number of Ticket(s)/		Identify one o	f the following:	
B. (Last, First)	Passes	C	eremonial Role O	ther X	Income
Dobbins, Chris	2	If	checking "Ceremonial Role" or "C	ther" describe below: operations of t	he various
		sporting	gate efficiencies of cand other events that	t occur at Col	1004
			eromonial Role C	ther	Income
		If	checking "Ceremonial Role" or "C	other describe below.	
Name of Outside Organization	Number of Ticket(s)/	Descri	be the public purpose ma	ade pursuant to th	ne agency's policy
C. (include address and description)	Passes			Barrier Ewitch	
4. Verification			is a that the distribution	on set forth abo	ve, is in accordan
4. Verification  I have read and understand FPPC Regulations 18	3944.1 and 18942	2. I have ver	med that the distribute		32
with the requirements.			OACCA Commi		10.4.17
/ X / 1/	Chris Dobbins Print Name		Title		(month, day, year,
I Designoo	Fillit Mairie				
Signature of Agency Head or Designee					

Age	ency Report of: remonial Role Event	s and Ticket/Pas	s Distribu	itions		Public Do	cument
	Agency Name				Date Stamp	Form	802
1. F	Dakland Alameda County Co	oliseum Authority					al Use Only
-	Division, Department, or Regi	on (if applicable)				-	
L	or in Database OACCA Con	omissioner					
-	Chris Dobbins, OACCA Con	Name Title)					
	Designated Agency Contact (				Amendment (Must	t Provide Explanation	ı in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Filing	j:(month, day, )	voor!
	510.383.4801	chrisdobbinslaw@yal	hoo.com			(month, day, )	)
2.	<b>Function or Event Infor</b>	mation			F In Tinket/Page \$	00	
	Does the agency have a tic		No ☐ Fac	ce Value of	Each Ticket/Pass \$		
	Event Description: Family E	Bridges  Provide Title/ Explana	Da	te(s)10_	<u>, 14 , 17</u>		
	Ticket(s)/Pass(es) provided		No□ Ifr	10:	Name of Source		
		a at the hehest Vas [	I No 🖾 If )	res:	Official's Name (Last, Fir	rst)	
	Was ticket distribution mad of agency official?	e at the pencer Tes L	1 110 🖾		Official's Name (Edds, 1 ii		
3.	Recipients • Use Section A to identify the age	) 1toront or unit (	Ise Section B to id	entify an indiv	vidual. • Use Section C to i	dentify an outside o	organization.
	<ul> <li>Use Section A to identify the age</li> </ul>	ency's department of unit.	Number		the public purpose made	nursuant to the a	gency's policy
	A. Name of Agency, De	partment or Unit	of Ticket(s)/ Passes	Describe	the public purpose made	pursuant to the	
			Number			the following:	
	B. Name of I		of Ticket(s)/ Passes		Identify one of	ner 🛛	Income
	Dobbins, Chris		2	lf c	eremonial Role  Oth Checking "Ceremonial Role" or "Oth gate efficiencies of op and other events that	her" describe below:	e various
						her 🔲	Income
	Name of Outsic (include address	le Organization	Number of Ticket(s)/ Passes	Describ	pe the public purpose mad	de pursuant to the	agency's policy
	(include address		, 3000-				
	4. Verification  I have read and understand	d FPPC Regulations 1894	14.1 and 18942	. I have veri	ified that the distributior	n set forth above	, is in accordance
	with the requirements.				OACCA Commis		10.4.17
/			ris Dobbins		Title	-	(month, day, year)
	Signature of Agency Head or D	Designee	Print Name				
	Comment:						

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: \_ (month, day, year) chrisdobbinslaw@yahoo.com 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 250.00 Does the agency have a ticket policy? Yes⊠ No□ Date(s) \_\_10\_\_/ Event Description: Depeche Mode Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ If 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. Passes (Last, First) Income Other X Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Dobbins, Chris to investigate efficiencies of operations of the various 2 sporting and other events that occur at Coliseum Complex Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization 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. 10.4.17 **OACCA** Commissioner Chris Dobbins (month, day, year) Print Name Signature of Agency Head or Designee

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) 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: \_ (month, day, year) chrisdobbinslaw@yahoo.com 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$  $\frac{250.00}{}$ Does the agency have a ticket policy? Yes⊠ No□ Event Description: The Weekend Provide Title/ Explanation If no: . 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? • 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. Recipients 3. Describe the public purpose made pursuant to the agency's policy Number Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: of Ticket(s)/ Name of Individual B. Passes (Last, First) Income \_\_\_ Other X Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Dobbins, Chris to investigate efficiencies of operations of the various 2 sporting and other events that occur at Coliseum Complex Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy. Number Name of Outside Organization 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. 10.4.17 **OACCA** Commissioner Chris Dobbins (month, day, year) Print Name Signature of Agency Head or Designee

Agency Report of:

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) 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: \_ (month, day, year) chrisdobbinslaw@yahoo.com 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 150.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Scorpions 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. Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Identify one of the following: of Ticket(s)/ Name of Individual B. Passes (Last, First) Income Other X Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Dobbins, Chris to investigate efficiencies of operations of the various 2 sporting and other events that occur at Coliseum Complex Income Other \_ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy Number Name of Outside Organization 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. 10.4.17 **OACCA** Commissioner Chris Dobbins (month, day, year) Print Name Signature of Agency Head or Designee

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

**A Public Document** 

1.	Agency Name				Date Stamp	California 802	
	Oakland Alameda County C	oliseum Authority				TOIM OC	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Ignacio De La Fuente, OAC	CA Commissioner					
	Designated Agency Contact (	(Name, Title)					
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)	
	510.383.4801	idelafuente2012@	gmail.com		Date of Original Filing: _	(th-d	
-			J			(month, day, year)	
2.	Function or Event Infor					60	
	Does the agency have a tick		⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$		
	Event Description: Family B	ridges		Date(s)10	<u>, 14 , 17 </u>		
		Provide Title/ Expla	anation				
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □ I	f no:	Name of Source		
	Was ticket distribution made	at the hehest Voc		f yes:			
	of agency official?	at the beliest 168		. ,	Official's Name (Last, First)		
	er agency emolar.						
3.	Recipients						
	<ul> <li>Use Section A to identify the agen</li> </ul>	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	artment or Unit	Number of Ticket(s)/	Describe th	e public purpose made purs	uant to the agency's policy	
			Passes				
	-		+	<del> </del>			
			Number	Accessor and the second			
	B. Name of Indi (Last, Fire		of Ticket(s)/ Passes		Identify one of the following:		
	De La Fuente, Ignacio			Cerem	nonial Role Other X	Income	
	De La Facilité, igilació		2	If checking "Ceremonial Role" or "Other" describe below: to investigate efficiencies of operations of the various			
						r at Coliseum Complex	
				Cerem	nonial Role  Other	Income	
				If check	ring "Ceremonial Role" or "Other" desc	ribe below:	
				1			
	C. Name of Outside O	rganization	Number of Ticket(s)/	Describe the	uant to the agency's policy		
	(include address and	description)	Passes		o pasno parpodo mado paro	dunt to the agency o pency	
4.	Verification						
	I have read and understand FP with the requirements.	PC Regulations 18944	1.1 and 18942.	I have verified t	hat the distribution set for	th above, is in accordance	
			<b>.</b>	U 966			
	Sidneture of Agency Hold of Paris		De La Fuente		DACCA Commissioner	10.4.17	
	Signature of Agency Head or Design	ee F	rint Name		Title	(month, day, year)	
1	Comment:						

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) 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: -(month, day, year) idelafuente2012@gmail.com 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 150.00 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) \_\_10 Event Description: Scorpions Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. Passes (Last, First) Income Other X Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: De La Fuente, Ignacio to investigate efficiencies of operations of the various 2 sporting and other events that occur at Coliseum Complex Income Other \_ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization 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. 10.4.17 **OACCA** Commissioner Ignacio De La Fuente (month, day, year) Print Name Signature of Agency Head or Designee

Agency Report of:

Age	ency Report of: remonial Role Event	s and Ticket/Pa	ss Distrib	utions		ublic Document
	gency Name				Date Stamp	California 802
,	Dakland Alameda County Co	oliseum Authority				For Official Use Only
Ē	Division, Department, or Regi	on (if applicable)				
	gnacio De La Fuente, OAC					
Ē	Designated Agency Contact (	Name, Title)				
					Amendment (Must Provide	de Explanation in Part 3.)
7	Area Code/Phone Number	E-mail			Date of Original Filing:	
	510.383.4801	idelafuente2012@gr	nail.com		Carriera de la carriera del carriera de la carriera de la carriera del carriera de la carriera del la carriera de la carriera	(month, day, year)
	Function or Event Infor			Value of	Each Ticket/Pass \$ 250.	00
	Does the agency have a tic					***
	Event Description: The Wee	ekend  Provide Title/ Explana	Da	ate(s) <u>10</u>	<u>/ 08 / 17 </u>	
	Ticket(s)/Pass(es) provided			no:	Name of Source	
				yes:		
	Was ticket distribution made	e at the behest Yes	] No⊠ ''∶	yes	Official's Name (Last, First)	
	of agency official?					
3.	Recipients • Use Section A to identify the age		Ise Section B to ic	lentify an indiv	idual. • Use Section C to identify	an outside organization.
			Number		the public purpose made pursu	ant to the agency's policy
	A. Name of Agency, Dep	partment or Unit	of Ticket(s)/ Passes	Describe	the public purpose made pursu	
			Number		Identify one of the fol	lowing.
	B. Name of In		of Ticket(s)/ Passes			
		A, LW _ MUDI		Cer	remonial Role Other X hecking "Ceremonial Role" or "Other" desc	Income I
	De La Fuente, Ignacio		2	1 - immontion	oto officiencies of operati	Ons of the various
				sporting a	nd other events that occu	ir at Collseum Complex
				Ce If ci	remonial Role  Other L hecking "Ceremonial Role" or "Other" desc	Income  Cribe below:
			Number			
	Name of Outside	e Organization and description)	of Ticket(s)/	Describe	e the public purpose made purs	suant to the agency's policy
-						
4	. Verification  I have read and understand	EDDC Populations 1894	4 1 and 18942	. I have verifi	ed that the distribution set fo	orth above, is in accordance
	I have read and understand with the requirements.	I FO Negulations 1094		and the second s		
	Millian	Ignacio	De La Fuent	te	OACCA Commissione	r 10.4.17
	Signature of Agency Head or De		Print Name		Title	(month, day, year)
	alguardio di rigorioj ricon(e) a c	350				

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) 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 \$ 250.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Depeche Mode 10 / 10 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: of Ticket(s)/ В. (Last, First) Passes Other X Income Ceremonial Role De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of the various sporting and other events that occur at Coliseum Complex Other Income \_\_\_ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization 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. **OACCA Commissioner** 10.4.17 Ignacio De La Fuente (month, day, year) Title Print Name Signature of Agency Head or Designee

### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 150.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Enrique Iglesias Date(s) \_\_10\_\_/ 28 / 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 De La Fuente, Ignacio Income | If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of the 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 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 with the requirements.	Regulations 18944.1 and 18942	2. I have verified that the	distribution set forth above	is in accordance
with the requirements.				, io iii addordanod

	110	1
Signature of Agency	Head or De	signee

Ignacio De La Fuente

OACCA Commissioner

10.4.17

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 Finance Department, City of Oakland Designated Agency Contact (Name, Title) Katano Kasaine, Finance Director- JPA Member Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-2989 kkasaine@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: Weeknd Date(s) \_\_10 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy. Name of Agency, Department or Unit Number f Ticket(s)/ Passes Name of Individual (Last, First) Identify one of the following: Ceremonial Role Other \_ Kasaine, Katano If checking "Ceremonial Role" or "Other" describe below: 2 to provide incentives to City and County employees that provide Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below; Name of Outside Organization Include address and description Describe the public purpose made pursuant to the agency's policy 4. Verification

Katano Kasaine Finance Director 10/09/2017
Signature of Agency Head or Designee Print Name Title (month, day, year)

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.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland-Alameda County Collseum Authority Form For Official Use Only Division, Department, or Region (if applicable) Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-272-3862 countyadministrator@acgov.org (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: Golden State Warriors Basketball Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 🗆 Was ticket distribution made at the behest Yes I No M 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 Passos Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income Melanie Atendido If checking "Ceremonial Role" or "Other" describe below: 2/ea To Reward a County employee for his or her exemplary service to the public or to encourage staff development Ceremonial Role Other 🔲 Income If checking "Ceremonial Rolo" 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 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. MURANISH COUNTY ADMINISTRATOR Comment:

	gency Report of: e <u>remonial</u> Role Even	ts and Ticket/F	ass Dist	ributions	A	Public Document
	Agency Name  Oakland-Alameda County Coliseum Authority  Division, Department, or Region (if applicable)			Date Stamp	California 802 Form 801	
	Susan S. Muranishi, County Designated Agency Contact	Administrator, Alam	197			
	Area Code/Phone Number (510) 272-3862	E-mail countyadministrato	r@acgov.org		Amendment (Must F	Provide Explanation in Part 3.)  (month, day, year)
2.	Function or Event Information Poes the agency have a tick Event Description: The Weet Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?	ket policy? Yes [ ekend Concert Provide Tille/ Explai by agency? Yes [	nation I	Face Value of I Date(s) If no: If yes:	Name of Source	250°
3.	Recipients  • Use Section A to Identify the agent  A. Name of Agency, Depa	rtment or Unit	Use Section B to Number of Ticket(e)/ :Pagess	1		ilfy an outside organization. Suant to the agency's policy
	B. Name of indiv	viduāl	Number of Ticket(e)/	Mara:	Identify one of the f	oflowing:
	Nerissa Riray		2/ ea	To Reward a	onial Role Other X	Income L Action below: This or her exemplary
	, .			Ceremo	onial Role Other One Commonial Role or "Other" dos	Income
	C. Name of Outside On (Include address and	ganization description)	Number of Ticket(a)/ Passes	Describe the		uant to the agency's policy
<del>. 1</del>	Verification					
1	have read and understand FPF with the requirements.	<sup>2</sup> C Regulations 18944.	1 and 18942.			
ÿ	Signature birdency Head or Designation	Fra de Susani	5. MJG nt Namo	<u> 41/1541</u>	OUNTY ADMINIS	MAJOR 10 6 17 (month, day, year)
	Comment:					A ROLL CONTROL OF THE RESERVE OF THE

