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1.	Agency Name		Date Stamp	California Q02				
	Oakland-Alameda County C	Coliseum Auth	nority			Form 002		
	Division, Department, or Reg				-	For Official Use Only		
	Barbara J. Parker, City Attor	rnev/OAACA	Official		٠			
	Designated Agency Contact (Official					
	gilanear igence,ilanear (, , , , , , , , , , , , , , , , , , , ,						
	Anna Cada (Dhana Numban	E-mail		×1-0-2-1-0-1/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4	Amendment (Must p	provide explanation in Part 3.)		
	Area Code/Phone Number	المراما مامالي		Date of Original Filing:				
	(510) 238-3815		akianucityati	orney.org	Date of Original Fining.	(Month, Day, Year)		
	Function or Event Infor			_ =		75.00		
	Does the agency have a ticker		Yes No					
	Event Description Disney on	Ice		Date(s)03	03 , 17			
		Provide Title/Exp	lanation					
	Ticket(s)/Pass(es) provided by	/ agency?	Yes ☐ No	☐ If no:	Name of So	uirce		
	Was ticket distribution made a	t the hehest	Na 🖂 Vaa					
	Was ticket distribution made at the behest No Yes If yes: of agency official? Official's Name (Last, First)							
}	Recipients					A STATE OF THE STA		
		's department or	unit. • Use Sec	ction B to identify an individu	ial. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departme		Number of	Early State Same Lead	Name of Source Official's Name (Last. First)			
			Ticket(s)/ Pass(es)	Amendment (Must provide explanation in Part 3.) Date of Original Filling:				
į	B. Name of Individua	I	Number of Ticket(s)/		Identify one of the followi	ing:		
5	(Last, First)	I		Charles Control of the Control of th	Other 🛛			
5	B. Name of Individua (Last. First) Parker, Barbara		Ticket(s)/	If checking "Ceremoni. To investigate the e	Other Other al Role" or "Other" describe below. officiencies of the oper	Income Crations of the various		
5	(Last, First)		Ticket(s)/ Pass(es)	If checking *Ceremonia To investigate the e sporting and other e Ceremonial Role	Other	Income Cations of the various oliseum Complex		
	(Last, First)	zation	Ticket(s)/ Pass(es)	If checking "Ceremonia To investigate the e sporting and other e Ceremonial Role [If checking "Ceremonia	Other Ot	Income Cations of the various oliseum Complex		
. \	(Last, First) Parker, Barbara Name of Outside Organi	zation :ription) ntions 18944.1 and	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To investigate the esporting and other espo	Other All Andrews of the oper events that occur at Company of the oper events are considered as the occur at Company of the oc	Income Cations of the various oliseum Complex Income Catherine Ca		

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name		Date Stamp	California 802			
	Oakland-Alameda County C	Coliseum Auth	ority			Form OOZ	
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only	
	Barbara J. Parker, City Atto	rnev/OAACA	Official				
	Designated Agency Contact				-		
		,,,,,,,					
	A 0 1 /DI N 1	le u			Amendment (Must provi	ide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Date of Original Filing:		
anna e	(510) 238-3815		aklandcityatto	rney.org	Date of Original Filing:	(Month, Day, Year)	
	Function or Event Infor					1,350.00	
	Does the agency have a ticke	12	Yes⊠ No [Face Value o	of Each Ticket/Pass \$		
	Event Description Warriors v	. Boston Celti	ics	Date(s)3	8 17		
	1	Provide Title/Expl	lanation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes⊠ No[☐ If no:	A CONTRACTOR OF THE PROPERTY O		
	Was ticket distribution made at the behest No ☑ Yes ☐ If yes:						
-							
3.	Recipients						
	Use Section A to identify the agence	y's department or	Number of	tion B to identify an individu	ial. • Use Section C to identify	an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	Identify one of the following: Other \textstyle Income Is to City and County employees that provide ority		
117		COLUMN TATION AND THE		AUS PROBLEM TO THE PROBLEM TO	A-2 MANAZARIKA KANTANZA MANAZARIA KANTANZA MANAZARIA KANTANZA MANAZARIA KANTANZA MANAZA MANAZA MANAZA MANAZA M		
229			 				
5	R Name of Individua		Number of	englis proposition of a complete substitution			
	B. Name of Individua		Ticket(s)/ Pass(es)		Identify one of the following		
**				Ceremonial Role	Other 🗵	Income _	
	Llamas, Pelayo		2	DATE NOTE THAT IS	al Role" or "Other" describe below.		
			To provide incentives to City and County employees that provide services to the Authority				
				Ceremonial Role		Income	
				ir checking Ceremoni	ial Role" or "Other" describe below		
			Number of				
(Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy	
-			r ass(es)	er e e e e e e e e e e e e e e e e e e	MACON PROCESS OF THE PARTY OF THE PARTY.		
			 				
. '	Verification				NO. CONTRACTOR OF THE PROPERTY	AND THE RESERVE OF THE PARTY OF	
1	have read and understand FPPC Regul	ations 18944.1 and	l 18942. I have veri	fied that the distribution set fo	orth above, is in accordance with th	ne requirements	
	Javan to (to	2	Barbara J. P.	arker City	Attorney/OAACA Officia	al 03/06/2017	
•	Signature of Agency Head or Designee	-	Print Name		Title	(Month Day, Year)	
(Comment:	-					

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77	111	n	IC:	1)	α	:11	111	eı	11

1	Agency Name		Date Stamp	California Q02				
.,	Oakland-Alameda County C	Coliseum Auth	ority		Angelings can consider a service equi	Form OUZ		
	Division, Department, or Reg					For Official Use Only		
	Barbara J. Parker, City Atto	rnov/OAACA	Official					
	Designated Agency Contact				-			
	besignated Agency Contact (rvamo, ruo,						
	Area Code/Phone Number	IE-mail			Amendment (Must pro-	vide explanation in Part 3.)		
	(510) 238-3815		aklandcityatto	ornev ora	Date of Original Filing:	(Month Day Your)		
·	Function or Event Infor		Mariaonyana	omey.org		(Month, Day, Year)		
٤.	Does the agency have a ticke		of Each Ticket/Pass \$	75.00				
			Yes No					
	Event Description Jeff Dunha	Provide Title/Exp	lanation	Date(s)	3 , 10 , 17			
	Tisks May (Dass / as) many ideal b			□ If no:				
	Ticket(s)/Pass(es) provided b	y agency?	Yes No		Name of Sour	ce		
		Vas ticket distribution made at the behest No Yes If yes:						
	of agency official? Official's Name (Last. First)							
3.	Recipients					t to the second matter		
3,00	Use Section A to identify the agence	y's department or	unit. • Use Sec	SECTION AND SECURITION OF THE PARTY OF THE P	AT THE WAY DESIGNATION OF THE STATE OF THE S			
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	iblic purpose made pursuant to the agency's policy			
	The state of the s	navina zponejareš/	1 400(00)	State Salvey Likelini (Salves	5 200 Chines C. M. C. C. Land W. C. B.	The state of the s		
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the followin	g:		
	(Last, First)	et visies agev	Pass(es)			and the state of t		
	Flores-Medina, Arlette			Ceremonial Role		Income L		
	Flores-Ivieuma, Affecte		2	To provide incentives to City and County employees that provide				
				services to the Aut		* **		
	Parameter Control of the Control of			Ceremonial Role	Other	Income		
				If checking 'Ceremon	nial Role" or "Other" describe below			
		TOP NO NO COLUMN	Number of					
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the put	onial Role" or "Other" describe below ives to City and County employees that provide athority			
						and the second s		
	executive production of the second							
	Ma viši a aši a v							
	Verification I have read and understand FPPC Regu	lations 18944.1 and	d 18942. I have ve	erified that the distribution set I	forth above, is in accordance with	the requirements.		
	R. al) , _	Barbara J. I		y Attorney/OAACA Offic			
	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)		
	Comment:							

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~	Luk	1116	DOCUMENT	۵

1.	Agency Name Date Stamp California					California Q09	
	Oakland-Alameda County C	Coliseum Auth	nority			Form OUZ	
	Division, Department, or Reg				1	For Official Use Only	
	Barbara J. Parker, City Atto	rnev/OAACA	Official				
	Designated Agency Contact (-		
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
	(510) 238-3815	bparker@oa	aklandcityatt	orney.org	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Inform	nation					
	Does the agency have a ticker	t policy?	Yes ☐ No	☐ Face Value	of Each Ticket/Pass \$	187.50	
	Event Description Charlie Wi	lson		Date(s) 0	3 , 11 , 17	1	
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by	/ agency?	Yes ☐ No	☐ If no:	Name of Source		
	Was ticket distribution made a	t the hehest	N- 🗆 V				
	Was ticket distribution made at the behest of agency official? No □ Yes □ If yes:						
3.	Recipients						
7.5		's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
		Administration (1)	Pass(es)				
				The Control of the Co			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followin	Form For Official Use Only ment (Must provide explanation in Part 3.) ginal Filing:(Month, Day, Year) tt/Pass \$187.50 17	
			1 435(65)	Ceremonial Role	Other 🛛	Income \(\precedent	
	Parker, Barbara		2	If checking "Ceremon	nial Role" or "Other" describe below.	1.54e3564075540300	
				To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex			
					Other	Income L	
,							
(Name of Outside Organiz	zation	Number of Ticket(s)/	Describe the pub	fficiencies of the operations of the various events that occur at Coliseum Complex Other Income Income Courage or "Other" describe below c purpose made pursuant to the agency's policy		
-	(include address and desc	inpulony	Pass(es)				
,							
	Vouitio etic :-						
	Verification have read and understand FPPC Regula	tions 18944.1 and	18942. I have ver	ified that the distribution set for	orth above, is in accordance with t	the requirements	
	A. 1 ()		Barbara J. P				
ŝ	Signature of Agency Head or Designee		Print Name		Attorney/OAACA Offici		
	90 san 5					time and today	
(Comment:						