6	jency Report of: eremonial Role Even	ts and Ticl	cet/Pass D	Distributions		A Public Document		
	Agency Name		veli		Date Stamp	California 802		
*150	Oakland-Alameda County C	oliseum Autho	ority		_	For Official Use Only		
	Division, Department, or Reg	ion (If Applicable,	)					
	Suşan S. Muranishi, County	/ Administrator						
	Designated Agency Contact		1					
					Amendment (Must	provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail				56 		
	510-272-3862	countyadmir	Date of Original Filing	(Month, Day, Year)				
2.	Does the adelicy lieve a dover bounds. Les les 140 mil				of Each Ticket/Pass \$ .	305 53		
	Event Description Raiders Football Game Date(s)				0 , 8 , 17			
	Event Description	Provide Title/Expl	anation					
	Ticket(s)/Pass(es) provided b	Yes 🗵 No 🛚	lf no:	Name of S	Source			
	Was ticket distribution made at the behest No 🗵 of agency official?			If yes:Official's Name (Last, First)				
3.	Recipients							
	<ul> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section B to identify an individ</li> </ul>				dual. • Use Section C to Id	enthry an outside organization.		
	A. Name of Agency, Departn	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursus	nnt to the agency's policy		
	B. Name of Individ	ual .	Number of Ticket(s)/ Pass(es)		identify one of the following:			
				Ceremonial Role	Role Other M In			
	Nancy O'Malley		2	If checking "Ceren	If the cking "Ceremonial Role" or "Other" describe below: reward a County employee for his or her exemplary servi			
				the public or to e	ncourage staff develo	pment		
			20.	Ceremonial Role		Income		
	ş •		,					
	C. Name of Outside Org	janization lescription)	Number of Ticket(s)/ Pase(es)	Describe the p	Describe the public purpose made pursuant to the agency's policy			
				1				

Susan S. Muranishi County Administrator

Signatura of Agansi Hoad or Designee

Title

(Month, Day, Year)

	Name and Address of the Owner, where		No. of London	
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A	gency Report of							
	Perhodial Role Event	ts and Ticl	ket/Pass	Distributions		A Public Document		
1.	Agency Name Authority Oakland-Alameda County C				Date Stamp	California 802		
	Oakland-Alameda County C	oliseum Autho	ority			roim		
	Division, Department, or Regi					For Official Use Only		
	Susan S. Muranishi, County	Administrator						
	Designated Agency Contact (		77 (10)(11)					
		<i>8</i>						
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)		
	510-272-3862	countyadmin	istrator@ac	gov.org	Date of Original Filing: .	(Month, Day, Year)		
2.	Function or Event Inform		2_34/250			The state of the s		
	Does the agency have a ticker		Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	307 5		
	Event Description Golden Str	ate Warriors B	lasketball	Date(s) 10	, 25 , 17			
	Event Description	Provide Title/Expl	anation	dilicion (Jaks (3)				
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	lf no:	Name of Sou	(PA)		
	IAI al la Barbe Caracada a	l III b . b . a .						
	Was ticket distribution made a of agency official?	it the benest	No ☑ Yes	lf yes:	Official's Name (L	ast, First)		
2	Recipients							
ų,	Use Section A to identify the agency	y's department or i	unit. • Use Sec	tion B to identify an individu	ial. • Use Section C to Ident	ify an outside organization.		
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	1.000		
	6							
	B. Namo of Individual	40	Number of Ticket(s)/ Pass(es)		identify one of the following:			
				Ceremonial Role	Other 🗵	Income 🔲		
	Nerissa Riray		2		ial Rolo" or "Other" describe below: employee for his or h	er exemplary service to		
					ourage staff developm			
				Ceremonial Role	Other 🔲	Income 🔲		
				If checking "Ceremon	lal Role" or "Other" describe below:			
	C Name of Outside Organ	ization	Number of			As the assessment matter?		
	C. Name of Outside Organ (Include address and des	cription)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to me agency's policy		
		Kall III.						
	**							
4.	Verification		¥					
	I have road and understand FPPC Regu	1				th the requirements.		
	Spran Jouran	Patrician Control of the Control of	Susan S. Mu		County Administrator	Marth Bar Ves A		
	Signature of Agency Head or Designes		Print Nam	00	Title	(Month, Day, Year)		

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

**Ceremonial Role Events and Ticket/Pass Distributions** A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Finance Department, City of Oakland Designated Agency Contact (Name, Title) Katano Kasaine, Finance Director- JPA Member Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** kkasaine@oaklandnet.com 510-238-2989 (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: Enrique Iglesias & Pitbull 10 28 / Date(s). Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: Name of Source Was ticket distribution made at the behest Yes ☐ No ☐ If yes: Official's Name (Last, First) of agency official? Recipients \* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Name of Agency, Department or Unit Number of Ticket(s)/ Passes Name of Individual Identify one of the following: (Last, First) Ceremonial Role Other 🔲 Kasaine, Katano If checking "Ceremonial Role" or "Olher" describe below: 2 to provide incentives to City and County employees that provide Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Number of Ticket(s)/ Passes Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements, 10/09/2017 **Finance Director** Katano Kasaine (month, day, year) nature of Agency Head or Designee Print Name Title

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Finance Department, City of Oakland Designated Agency Contact (Name, Title) Katano Kasaine, Finance Director- JPA Member Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-2989 kkasaine@oaklandnet.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ Event Description: Weeknd Date(s) \_\_10\_/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ Was ticket distribution made at the behest Yes  $\square$  No  $\square$ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Number of Ticket(s)/ Passes Name of Individual Identify one of the following: (Last, First) Kasaine, Katano Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 2 to provide incentives to City and County employees that provide Ceremonial Role Other Income \_ If checking "Ceremonial Role" or "Other" describe below: 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 FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Katano Kasaine Finance Director 10/09/2017 Print Name (month, day, year) Comment:

Agency Report of:

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

<u>C</u>	<u>eremonial Role Even</u>	ts and Tic	ket/P	ass Distr	ibutions		A Public I	Document
1.	Agency Name	***************************************				Date Stamp	Califor	nia ono
	Oakland Alameda County C			Form	<sup>na</sup> 802			
	Division, Department, or Reg	ion (if applicable	e)				For Off	icial Use Only
	Finance Department, City of	f Oakland						
	Designated Agency Contact	(Name, Title)					İ	
	Katano Kasaine, Finance D	irector- JPA N	/lember		÷			
	Area Code/Phone Number	E-mail		****		.   Amendment (M	ust Provide Explanati	on in Part 3.)
	510-238-2989	kkasaine@d	oakland	net.com		Date of Original Fili	ng:(month, day,	year)
2.	Function or Event Infor	mation						1 - 169
	Does the agency have a tick	ket policy?	Yes [	□ No□ F	ace Value of	Each Ticket/Pass \$	b	00
	Event Description: Disney o	n Ice				, 23 , 17		
	Ticket(s)/Pass(es) provided		itle/ Explai		f max			
	Ticket(s)/Fass(es) provided	by agency?	Yes L	□ No□ I	f no:	Name of Source		
	Was ticket distribution made	at the behes	t Yes[	⊒ No∏ ¹	f yes:	Official's Name (Last, F		
	of agency official?		_			Official's Name (Last, F	irst)	
3.	Recipients							
	Use Section A to identify the agen	cy's department o	runit. •	****	identify an individ	ual. • Use Section C to i	dentify an outside o	rganization.
	Δ. Name of Agency, Depa	rtment or Unit		Number dof Ticket(s)/	Describe th	e public purpose made	pursuant to the ac	ency's policy
		化化物的 可是在这种一种的是一种种的。	HTLESS II	Passes				
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	B. Name of Indi			Number of Ticket(s)/		Identify one of t	he following:	
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	Kasaine, Katano					onial Role  Othe ing "Ceremonial Role" or "Othe	er 🔲	Income 🔲
				4		centives to City an		yees that
						<b>—</b>	<u> </u>	
						onial Role	er 🔲 er" describe helow:	Income
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	C, Name of Outside Or (include address and			of Ticket(s)/ Passes	Describe the	public purpose made	· 据 [4] 《 [4] " [4] 《 [4] " [	A PARTY OF THE STATE OF THE STA
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<b>.</b>	Verification						Water the second se	
	I have read and understand FPI	PC Regulations	s 18944.	1 and 18942. I	have verified th	nat the distribution se	et forth above, is	in accordance
	with the requirements							
	Jahr Jun		1984	o Kasaine		Finance Director		11/08/17
	Signature of Agency Head or Designa	30	Pri	nt Name		Title	, (m	onth, day, year)
	Comment:						White was	

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 Finance Department, City of Oakland Designated Agency Contact (Name, Title) Katano Kasaine, Finance Director- JPA Member ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-2989 kkasaine@oaklandnet.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ☐ No ☐ Event Description: GSW v Raptors Date(s) 10 / 25 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: Name of Source Was ticket distribution made at the behest Yes ☐ No ☐ If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Ceremonial Role Kasaine, Katano Other Income If checking "Ceremonial Role" or "Other" describe below: 2 to provide incentives to City and County employees that 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. Katano Kasaine Finance Director 11/08/17 Signature of Agency Head or Designee Print Name Title (month, day, year)

Agency Report of:

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 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? 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)/ A. **Passes** Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Other X Income Ceremonial Role Rex, Diana If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Income  $\square$ 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. Sabrina B. Landreth City Administrator 10/ /2017 (month, day, year)

Print Name

Signature of Agency Head or Designee

Comment: \_

Title

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@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: Scorpions 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 B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Other X Ceremonial Role Gutierrez, Hugo Income 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 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. Sabrina B. Landreth City Administrator Signature of Agency Head or Designee Print Name

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Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@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: Raiders 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 Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Income Lind, Rebecca If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other  $\square$ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator 10/ //2017 Signature of Agency Head or Designee Print Name (month, day, year)

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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 slandreth@oaklandnet.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: The Weekend 10 Date(s) \_ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: \_ Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Landreth, Sabrina Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Dobson, Troy Ceremonial Role Other X Income | 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 C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Sabrina B. Landreth City Administrator Signature of Agency Head or Designee Print Name Comment:

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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 slandreth@oaklandnet.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: Depeche Mode Date(s) \_\_10 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: Landreth, Sabrina Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Colon, Justine Ceremonial Role Other X Income 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 C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator Signature of Agency Head or Designee Print Name

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) 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: -(month, day, year) slandreth@oaklandnet.com 510-238-3301 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 10 / 13 / Event Description: Warriors Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ☑ No ☐ 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 of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) Passes Income Other X Ceremonial Role **UNABLE TO USE** If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provides 2 services to the Authority. Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization 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. 10/ 1/2017 City Administrator Sabrina B. Landreth (month, day, year) Title Print Name Signature of Agency Head or Designee

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 slandreth@oaklandnet.com Date of Original Filing: \_ (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes⊠ No□ Face Value of Each Ticket/Pass \$ . Event Description: Family Bridges Date(s) \_\_10\_\_/ 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: Landreth, Sabrina Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes **UNABLE TO USE** Ceremonial Role Other X Income | 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 C. Describe the public purpose made pursuant to the agency's policy (include address and description) of Ticket(s)/ 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

Print Name

Signature of Agency Head or Designee

Comment:

Title

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 slandreth@oaklandnet.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: Raiders 10 Date(s) \_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: \_ Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Landreth, Sabrina Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Wong-Robels, Cookie Ceremonial Role Other X Income 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 C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator Signature of Agency Head or Designee Print Name Comment: \_\_

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@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 Date(s) \_\_10\_\_/ 17 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Income Ceremonial Role Other X Duesberg, Nicki 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 C. of Ticket(s)/ (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sabrina B. Landreth

Print Name

Signature of Agency Head or Designee

Comment:

City Administrator

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

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1. Agency Name				Date Stamp	California OOO	
	Oakland Alameda County Coliseum Authority					Form 8UZ
	Division, Department, or Region (if applicable)				1	For Official Use Only
	Office of the City Administrator					
	Designated Agency Contact (Name, Title)					
	Sabrina B. Landreth, City Administrator			Amondmont (14-15	uide Funienette : D. 101	
	Area Code/Phone Number	E-mail			Amendment (Must Pro	vide Explanation in Part 3.)
	510-238-3301	slandreth@oakla	andnet.com	_	Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				0.555
	Does the agency have a ticl	ket policy? Ye	s⊠ No□ F	ace Value of I	Each Ticket/Pass \$	30500
	Event Description: Raiders			Date(s)10/	, 19 , 17	
	Event Description,	Provide Title/Ex	———— L planation	Jale(s)/		
	Ticket(s)/Pass(es) provided	by agency? Ye	s⊠ No□ I	f no:		
	M. P. L. L. P. 4. T. P			Landreti	Name of Source h Sabrina	
	Was ticket distribution made	e at the benest Ye	s⊠ No□ ¹	f yes: Landreti	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
	<ul> <li>Use Section A to identify the agen</li> </ul>	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 PLENT OF THE	Number of Ticket(s)/	(E158-54-5)	e public purpose made pursu	
			Passes			1000 1000 10 10
	0.00					
	B. Name of Indi (Last, First		Number of Ticket(s)/ Passes		Identify one of the foll	lowing:
	Shannon, Sylvia				onial Role Other X	Income
			2	To provide in	ing "Ceremonial Role" or "Other" descri acentives to City employ	ibe below: vees that provides
	7			services to the		
					onial Role Other	Income
				If checki	ing "Ceremonial Role" or "Other" descri	be 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		X S S	
						···
	Verification					
	I have read and understand FPI	PC Regulations 189	44.1 and 18942.	I have verified th	hat the distribution set forti	h above, is in accordance
ļ	with the requirements.					
	8		na B. Landreth		City Administrator	10///2017
	Signature of Agency Head or Designe	ee	Print Name		Title	(month, day, year)
	Comment:					