1. Agency Name		Date Stamp California Q09					
Oakland-Alameda County Co	oliseum Auth	ority			Form 002		
Division, Department, or Region	on (If Applicable	·)	***************************************	1	For Official Use Only		
Barbara J. Parker, City Attorn	nev/OAACA	Official					
Designated Agency Contact (/				-			
J							
Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)		
(510) 238-3815	bparker@oa	klandcitvatt	orney ora	Date of Original Filing: _			
2. Function or Event Inforn		Mandenyan	onley.org		(Month, Day, Year)		
Does the agency have a ticket		V 🔽 N-	□ Face Value o	of Each Ticket/Pass \$	500.00		
		Yes No					
Event Description Red Hot Ch	Provide Title/Expla	anation	Date(s)	3 , 12 , 17			
Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Sour	rco		
Was ticket distribution made at	the hebest						
of agency official?	the benest	No ⊠ Yes	☐ If yes:	Official's Name (La	ast, First)		
	s department or u	ınit. • Use Se	ction B to identify an individu	ral. • Use Section C to identit	fy an outside organization.		
A. Name of Agency, Departmen	nt let a sa propuration	Number of		Form For Official Use Only Amendment (Must provide explanation in Part 3.) Date of Original Filing:			
Maine of Agency, Department	it of offic	Ticket(s)/ Pass(es)	Describe the pub	cribe the public purpose made pursuant to the agency's policy			
B. Name of Individual		Number of					
(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followin	g;		
Llunga Tricia			Ceremonial Role	THE PROPERTY IN THE PARTY OF TH	Income		
Hynes, Tricia	Hynes, Tricia			If checking "Ceremonial Role" or "Other" describe below. To provide incentives to City and County employees that no			
			services to the Auth		employees that provide		
Manufacture 111 (Control of Control of Contr				Other	Income		
				al Role" or "Other" describe below.	moonic 🗀		
-							
Name of Outside Organiz (include address and descr		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	o the agency's policy		
(Pass(es)		on the state of th			
Name and the second sec				7.5			
Verification		520722 190	20 1008 2009 8 2000 70				
I nave read and understand FPPC Regulati	ions 18944.1 and 1	18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements		
With for		Barbara J. F		Attorney/OAACA Offic	ial 03/06/2017		
Signature of Agency Head or Designee		Print Name	9	Title	(Month. Day. Year)		
Comment.							

4	A Name		Date Stamp California Q 0 2						
1.	Agency Name				Date Stamp				
	Oakland-Alameda County C					For Official Use Only			
	Division, Department, or Reg	ion (If Applicabl	le)						
	Barbara J. Parker, City Atto	rney/OAACA	Official						
	Designated Agency Contact	(Name, Title)							
	30								
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)			
		2007/2006/2006	aklandcityatto	ornov ora	Date of Original Filing:				
meter	(510) 238-3815		akianucityani	orney.org		(Month, Day, Year)			
2.	Function or Event Infor			800.00					
	Does the agency have a ticke		Yes 🛛 No						
	Event Description Warriors v	. Philadelphia	a 76ERS	Date(s) 3	, 14 , 17				
	Event Description	Provide Title/Exp	olanation	Bato(0)					
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🛛 No	☐ If no:		The second secon			
	, , , , , , , , , , , , , , , , , , ,	, -3,	100 21 110		Name of So	urce			
	Was ticket distribution made a	at the behest	No ☒ Yes	☐ If yes:					
	of agency official? Official's Name (Last. First)								
3.	Recipients								
اه	Use Section A to identify the agence	y's department o	runit. • Use Sec	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	Amendment (Must provide explanation in Part 3.) Date of Original Filing:(Month, Day, Year) f Each Ticket/Pass \$				
			Pass(es)		and the second second				
					ne ne sulto Ver e de ver a la la company				
	B. Name of Individua	al	Number of		Identify one of the following:				
	(Last. First)		Ticket(s)/ Pass(es)		identity one of the follow	NOTE THE RESERVE OF THE STATE O			
	1			Ceremonial Role	Other 🛛	Income			
	King, Kevin		2	If checking "Ceremonial Role" or "Other" describe helow					
					employees that provide				
	Particular description and the second			services to the Aut					
				Ceremonial Role		Income L			
				If checking "Ceremor	nial Role" or "Other" describe below:				
			Nb						
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to the agency's policy				
	(include address and des	scription	Pass(es)	and the second of the second of the second					
	Water State of the								
	*								
	V:E								
	Verification	dations 18944 1 an	d 18942. I have ve	rified that the distribution set I	forth above is in accordance wil	th the requirements			
	Thurs read and understand I I I O Negu	2							
	(Conting) Sant	0	Barbara J. I		y Attorney/OAACA Off				
	Signature of Agency Head or Designee		Print Nam	е	Title	(Month, Day Year)			
	O								
	Comment:								

A Publi	c Doc	um	eni

1.	Agency Name	A	Date Stamp	California 802				
	Oakland-Alameda County C					For Official Use Only		
	Division, Department, or Reg	ion (If Applicable	?)					
	Barbara J. Parker, City Attor	rney/OAACA	Official					
	Designated Agency Contact (Name, Title)						
	Area Code/Phone Number	E-mail			300000000000000000000000000000000000000			
	(510) 238-3815	bparker@oa	klandcityatto	rney.org	Date of Original Filing: _	(Month, Day, Year)		
2.	Function or Event Infor	mation						
70	Does the agency have a ticke		of Each Ticket/Pass \$					
	Event Description Warriors v		Yes⊠ No[gic	Data(s) 3	, 16 , 17	1 1		
	Event Description	Provide Title/Expl	anation	Date(s)				
	Ticket(s)/Pass(es) provided by	v agency?	Yes⊠ No[٦ If no:	Name of Sou			
			TOO EN THOE	2004 - SOCIOSES	Name of Sou	irce		
	Was ticket distribution made at the behest No ☑ Yes ☐ If yes:							
	of agency official.							
3.	Recipients			tion II to identify an individ	lual a Hea Saction C to ident	ify an outside organization		
			Number of	5.50 中国 12.60 军机型 生物 (P. Marcha) 20.00	Iual. • Use Section C to identify an outside organization. blic purpose made pursuant to the agency's policy			
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
		SULP WHILE SEPARCHES		World Jane M. Steller McC 150				
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the followi	Form For Official Use Only Povide explanation in Part 3 (Month, Day, Year) 800.00 1		
	(Last, First)		Pass(es)	Control of the second				
	Chan Calana			Ceremonial Role		Income L		
	Chen, Celena	2			employees that provide			
				services to the Aut		Section Representation of the section of the sectio		
	Electronic Transport Control Control Control			Ceremonial Role	Other	Income		
					nial Role" or "Other" describe below			
		91 14 W. W. 207 St. 188 W		STATUS COSTO VALUE ACTUS				
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pul	es to City and County employees that provide nority Other Income			
	(include address and des	scription)	Pass(es)	era polica de encarrol de estado.	And the American			
١.	Verification				70° CO			
	I have read and understand EPPC Regu	lations 18944.1 and	d 18942. I have vei					
	San San		Barbara J. F	Parker Cit	y Attorney/OAACA Offi	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO PERSON NAMED IN		
	Signature of Agency Head or Designee		Print Name	2	Title	(Month. Day, Year)		
	Comment:							