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 slandreth@oaklandnet.com Date of Original Filing: . (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ Event Description: Disney on Ice Date(s) \_\_10\_\_/ 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: Landreth, Sabrina Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Astrera, Erwin Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: 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 C. Describe the public purpose made pursuant to the agency's policy (include address and description) of Ticket(s)/ 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 Signature of Agency Head or Designee Print Name

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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-3301 Date of Original Filing: slandreth@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: Disney on Ice Date(s) \_\_10\_\_/ 20 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: \_ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Mach, Jimmy Other X Income If checking "Ceremonial Role" or "Other" describe below: 4 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 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. Sabrina B. Landreth City Administrator

Print Name

Signature of Agency Head or Designee

Comment:

(month, day, year)

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4. V		tion

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

Signature of Agency Head or Designee

Sabrina B. Landreth

City Administrator

10/ | /2017

Print Name

(month, day, year)

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 Area Code/Phone Number Amendment (Must Provide Explanation in Part 3.) E-mail 510-238-3301 slandreth@oaklandnet.com Date of Original Filing: \_ (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ . Yes ⊠ No □ Event Description: Warriors Date(s) 10 / 27 / 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: Landreth, Sabrina of agency official? Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Kong- Brown, Barbara Ceremonial Role Other X Income 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: Name of Outside Organization Number C. Describe the public purpose made pursuant to the agency's policy (include address and description) of Ticket(s)/ Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance Sabrina B. Landreth City Administrator Signature of Agency Head or Designee Print Name Title

Agency Report of:

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 slandreth@oaklandnet.com Date of Original Filing: \_ (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes⊠ No□ Face Value of Each Ticket/Pass \$ . Event Description: Enrique Iglesias Date(s) \_ 10 / 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: Landreth, Sabrina Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Pietras, Antoinette Ceremonial Role Other X Income 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 C. Describe the public purpose made pursuant to the agency's policy (include address and description) of Ticket(s)/ 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:

10/ 1/2017

(month, day, year)

City Administrator

Title

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Print Name

Comment:

(month, day, year)

Title

-						A Public Documen
1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	Coliseum Aut	hority			Form OUZ
	Division, Department, or Reg	ion (If Applicab	ole)		-	For Official Use Only
	Barbara J. Parker, City Atto	rnev/OAACA	Official			
	Designated Agency Contact	955	Comolai			
	ggy	(1141110)				
6	A 0 1 /DI	I			Amendment (Must pr	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	4 P 14 PD 10			Fig. 1 (1990) Hallestein Fakti
	(510) 238-3815		aklandcityatt	orney.org	Date of Original Filing: _	(Month, Day, Year)
	Function or Event Inform					
j	Does the agency have a ticker	t policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	250.00
i	Event Description The Week	nd		Dato(s) 10	0817	f. 9
		Provide Title/Exp	olanation	Date(s)		
1	Ticket(s)/Pass(es) provided by	v agency?	Yes 🛛 No	□ If no:	Name of Sou	
			100 [2] 110		Name of Sou	rce
1	Was ticket distribution made a	t the behest	No 🛛 Yes	☐ If yes:		
	of agency official?				Official's Name (La	ast, First)
	Recipients					
- 1	<ul> <li>Use Section A to identify the agency</li> </ul>	r's department or		ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
_						
			Novebox of			
E	Name of Individual (Lest, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
F	Early, Shavonda			Ceremonial Role	- NESCONO -	Income
	-arry, oriavorida		2	l	Role" or "Other" describe below:	
				services to the Author	es to City and County e ority	employees that provide
				Ceremonial Role	Other I	Income
				I checking Ceremonia	r Kole di Other describe below:	
	Name of Outside Organiz	zation	Number of			
	(include address and desc	ription)	Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to	the agency's policy
\/	'orification					
	Verification	tions 18944 1 and	18942   have var	iffed that the distribution set 5	th shows in its account.	
	Verification nave read and understand FRPC Regulat					
			18942. I have ver Barbara J. P	arker City A	th above, is in accordance with t Attorney/OAACA Offici	

1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	oliseum Auth	ority			For Official Use Only
	Division, Department, or Reg	ion (If Applicable	e)			
	Barbara J. Parker, City Atto		Official			
	Designated Agency Contact (	Name, Title)				
					☐ Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 238-3815	bparker@oa	aklandcityatto	rney.org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform	mation				250.00
	Does the agency have a ticke	t policy?	Yes 🗵 No		of Each Ticket/Pass\$.	
	Event Description Depeche I	Mode		Dato(s) 1	0 , 10 , 17	
	Event Description	Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided b	y agency?	Yes⊠ No	If no:	Name of S	ource
	Was ticket distribution made a	at the behest	No <b>☒</b> Yes	If ves:	Official's Name	
	of agency official?				Official's Name	(Last, First)
3.	Recipients					
-	Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
	B. Name of Individual	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
	Roe, Adrian		2	CONTRACTOR AND	onial Role" or "Other" describe below ves to City and Count	Income U y employees that provide
	-			Ceremonial Role	Other Donial Role" or "Other" describe below	Income _
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
	(include address and des		Ticket(s)/	Describe the pu	blic purpose made pursua	nt to the agency's policy
4.		scription)	Ticket(s)/ Pass(es)			
4.	Verification	scription)	Ticket(s)/ Pass(es)	erified that the distribution set		vith the requirements.

-						
1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	Coliseum Autl	hority			Form OUZ
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
	Barbara J. Parker, City Atto	rnev/OAACA	Official			
	Designated Agency Contact		Omolai		-	
		Ø Ø				
	Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)
	(510) 238-3815		aklandcityatt	ornov ora	Date of Original Filing:	
2	A Seast House of Province the Assessment of the Seast		anianuchyan	orney.org	Date of Original Filing: .	(Month, Day, Year)
۷.	Function or Event Information of the agency have a ticke			D Face Vieles	15-1-T-1-11D	60.00
	Does the agency have a ticke		Yes⊠ No	-	f Each Ticket/Pass \$	
	Event Description Family Brid	dges - Sam F	tui	Date(s)10	<u>, 14 , 17 </u>	
		Provide Tille/Exp	olanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	☐ If no:	Name of Sou	irce
	Was ticket distribution made a	t the behest	No <b>☒</b> Yes			
	of agency official?	it the bolloot	No 🔼 res	ы if yes:	Official's Name (L	ast, First)
3	Recipients					
	Use Section A to identify the agency	r's department or	unit. • Use See	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme		Number of		lic purpose made pursuant	
			Ticket(s)/ Pass(es)	passing the publ	no parpose made parsuant	to the agency's policy
			3			
9						
	B. Name of Individua		Number of			
	(Lest, First)		Ticket(s)/ Pass(es)		Identify one of the following	1 <b>g</b> :
	Yuen, Alan			Ceremonial Role		Income
	ruen, Alan		2	673 Access (2000)	al Role" or "Other" describe below	ompleve ee thete was date
				services to the Auth	ority	employees that provide
				Ceremonial Role	Other	Income
				400 17 TWO WAY	al Role" or "Other" describe below:	посте Ц
(	Name of Outside Organiz		Number of Ticket(s)/	Describe the publi	ic purpose made pursuant t	o the agency's policy
_			Pass(es)			经的现在形式当时期
-						
	52					
-						
	Verification	tions 19044 1 and	10042	SEA III A III E	ar superior a superior construction of	
L	have read and understand FPPC Regula					
ť	Signature of Agents Hood or Day		Barbara J. F		Attorney/OAACA Office	ial 10/31/2017
	Signature of Agency Head or Designee		Print Name	3	Title	(Month. Day, Year)
(	`omment:					

-						A Public D	ocumen
1.	Agency Name				Date Stamp	California	000
	Oakland-Alameda County (					Form	802
	Division, Department, or Reg	jion (If Applical	ble)			For Official I	Jse Only
	Barbara J. Parker, City Atto	rnev/OAAC/	A Official				
	Designated Agency Contact		- Official				
	game, container	(rvamo, rido)					
	A 0 1 (D)	T-			Amendment (Must pro	avida avalanski - i-	D- ( 2 )
	Area Code/Phone Number	E-mail			1		
	(510) 238-3815		aklandcityati	torney.org	Date of Original Filing: _	(Month, Day, Year	r)
2.	Function or Event Infor					, , , ,	/
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$		150.00
	Event Description Enrique Ig	lesias and P	it Bull				
	Event Besonption	Provide Title/Exp	planation	Date(s)			/
	Ticket(s)/Pass(es) provided by	/ agency?	Yes ⊠ No	□ If no:			
			Yes 🛛 No	11110	Name of Sour	rce	
	Was ticket distribution made a	t the behest	No <b>☒</b> Yes	☐ If yes:			
	of agency official?			, 00	Official's Name (La	st, First)	
	Recipients						
9	Use Section A to identify the agency	's department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to identif	y an outside organi	zation.
	A. Name of Agency, Departmen		Number of Ticket(s)/ Pass(es)		ic purpose made pursuant to		The State of the S
-							
	Name of Individual (Lest, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	g:	
	Garrahan, Michael			Ceremonial Role			Income
	order of the property of the second of the		2	20-2	Role" or "Other" describe below	and an analysis of the same of	
				services to the Author	s to City and County er ority	mployees that	provide
				Ceremonial Role  If checking "Ceremonial	Other Role" or "Other" describe below:		Income
V							
C	Name of Outside Organiz (include address and descr	ation iption)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's polic	су
_							
V	erification						
	ave read and understand FPPC Regulation	ons 18944.1 and	18942. I have veri	fied that the distribution set forth	above, is in accordance with the	e requirements.	
	Tart She		Barbara J. Pa		ttorney/OAACA Officia		2017
	Signature of Agency Head or Designee		Print Name		Title	(Month, Da	
C	omment:						STANCE TO A STANCE
V	2010115111						

1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	oliseum Auth	ority			Form For Official Use Only
1	Division, Department, or Regi	on (If Applicable	)			7 of Stillold GGG Striy
	Barbara J. Parker, City Attor	ney/OAACA	Official			
	Designated Agency Contact (				1	
						Land and a Port 2 l
T S	Area Code/Phone Number	E-mail			Amenament (Must p.	rovide explanation in Part 3.)
	(510) 238-3815	bparker@oa	klandcityatto	rney.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				204.90
	Does the agency have a ticke		Yes⊠ No.	Face Value o	of Each Ticket/Pass \$ _	304.80
	Event Description Warriors v		Kings	Date(s)10	0 , 13 , 17	
	Ticket(s)/Pass(es) provided by	70	Yes 🛛 No l	☐ If no:	Name of So	urce
	NA C. L. A. distribution made s	at the behost	N 157 V1			
	Was ticket distribution made a of agency official?	at the benest	No ☑ Yes	☐ If yes:	Official's Name (	Last, First)
2	Recipients					
ა.	Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		blic purpose made pursuant	
	B. Name of Individual (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Ceremonial Role		Income
	Millner, Dianne		2		nial Role" or "Other" describe below: ves to City and County thority	employees that provide
					Other Inial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and dec		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	Verification I have read and understand FPPC Regu		68		(c. d. 16 5.7.	ith the requirements
4.	I have and and understand EDDC Dogs	ulations 18944 1 an	d 18942. I have ve	eritied that the distribution set	torth above, is in accordance w	ritri trie requirements.
4.	I have read and understand FFFC Region	Jidiions 10044.1 dii	Barbara J.		ty Attorney/OAACA Of	

4						A Public Docume
1.	Agency Name				Date Stamp	California On
	Oakland-Alameda County C					California 802
	Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only
	Barbara J. Parker, City Atto	rnov/OAACA	Official			
	Designated Agency Contact		Official			
	beolghated Agency Contact (	(Ivarrie, Litte)				
	Area Code/Phone Number	E-mail			A1 24	rovide explanation in Part 3.)
	(510) 238-3815	bparker@o	aklandcityat	torney.org	Date of Original Filing:	
2.	Function or Event Inform	mation				(Month, Day, Year)
	Does the agency have a ticket	t policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	304.80
		AD (800				
	Event Description Warriors v.	Provide Title/Exp	Vanation	Date(s)10		
	Tielest/-\/D/-\		anation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No	□ If no:	Name of Sou	
1	Was ticket distribution made a	t the hehest	N. M.	_		irce
	of agency official?	t the benest	No <b>☒</b> Yes	If yes:	Official's Name (L	act First
,	Recipients				Official's Name (L	ast, First)
		's danartment e-				
1	• Use Section A to identify the agency		Number of	ction B to identify an individua	al. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant i	to the agency's policy
-	THE RESERVE TO SERVE THE PROPERTY OF THE PERSON OF THE PER		1 433(68)			
_						
E	Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
J	lohnson, Kenneth		2		Role" or "Other" describe below: S to City and County e	Income comployees that provide
				Ceremonial Role		Income
С	Name of Outside Organiza (include address and descri	ation iption)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
	erification  ive read and understand FPPC Regulation	ons 18944.1 and 1	8942. I have veri	fied that the distribution set forth	above is in accordance with the	ha raquiramente
	(Drud Shot		Barbara J. Pa	20		
	Signature of Agency Head or Designee		Print Name	City A	ttorney/OAACA Officia	
					Title	(Month, Day, Year)
Сс	mment:					

## Agency Report of:

## Ceremonial Role Events and Ticket/Pass Distributions

California 802 Form For Official Use Only  (Must provide explanation in Part 3.)  Filling:
For Official Use Only  (Must provide explanation in Part 3.)  Filling:(Month, Day, Year)
(Month, Day, Year)  88 \$ 304.80
304.80
ss \$304.80
SS \$
ne of Source
Name (Last, First)
Autobased Co. Mayore do produce a district
to Identify an outside organization
to identify an outside organization.
rsuant to the agency's policy
following:
Income
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ounty employees that provide
Income
BCION.
rsuant to the agency's policy
ance with the requirements.
ance with the requirements.  A Official 10/31//2017
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1. Agency Name				Date Stamp	California On
Oakland-Alameda County	Coliseum Auth	nority			Form 802
Division, Department, or Reg	gion (If Applicabl	le)			For Official Use Only
Barbara J. Parker, City Atto	orney/OAACA	Official			
<b>Designated Agency Contact</b>	(Name, Title)			-	
Area Code/Phone Number	E-mail			Amendment (Must pr	rovide explanation in Part 3.)
(510) 238-3815	bparker@oa	klandoitvat	tornov ora	Date of Original Filing: _	
2. Function or Event Infor		anianucityat	torney.org	Date of Original Filling:	(Month, Day, Year)
Does the agency have a ticket			· · · ·		204.90
	an 100 - 2000	Yes 🗵 No	□ Face Value o	of Each Ticket/Pass \$	304.80
Event Description Warriors v	<ol> <li>Washington         Provide Title/Expl</li> </ol>	Wizards	Date(s)10	) , 27 , 17	1 1
		lanation	,		
Ticket(s)/Pass(es) provided b	y agency?	Yes 🛛 No	∫ If no:		
Was ticket distribution made a	at the beheat			Name of Sou	rce
of agency official?	at the benest	No 🛛 Yes	i ☐ If yes:	Official's Name (La	
				Official's Name (La	ast, First)
	ulo donauturt				
Use Section A to identify the agency		Number of	ction B to identify an individu	al. • Use Section C to identif	fy an outside organization.
A. Name of Agency, Departme	ent or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
		Pass(es)	是2000年1月1日日本代表中国1		
B. Name of Indivídua	1	Number of			
B. Name of Individua	I	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
(Last, First)	1	Ticket(s)/	Ceremonial Role	Other 🛛	g:
	1	Ticket(s)/	If checking "Ceremonia	Other X	Income
(Last, First)	1	Ticket(s)/ Pass(es)	If checking *Ceremonia  To investigate the el	Other    Other	Income [
(Last, First)	1	Ticket(s)/ Pass(es)	If checking *Ceremonia  To investigate the ellution sporting and other e	Other  Ot	Income [
(Last, First)		Ticket(s)/ Pass(es)	If checking *Ceremonia  To investigate the elamontary  sporting and other e	Other    Other	Income [
Parker, Barbara J.		Ticket(s)/ Pass(es)	If checking *Ceremonia  To investigate the elamontary  sporting and other e	Other	tions of the various iseum Complex
(Last, First)	zation	Ticket(s)/ Pass(es)	If checking "Ceremonia To investigate the ei sporting and other e  Ceremonial Role   If checking "Ceremonia	Other	Income tions of the various iseum Complex
Parker, Barbara J.  Name of Outside Organiz	zation	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremonia To investigate the ei sporting and other e  Ceremonial Role   If checking "Ceremonia	Other D  I Role" or "Other" describe helow:  fficiencies of the operativents that occur at Col  Other  I Role" or "Other" describe below:	Income tions of the various iseum Complex
Parker, Barbara J.  C. Name of Outside Organiz (include address and description)	zation ription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To investigate the ei sporting and other e  Ceremonial Role   If checking "Ceremonia  Describe the public	Other Delay of the operation of the oper	Income tions of the various iseum Complex  Income the agency's policy
Parker, Barbara J.  C. Name of Outside Organiz (include address and description)	zation ription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To investigate the ei sporting and other e  Ceremonial Role   If checking "Ceremonia  Describe the public	Other Delay of the operation of the oper	Income tions of the various iseum Complex  Income the agency's policy
Parker, Barbara J.  Name of Outside Organiz	zation ription)	Number of Ticket(s)/ Pass(es)	If checking *Ceremonia To investigate the ei sporting and other e  Ceremonial Role If checking *Ceremonial  Describe the public	Other Delay of the operation of the oper	Income tions of the various iseum Complex  Income the various iseum Complex  Income the agency's policy

						The second second
1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	Coliseum Autl	nority			101111
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
	Barbara J. Parker, City Atto	rnev/OAACA	Official			
	Designated Agency Contact		- Cinolai		-	
		•				
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 238-3815		aklandcityatt	orney ora	Date of Original Filing:	
2	Function or Event Infor		anandonyan	omey.org	3	(Month, Day, Year)
4.				□ Face Velue e	f Food Tielest/Dees &	304.80
	Does the agency have a ticke	130 350	Yes 🗵 No		f Each Ticket/Pass \$ _	
	Event Description Warriors v	. Detroit Pisto	ons	Date(s)10	<u>, 29 <sub>,</sub> 17 </u>	
		Frovide Title/Exp	nanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	☐ If no:	Name of So	urce
	Was ticket distribution made a	t the behest	No ⊠ Yes			
	of agency official?		NO M Tes	□ Ir yes:	Official's Name (L	ast, First)
3.	Recipients					
	Use Section A to identify the agency	/'s department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individua	ı	Number of Ticket(s)/		Identify one of the followi	na:
1	(Last, First)		Pass(es)			
	Bee, Maria		2	59-50 Us 40	al Role" or "Other" describe below:	Income   employees that provide
ä				services to the Auth	ority	employees that provide
				Ceremonial Role	Other I	Income 🔲
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
	Verification have read and understand FPPC Regula	ations 18944 1 and	118942   have ve	rified that the distribution set for	th above is in accordance with	the requirements
1.25	Jan J De	and and				
	Signature of Agency Head or Designee		Barbara J. F		Attorney/OAACA Offic	Dial 10/31//2017 (Month. Day, Year)
					,c	(Month, Day, 10ar)
- 1	Commont:					

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Λ	$\mathbf{p}_{\mathbf{i}}$	ıhı	10	$\mathbf{n}$	OCL	Im	OI	กา	۰

1. A	gency Name				Date Stamp	California 802
C	akland-Alameda County C	Coliseum Auth	ority			Form For Official Use Only
Di	ivision, Department, or Reg	ion (If Applicable	e)			Tor Official Cac Offig
В	arbara J. Parker, City Atto	rney/OAACA	Official			
	esignated Agency Contact	NO. 0 20 PM				
					_	
Ā	rea Code/Phone Number	E-mail			. Amendment (Must p	provide explanation in Part 3.)
	510) 238-3815	bparker@oa	klandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)
	unction or Event Infor	mation				
	oes the agency have a ticke		Yes 🛛 No	☐ Face Value o	of Each Ticket/Pass \$ _	305.55
	vent Description Oakland F					
E	vent Description	Provide Title/Exp	lanation	Date(s)		
Ti	cket(s)/Pass(es) provided b	v agency?	Yes 🛛 No	☐ If no:		
1.1	oner(s)/r ass(cs) provided b	y agonoy.	162 🔼 1401		Name of So	urce
	as ticket distribution made a	at the behest	No <b>☒</b> Yes	☐ If yes:	Official's Name (	Last Eirst)
(	of agency official?				Official's Name (	Last, First)
	tecipients	NAME OF THE PROPERTY OF THE PR			- L. Han Cartier Chalden	tif toide everelection
•	Use Section A to identify the agenc	y's department or	Number of			
Δ	Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
-	AND AND DESCRIPTION OF RESIDENCE					
-						
В	Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	ina:
	(Last. First)		Pass(es)		identity one of the follow	
_	olon Bodom I			-	Other 🗵	Income
Р	arker, Barbara J.		2	110000000000000000000000000000000000000	ial Role" or "Other" describe below: efficiencies of the ope	rations of the various
				sporting and other	events that occur at C	Coliseum Complex
_				Ceremonial Role	Other	Income
					ial Role" or "Other" describe below:	
_						
C	Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	t to the agency's policy
	(include address and des	scription)	Pass(es)			
	erification					
l h	ave read and understand FPPC Regu	lations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wi	th the requirements.
/	Barbar & Sol		Barbara J. F	Parker City	Attorney/OAACA Off	icial 10/31/2017
/	Signature of Agency Head or Designee		Print Nam	e	Title	(Month. Day, Year)

1						
	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C					Form OUZ
	Division, Department, or Reg	ion (If Applicat	ole)			For Official Use Only
	Barbara J. Parker, City Atto	rnev/OAAC/	Official			
	Designated Agency Contact		Official			
	game, community	(1441116, 1166)				
					Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 238-3815		aklandcityat	torney.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticket	t policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	305.55
	Event Description Oakland R	laiders vs Sa	nDiego Cha			
	Event Description	Provide Title/Exp	planation	Date(s)		
	Ticket(s)/Pass(es) provided by	/ agency?	V 171 N	□ If no:		
	The state of the s	agency:	Yes 🗵 No	ППО	Name of So	ource
	Was ticket distribution made a	t the behest	No 🗵 Yes			
	of agency official?			П усэ	Official's Name (	Last, First)
3.	Recipients					
	Use Section A to identify the agency	's department or	unit. • Use Se	ction B to identify an individ	lual. • Use Section C to iden	tify an outcide organization
	A. Name of Agency, Departmen		Number of			SERVICE AND ADDRESS OF THE PARTY OF THE PART
		in or orac	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
The state of the s	B. Name of Individual		Number of Ticket(s)/		Identify one of the followi	ng:
	(Last, First)			Ceremonial Role		
			Ticket(s)/ Pass(es)	Ceremonial Role  If checking "Ceremon		<b>ng:</b> Income □
	(Last, First)		Ticket(s)/	If checking "Ceremon To investigate the e	Other  ial Role" or "Other" describe below: efficiencies of the open	Income
	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the e	Other 🗵	Income
	(Last, First)		Ticket(s)/ Pass(es)	To investigate the esporting and other Ceremonial Role	Other  Ot	Income
	(Last, First)		Ticket(s)/ Pass(es)	To investigate the esporting and other Ceremonial Role	Other  Ot	ations of the various oliseum Complex
	(Last, First) Parker, Barbara J.		Ticket(s)/ Pass(es)	To investigate the esporting and other Ceremonial Role	Other  Ot	Income ☐ ations of the various bliseum Complex
	(Last, First) Parker, Barbara J.  Name of Outside Organiza	ation	Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the e sporting and other of Ceremonial Role If checking "Ceremon	Other Dial College of the open describe below:  Officiencies of the open devents that occur at College of the open devents that occur at College of the open describe below:	Income  ations of the various  oliseum Complex
	(Last, First) Parker, Barbara J.	ation	Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the e sporting and other of Ceremonial Role If checking "Ceremon	Other  Ot	Income  ations of the various  bliseum Complex
	(Last, First) Parker, Barbara J.  Name of Outside Organiza	ation	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremon To investigate the e sporting and other of Ceremonial Role If checking "Ceremon	Other Dial College of the open describe below:  Officiencies of the open devents that occur at College of the open devents that occur at College of the open describe below:	Income In
	(Last, First) Parker, Barbara J.  Name of Outside Organiza	ation	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremon To investigate the e sporting and other of Ceremonial Role If checking "Ceremon	Other Dial College of the open describe below:  Officiencies of the open devents that occur at College of the open devents that occur at College of the open describe below:	Income In
	(Last, First) Parker, Barbara J.  Name of Outside Organiza	ation	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremon To investigate the e sporting and other of Ceremonial Role If checking "Ceremon	Other Dial College of the open describe below:  Officiencies of the open devents that occur at College of the open devents that occur at College of the open describe below:	Income In
	(Last, First) Parker, Barbara J.  Name of Outside Organiza	ation	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremon To investigate the e sporting and other of Ceremonial Role If checking "Ceremon	Other Dial College of the open of the open of the open open of the open open open open open open open ope	Income In
-	Parker, Barbara J.  Name of Outside Organiza (include address and descr	ation	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremon To investigate the e sporting and other of Ceremonial Role If checking "Ceremon	Other Dial College of the open of the open of the open open of the open open open open open open open ope	Income In
	Parker, Barbara J.  Name of Outside Organiza (include address and descr	ation ription)	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the esporting and other of the common service of the	Other Dial Role" or "Other" describe below: efficiencies of the operative of the operation	ations of the various oliseum Complex  Income
	Parker, Barbara J.  Name of Outside Organiza (include address and descr	ation ription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the esporting and other of the common section of the	Other Dial Role" or "Other" describe below: efficiencies of the operative events that occur at Co Other Dial Role" or "Other" describe below:  dic purpose made pursuant to	ations of the various poliseum Complex  Income   To the agency's policy  the requirements.
	Parker, Barbara J.  Name of Outside Organiza (include address and descr	ation ription)	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the esporting and other of the common sporting and other of the common sporting and other of the checking "Ceremon sporting arker "Ceremon sporting and other of the common sporting arker "City".	Other Dial Role" or "Other" describe below: efficiencies of the operative of the operation	ations of the various poliseum Complex  Income   To the agency's policy  the requirements.