1.	Agency Name		Date Stamp	California 802						
	Oakland-Alameda County C	Coliseum Auth	ority			Form				
	Division, Department, or Reg	A STATE OF THE PARTY OF THE PAR	122			For Official Use Only				
	Barbara J. Parker, City Atto	rnev/OAACA	Official							
	Designated Agency Contact				1					
	Area Code/Phone Number	E-mail			I —	provide explanation in Part 3)				
	(510) 238-3815	bparker@oa	klandcityatto	orney.org	Date of Original Filing	Date of Original Filing:(Month. Day, Year)				
2.	Function or Event Infor	mation								
	Does the agency have a ticke		of Each Ticket/Pass \$.	1,100.00						
	Warriors v	. Milwaukee E	, 18 , 17	1 1						
	Event Description Warriors v. Milwaukee Bucks Provide Title/Explanation Date(s) 3 18 17									
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of S					
					Name of S	ource				
	Was ticket distribution made at the behest No ☑ Yes ☐ If yes:Official's Name (Last, First)									
3.	Recipients • Use Section A to identify the agence	v's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.				
			Charles of the Control of the Contro	olic purpose made pursuar	TOWN OF THE PROPERTY AND ADMINISTRATION OF THE PARTY OF T					
	A. Name of Agency, Departme	ent or onit	Ticket(s)/ Pass(es)	Describe the par	one purpose music purous.					
	B. Name of Individua	al de la	Number of Ticket(s)/		Identify one of the follow	ving:				
		- 1 - A - 2 - 175 - 3460	Pass(es)	Ceremonial Role	Other 🛛	Income 🗌				
	Jefferson, Jamilah				nal Role" or "Other" describe below					
			2	To provide incentives to City and County employees that provide services to the Authority						
	Fig. 19 Control of the Control of th			THE STATE OF THE S						
				1	Other Inial Role" or "Other" describe below	Income				
				" checking defailed	ital Note of Cities appearance person					
	C. Name of Outside Organ	ization	Number of	Describe the pub	olic purpose made pursuar	at to the agency's policy				
	(include address and des		Ticket(s)/ Pass(es)	Describe the put	one parpose made parsuar	it to the agency a policy				
	MARKET					9				
	Verification									
	I have read and understand FPPC Regu	lations 18944 1 and	l 18942. I have ve	erified that the distribution set f	forth above, is in accordance w	vith the requirements				
	Sarban & (for		Barbara J. F	Parker City	y Attorney/OAACA Of	fficial 03/06/2017				
	Signature of Agency (Head or Designee		Print Name	e e	Title	(Month Day Year)				
	Comment									

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A America Name				Date Stamp	California Q02
1. Agency Name	> 1' A 11-	. Au		Date Stamp	Form 8UZ
Oakland-Alameda County C					For Official Use Only
Division, Department, or Reg	ion (if Applicable)	9			
Barbara J. Parker, City Atto	rney/OAACA (Official			
Designated Agency Contact	(Name, Title)				
				Amendment (Must pr	ovide evolanation in Part 3.)
Area Code/Phone Number	E-mail			: : : : : : : : : : : : : : : : : :	
(510) 238-3815	bparker@oal	klandcityatto	orney.org	Date of Original Filing: -	(Month, Day, Year)
2. Function or Event Infor	mation	- William William			4 400 00
Does the agency have a ticket	et policy?	Yes 🛛 No	☐ Face Value o	of Each Ticket/Pass \$	1,100.00
Warriors v	. Sacramento	Kings	Data(s) 3	, 24 , 17	
Event Description	Provide Title/Expla		Date(s)		
Ticket(s)/Pass(es) provided b	y agency?	Yes⊠ No	☐ If no:	Name of Sou	ırce
Was ticket distribution made	at the behest	No ⊠ Yes	☐ If yes:		
of agency official?				Official's Name (L	ast, First)
3. Recipients					
Use Section A to identify the agence	y's department or ι	-	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Control was visual likely and expensive	Number of	Tr. 5 A 1 15 STEP OF 177 P 180 STEELS	O SPANIAN SELENT SELECTION FOR SELECTION OF	e tracker i de Se german i de social (21) i de s
B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
D 1 D 1 I			Ceremonial Role		Income
Rossi, Daniel		2		al Role" or "Other" describe helow.	employees that provide
			services to the Auth		employees that previde
			Ceremonial Role	Other Dial Role" or "Other" describe below:	Income
			ii checking Ceremoni	ial Role of Other describe below.	
Name of Outside Organ	nization	Number of			
C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
. Verification	deliene 1881 1 - 1	49040 15	wified that the distribution set f	orth ahove is in accordance will	h the requirements
I have read and understand FPPC Regu	127				
aubunto Hart		Barbara J. I		/ Attorney/OAACA Offi	PARTICIPATION OF THE PARTICIPA
Signature of Agency Head or Designed	ŧ	Print Nam	е	Title	(Month, Day. Year)
0					

					the second secon	
1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	Coliseum Auth	nority			Form OUZ
	Division, Department, or Reg	March 17 Charles and Control House Control				For Official Use Only
	Barbara J. Parker, City Atto					
	Designated Agency Contact	(Name, Title)				
					Amendment (Must pr	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail			1 -	52
	(510) 238-3815	bparker@oa	aklandcityattorn	ney.org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				250.00
	Does the agency have a ticke	t policy?	Yes ☐ No ☐	Face Value	of Each Ticket/Pass \$	230.00
	Event Description Panic! At t	he Disco		Data(e)	03 <u>, 25 , 17</u>	1 1
	Event Description	Provide Title/Exp	olanation			
	Ticket(s)/Pass(es) provided b	v agency?	Yes No	If no:	Name of Sou	
	() 1	,			Name of Soc	irce
	Was ticket distribution made a	at the behest	No ☐ Yes ☐	If yes:	Official's Name (L	ast First)
	of agency official?				Cincial o Mario (L	451, 7 1151,
3.	Recipients			=		if an outside organization
	Use Section A to identify the agence	y's department or	r unit. • Use Sectio	THE PROPERTY OF STREET		
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/	Describe the p	ublic purpose made pursuant	to the agency's policy
			Pass(es)	a a 251 i Villago de Maria de Saxo	And the control of th	
					The state of the s	
	10% V (1.35.11.		Number of	NAME OF THE PROPERTY.		phone which comes the transfer of
	B. Name of Individu	al	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Role		Income
	Fung, Michael		2		nonial Role" or "Other" describe below.	
			1 1	To provide incent services to the Au		employees that provide
				AND STREET, STORY OF STREET, STORY CO.	(1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00	Income
					e Other or "Other" describe below	income 🗀
				10 211		
	C. Name of Outside Organ	nization	Number of	Daniel Laboration	ublic purpose made pursuant	to the agency's policy
	(include address and des		Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuant	to the agency a policy
_						
4.	Verification I have read and understand FPPC Regulation	ulations 18944 1 an	nd 18942. I have verifi	ed that the distribution se	et forth above. is in accordance wit	h the requirements
	ex ac	nations 10344,1 di				
	Only and		Barbara J. Pa	urker C	ity Attorney/OAACA Offi	(Month, Day, Year)
	Signature of Agency Head or Designer		Print Name		inc	(month, Day, Tear)
	Commont					
	Comment:					EDDC Farm 902 (4)42)

					A I ubile boddillein
1. Agency Name				Date Stamp	California 802
Oakland-Alameda	County Coliseum Auth	ority			Form 002
	t, or Region (If Applicable	to the same of the			For Official Use Only
Barbara J. Parker	City Attorney/OAACA	Official			
Designated Agency		Official		-	
,	, ,				
Aven Cada (Dhana N	and the second			Amendment (Must prov	ride explanation in Part 3.)
Area Code/Phone No	**************************************	وروا المراجعة		Date of Original Filing:	
(510) 238-3815	bparker@oa	ikianacityatt	orney.org	Date of Original Filling.	(Month, Day, Year)
2. Function or Ever					1,200.00
Does the agency have	Con the second of the second o	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	1,200.00
Event Description W	arriors v. Houston Ro	ckets	Date(s) 3		
	Provide Title/Expl	anation			
Ticket(s)/Pass(es) pr	ovided by agency?	Yes 🛛 No	☐ If no:	Name of Source	
747 4 7 7 7			_	Name of Source	e
Was ticket distribution of agency official?	n made at the behest	No ☑ Yes	☐ If yes:	Official's Name (Las	1 Firm
or agency official?				Official's Name (Las	t. First)
. Recipients					
Use Section A to identify	the agency's department or		ction B to identify an individu	ual. • Use Section C to identify	an outside organization.
A. Name of Agency,	Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy
	A STATE OF S	Pass(es)	Carle County of the County of		
	f Individual st. F#st)	Number of Ticket(s)/ Pass(es)		Identify one of the following	
VanHook, Dondria			Ceremonial Role	Other X al Role" or "Other" describe below:	Income
varii look, bollaria		2		es to City and County er	nnlovees that provide
			services to the Auth		inployees that provide
			Ceremonial Role	Other	Income
			If checking *Ceremonia	al Role" or "Other" describe below:	
	ide Organization s and description)	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	the agency's policy
(include addres	s and description)	Pass(es)	Contract to the contract of th		
					
				*	
Verification					
I have read and understand F	PPC Regulations 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance with th	e requirements.
Sub 1.	tail	Barbara J. F	Parker City	Attorney/OAACA Officia	d 03/06/2017
Signature of Agericy Head	- Co	Print Name		Title	(Month. Day. Year)
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 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 \$ $\frac{75.00}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Date(s) __03__/ Event Description: DOI 01 / 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 Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual B. of Ticket(s)/ (Last, First) **Passes** Other X Ceremonial Role De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 4 to provide opportunities to community groups to utilize facility Other Income __ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (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. 03.17.17 **OACCA** Commissioner Ignacio De la Fuente (month, day, year) Signature of Agency Head or Designee Print Name

Agency Report of:

Comment: _

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) Ignacio De La Fuente 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 \$ 75.00 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 03 / 02 / Event Description: DOI Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 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 Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: B. Name of Individual of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below. 4 to provide opportunities to community groups to utilize facility Income Ceremonial Role Other 🗌 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ignacio De la Fuente **OACCA** Commissioner 03.17.17 Print Name (month, day, year) Signature of Agency Head or Designee

Comment:

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) Ignacio De La Fuente Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: idelafuente2012@gmail.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 75.00 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) __03__/ Event Description: DOI 03 / 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? 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) Passes Income Ceremonial Role Other X De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 8 to provide opportunities to community groups to utilize facility Ceremonial Role Other Income 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

 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) Ignacio De La Fuente 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 \$ 75.00 Does the agency have a ticket policy? Yes⊠ No□ Date(s) __03__/ Event Description: DOI 04 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? 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 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 B. of Ticket(s)/ (Last, First) Passes Income Ceremonial Role De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 4 to provide opportunities to community groups to utilize facility Ceremonial Role Other Income 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. 03.17.17 **OACCA** Commissioner Ignacio De la Fuente (month, day, year) Print Name Signature of Agency Head or Designee

Comment:

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) Ignacio De La Fuente 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 \$ $\frac{75.00}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Jeff Dunham 03 / 10 / Date(s) _ Provide Title/ Explanation If no: 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) Passes Ceremonial Role Other X De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below to investigate efficiencies of operations of Sporting and 2 other events that occur at Coliseum Complex Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification

Verification

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

Ignacio De la Fuente OACCA Commissioner 03.17.17

Signature of Agéncy Read or Designee Print Name Title (month, day, year)

Comment:

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	Γ	וטוג	III.	\square	ULI	unn	CIL	ш

Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Ignacio De La Fuente Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail idelafuente2012@gmail.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 \$ 187.50 Event Description: Charlie Wilson Date(s) 03 11 17	202
Ignacio De La Fuente Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail	DUZ
Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail idelafuente 2012@gmail.com Date of Original Filing:	Only
Area Code/Phone Number E-mail idelafuente2012@gmail.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 \$ 187.50 Event Description: Charlie Wilson Date(s) 03 11 17 Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source Name of Source Name (last First) Official's Name (last First) Name (last First) Name (last First) Name of Source Name (last First) N	
Area Code/Phone Number 510.383.4801	
Area Code/Phone Number 510.383.4801	rt 3)
2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 187.50 Event Description: Charlie Wilson Date(s) 03 / 11 / 17 / / / / / / / / / / / / / / /	
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 187.50 Event Description: Charlie Wilson Date(s) 03 / 11 / 17	_
Event Description: Charlie Wilson 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 Official's Name (Last First)	
Event Description: Charlie Wilson 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 Official's Name (Last First)	
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)	
Was ticket distribution made at the behest Yes □ No □ If yes:	
Was ticket distribution made at the behest Yes No If yes:Official's Name (last First)	
of agency official?	
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	tion.
A. Name of Agency, Department or Unit Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's	policy
B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes	
De La Fuente, Ignacio 2 Ceremonial Role If checking "Ceremonial Role" or "Other to investigate efficiencies of operations of Sporting other events that occur at Coliseum Complex	Income 🗌 and
Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's	policy
4. Verification	
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in account to the requirements.	ordance
Miller V	
Ignacio De la Fuente OACCA Commissioner 03.17 Signature of Agency Head of Designee Print Name Title (month, or	
Signature of Agency Head of Designee Print Name Title (month, or	ay, year)
Comment:	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente 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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 500.00 Yes ⊠ No □ Event Description: Red Hot Chili Peppers Date(s) __03__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: _ Was ticket distribution made at the behest Yes \square No \square If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes De La Fuente, Ignacio Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below. 2 to investigate efficiencies of operations of Sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization Number 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 underst	and FPPC Regulations	s 18944.1 and 18942. I have verified that the distribution set forth above, is	n in accordance
with the requirements.		above, is	s in accordance

	Ignacio De la Fuente	OACCA Commissioner	03.17.17
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:			

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1.	Agency Name	50 KANS SI NA AANA				Date Stamp	California 802
	Oakland Alameda County C		rity				Form OUZ For Official Use Only
	Division, Department, or Reg	ion (if applicable)					1 of Official Use Offig
	Ignacio De La Fuente Designated Agency Contact	(Mama Titla)		-			
	Designated Agency Contact	ivarrie, rilie)					
	Area Code/Phone Number	E-mail				Amendment (Must Pi	rovide Explanation in Part 3.)
	510.383.4801	idelafuente20	12@ar	nail.com		Date of Original Filing: .	(month, day, year)
_	Function or Event Infor			3.53.0.0			(month, day, year)
۷.			V (5)	—	Taga Malua af I	Each Ticket/Pass \$ 25	50.00
	Does the agency have a tick	₽ 1	Yes X				
	Event Description: Panic at	Provide Title	e/ Evnlana		Date(s) <u>03</u>	<u> 25 </u>	
	Ticket(s)/Pass(es) provided				f no:		
				: 100456-7 1-11		Name of Source	
	Was ticket distribution made	e at the behest	Yes 🗌	No 🗆	f yes:	Official's Name (Last, First)	
	of agency official?						
3.	Recipients						
	• Use Section A to identify the agen	cy's department or t	ınit. • U	se Section B to	identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	artment or Unit		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	De La Fuente, Ignacio			2	to investigate	onial Role Other ing "Ceremonial Role" or "Other" des e efficiencies of operat that occur at Coliseur	cribe below: tions of Sporting and
					500.00000	onial Role Other on "Other" des	
	C. Name of Outside O		1200	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy
4.	Verification						
nd.	I have read and understand FP with the requirements.	PC Regulations	18944.1	and 18942.	I have verified to	hat the distribution set fo	rth above, is in accordance
	Millian	lar	acio D	e la Fuente		ACCA Commissioner	03.17.17
	Signature of Agency Head or Design			Name		Title	(month, day, year)
/	Comment:						

Comment -

gency Report Of. eremonial Role Events and Ticl Agency Name		Date Stamp	California 802
Oakland-Alameda County Coliseum Author	ority	. Leave	For Official Use Only
Division, Department, or Region (If Applicable)		
Susan S. Muranishi, County Administrato			
Designated Agency Contact (Name, Title)			
		Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mall	-i-tt-r@noncy org	Date of Original Filing	(Month. Day. Year)
010 tri = 0000	nistrator@acgov.org		12 50 00
Function or Event Information	Eaca	Value of Each Ticket/Pass \$.	1350°0
Does the agency have a ticket policy?			
Event Description Golden State Warriors	Basketball Date	s) <u>03</u> , 08 , 17	
Event Description Provide Title/Exp		•	
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No 🗌 If no:	Name of S	Source
	No ⊠ Yes ☐ If yes	Official's Name	
Was ticket distribution made at the behest of agency official?	MORITER INTO	Official's Name	e (Lest, First)
A. Name of Agency, Department or Unit	T)cket(s)/ Pass(as)		1
B. Name of Individual	Number of Ticket(s)/	identify one of the foli	
pages of the	Number of Ticket(s)/ Pass(ss) Cerem	onial Role Other Z	income C
B. Name of Individual	: Number of Ticket(s)/: Pass(es) Cerem // chos. 2 to provide	onial Role Other Soling "Caremonial Role" or "Other" describe belincentives to City and Coun	income C
	: Number of Ticket(s)/ : Pass(es) : Cerem // chocs 2 to provide services to	onial Role Other Diner on Other describe belong continues to City and Count of the Authority	Income Cow. Ity employees that provide
	Number of Ticket(s)/ Pass(es) Cerem // chos: 2 to provide services to	onial Role Other Soling "Caremonial Role" or "Other" describe belincentives to City and Coun	Income C ty employees that provide
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Hopkins, Jr., Willie	Number of Ticket(s)/ Pass(es) Cerem # ohec to provide services to Cerem # ohec Cerem # ohec Number of Ticket(s)/ Description	onial Role Other or "Other" describe belong "Caremonial Role" or "Other" describe belong the Authority Sonial Role Other Management of the Authority Sonial Role Other Management of the Authority Sonial Role Other Management of the Imagement of the Im	Income C ty employees that provide Income C
Hopkins, Jr., Willie	Number of Ticket(s)/ Pass(es) Cerem # ohec to provide services to Cerem # ohec Cerem # ohec Number of Ticket(s)/ Description	onial Role Other or "Other" describe belong "Caremonial Role" or "Other" describe belong the Authority Sonial Role Other Management of the Authority Sonial Role Other Management of the Authority Sonial Role Other Management of the Imagement of the Im	Income C ty employees that provide Income C
Hopkins, Jr., Willie	Number of Ticket(s)/ Pass(es) 2 to provide services to Ceren // ohec to provide services to Pass(es) Ceren // ohec to provide services to provid	onial Role Other incentives to City and Count the Authority contain Role Other incentives to City and Count the Authority contain Role Other incentive the Role or "Other" describe because the public purpose made purs	income C ty employees that provide income C income C