1	Agency Name				Date Stamp	California Q02	
• •	Oakland-Alameda County Coliseum Authority				3	Form OUZ	
	Division, Department, or Reg					For Official Use Only	
	Barbara J. Parker, City Atto	rnev/OAACA	Official				
	Designated Agency Contact						
	Area Code/Phone Number	E-mail			Amendment (Must prov	₩ ≥	
	(510) 238-3815		ıklandcityattorı	ney.org	Date of Original Filing:	(Month. Dav. Year)	
2	Function or Event Infor					The same of the sa	
fin e	Does the agency have a ticke		Yes⊠ No□	Face Value o	of Each Ticket/Pass \$	305.55	
	Event Description Oakland F				) , 19 , 17	, ,	
	Event Description	Provide Title/Expl					
	Ticket(s)/Pass(es) provided b	y agency?	Name of Source				
	Was ticket distribution made a of agency official?	at the benest	No ☑ Yes ☐	If yes:	Official's Name (La	st, First)	
2	Recipients						
ა.	Use Section A to identify the agence	y's department or	ual. • Use Section C to identify	y an outside organization.			
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	R Name of Individu	al	Number of				
	B. Name of Individu	Ticket(s)/ Pass(es)	Identify one of the following:				
	2			Ceremonial Role	Other Anial Role" or "Other" describe below:	Income	
	Smith, Jamie	2	To provide incentives to City and County employees that				
			services to the Aut				
			Ceremonial Role	Other	Income		
				If checking "Ceremon	nial Role" or "Other" describe below:		
	Name of Outside Organ	nization	Number of	Describe the pub	ublic purpose made pursuant to the agency's policy		
	(include address and des	scription)	Ticket(s)/ Pass(es)	Describe the put	nic purpose made pursuant to	The agency 3 policy	
4.	Verification		140040 15	end that the distribution and t	faulle above in its apparelation with	the requirements	
	I have read and understand FPPC Regu	llations 18944.1 and					
	Opp Da		Barbara J. Pa	arker City	y Attorney/OAACA Offic	10/31/2017 (Month. Day, Year)	
	Signature of Agency Head or Designed		rinicivame		THE	(month. Day, 16al)	
	Comment:						

1. Agency Name	<del>n der ook het solden sessimble sol</del> eneer beverte bester solen sol	and the second s	Date Stamp	California OAS
Oakland Alameda County Coli		Form OUA		
Division, Department, or Region (If Applicable	le)		1	For Official Use Only
Yui Hay Lee, Commissioner				
Designated Agency Contact (Name, Title)			1	
Area Code/Phone Number   E-mail			Amendment (Must	provide explanation in Part 3.)
(510 836-6688 x 10 YuiH	ay@YHLA.net	t	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information	Enterettische Last Armen uns möbelen Companyer offen		The second secon	7.55
Does the agency have a ticket policy?	Yes ☐ No ☐	Face Value o	of Each Ticket/Pass \$ _	2050
Event Description R&IDERS 7	MCKETS	Date(s) \( \overline{\mathcal{L}} \)	19 17	12,03,17
Provide Tille/Exp	lanation		HEES)	(GLANTS)
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No ☐	If no:		
Was ticket distribution made at the behest			Name of So	ource
of agency official?	No ☐ Yes ☐	If yes:	Official's Name (	(Last, First)
3. Recipients	arija venera populari po degra programa programa programa programa programa programa programa programa programa	areatimoscinasiones (establishes de microsis en actual appropries de la companya de la companya de la companya		
<ul> <li>Use Section A to identify the agency's department or</li> </ul>	unit. • Use Section	a B to identify an individu	al. • Use Section C to iden	itify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	jic barboze maga baranau	t to the agency's policy
Yui Hay Lee, Commissioner				
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
		Ceremonial Role [	Other Dal Role" or "Other" describe below:	Income 🗌
**************************************		Ceremonial Role [	Other Delow:	fncome 🗋
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant	to the agency's policy
CHARTER SCHOOL	4	井日	5	
4. Verification I have read and understand FPPC Regulations 18944.1 and Yui	18942. I have verified Hay Lee		th above, is in accordance will	in the requirements.
Signaline VI Agency Head or Designee	Print Name		Tille	(Month, pay, Year)
Comment: Place Roud	tich	ch/MP	cards t	o me,
•		<i>l</i> ;	PPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

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 Haggerty, OACCA Commissioner Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-219-6562 Date of Original Filing: leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors/Toronto Date(s) \_ 10 / 25 / Provide Title/Explanation If no: Haggerty, Scott Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients \* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Ceremonial Role Other 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 Delta Youth Football To reward a school or nonprofit organization for its 2 contributions to the community. 4. Verification thave/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

Print Name

Signature of Agency Head or Designer

Comment: dyflcommissioner@yahoo.com

10/25/17

(month, day, year)

Ticket Administrator

Title

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) Scott Haggerty, 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: leeann.fergerson@acgov.org 510-272-6691 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 305.55 Does the agency have a ticket policy? Yes⊠ No□ Event Description: RAIDERS FOOTBALL Date(s) \_\_10\_\_/ 19 / Provide Title/ Explanation If no: RAIDERS 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other Rebecca Briggs If checking "Ceremonial Role" or "Other" describe below: 2 To reward a community volunteer for his or her service to the public 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 Regulati with the requirements.	ions 18944.1 and 18942. I have	verified that the distribution set forth a	bove, is in accordanc
MI LINNSA MISS	Lee Ann Fergerson	Ticket Administration	10/18/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			EDDO 5 800 (0/004)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Oakland Alameda County Coliseum Authority Form For Official Use Only Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 60.00 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: DOI Date(s) \_\_10\_\_/ 22 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: Promote the Coliseum Complex for use by general public and businesses to utilize the facility Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Ignacio De La Fuente

Print Name

with the requirements.

Comment:

Signature of Agency Head or Designee

10.20.17

(month, day, year)

**OACCA** Commissioner

Title

## Agency Report of:

Ceremonial	Role	<b>Events</b>	and	Ticket/Pass	Distributions	
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1.	Agency Name					Date Stamp	California 802
	Oakland/Alameda County (						Form OUZ
	Division, Department, or Reg						For Official Use Only
	Scott Haggerty, OACCA Commissioner						
	<b>Designated Agency Contact</b>	R 25 W					
	Lee Ann Fergerson, Ticket	Administrator				Amondment (Must Be	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail					ovide Explanation in Part 3.)
	510-219-6562	leeann.ferger	son@a	cgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation					(monur, day, year)
	Does the agency have a tic	ket policy?	Yes X	No 🗆	Face Value of I	Each Ticket/Pass \$ 30	4.80
	Event Description: Warriors	/Toronto					
	Event Description,	Provide Title	e/ Explana	tion	Date(s)10		
	Ticket(s)/Pass(es) provided				If no: Haggerty	, Scott	
						Name of Source	
	Was ticket distribution made	e at the behest	Yes 🛚	No 🗆	If yes: GSW	Off-1-11- N	
	of agency official?					Official's Name (Last, First)	
3.	Recipients  • Use Section A to identify the agen	cy's department or t	anit. • Us		identify an individ	ual. • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Depart	artment or Unit		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
			+				
	B. Name of Indi (Last, Fire			Number of Ticket(s)/ Passes		Identify one of the fol	llowing:
						onial Role Other on "Other" descri	Income Income
						onial Role Other on "Other ong "Ceremonial Role" or "Other" descri	Income Income
	C. Name of Outside Or (include address and			Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	uant to the agency's policy
	Delta Youth Football			2		school or nonprofit orgatory to the community.	anization for its
1.	Verification						
6	thave/read and understand FPI with the requirements.	18 Le	e Ann I	ergerson		Ticket Administrator	10/25/17
V	Signature of Agency Head or Designature	/	Print	Name		Title	(month, day, year)
	Comment: dyflcommissione	r@yahoo.com					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** California Date Stamp 1. Agency Name Form Oakland-Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (If Applicable) Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title) Amendment. (Must provide explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filling: countyadministrator@acgov.org (Month, Day, Year) 510-272-3862 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🗵 No 🗌 Event Description Golden State Warriors Basketball Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes 🖾 No 🗀 Was ticket distribution made at the behest No ⊠ Yes □ If yes: . Officiat's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an Individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of identify one of the following: Name of Individual Ticket(s)/ Pass (66) Other 🗵 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Pete Coletto 2 to reward a County employee for his or her exemplary service to the public or to encourage staff development Income 🔲 Ceremonial Role Other ... If checking "Coromanial Rolo" or "Other" describe below: Number of Describe the public purpose made pursuant to the agency's policy Name of Outside Organization Ticket(s)/ (include address and description) Pass(es) 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.

Susan S. Muranishi Cour
Signature of Agefrey Hoad or Dosignee Print Name

County Administrator

Tiţle

(Month, Dey, Year)

1. Agency Name			According to the Section of Section 18		A Public Documen
Alamania Deministra		Date Stamp	Californía OOG		
Pluisian Department	nty Coliseum Authority	/			Form OU2
Pivision, Department, or Şusan S. Muranishi, Co					For Official Use Only
Designated Agency Con	tact (Name. Title)	ameda County	· · · · · · · · · · · · · · · · · · ·	_	
	,,				
Area Code/Phone Numbe	er E-mail	·		Amendment (Mu	st Provide Explanation in Part 3.)
(510) 272-3862	countyadministr	ator@acgov.or	g	Date of Original Filin	ig:(manth, day, y <del>b</del> er)
2. Function or Event in	oformation	<del></del>			
Poes the agency have a	a ticket policy?	es⊠ No⊟	Face Value of	Each Ticket/Pass \$	30402
Event Description: Gold				<u>, 30 , 17</u>	38489
	Provide Title/ E)	cplanation			
Ticket(s)/Pass(es) provi	ded by agency? Ye	es⊠ No∏	if no:	Name of Source	
Was ticket distribution m	nade at the behest $\gamma_{\epsilon}$	s 🗌 No 🗵		Official's Name (Last, Fir	
of agency official?				Official's Name (Last, Fin	st)
3. Recipients				**************************************	
<ul> <li>Use Section A to Identify the</li> </ul>	agency's department or unit	. • Use Section B to	identify an Individ	iual. • Use Section C to ide	entify an outside organization.
A Name of Agency,	Department or Unit	Number of Ticket(s)/	7		ursuant to the agency's policy
	L S	Passes .		a bear harbes inne h	madeut to the edauth a bolich
					with the state of
B. Name of (Las	individual (, First)	Number of Ticket(s)/ Passes		Identify one of the	e following:
Laity, Hayley			Cerem	onial Role 🔲 Other	income
		2	If checking "Ceremonial Role" or "Othor" describe below: to provide incentives to City and County employees t		
And the second s			provide servi	ces to the Authority	
			Ceremi If checki	onial Role 🔲 — Other   Ing "Ceremonial Role" or "Other" o	Income Income
C. Name of Outsid	C. Name of Outside Organization (include address and description)		Describe the	e public purpose made pursuant to the agency's polic	
		Pagnos	<u> </u>		
;					
V:8					
Verification	EDDC Dogulations 4004	ld of amal 400 40			
with the requirements.	rro regulations rose	4.1 and 18942. I	i nave verilled tr	nat the distribution set i	forth above, is in accordance
Spean hura	makine Susar	S. Muranishi	c	County Administrator	
Signature of Agency Head or De		Print Name		Tile	(morkh, dåy, year)
				1	

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.co, (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 60.00 Yes ☐ No ☐ Event Description: DOI Date(s) \_\_10\_\_/ 20 / 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 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 Dobbins, Chris Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: 4 Promote the Coliseum Complex for use by general public and businesses to utilize the facility 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

with the requirements	gulations 18944.1 and 18942 I	I have verified that the distribut	tion sat forth above	In the second
with the requirements.	,	mave vermed that the distribu	don set forth above,	is in accordance
/ //				

Ulia.	Chins Dobbins	OACCA Commissioner	10.20.17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

## **Agency Report of:**

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

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	I UD	116		L U		

1.	Agency Name				Date Stamp	California OOO	
	Oakland Alameda County C	Coliseum Authority		<b>-</b>	Form 802		
	Division, Department, or Reg				For Official Use Only		
	Christin Hill OACCA Comm	issioner					
	<b>Designated Agency Contact</b>	(Name, Title)	0.00				
					_		
	Area Code/Phone Number	E-mail			│	ovide Explanation in Part 3.)	
	510.383.4801	christin.hill@gm	ail.com		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Υ	es 🗌 No 🗌	Face Value of I	Each Ticket/Pass \$ 60	.00	
	Event Description: DOI			Date(s)10/			
	Event Description.	Provide Title/ E	xplanation	Date(s)/			
	Ticket(s)/Pass(es) provided	100 Eq.		If no:			
	VAT						
	Was ticket distribution made	at the behest $\gamma_{\epsilon}$	es 🗌 No 🗵	If yes:	Official's Name (Last, First)		
	of agency official?				emolar o riume (East, r mst)		
3.	Recipients						
300	• Use Section A to identify the agen	cy's department or unit	al • Use Section C to identi-	from outside and it			
			Number	I I I I I I I I I I I I I I I I I I I	dai. Ose section C to identi	ly an outside organization.	
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy	
			Fasses				
			Number			NEW YORK TO SERVICE THE PROPERTY OF THE PROPER	
	B. Name of Indiv (Last, Firs	of Ticket(s)/ Passes					
	UIII Obelete		1 43363	0	Ceremonial Role Other X		
	Hill, Christin		2	If checking "Ceremonial Role" or "Other" describe below:		Income	
				Carran			
					onial Role  Other  Other  or "Other  Other" description	Income Income	
	C Name of Outside Or	ganization	Number				
	C. (include address and	of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy		
				ľ			
. \	/erification						
	have read and understand FPF	PC Regulations 189	14 1 and 18042	I have verified th	at the distribution - + f - 1		
И	vith the requirements.			mave vermea (na	at และ นเรเทมนแอก set fort	n above, is in accordance	
	e will	C	hristin Hill	0/	ACCA Commississ	40.00.47	
-	Signature of Agency Head or Designer		Print Name		ACCA Commissioner	10.20.17 (month, day, year)	
					. 1337.32	(monus, day, year)	
(	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Christin Hill 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 christin.hill@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes No Event Description: Warriors Basketball Date(s) 10 / 27 / 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) **Passes** Ceremonial Role Other X Income Hill, Christin If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role Other 🗌 Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ 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 abo	ive, is in accordance
with the requirements.				

Christfell	Christin Hill	OACCA Commissioner	10.20.17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

	gency Report of: eremonial Role Events and Tir	:ket/Pass	Distributions		A Public Document		
	. Agency Name			Dato Stamp			
	Oakland Alameda County Coliseum Auth Division, Department, or Region (If Applicab)		For Official Use Only				
	Scott Haggerly, OACCA Commissioner						
	Designated Agency Contact (Neme, Tille)	-1 Te	/				
	. Lee ann Fergerson	>, ticke	et admin.	Amondmont (Musica	revide explanation in Part 2.)		
	Area Code/Phone Number E-mail 510.272,6691   leeann.lerge	erson@acgo	P10.V	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Information		and the figure assessment of the last of t	- Call -	3175 3048		
	Does the agency have a ticket policy?	Yes区 No	10	f Each Tickel/Pass 5_	ALISO 301		
	Event Description WarriorS  Provide Till-TE-p.	lonation	Date(s)	JOHIT .			
	Tickel(s)/Pass(es) provided by agency?	Yes X No	lf no:	N'əmə al Squ	700		
	Was licket distribution made at the behest	No □ Yes	If yes: Hagge		,,,,		
ra.e.	of agency official?	MOD les		Olficial's Nonta (L	asi, Firsi)		
3.	Recipients  • Use Section A to Meatily the Agency's department or	The same of the sa	tlen 2 (a klanik a kladista)	al. • Uso Snellen C to Ident	lly on cutcide erganization.		
	A. Name of Agency, Dapartment or Unit	Humber of Ticket(a)! Pass(as)	Onsertho the publ	le puiposo medo purovont	to the agency's policy		
	,			sight of facilities or e			
			received count	y funding or suppor	t –		
		Number of			m		
	B. Name of Individual	Ticket(a)/ Pass(sa)		identify one of the follows	ng:		
			To reward	a community volur service to the p	nteer for his or her		
			Catemonial Rola	Other O	Incamo 🗋		
			II chepong Ceremon	anda er basi gerbautesi.			
	C. Name of Dutside Organization (include address and description)	Number of Ticket(s)/ Paun(os)	Describe the publ	lc purpose made pursuant	to the agency's pollcy		
	Emma C. Smith Elementary School	2	To Reward a school of its contributions to the	or nonprofit organization he community.	for		
	391 ONTAVIO Drive, Livermore, CA 94550		No. of the last of		20143-0-1174-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
4.	Verification  There ignored and understand FPPC Regulations 16941.1 und	1 10542.1 have ve	alled that the Waldbullen ou to	rdi ahovo, is hi ascardanse wit	i the requirements.		
		Lee Ann Fer	gerson	Supervisors Assistant			
	Commont: Autumn Treasu	res fur	ndraiser -	to raise mon	The state of the last of the l		
	Improve Key areas such	as ma	eth, the arts	PPG Toll-Free Helpline: 0	кыдақ-ғғес (8651275-7772)		
	Improve Key areas such as math, the arts FPPC Toll-Free Helpiline: DEGIASK-FPPC (DGG1275-7772) Science and technology. Smith, Schoolloop, Com						

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 Haggerty, 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 \$ 304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: WARRIORS Date(s) 10 / 17 / 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 B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Michael DeAmbroseo To promote attendance at a county sponsored 2 event in order to maximize potential county revenue for concession and parking sales Ceremonial Role Other | | Income \_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ C. Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

### 4. Verification

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.			THE RESERVE TO SERVE THE PARTY.	

July Mo	Lee Ann Fergerson	Ticket Administrator	10/13/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

### Agency Report of:

Coron	leinor	Rola	Evante	and	Ticket/Dage	Distributions
	D 67 S I K 67 II		F 74 (F-8 II II 2-9	(20 H H R H		

A A A STATE OF THE REAL PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRES	THE RESERVE THE PERSON NAMED IN	The state of the s		A I UDITO DOCUMENT
1. Agency Name			Date Stamp	California 802
Oakland Alameda County Coli		nority		Form 002
Division, Department, or Region (If Applicable	le)		1	For Official Use Only
Yui Hay Lee, Commissioner				
Designated Agency Contact (Name, Title)			-	
Area Code/Phone Number   E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	ay@YHLA.n	iet	Date of Original Filing: _	
2. Function or Event Information			outo of originary filing.	(Monlh, Day, Year)
Does the agency have a ticket policy?	-			31480
0017 11/10	Yes No	hace Value o	f Each Ticket/Pass \$	7150
Event Description	HIOKS	Date(s)	SEE AITH	HED),
CAN Provide Title/Exp.	lanalion	X7 06 10 10		
Ticket(s)/Pass(es) provided by agency?	Yes No!			
Was ticket distribution made at the behest			Name of Sour	rce
of agency official?	No ☐ Yes i	lf yes:	Official's Name (La	act Circli
			Oniciars (Varie (La	ai, riisi)
3. Recipients  Use Section A to identify the agency's denotiment or	unit - Hea Fact	Non Dán Identife en te III. I		
Use Section A to identify the agency's department or	Number of			
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
	100			
Yui Hay Lee, Commissioner	32	#3		
B. Name of Individual	Number of Ticket(s)/	-		
(Last, First)	Pass(es)		Identify one of the following	<b>j:</b>
		Ceremonial Role [	Other I	încoma 🗌
Particular		Ceremonial Role	Other	
		The second secon	Role" or 'Olher' describe below:	Income 🗌
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the public	purpose made pursuant to	the groundle - U.
(morate address and description)	Pass(es)			and agency a poncy
A Martin di				
4. Verification  I have lead and understand FPPC Regulations 18944.1 and 1	18942 I have vedi	ied that the dietable and a		
				e requirements.
Signature VI Albrico VI Add or Designee	Hay Lee	OAC	CA Commission	10/5/17
	Print Name		Tille	(Month, Day, Year)
Comment: SEE ATTAC	SHED	REQUE	ST.	

## Warrior's Tickets for Yui Hay Lee: 2017-18 Season, NOV & DEC

### November

			14 Ticket
11/27	SAC	(2)	
11/25		(4)	
11/24		(0)	
11/13		(2)	
11/11		(4)	
11/08	MIN	(2)	
11/06	MIA	(0)	

1. Agency Name			Date Stamp	California 000
Oakland Alameda County Col Division, Department, or Region (If Applica	isium Aut	hority		Form OUZ
	ble)		1	For Official Use Only
Yui Hay Lee, Commissioner				
Designated Agency Contact (Name, Tille)				
Area Code/Phone Number E-mail		100000	Amendment (Must pro	vide explanation in Part 3.)
	Hay@YHLA.	net	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information		The state of the s		(worth, bay, rear)
Does the agency have a ticket policy?	Yes 🗆 No	☐ Face Value o	f Each Ticket/Pass \$	6000
Event Description Disney	u Joe	Date(s) 16	) 21 .17 -	10 00 17
Provide Title/Ex	planation	Date(s)	an Samuel	24 /2
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	☐ If no:	0	(
Was ticket distribution made at the behest		House	Name of Source	e
of agency official?	No ☐ Yes	☐ If yes:	Official's Name (Las	A 72-41
3. Recipients			Oncial's (Varie (Las	i, riist)
<ul> <li>Use Section A to identify the agency's department or</li> </ul>	unit. = Use Sec	tion B to identify an inclinidus	al. • Use Section C to identify	
A. Name of Agency, Department or Unit	Number of			The second secon
	Ticket(s)/ Pass(es)	bescribe the publi	ic purpose made pursuant to	the agency's policy
Yui Hay Lee, Commissioner	6	#3	***************************************	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following:	
	rass(65)	Ceremonial Role		
		The state of the s	I Olher ∐ Role" or "Olher" describe below;	Income
***************************************				*
		Ceremonial Role	Other  Role" or "Other" describe below:	Income [
		wondering determinary	note of Other describe below:	
		5		
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to th	ne agency's policy
. Verification	The second second second		The state of the s	
I have read and understant FPPC Regulations 18944.1 and 1	8942. I have verifie	ed that the distribution set forth	above, is in accordance with the	requirements.
Yui	Hay Lee		CA Commission	10/1/17
Sigrature of Aleucy Head or Designee	Print Name		Tille	(Math, Day, Year)
Comment: Only days	show)	ou tho 1	11006 000	
	V.		- news	FPPC Form 802 (4/12)

Agency Report of: Ceremonial Role Events	and Ticket/Pass Distr	ibutions A Public Document
1. Agency Name		Date Stamp California O O O
Oakland Alameda County Coli	seum Authority	Form 8UZ
Division, Department, or Region	ı (if applicable)	For Official Use Only
Ignacio De La Fuente, OACCA	Commissioner	
Designated Agency Contact (Nat	me,Title)	
		F
Area Code/Phone Number   E-	mail	Amendment (Must Provide Explanation in Part 3.)
510.383.4801 id	delafuente2012@gmail.com	Date of Original Filing:(month, day, year)
2. Function or Event Informa	ntion	
Does the agency have a ticket	policy? Yes ⊠ No □	Face Value of Each Ticket/Pass \$ 304.80
Event Description: Warriors Se	eason 2017-18	Date(s)/
Ticket(s)/Pass(es) provided by		f no:
Was ticket distribution made at of agency official?	the behest Yes ☐ No ☑ 「	If yes:Official's Name (Last, First)
3. Recipients • Use Section A to identify the agency's	department or unit. • Use Section B to	identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Departm	ent or Unit Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individu (Last, First)	number of Ticket(s)/ Passes	Identify one of the following:
De La Fuente, Ignacio	2	Ceremonial Role Other  Income to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex
		Ceremonial Role Other Income I

### 4. Verification

Name of Outside Organization

(include address and description)

I have read and understand FPPC Regulations 18944.1 and 18942. I have	verified that the distribution set forth a	above, is in accordance
with the requirements.		•
Show in Karaganacio De La Fuente	OACCA Commissioner	DAMBU 2013

Number

of Ticket(s)/

Passes

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

Comment:

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

### **Warriors Games**

### October 2017

### Ignacio De La Fuente

•	Warriors v Rockets	10.17.17	(2) tickets
•	Warriors v Raptors	10.25.17	(2) tickets
•	Warriors v Wizards	10.27.17	(2) tickets
•	Warriors v Pistons	10.29.17	(2) ticket

1. Agency Name		***************************************	Date Stamp	California O O O
Oakland Alameda County Coliseum Authority			·	Form 502
Division, Department, or Region (if applicable)				For Official Use Only
Scott McKibben, Executive Director				
Designated Agency Contact (Name, Title)			Į.	
			Amendment (Must)	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail				Torido Explanation III al al o.)
510.383.4801 smckibben1@gm	nail.com		Date of Original Filing:	(month, day, year)
2. Function or Event Information		the state of the s		
	s⊠ No∏ F	ace Value of I	Each Ticket/Pass \$ $\frac{3}{}$	04.80
Event Description: Warriors Season 2017-18  Provide Title/ Exp		Date(s) <i>l</i>		
		f no:		
			Name of Source	
Was ticket distribution made at the behest Yes	s□ No⊠ <sup>I</sup> f	f yes:	Official's Name (Last, First)	
of agency official?			, ,,	
3. Recipients		and the second s	and the second s	
• Use Section A to identify the agency's department or unit.	• Use Section B to i	identify an individ	ual. • Use Section C to iden	tify an outside organization.
	Number			
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
	:			
B. Name of Individual	Number of Ticket(s)/		Identify one of the i	following
(Last, First)	Passes			
McKibben, Scott			onial Role 🔲 💮 Other 🖸	
	4		ing "Ceremonial Role" or "Other" de e efficiencies of opera	scribe below: Itions of various sporting
			ents that occur at Col	
			onial Role Other C	
		ir cnecki	ing "Ceremonial Role" or "Other" de	scribe delow:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the	public purpose made pur	suant to the agency's policy
	Passes			
Modification				
. Verification	14.4 1.400.40			
I have read and understand FPPC Regulations 1894 with the requirements.	4.1 and 18942. I	i nave verified ti	nat the distribution set to	orth above, is in accordance
Caril Mal / son	tt Mal/ibbam	044	004 E	· Onlande na
	tt McKibben Print Name		CCA Executive Direc	(month day year)
Rd.			1155	phonin, day, year,
Comment:				

### **Warriors Games**

### October 2017

### Scott McKibben

0	Warriors v Rockets	10.17.17	(4) tickets
6	Warriors v Raptors	10.25.17	(4) tickets
•	Warriors v Wizards	10.27.17	(4) tickets
•	Warriors v Pistons	10.29.17	(4) tickets