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. Agency Name		***************************************		Date Stamp	California 802
Oakland-Alameda Cour	ity Coliseum Autho		For Official Use Only		
Division, Department, or					, wi and any man man.
Susan S. Muranishi, Co	untv Administrator	. Alameda Cour	ıty		
Designated Agency Cont		7. L. J. J. W.	***************************************	1	
-					
Area Code/Phone Number	r IE-mail			Amendment (Must pr	ovide explanation in Part 3.)
510-272-3862		istrator@acgov.	org	Date of Original Filing: .	(Month, Day, Year)
Function or Event Ir					
Does the agency have a		Yes⊠ No□	Face Value	of Each Ticket/Pass \$	800=
·	n State Warriors B		m 03	3 , 14 , 17	1 1
Event Description Golde	Provide Title/Expl		. Date(\$)		
				Name of So	
Ticket(s)/Pass(es) provid	ed by agency r	Yes 🗵 No 🗌	1, (1)		
Was ticket distribution ma	ade at the behest	No 🛛 Yes 🗌	If yes:	Attininia kinesa li	Last, First)
of agency official?				Uniciars Name (I	easi, i Ksy
Recipients					
Use Section A to Identify the	agency's department or I	unit. • Use Section	B to identify an individ	ual. • Use Section C to iden	ny an outside organization.
A. Name of Agency, Der	eartment or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy
		Pass(es)	·		
'					
B. Name of Inc	lividual	Number of Ticket(s)/	,	Identify one of the follow	ring:
D. (Last, Pi	ε()	Pass(es)	Ceremonial Role	Other 🖸	Income []
NOT USED		'		onial Role" or "Other" describe below:	3137
NOT DOED		2			
	•		Ceremonial Role	Other 🗌	Income 🔲
			If checking "Ceremo	onial Role" or "Other" describe below:	
C Name of Outside	Organization	Number of Ticket(s)/	Describe the pt	ibilo purpose made pursuan	it to the agency's policy
(Include address s	na asscription)	Pass(es)		N	
··· •					
				Alexander	
. Verification					
I have read and understand FPF	C Regulations 16944.1 an	id 18942, į havė verifie	ed that the distribution se	al forth above, is in accordance v	vilh the requirements.
		Susan S. Mura		County Administrate	or Marchae
Sustand Market of Agency Heed or	Designee	Print Name		Title	(Month, Day, Year)
	/				
Comment					EDDC Form 802 (4/17

Comment: ___

a Norma			Data Stares	California
Agency Name			Date Stamp	California 802
Oakland-Alameda County Coliseum Author	rity			For Official Use Only
Division, Department, or Region (Il Applicable)				
Susan S. Muranishi, County Administrator,	Alameda C	ounty		
Designated Agency Contact (Name, Title)				
			Amendment (Must pro	vide explanation in Part 3.)
Area Code/Phone Number E-mail				
510-272-3862 countyadminis	strator@ac	gov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Information			e mer	800°
	Yes 🗵 No	-	f Each Ticket/Pass \$	
Event Description Golden State Warriors Ba	asketball	Date(s)	16 , 17	
Provide Title/Explan	nation	_		
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No	If no:	Name of Sou	rise
Was ticket distribution made at the behest	No⊠ Yesi	If yes:		
of agency official?	140 ST (25)	med 11 yes.	Official's Name (La	est, First)
Recipients				
Use Section A to identify the agency's department or up				and the second s
A. Name of Agency, Dopartment or Unit	Number of Ticket(s)/	Describe the pul	ilic purpose made pursuant t	o the agency's policy
	Pass(#\$)		,	
Mana of Individual	Number of		Ligation and the fallend	
B. Name of Individual	Number of Ticket(s)/ Pass(as)		identify one of the following	ig:
(Last, Frag)	Ticket(B)/	Ceremonial Role	Other 🗵	ng:
B. Name of individual (LAST, Frat) Dupuis, Tim	Ticket(B)/	If chacking "Caremo	Other Male or "Other" describe below:	Income [
(Last, Frag)	Ticket(s)/ Pass(es)	If chacking "Caremo	Other Other Other Other describe below:	Income [
(Last, Frag)	Ticket(s)/ Pass(es)	If checking "Caremo to provide incentive	Other Other Other Other describe below:	Income [
(Last Frag)	Ticket(s)/ Pass(es)	If checking "Caremon to provide incentive services to the Aut Ceremonial Role	Other Other Other Other describe below: es to City and County e hority	Income [
(Last, Frag)	Ticket(s)/ Pass(es)	If checking "Caremon to provide incentive services to the Aut Ceremonial Role	Other Other Other Other describe below: es to City and County e hority Other	Income [
Dupuis, Tim	Ticket(s)/ - Pass(ns)	If checking 'Ceremon to provide incentive services to the Aut Ceremonial Role If chacking 'Coromon	Other Other one Rate or "Other" describe below: es to City and County ethority Other one of the other describe below:	Income [imployees that provide Income [
Dupuis, Tim C Name of Outside Organization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking 'Ceremon to provide incentive services to the Aut Ceremonial Role If chacking 'Coromon	Other Other Other Other describe below: es to City and County e hority Other	Income [imployees that provide Income [
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Dupuis, Tim C. Name of Outside Organization (Include address and description)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking 'Ceremon to provide incentive services to the Aut Ceremonial Role If chacking 'Coromon	Other Other one Rate or "Other" describe below: es to City and County ethority Other one of the other describe below:	Income [imployees that provide Income [
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Dupuis, Tim C. Name of Outside Organization (Include address and description) Verification I have read and understand FPPC Regulations 18944.1 and	Number of Ticket(s)/ Pass(es)	If checking 'Ceremon' to provide incentive services to the Aut Ceremonial Role If checking 'Coromon Describe the put erified that the distribution set	Other Male of Other describe below: es to City and County e hority Other Describe below:	Income [Imployees that provide Income [Income [Income

Agency Report of:

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eremonial Role Events and Tick	eurass	Mationnous		A Public Document
Agency Name			Date Stamp	California 802
Oakland-Alameda County Coliseum Author	ity			1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Division, Department, or Region (If Applicable)	•	For Official Use Only		
Susan S. Muranishi, County Administrator,				
Designated Agency Contact (Name, Title)			•	
			Amendment /////	orovide explanation in Part 3.)
Area Code/Phone Number E-mail			l —	
510-272-3862 countyadminis	trator@ac	gov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				110000
, = :	′es 🗵 No	☐ Face Value o	of Each Ticket/Pass \$ _	1100-
Event Description Golden State Warriors Ba	sketball ation	Date(s)03	3 , 18 , 17	manacinature ranged engineering and minimum communities
Ticket(s)/Pass(es) provided by agency?	′es⊠ Noi	If no:	Name of Sc	ource
Was ticket distribution made at the behest of agency official?	No⊠ Yes	lf yes:	Official's Name ((Last, First)
Recipients • Use: Section A to Identify the agency's department or un	it. • Use Sec	tion B to identify an individu	ual. • Uso Section C to Iden	itify an outside organization.
A. Name of Agency, Department or Unit	Number of . Ticket(s)/ Pase(es)			t to the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	(ing;
	,	Ceremonial Role		income
Woldesenbet, Daniel	2	h '''	nial Role" or "Olher" describe below:	
		services to the Aut		employees that provide
		Ceremonial Role	Other I	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(ss)	Describe the put	olic purpose made pursuan	t to the agency's policy
	· + manfost			1
				· ·
Verification I have read and understand FPPC Regulations 18944.1 and 1	18042. I have ve	erified that the distribution set	forth above, is in accordance w	rith the requirements.
	usan S. Mi		County Administrato	_ VX\AI\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

Agency Report of:

eremoniai Role Events and Tic	Kevrass	Distributions		A Public Document
Agency Name			Date Stamp	California 802
Oakland-Alameda County Coliseum Auth	ority			
Division, Department, or Region (If Applicable	9)	A CONTRACT OF THE PARTY OF THE	1	For Official Use Only
Susan S. Muranishi, County Administrato	r. Alameda (County		
Designated Agency Contact (Name, Title)		FAC.		
,				
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
510-272-3862 countyadmin	nistrator@ac	gov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	110000
Event Description Golden State Warriors I			3 , 24 , 17	<u> </u>
Event Description Provide Title/Exp	lanation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Vec IOI No	lf no:		
Howartalis agging brosided by additor:	Yes 🗵 No		Name of Sc	Auros
Was ticket distribution made at the behest	No ⊠ Yes	☐ If yes:	Official's Name	# 1 F()
of agency official?		140000	Official's Name	(LAST, I ⁻ I/SI)
Recipients		The second secon		
Use Section A to identify the agency's department or	unit. • Use Sec Number of			
A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pub	olic purpose made pursuan	t to the agency's policy
	Pass(es)			I Common to the
		, , , , , , , , , , , , , , , , , , , ,		
	Number of			- Programme of the Control of the Co
B. Name of individual	Ticket(s)/ Pass(os)		Identify one of the follow	/ing:
		Ceremoniai Role	Other 🗵	Income [
Riray, Nerissa	2	If checking "Coramon	sial Role" or "Other" describe below:	
	-			employees that provide
		services to the Auti		
		Ceremonial Role	Other Inial Role" or "Other" describe below:	Income C
•	1.	и спеситу Сеготоп	на тек и опа сегине инок,	
•				
C Name of Outside Organization	Number of			
(Include address and description)	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
			•	
1				
Verification have read and upderstand FPPC Regulations 18944.1 and	l 18942. have ve	erified that the distribution set for	onth above, is in accordance w	ith the requirements.
Sugar Muranish Iss	Susan S. Mu	uranishi	County Administrator	much 20
Signalure of Jigoncy Head or Designee	Print Nam		Titlo	(Month, Day, Year)
· · · · · · ·				
Comment:	DEPARTMENT			No.