4						
1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	oliseum Aut	hority			
	Division, Department, or Regi	on (If Applicab	le)			For Official Use Only
	Barbara J. Parker, City Attor	nev/OAACA	Official			
	Designated Agency Contact (/				-	
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 238-3815		aklandcityatt	orney ora	Date of Original Filing:	
2	Function or Event Inform		anandonyan	onley.org	Date of Original Filing: _	(Month, Day, Year)
	Does the agency have a ticket		V M N	□ Face Value o	f Fook Tiele-MD A	125.00
			Yes 🛛 No	<del>1</del> .	f Each Ticket/Pass \$	
	Event Description Alejandra C	Provide Title/Exp	Jonatia a	Date(s) <u>09</u>	09 , 17	
			nanauon			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🛛 No	☐ If no:	Name of Sou	rce
Ü	Was ticket distribution made at	the behest	No <b>☒</b> Yes	_		
	of agency official?	tilo bolloot	No 🔼 Yes	☐ If yes:	Official's Name (L	ast, First)
3.	Recipients					
	<ul> <li>Use Section A to identify the agency'</li> </ul>	s department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to identi	fv an outside organization.
3	A. Name of Agency, Departmen		Number of		lic purpose made pursuant t	
- 1			Ticket(s)/ Pass(es)	Describe the publi	no purpose made pursuant i	o the agency's policy
-	N		Number of			
ž.	Name of Individual (Last. First)		Ticket(s)/ Pass(es)		Identify one of the following	g:
F	Ferrell, Elizabeth		2	1 888	al Role" or "Other" describe below: es to City and County e	Income Income Income
1			+			
				Ceremonial Role L  If checking "Ceremonia	Other	Income 📙
C	Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	o the agency's policy
200			1 400[69]			
<u></u>						
	Verification ave read and understand FPPC Regulation	ons 18944.1 and	18942. I have ver	rified that the distribution set for	th above, is in accordance with t	the requirements.
			18942. I have ver Barbara J. F	Parker City	th above, is in accordance with i	

## Agency Report of:

### Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name						
i. Agency Name	9				Date Stamp	California 802
Oakland-Alame						Form OU2
Division, Departr	ment, or Regio	n (If Applicat	ole)		1	For Official Use Only
Barbara J. Park	er, City Attorr	ney/OAACA	A Official			
Designated Ager	100				-	
Area Code/Phone	e Number   I	E-mail			Amendment (Must pi	rovide explanation in Part 3.)
(510) 238-3815			aklandcityatt	forney ora	Date of Original Filing: .	
2. Function or E				.e.,.ey.erg		(Month, Day, Year)
Does the agency			Yes⊠ No	.□ Face Value o	of Each Ticket/Pass \$	60.00
	5 - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -		162 🔼 140			
Event Description	1 - Wilgael Bose	Provide Title/Ex	planation	Date(s)	) 16 17	
Ticket(s)/Pass(es						
ricket(s)/Fass(es	) provided by a	agency?	Yes 🗵 No	☐ If no:	Name of Sou	ırce
Was ticket distribu		the behest	No <b>⊠</b> Yes	☐ If yes:		
of agency officia	1?				Official's Name (L	ast, First)
. Recipients						
Use Section A to ide	ntify the agency's	department or		ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
A. Name of Age	ncy, Department	or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant (	to the agency's policy
Walter Land to the			Pass(es)			
B. Nam	ne of Individual		Number of			
B. Nam	ne of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	ıg:
B. Nam Garrahan, Micha	(Last, First)		Ticket(s)/		Other   al Role" or "Other" describe below:  es to City and County e	Income Cemployees that provide
	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth	Other   al Role" or "Other" describe below:  es to City and County e	Income
Garrahan, Michael	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth  Ceremonial Role [  If checking "Ceremonia	Other  Other  Other  Other  Other describe below:  Other  Other  Other  Other	employees that provide
C. Name of O (include add	(Last. First)  el  Outside Organizal dress and descrip	otion)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia  Describe the public	Other  Other  Other  Other  Other describe below:  Other and County election  Other  Other  Other  Other describe below:	employees that provide  Income
C. Name of O (include add	el  Outside Organization  dress and descrip	ns 18944.1 and	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth  Ceremonial Role  If checking "Ceremonia  Describe the publication of the publica	Other And County earlies to City and City and County earlies to City and Ci	Income Employees that provide  Income

1. Agency Name				Date Stamp	California 802
Oakland-Alameda County (					Form OUZ
Division, Department, or Reg	<b>jion</b> (If Applicab	le)		1	For Official Use Only
Barbara J. Parker, City Atto	rnev/OAACA	Official			
Designated Agency Contact		925-72 0.0-T. N T.M		-	
Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 238-3815	bparker@oa	aklandcitvat	tornov ora	Date of Original Filing:	
2. Function or Event Infor	- 2	akiai idoliyal	torney.org	Date of Original Filing:	(Month, Day, Year)
Does the agency have a ticke		V	П	(F   T   1/D   4	100.00
	8 8	Yes 🗵 No		of Each Ticket/Pass \$ _	
Event Description WWE Sma	ackDown  Provide Title/Exp	Entero Postor	Date(s)09	9 <u>, 17 , 17</u>	
	Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	If no:	Name of So	
Was ticket distribution made a	at the hehest	N. W.	( <u></u> )		urce
of agency official?	at the beliest	No 🛛 Yes	S□ If yes:	Official's Name (I	Last First)
. Recipients					
Use Section A to identify the agency	/'s department or	unit. • Use Se	ection B to identify an individu	ual alleo Sootion C to ideas	NE
A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant	
B. Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	1	Ticket(s)/	To provide incentive	Other  al Role" or "Other" describe below:  es to City and County	ng: Income  employees that provide
(Last, First)	1	Ticket(s)/ Pass(es)	To provide incentive services to the Auth	Other  al Role" or "Other" describe below: es to City and County pority	Income
(Last, First)	zation	Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth  Ceremonial Role [  If checking "Ceremonia	Other  al Role" or "Other" describe below: es to City and County descrity  Other	employees that provide
Yuen, Alan  Name of Outside Organiz	zation ription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role [ If checking "Ceremonia  Describe the public	Other   al Role" or "Other" describe below:  es to City and County or ority  Other   al Role" or "Other" describe below:  dic purpose made pursuant to	employees that provide  Income
Yuen, Alan  C. Name of Outside Organiz (include address and desc	zation ription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia Describe the public prified that the distribution set for	Other   al Role" or "Other" describe below:  es to City and County or ority  Other   al Role" or "Other" describe below:  dic purpose made pursuant to	employees that provide  Income  Income  Income  to the agency's policy  the requirements.

## Agency Report of:

## Ceremonial Role Events and Ticket/Pass Distributions

	Agency Name Oakland-Alameda County C Division, Department, or Reg Barbara J. Parker, City Attor				Date Stamp	California 802
] [ ]	Division, Department, or Reg				T.	Form OUZ
] []		ion (If Applicable				1 31111
<u> </u>	Barbara J. Parker, City Attor	1000 0000	le)		1	For Official Use Only
<u> </u>		rnev/OAACA	Official			
	Designated Agency Contact (				-	
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
,	(510) 238-3815		aklandcityatt	orney ora	Date of Original Filing: _	
2 [	Function or Event Inform		anianidonyan	omey.org		(Month, Day, Year)
	oes the agency have a ticket		V 🗔	D Fara Value	(F   T   UD   +	60.00
			Yes 🗵 No		f Each Ticket/Pass \$	
Е	vent Description Last Day o	T Summer	In a s Res	Date(s)09		
			ianation			
1	icket(s)/Pass(es) provided by	agency?	Yes 🛛 No	☐ If no:	Name of Sou	rce
V	Vas ticket distribution made a	t the behest	No ⊠ Yes	_		
	of agency official?		NO M res	□ If yes:	Official's Name (La	ast, First)
3. R	Recipients					
	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identif	fv an outside organization
-	Name of Agency, Departmen		Number of		ic purpose made pursuant t	
			Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	the agency's policy
В	Name of Individual		Number of Ticket(s)/		Identify one of the followin	
	(Lest, First)		Pass(es)		identity one of the followin	g:
Pa	arker, Barbara J.		2		Role" or "Other" describe below:	Income
				sporting and other e	fficiencies of the opera vents that occur at Col	tions of the various liseum Complex
\. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				Ceremonial Role		Income
C.	Name of Outside Organiz (include address and descr	ation ription)	Number of Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to	the agency's policy
	erification ve read and understand FPPC Regulati				h above, is in accordance with ti	he requirements.
	(Signature of A)		Barbara J. P	arker City A	Attorney/OAACA Officia	al 10/31/2017
	Signature of Agericy Head or Designee		Print Name		Title	(Month, Day, Year)

1						
5.0	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C				170	Form OUZ
	Division, Department, or Regi	ion (If Applicat	ole)		1	For Official Use Only
	Barbara J. Parker, City Attor	rnev/OAACA	Official			
	Designated Agency Contact (	9	Ciliolai		-	
	,					
,	Area Code/Phone Number	(m. 1)			Amendment (Must p	rovide explanation in Part 3.)
	12	E-mail				
to a to a	(510) 238-3815	102	aklandcityatt	torney.org	Date of Original Filing:	(Month, Day, Year)
	Function or Event Inforr					
	Does the agency have a ticket	. 1550		Face Value o	of Each Ticket/Pass \$ _	80.00
I	Event Description Oakland A	s v. Houstor	n Astros	Date(s) 09	0 , 08 , 17	
		Provide Title/Exp	planation	Date(3)		
	icket(s)/Pass(es) provided by	agency?	Yes 🛛 No	☐ If no:	Name of Sou	
		500	100 E 110		Name of Sou	urce
٧	Vas ticket distribution made at	t the behest	No 🛛 Yes	☐ If yes:		
	of agency official?				Official's Name (L	ast, First)
	Recipients					
-	Use Section A to identify the agency	's department or		ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
I	Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
_						
_	Namo of Individual		Number of			
E	Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
8	Name of Individual (Last, First)  otelo, Amadis		Ticket(s)/ Pass(es)		Other A	Income
J.	(Last, First)		Ticket(s)/	If checking "Ceremonia	Other   Other   Role" or "Other" describe below:  Sto City and County 6	
8	(Last, First)		Ticket(s)/ Pass(es)	To provide incentive services to the Author Ceremonial Role	Other   Other   Role" or "Other" describe below:  Sto City and County 6	Income
J.	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia	Other	Income comployees that provide
	Otelo, Amadis  Name of Outside Organiza (include address and descr		Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia	Other S  Il Role" or "Other" describe below:  es to City and County e ority  Other  Il Role" or "Other" describe below:	Income Employees that provide
C	otelo, Amadis  Name of Outside Organiza	iption) ons 18944.1 and	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia  Describe the public  ified that the distribution set fort	Other Dall Role" or "Other" describe below:  es to City and County especially  Other Dall Role" or "Other" describe below:  c purpose made pursuant to	employees that provide  Income
C	Otelo, Amadis  Name of Outside Organiza (include address and descr	iption) ons 18944.1 and	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia  Describe the public  ified that the distribution set fort	Other Dall Role" or "Other" describe below:  es to City and County especially  Other Dall Role" or "Other" describe below:  c purpose made pursuant to	Income In

1. Agency Name			Date Stamp	California O O O
Oakland-Alameda County Coliseu	m Authority			Form OUZ
Division, Department, or Region (If A			-	For Official Use Only
Barbara J. Parker, City Attorney/O	AACA Official			
Designated Agency Contact (Name, 7			_	
	X-124			
Area Code/Phone Number   E-mai			Amendment (Must p	provide explanation in Part 3.)
	' ker@oaklandcityati	tornov ora	Date of Original Filing:	
2. Function or Event Information		torney.org		(Month, Day, Year)
Does the agency have a ticket policy		□ Food Value	4 F b T - b - MD	90.00
, ,	100 24 140		of Each Ticket/Pass \$ _	
Event Description Oakland A's v. Herovide	Title/Explanation	Date(s)09	0 , 09 , 17	
Ticket(s)/Pass(es) provided by agend	y? Yes⊠ No	□ If no:	Name of So	
Was ticket distribution made at the be			Name of So	urce
of agency official?	ehest No 🗵 Yes	i□ If yes:	Official's Name (I	act First)
			Cinciai s ivanie (I	-dot, riistj
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's depart</li> </ul>	ment or unit. • Use Se	ction B to identify an individu	al alleg Spotion C to ident	
A. Name of Agency, Department or Uni	Number of		lic purpose made pursuant	
B. Name of Individual	Number of Ticket(s)		Identify one of the following	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
B. Name of Individual (Last, First)  Ortiz, Celso	Ticket(s)/	To provide incentive	Other  Ot	ng: Income □ employees that provide
(Last, First)	Ticket(s)/ Pass(es)	To provide incentive services to the Auth	Other  Other  Other  Other  Other  Other describe below:  Other describe below:  Other   Income	
(Last, First)	Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth  Ceremonial Role [  If checking "Ceremonia	Other  or "Other" describe below: es to City and County ority  Other	Income Income Income Income Income Income
Ortiz, Celso  Name of Outside Organization (include address and description)  Verification	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth  Ceremonial Role  If checking "Ceremonia  Describe the publication of the publica	Other And County of the county	employees that provide  Income
Ortiz, Celso  Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth  Ceremonial Role [ If checking "Ceremonia  Describe the publication set for	Other And County of the county	employees that provide  Income