Agency Report of: Geremonial Role Events and	Ticket/Pass	Distributions			
1. Agency Name	The second secon	18	Date Stamp	California	
Oakland-Alameda County Coliseum	Authority	•		For Official Usa Only	
Division, Department, or Region (Il Appl				Pat Chill Clay Osa Chily	
Susan S. Muranishl, County Adminis	trator, Alameda C	County			
Designated Agency Contact (Name, Title)			1	1	
			I Amoud most that	provido explanation in Part 3.)	
Area Code/Phone Number E-mall		· · · · · · · · · · · · · · · · · · ·			
510-272-3862 countys	dministrator@ac	gov.org	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information				so attacks	
Dees the agency have a ticket policy?	Yes 🔣 No		of Each Ticket/Pass \$;		
Eyent Description Golden State Warri Provide Yill	attached JOL (
Tipket(s)/Pass(es) provided by agency	? Yes⊠ No	lf no:	Nama of 5	Санто .	
Was licket distribution made at the beh of agency official?	est No⊠ Yes	If yes:	Ólfi cial a Nama	(Last, Firot)	
3. Recipients • pae Scotlon A to Identify the agency's departm					
A Name of Agency, Department or Unit	Number of Ticket(e)/ Pass(es)	Descripe the public purpose made pursuant to the aftency's policy			
		~ 1000			
	Number of		Adambija man ed she felia	užani	
Namo of Individual (1994)	Tickst(a)/ Face(00)		(dankliy one of the folio		
Muranishi, Susan S.	2/dale	for provide incentives to City and County employ			
	2,000	to provide incentiv provide services to	es to City and County o the Authority		
Residential distriction of the second distri		Ceremphial Rele If chacking "Gorome	Other D) १:	
G. Name of Outelde Organization (lockede address and description)	Number of Ticket(a)/ Pass(ee)			nt to the agency's policy	
growth of the state of the stat				200 december 200 200 200 200 200 200 200 200 200 20	
a Challengham					
4. Verification There rand and understand FPPC Regulations 1894	14.1 and 18942. I have v	eillí ad that the distribution só	l forth abovo, is in accordanca	with the requirements.	
Sandura harden shift	Susan S. M	uranishi	Gounty Administrat		
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Comment:		,	PPPG Toll-Free Holpling	FPPG Form 602 (4/12 o: 850/ABK-FPPG (866/275-7772	

Warriors Basketball

March 2017

Susan Muranishi

•	Warriors v Memphis	3.26.17	(2) tickets	\$1100.00
•	Warriors v Houston	3.31.17	(2) tickets	\$1200.00

Agency Report of: Ceremonial Role Events and Tit	:ket/Pass D	istributions		A Public Document
1. Agency Name		OURSERACE CONTROL SECTION	Date Stamp	ermome revayer
Oakland Alameda County Coliseum Auth	ority			For Official Use Only
Division, Department, or Region (If Applicab)	6)			Por Ollique date Only
Scoll Haggerly, OACCA Commissioner				
Designated Agency Contact (Name, Tille)				
			Amondment (Afust p	ravide explanation in Part 2.)
Area CodelPhone Number E-mail				,
	erson@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information		- '	f Each TickeVPass \$	1,350.00
Does the agency have a ticket policy?	Yes⊠ No□	Face Value o	r Each TickeuPass 3 _	,
Event Description	>	_ Date(s)		
Provida Tule/Esp	•	If no:	SW	
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No□		Name of So	urte
Was ticket distribution made at the betrest	No ☐ Yes ☒	If yes: Hagg	erly, Scatt	Lead Circle
of agency official?			Olliciat's Nama (L	1031, P.53()
3. Recipients • Uso Section A to identify the agency's department of	runii. » Uso Section	n B (o idenlify an individu	val. • Upa Saellan C to ident	Uly an outside ergenization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(sc)		lla purposa mado pursuant	
	1		· · · · · · · · · · · · · · · · · · ·	
B. Name of Individual	Number of Tickel(a)(Preston)		Identify one of the follows	ing:
Rob Turner	2	event in c	e attendance at a co order to maximize po for concession and	tential county
		Coremonial Rola II shooking "Coramon	Other	lircowo 🗌
C. Name of Dutside Organization (include address and description)	Number of Yickel(s)! Pass(cs)	Describe the put	olic purpose made pursuani	to the agency's policy
		To reward	d a school or non-pa contributions to the	rofit organization for e community
4. Verification the area of a understand FFFC Regulations 16944.1 in Signature of Against Hazer of Dougnage Comment:	nd 18542. I have verificate Ann Ferge		Supervisors Assistan	FPPC Form 802 (4/12) 886/ASK-FPPC (866/275-7772)

eremonial Role Event	المستوان والمستوان والمستوان			**************************************	
. Agency Name				Osle Slamp	25 0 78 0 72
Oaldand Alameda County C					For Official Use Only
Division, Dapartment, or Regi	on (If Applicable)			
Scott Haggerly, OACCA Co					
Designated Agency Contact (Name, Title)				
•				Amondment (Mill)	rovide explanation in Part 1.)
Area CodelPhone Number	E-mall			Date of Original Filing:	
510.272.6691		rson@acgov.o	g	Date of Original Lings	(MONUL DUX YOU)
Function or Event Inform				4 mask YakaliDean €	500.00
Does the agency have a licker	policy?	Yes⊠ No□	Face value o	f Each TickeVPase \$ _	¥
Event Description Red	tor CH	UPEPPE	Date(s)	121	
•	Provide Tille/Exp	vacion	Ge	₩ '	
Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No□	If no:	Name of Se	unca
Was ticket distribution made a	i the beliest	No ☐ Yes ☒	If ves: Hagg	erly, Scott	
of agency official?	t tilo Bolloot	MOTI tes ED	11 3000	Official's Namo (Lost, First)
Recipients	-	من بر من مین ورس این مین مین مین مین مین مین مین مین مین م			
Use Section A to Monthly the Agency	's department or				
A. Namo of Agency, Departme	at or Unit	Number of Yicket(a)/ Pass(as)	Onscribe (he pub	ilic purpose mede pursuan	to the agency's policy
	, , , , , , , , , , , , , , , , , , , 	, , , , , , , , , , , , , , ,			
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	, •				
B. Name of Individua	:l	Number of Ticket(a)/		Identify one of the follow	ring:
non tan		Pos(09)			, 30
ton Wat	45	1 4	To promote	e attendance at a co order to maximize p	ounty sponsored
10100 00001	· /	\	revenue	for concession and	parking sales
					Income
			Caremonial Roje	to Rober or Other Connects hebra.	
			44		
C Name of Outside Organ	ilzalion	Humber of Yicket(s)	Describe the pu	rije binkose ujago batznat	to the agency's policy
C. Name of Outside Organ	eription)	Poss(cs)			
			To sower	d a school or non-n	rofit organization for
			- its	contributions to th	e community
Verification Linger and productions FPPC Regulations			as mal the distribution set	fonti abovo. Is in accordance v	mil the requirements.
I tiple load and understand FPPC Roys	ilalions 18944.1 ud	is 18542. I field value	DO MINI WIS COMMISSION	Supervisors Assister	3-9-
Signature el ngarcer Harda der Depuly na		Lee Ann Ferge	40011	Film	(ALTERIC DOS. YEAR)
Pallutine crumina and a resident	•	V ** ** * -			
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FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp 1. Agency Name Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (If Applicable) Scott Haggerty, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: leeann.fergerson@acgov.org (Month, Day, Year) 510.272,6691 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a licket policy? Yes 💹 No 🗌 Event Description Provide This Explanation (Ticket(s)/Pass(es) provided by agency? Yes X No 1 Name of Source Haggerly, Scott Was ticket distribution made at the behest No Yes 図 Official's flame (Lost, First) of agency official? 3. Recipients » Use Section B to identify an individual. • Use Section C to identify an outside organization. . Use Section A to identify the agency's department or unit. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(os) Number of Ticket(s)/ Identify one of the following: Name of Individual B. Pass(os) To promote attendance at a county sponsored evenin order to maximize potential county revenue for anna concession and parking sales Incomo 🗌 Other [Coremonial Role If checking "Caremonial Rola" or "Other" describe helow: Number of Describe the public purpose made pursuant to the agency's policy Name of Outside Organization Tickel(s)/ Pess(es) (include address and description) C Repulations 18944.1 and 18942. I have verified that the electrication set forth above, is in accordance with the requirements Verification I have rend and understand P Supervisors Assistant Lee Ann Fergerson Tille Part Namu Signature of Agency Heed or Designan

Comment:

	eremonial Role Even	its and Tic	:ket/Pass	Distributions	SSA A ANTONIO DE COMPONIO DE C	A Public Document
₹ ,	Agency Name Caldend Alameda County C Division, Department, or Reg				Dato Stamp	Calliculus E 22 FOLITIE Por Official Use Only
	Scott Haggerly, OACCA Co Designated Agency Contact		**************************************	and the second s		
,	, , ,				Amendment (kake)	rovido explanation in Pan 3.)
	Area Code/Phone Number 510.272.6691	E-mall leeann.ferge	erson@acgov.	org	Date of Original Filing:	(Menir), Day, Year)
	Function or Event Inford Does the agency have a licket Event Description William Ticket(s)/Pass(es) provided by Was ticket distribution made a of agency official?	t policy? D-FS / B Provide The Response y agency?	Yes No C	Dale(s) 3	f Each TickeVPass \$ Sold Sold Children Sold	
3.	Recipients - Vap Section A to to callly the agency	elo domentement es	utali – lina Quell	an 8 to idantify no individu	ust. a Usto Repollen C to Iden	iliv on autobia accentration.
	A. Namo of Agency, Doparimo		Number of Ticket(a)/ Pass(as)	S(#484) = 11	in purposa mada pursuant	
,		*		alan sanaran an a		errori moto talikajahajayayayayayaya
•	B. Name of individua		Number of Ticke((s)/ Pags(as)		identify eas of the followi	uð:
•	Derek Eddy		2	event in o	attendance at a cou der to maximize po or concession and p	tential county
•					Oner Oner Anteres helesc	lucomo 🔲
(C. Name of Culside Organi (Include address and desc	eatlon silpiton)	Number of Yickettel/ Pess(cs)	Dosoriba iko pulil	le purpore made pursuant	to the agency's pallcy
	edelli chimania periodi il ilika ili kanada ada ana are ese ili ili ili ili ili ili ili ili ili il	DONALD TO THE PARTY OF THE PART			a school or non-procontributions to the	ofit organization for community
· .	Vefilication Liefo hadged understand FPPC Republic	A STATE OF THE STA	16542. I have veill ee Ann Ferge Pay North	_	nii abore, is in accordense will Suparvisors Assistant see	th the requirements, 206-15 places to the property to an article of the property to a second to a se
	Senturo el Aproc Holder Dudyko Commant:		i-first coming		m may 77	
•	Sa. An & 1 a.s & Lénue à 2 d'é descourables des descourables de la confession de la confess				PFC Toll-Free Helpline: 0	FPPC Form 802 (4)12) 08/ASK-PPPC (866/275-7772)

7	. Agency Name	AND DESCRIPTION OF THE PARTY OF	in the south a section of the best	The Real Property of the State	Date Stamp	California 802
	Alameda County					For Official Use Only
	Division, Department, or Reg	Ion (If Applicabl	le)			Por Onidia Oso Only
	Board of Supervisors					
	Designated Agency Contact ((Nəme,Tille)				
	Lee Ann Fergerson, Superv	isor's Assista	int		Amendment (Must pro	vido explanation in Part 3.)
	Area Code/Phone Number	E-mail	Date of Original Filling:			
no.	(510) 272-6691	THE RESERVE OF THE PERSON NAMED IN COLUMN 1	erson@acgo\	v.org	Date of Original raing.	(Month, Day, Year)
2.	Function or Event Infor		٨	- Face Value of	f Each Ticket/Pass \$	200
	Does the agency have a ticke	t policy?	Yes No		24 / T	The second secon
	Event Description	Provide Tille/Exp.	tanation	Z_ Date(s)	12117	
	Ticket(s)/Pass(es) provided by	y agency?	Yes□ No[Name of Soun	
	Was ticket distribution made a	t the hobost	u Elveri	Alan	neda County Supervis	or Scott Haggerty, D 1
	of agency official?	it the bettest	No 🗌 Yes [If yes:	Official's Nama (La	st, First)
3.	Recipients • Uso Soction A to Identify the agency			u E to Identify an Individu	al a Uso Section C to Ideallis	, an outside organization.
	STATE OF STREET STREET, STATE OF	THE PROPERTY AND SHO	unit. • Use Sec		erbiilipaao miidelprienaut re	
	A. Namo of Agency, Departme		Tickous)/ Pass(es)		ic purpose introopprieurit to	injurationely a purious
					nty employee for his	
					e to the public or to	encourage —
				staff developme	nt	
	B. Namo of Individuo		Numbariof. Tickoloj/ Papelog)		ldentily one of theffollowing	
	TOGINDE	R	4	event in or	attendance at a cour rder to maximize pote or concession and pa	ential county
	Louis Blic		,			Income []
					I Rols" or "Other" describe below:	тот Ц
		ä				
	in the second second		· Number of		cipúlpose made puresent to	the agency cipolicy
	C Najino of Outside Organ (ក្រុមប្រជុំមិនផ្ទុំ address) and dos	criellon)	TioRdI(b)/			in the constant of the constan
				To reward a so	hool or non-profit orga	inization for
			1 ,	110 001111		
-1200	A			The state of the s		and the first A Parish of the
4.	Verification	ofinns 1692d 1 And	1 18942. I bavo ver	ified that the distribution set for	dh ebova, Is in accordanca with t	ho requirements.
	Signalup of Agency Need of Casignee		Lee Ann Ferg	gerson S	Supervisor's Assistant ทยง	(Month, Oay, Your)
	Comment:					FPPC Form 802 (4/12)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp Oakland Alameda County Colliseum Authority For Official Use Only Division, Department, or Region (If Applicable) Scott Haggerly, OACCA Commissioner Designated Agency Contact (Name, Tille) Amandment (Must provide explanation in Part 2.) Area Code/Phone Number E-mail Date of Original Filing: 510,272,6691 leeann.fergerson@acgov.org (Month, Doy, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each TickeVPass \$ Yes X No C **Event Description** Ticket(s)/Pass(es) provided by agency? Yes X No [Name of Source If yes: Haggerly, Scott Was ticket distribution made at the beliest No Yes X of agency official? Ollicial's Namo (Lost, First) 3. Recipients » Use Section B to identify an individual. " Upe Section C to identify an existing erganization. . Uso Section A to identify the agency's department or unit. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(cs) Number of Tickel(e)i Presion) Name of Individual B. Idealify one of the following: To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales Other 🔲 Інсето 🔲 Caremonial Roja If checking "Commodel Role" or "Other" describe helone. Number of Ticket(s)/ Pass(cs) Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (Include address and description) To reward a school or non-profit organization for its contributions to the community Verlfication read and understand FPPO Regulations 16944.1 and 18542. I have verified that the distribution set forth above, is in accordance with the requirements. Supervisors Assistant Lee Ann Fergerson

Print Nama

סבת פובעם זם ליבו ליבו פתו בתו ביו מונות מו

Comment:

Agency Report of:

ragonio ji rio p					
Ceremonial	Role	Events	and	Ticket/Pass	Distributions

1.	Agency Name) II			Date Stamp	California 802	
	Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable)			165	For Official Use Only		
					I si sincial occ only		
		Chirstopher Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title)					
	Designated Agency Contact						
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)	
			-		Date of Original Filings		
	510.383.4801	chrisdobbinslaw	@yahoo.com		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation				05000	
	Does the agency have a tick	ket policy? Y	es⊠ No∏ F	ace Value of	Each Ticket/Pass \$	25000	
	Event Description: Panic at	the Disco		Date(s)03	<u>, 25 , 17 </u>	1 1	
		Provide Title/ E	xplanation				
	Ticket(s)/Pass(es) provided	by agency? You	es⊠ No□ I	f no:	Name of Source		
	Was ticket distribution made	at the behest v		f yes:			
	of agency official?	o at the beneat Th	E2 [] NO [S]	. ,	Official's Name (Last, First)		
3.	Recipients						
	• Use Section A to identify the ager	ıcy's department or uni	t. • Use Section B to	identify an individ	lual. • Use Section C to identif	fy an outside organization.	
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
						ĺ,	
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
	Dobbins, Christopher		2	to investigate	Ceremonial Role Other Other In the Checking "Ceremonial Role" or "Other" describe below: Avestigate efficiencies of operations of varions of the events that occur at Coliseum Com		
					nonial Role Other description of the description of	Income In	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy	
			,				
4.	Verification I have read and understand FF with the requirements.	PPC Regulations 18	944.1 and 18942.	I have verified t	that the distribution set for	th above, is in accordance	
1	with the requirements.	Chui	stanbar Dabbi)	00.04.47	
(Signature of Agency Head or Design		stopher Dobbins Print Name		DACCA Commissioner Title	03.01.17 (month, day, year)	
	Comment:					Ĭ.	
	Oominent.						

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions		A Public Document
Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Chirstopher Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title)			Date Stamp	California 802 Form For Official Use Only		
	Area Code/Phone Number	E-mail				st Provide Explanation in Part 3.)
	510.383.4801	chrisdobbinslaw@			Date of Original Filin	(month, day, year)
2.	Function or Event Information Does the agency have a ticket Event Description: RHCP Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?	ret policy? Yes Provide Title/ Expla by agency? Yes	nation No I	Face Value of Date(s)		500°°
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depart		Use Section B to Number of Ticket(s)/ Passes			entify an outside organization. oursuant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/		Identify one of th	e following:
	Dobbins, Christopher	st)	Passes 2	to investigat	nonial Role Other ving "Ceremonial Role" or "Other e efficiencies of ope	describe below: trations of various sporting
				Cerem	nonial Role Other king "Ceremonial Role" or "Other"	Income [
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purp <mark>os</mark> e made p	ou <mark>rsuant to the</mark> agency's policy
4.	Verification I have read and understand FP with the requirements.	PC Regulations 18944	1.1 and 18942.	I have verified t	that the distribution se	t forth above, is in accordance

Christopher Dobbins

Print Name

Signature of Agency Head or Designee

Comment: ____

03.01.17

(month, day, year)

OACCA Commissioner

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) Chirstopher Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Charlie Wilson Date(s) __03__/ 11 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Name of Source Was ticket distribution made at the behest Yes ☐ No 🖾 If yes: . Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Dobbins, Christopher If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Compex Other Ceremonial Role Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4. Verification

I have read and understand FPPC Regulations :	18944.1 and 18942. I	l have verified that th	e distribution set forth a	bove, is in accordance
with the requirements.				