0	cicinoma Noic Even	its and m	Medi doc	Distributions		A Public Documer
1.	Agency Name	8			Date Stamp	California 802
	Oakland-Alameda County 0	Coliseum Auth	nority			
	Division, Department, or Reg	jion (If Applicabl	e)		1	For Official Use Only
	Barbara J. Parker, City Atto	rney/OAACA	Official			
	<b>Designated Agency Contact</b>	(Name, Title)	l <del>lean at the state of the stat</del>			
	Area Code/Phone Number	E-mail			. Amenament (Must pro	rovide explanation in Part 3.)
	(510) 238-3815	bparker@oa	aklandcityatt	torney.org	Date of Original Filing: _	(Month, Day, Year)
)	Function or Event Infor	mation				
	Does the agency have a ticke	T0 0700		Face Value o	f Each Ticket/Pass \$	90.00
	Event Description Oakland A	A's v. Texas R	angers	Date(s)09		
	Ticket(s)/Pass(es) provided b			□ If no:		
	ricket(s)/Fass(es) provided b	y agency?	Yes 🛛 No	☐ If no:	Name of Sou	ırce
	Was ticket distribution made a	at the behest	No <b>☒</b> Yes	□ If yes:	Official's Name (La	
	of agency official?			€c:	Official's Name (La	ast, First)
	Recipients • Use Section A to identify the agence	v's denartment or	unif allse Se	ction B to identify an individu	al allea Saction C to identi	ify an autoide organization
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant t	
178						
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the followin	ng:
2	Richardson, Ryan		Pass(es)	7-4-7-9	al Role" or "Other" describe below:	Income [
				services to the Auth		employees that provide
	8.			Ceremonial Role [	Other D	Income [
(	Name of Outside Organi (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
-						
	/erification					
1	have read and understand FPPC Regula	ations 18944.1 and	18942. I have ve	rified that the distribution set for	th above, is in accordance with	the requirements.
	Antu John		Barbara J. F	Parker City	Attorney/OAACA Offic	ial 10/31/2017
	Signature of Agency Head or Designee		Print Name	e	Title	(Month. Day, Year)
(	Comment:					
- 7						

					The same of the sa
I. Agency Name				Date Stamp	California On
Oakland-Alameda County					Form 802
Division, Department, or Re	gion (If Applicable	e)			For Official Use Only
Barbara J. Parker, City Atte	ornev/OAACA	Official			
Designated Agency Contact	(Name, Title)			_	
	3 2 26				
Area Code/Phone Number	IE mail			Amendment (Must	provide explanation in Part 3.)
(510) 238-3815	E-mail	المسالمان المالمان	r		
	bparker@oa	ikianacityat	torney.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Info					24.00
Does the agency have a ticke	8 5	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	80.00
Event Description Oakland	A's v. Seattle M	/lariners	Date(s) 0	9 , 26 , 17	
	Provide Title/Expl	anation	Date(3)		
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗵 No	□ If no:		
VA7 12 1 1 12 12 13 14				Name of Sc	ource
Was ticket distribution made a of agency official?	at the behest	No 🛛 Yes	If yes:		
35EV 45 V				Official's Name (	'Last, First)
Recipients					
Use Section A to identify the agence		ınit. • Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	t to the agency's policy
		Pass(es)			
B. Name of Individua	1	Number of Ticket(s)/		Identify one of the followi	
(Last, First)	1	Number of	Ceremonial Role	Identify one of the followi	ng:
	al .	Number of Ticket(s)/ Pass(es)	Ceremonial Role  If checking 'Ceremonial	Identify one of the followi  ☐ Other ☒ al Role" or "Other" describe below:	ing:
(Last, First)	<b>1</b>	Number of Ticket(s)/	Ceremonial Role  If checking 'Ceremoni  To provide incentive	Identify one of the followi  Other   al Role" or "Other" describe below:  es to City and County	ng:
(Lest, First)	<b>1</b>	Number of Ticket(s)/ Pass(es)	Ceremonial Role  If checking 'Ceremonial	Identify one of the followi  Other   al Role" or "Other" describe below:  es to City and County	ing:
(Last, First)	al .	Number of Ticket(s)/ Pass(es)	Ceremonial Role  If checking *Ceremoni  To provide incentive services to the Auth  Ceremonial Role	Identify one of the followi  Other   al Role" or "Other" describe below:  es to City and County	ing:
(Last, First)	1	Number of Ticket(s)/ Pass(es)	Ceremonial Role  If checking *Ceremoni  To provide incentive services to the Auth  Ceremonial Role	Identify one of the followi  Other   al Role" or "Other" describe below: es to City and County ority  Other   Other	ing: Inc employees that pi
(Last, First)	zation	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial To provide incentive services to the Auth Ceremonial Role If checking "Ceremonial	Identify one of the followi  Other   al Role" or "Other" describe below: es to City and County ority  Other   Other	Income employees that provid
Dibley, Allison  Name of Outside Organiz	zation	Number of Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	Ceremonial Role If checking "Ceremonial To provide incentive services to the Auth Ceremonial Role If checking "Ceremonial	Identify one of the following all Role" or "Other" describe below: es to City and County prority  Other   Other   all Role" or "Other" describe below:	Income [ employees that provide
Dibley, Allison  Name of Outside Organiz (include address and description)	zation cription)	Number of Ticket(s)/ Pass(es)  2  Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial To provide incentive services to the Auth  Ceremonial Role If checking "Ceremonial  Describe the publ	Identify one of the following all Role" or "Other" describe below: less to City and County frority  Other all Role" or "Other" describe below: less read to the purpose made pursuant to the purpose made pursuant to the read	Income Cemployees that provide Income
Dibley, Allison  Name of Outside Organiz (include address and desc	zation cription)	Number of Ticket(s)/ Pass(es)  2  Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking 'Ceremonial To provide incentive services to the Auth Ceremonial Role If checking "Ceremonial Describe the publ	Identify one of the following of the solution of the solution of the following at Role" or "Other" describe below:  Other Dal Role" or "Other" describe below:  It purpose made pursuant to the solution of th	ing:  Income comployees that provide  Income comployees that provide
Dibley, Allison  Name of Outside Organiz (include address and description)	zation cription)	Number of Ticket(s)/ Pass(es)  2  Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking 'Ceremonial To provide incentive services to the Auth Ceremonial Role If checking "Ceremonial Describe the publ	Identify one of the following all Role" or "Other" describe below: less to City and County frority  Other all Role" or "Other" describe below: less read to the purpose made pursuant to the purpose made pursuant to the read	ing:  Income comployees that provide  Income comployees that provide  Income comployees that provide

1. Agency Name						A Public De	
.e					Date Stamp	California	802
Oakland-Alameda C						Form	002
Division, Department	t, or Region	(If Applicat	ole)		1	For Official U	Jse Only
Barbara J. Parker, C	City Attorne	v/OAAC	A Official				
Designated Agency C			· Omolai		-		
Area Code/Phone Nu	mbar IF				Amendment (Must pro	ovide explanation in F	Part 2 I
(510) 238-3815		mail	-11				
			aklandcityat	torney.org	Date of Original Filing: _	(Month, Day, Year,	)
. Function or Even		200 P. S.					
Does the agency have		39	Yes 🗵 No	Face Value	of Each Ticket/Pass \$		304.80
Event Description Wa	arriors v. De	enver Nuç	ggets	Dato(s) 09	9 , 30 , 17		
	Pro	ovide Title/Exp	olanation	Date(s)			
Ticket(s)/Pass(es) pro	vided by ag	gency?	Yes⊠ No	.□ If no:			
	5370.		TCS EST TVO		Name of Sour	ce	
Was ticket distribution of agency official?	made at the	e behest	No ⊠ Yes	If yes:			
or agency official?				400 V 0 4000 P 40000 0000 0000 0000 0000	Official's Name (La	st, First)	
Recipients							
Use Section A to identify to	he agency's de	epartment or	unit. • Use Se	ction B to identify an individu	ial. • Use Section C to identify	y an outside organiz	zation.
A. Name of Agency, D			Number of Ticket(s)/		lic purpose made pursuant to	Eligible of the second	
	FAX LINES		Pass(es)			are agency's pon	Су
				1			
			N				
B. Name of I			Number of Ticket(s)/		Identify one of the following		
					Identify one of the following	r	
			Ticket(s)/		Other 🛛		ncome
(Last,			Ticket(s)/	If checking "Ceremonia	Other 🛮		
(Last,			Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive	Other   Other   If Role" or "Other" describe below:  Pes to City and County er		
(Last,			Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth	Other   Other   of Role" or "Other" describe below:  es to City and County er  ority	nployees that p	orovide
(Last,			Ticket(s)/ Pass(es)	To provide incentive services to the Auth	Other  Other  Other  Other  Other describe below:  Other or Other describe below:  Other  Other  Other  Other	nployees that p	
(Last,			Ticket(s)/ Pass(es)	To provide incentive services to the Auth	Other   Other   of Role" or "Other" describe below:  es to City and County er  ority	nployees that p	orovide
(Last,			Ticket(s)/ Pass(es)	To provide incentive services to the Auth	Other  Other  Other  Other  Other describe below:  Other or Other describe below:  Other  Other  Other  Other	nployees that p	orovide
Ferran, Elias  C. Name of Outside	e Organizatio	n	Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth  Ceremonial Role If checking "Ceremonia	Other  Other  of Role" or "Other" describe below:  es to City and County er  ority  Other  I Role" or "Other" describe below:	nployees that p	provide
Ferran, Elias	e Organizatio	n on)	Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth  Ceremonial Role If checking "Ceremonia	Other  Other  Other  Other  Other describe below:  Other or Other describe below:  Other  Other  Other  Other	nployees that p	provide
Ferran, Elias  C. Name of Outside	e Organizatio	n on)	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremonia To provide incentive services to the Auth  Ceremonial Role If checking "Ceremonia	Other  Other  of Role" or "Other" describe below:  es to City and County er  ority  Other  I Role" or "Other" describe below:	nployees that p	provide
Ferran, Elias  C. Name of Outside	e Organizatio	n on)	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremonia To provide incentive services to the Auth  Ceremonial Role If checking "Ceremonia	Other  Other  of Role" or "Other" describe below:  es to City and County er  ority  Other  I Role" or "Other" describe below:	nployees that p	provide
Ferran, Elias  C. Name of Outside	e Organizatio	n Dn)	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremonia To provide incentive services to the Auth  Ceremonial Role If checking "Ceremonia	Other  Other  of Role" or "Other" describe below:  es to City and County er  ority  Other  I Role" or "Other" describe below:	nployees that p	provide
Ferran, Elias  C. Name of Outside	e Organizatio	n On)	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremonia To provide incentive services to the Auth  Ceremonial Role If checking "Ceremonia	Other  Other  of Role" or "Other" describe below:  es to City and County er  ority  Other  I Role" or "Other" describe below:	nployees that p	provide
Ferran, Elias  C. Name of Outside (include address a	e Organizatio	n on)	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremonia To provide incentive services to the Auth  Ceremonial Role If checking "Ceremonia	Other  Other  of Role" or "Other" describe below:  es to City and County er  ority  Other  I Role" or "Other" describe below:	nployees that p	provide
Ferran, Elias  C. Name of Outside (include address a	e Organization	on)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth  Ceremonial Role If checking "Ceremonia  Describe the publi	Other S  If Role" or "Other" describe below:  es to City and County er  ority  Other  If Role" or "Other" describe below:  The results of the	mployees that p	provide
Ferran, Elias  C. Name of Outside (include address a	e Organization	on)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth  Ceremonial Role If checking "Ceremonia  Describe the publication for the distribution set for the checking set of the checking set of the publication for the checking set of the publication for the checking set of the checking set of the publication for the checking set of the ch	Other  Other  of Role" or "Other" describe below:  es to City and County er  ority  Other  I Role" or "Other" describe below:	mployees that p	provide
Ferran, Elias  C. Name of Outside (include address a	e Organization and description	on)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth  Ceremonial Role If checking "Ceremonia  Describe the publication set forted that the distribution set forted."	Other S  If Role" or "Other" describe below:  es to City and County er  ority  Other  If Role" or "Other" describe below:  The results of the	mployees that p	provide

A Public Do

7	. Agency Name					A Public Documer
					Date Stamp	California 802
	Oakland-Alameda County C	oliseum Au	thority			Form OUZ
	Division, Department, or Regi	on (If Applical	ole)		1	For Official Use Only
	Barbara J. Parker, City Attor	nev/OAAC/	Official			
	Designated Agency Contact (/	Name Title)	TOTIICIAI			
	A 0 1 /D				☐ Amondment #4	1010
	2 2	E-mail			Amendment (Must pro	
			aklandcityat	torney.org	Date of Original Filing: _	(Month Day Year)
2.	Function or Event Inform					(Month, Day, Year)
	Does the agency have a ticket	policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	305.55
	Event Description Oakland Ra	aiders vs Ne				
	Event Description	Provide Title/Exp	planation	Date(s)		
	Ticket(s)/Pass(es) provided by	aganau?	_			
	mener(e)// des(es) provided by	agency?	Yes 🗵 No	If no:	Name of Sour	00
	Was ticket distribution made at	the behest	No <b>☒</b> Yes			
	of agency official?		NO M Tes	if yes:	Official's Name (La	st First)
3.	Recipients				(La	ot, Thaty
	Use Section A to identify the agency's	department or	unit. • Use Se	ction B to identify an individu		
	A. Name of Agency, Department		Number of			
	7 ti Walle of Agency, Department	or Unit	Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
	B. Name of Individual		Number of			
	B. Name of Individual (Lest, First)		Ticket(s)/		Identify one of the following	
			Pass(es)			
	Parker, Barbara J.			Ceremonial Role	Other 🔀 Role" or "Other" describe below	Income
			2	To investigate the eff	iciencies of the operati	100000 0 <b>7</b> H
-				sporting and other ev	ents that occur at Colis	ons of the various
				Ceremonial Role		Seam Complex
					Other Role" or "Other" describe below:	Income
			2		and describe sellow,	
(	Name of Outside Organizati	ion	Number of			
	(include address and descrip	tion)	Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to t	he agency's policy
		=				
				v.		
_						
_						
_				*		
	erification					
		s 18944.1 and 1.	9942. I have verif	ied that the distribution set forth	above, is in accordance with the	requirements
	ave read and understand FPPC Regulations			÷		
			8942. I have verif arbara J. Pa Print Name	÷	above, is in accordance with the torney/OAACA Official	