OACCA Commissioner

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
			\$ 0 50.5 Sh
Comment:			

Christopher Dobbins

03.01.17

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 Chirstopher Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ _ Event Description: Jeff Dunjant DUNHam Date(s) 03 / 10 / Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Dobbins, Christopher If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Compex 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 F	PPC Regulations	18944.1 and 18942.	I have verified that the distr	ibution set forth above	is in accordance
with the requirements.					is in accordance

	Christopher Dobbins	OACCA Commissioner	03.01.17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Chirstopher Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 75.00 Event Description: DOI Date(s) __03__/ 03 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Dobbins, Christopher Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: 8 to provide opportunities to community groups 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

Comment:

1	I have read and understa	nd FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth abou	e is in accordance
١	with the requirements.	50 CONTRACTOR		and the track the	alettiedtien eet fortif abou	o, is in accordance

	Christopher Dobbins	OACCA Commissioner	03.01.17	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chirstopher Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 75.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: DOI 03 , 01 / 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. Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other \square Income Dobbins, Christopher If checking "Ceremonial Role" or "Other" describe below: 4 to promote the Coliseum Complex for the use by general public and businesses to maximize revenues Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes**

4.	V	er	TTI	ca	ti	or	Ì

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.			

	Christopher Dobbins	OACCA Commissioner	03.01.17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority 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-mall Date of Original Filing: 510.383.4801 idelafuente2012@gmalf.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ See PHACH Does the agency have a ticket policy? Yes ⊠ No 🗌 Event Description: Warriors Basketball 2016-17 Season Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Name of Agency, Department or Unit of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Cercmonial Role Other X Income | De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 per to investigate the efficiencies of the operations of the various sporting and other events at Coliseum Complex Ceremonial Role Other 🔲 Income [If checking "Ceremonial Role" or "Other" describe below: game Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) 4. Verification

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

with the regulirements,

Comment:

Ignacio De La Fuente 01.20.17 Print Name Tille (month, day, year)

OACCA Commissioner

Warriors Basketball March 2017

Ignacio De La Fuente

•	Warriors v Boston	3.8.17	(2) tickets	\$1350.00
•	Warriors v Philadelphia	3.14.17	(2) tickets	\$800.00
•	Warriors v Orlando	3.16.17	(2) tickets	\$800.00
•	Warriors v Milwaukee	3.18.17	(2) tickets	\$1100.00
•	Warriors v Sacramento	3.24.17	(2) tickets	\$1100.00
•	Warriors v Memphis	3.26.17	(2) tickets	\$1100.00
•	Warriors v Houston	3.31.17	(2) tickets	\$1200.00

C	្ត្រ ប្រធានា ស្រា	tributions	A Public Docume
. Agency Name			Odle Slamp
Oakland Alameda County Coliseum Author	ity	l	Dale Signip Callionia (3.0)
Division, Department, or Region (if applicable)		For Official Use Only	
Chris Dobblns, OACCA Commissioner			
Designated Agency Contact (Name, Title)			
Area Gode/Phone Number E-mail		[] Ame	mdmont (Musi Provida Explanation in Parl 3.)
510.383,4801 chrisdobbins@	Vaafelanske sk s se	1	
Function or Event Information	ozmanenet,co	Date of	Original Filing:
Dennika			
	Yes⊠ No□	Face Value of Each Tick	
Event Description: Warriors basketball 2016		Date(s)	_ attriched
Provide Title/E Ticket(s)/Pass(es) provided by agency?	•	-	
wastalis general blosded by agency. A	′es⊠ No□	If no: Name of	
Was ticket distribution made at the behest you	SocT No.176	Name of	Source
of agency official?	OPEN MORE	Official's N	ame (Last, First)
to the second se			
Recipients			The state of the s
· Use Section A to identify the agency's department or unli	t, 'Use Section B to	identify on individual. 'Use S	etton C to identify an outside accomization
A. Name of Agency, Department or Unit	Number of Ticket(s)/		
	Passes	neacting the briplic brit.	ocse made pursuant to the agency's polley
the state of the s		4	
R Namb of Individual	Number		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	}dentl	ly one of the following:
	of Ticket(s)/	Ceremonist Role	Other 🖾 Income [
(Last, First)	of Ticket(s)/ Passes	Ceremonial Role Land of the Caremonial Role and other events that o	Other 🗵 Incoma
(Last, First)	al Ticket(s)/ Passes 2 per	Ceremonial Role [] ### Chooking Ceremonial to Investigate efficiencie and other events that o Ceremonial Role [] ####################################	Other I Income Income I
(Last, First) Dobblins, Chris Name of Outside Organization	of Ticket(s)/ Passes 2 per game Number of Ticket(s)/	Ceremonial Role [] ### Chooking Ceremonial to Investigate efficiencie and other events that o Ceremonial Role [] ####################################	Other I Income Income Income Court at Colliseum Complex Other I Income
(Last, First) Dobblins, Chris Name of Outside Organization	of Ticket(s)/ Passes 2 per game Number of Ticket(s)/	Ceremonial Role [] ### Chooking Ceremonial to Investigate efficiencie and other events that o Ceremonial Role [] ####################################	Other I Income Income Income Court at Colliseum Complex Other I Income
(Last, First) Dobblins, Chris Name of Outside Organization (Include address and description)	of Ticket(s)/ Passes 2 per game Number of Ticket(s)/	Ceremonial Role [] ### Chooking Ceremonial to Investigate efficiencie and other events that o Ceremonial Role [] ####################################	Other I Income Income Income Court at Colliseum Complex Other I Income
(Last, First) Dobblins, Chris Name of Outside Organization	of Ticket(s)/ Passes 2 per game Number of Ticket(s)/ Passes	Ceremonial Role ### ### ###########################	Other Income
(Last, First) Dobblins, Chris Name of Outside Organization (include address and description) rification We read and understand FPPC Regulations 18944	of Ticket(s)/ Passes 2 per game Number of Ticket(a)/ Passes	Ceremonial Role ## (Crocking Ceremonial to Investigate officiencial and other events that o Ceremonial Role ## (Checking Ce	Other State balow. Set of operations of various sporting cour at Colliseum Complex Other Income In
(Last, First) Dobblins, Chris Name of Outside Organization (include address and description) rification We read and understand FPPC Regulations 18944 The requirements Chris	of Ticket(s)/ Passes 2 per game Number of Ticket(s)/ Passes	Ceremonial Role ### ### ###########################	Other Income

Warriors Basketball

March 2017

Chris Dobbins

•	Warriors v Boston	3.8.17	(2) tickets	\$1350.00
•	Warriors v Philadelphia	3.14.17	(2) tickets	\$800.00
•	Warriors v Orlando	3.16.17	(2) tickets	\$800.00
•	Warriors v Milwaukee	3.18.17	(2) tickets	\$1100.00
•	Warriors v Sacramento	3.24.17	(2) tickets	\$1100.00
•	Warriors v Memphis	3.26.17	(2) tickets	\$1100.00
•	Warriors v Houston	3.31.17	(2) tickets	\$1200.00

Agency Report of:

	_						
C	erem	ionia	l Role	Events	and Ti	cket/Dage	Dietributione

1. Agency Name Oakland Alameda County			Date Stamp	California 802
Division, Department, or Region		TLY		For Official Use Only
Yui Hay Lee, Commission		on Street Gen Othy		
Designated Agency Contact (Na				
Position Marine Addition	ma, i ma)			
			Amendment (Must)	provide explanation in Part 3.)
(510) 836-6688	mail YuiHay@YHLA.	net	Date of Original Filling:	
Function or Event Informa	tion			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Event Description Washington	Olicy? Yes No Con Tucked Titler Explanation	Date(s)	of Each Ticket/Pass \$ 6/May/Opr See attack	Q 2017,
Ticket(s)/Pass(es) provided by a	, , , , , , , , , , , , , , , , , , ,	- 	Name of Sc	ource .
Was ticket distribution made at th of agency official?	e behest No 🗌 Yes	X If yes: Yu	i Hay Lee Official's Name ((Last, First)
. Recipients				
• Use Section A to identify the agency's d		tion 8 to identify an individu	ual. • Use Section C to iden	kify an outside organization.
A. Name of Agency, Department of	r Unit Number of Ticket(s)/ Pass(es)	Describe the pub	ilc purpose made pursuan	t to the agency's policy
SHOISSIMMOD	x 34.	#	3	
B. Name of Individual	Number of Ticket(s)/ Pass(as)		identify one of the follow	ring:
		Ceremonial Role	Olher Discrete or Other describe below:	încome [
•		Ceremonial Role	Other Differ describe below:	Income [
C. Name of Outside Organization (include address and description	on Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
Verification I have real and understand FPBC Regulations	18944.1 and 18942.1 have wen		orth above, is in accordance will CCA Commissione	
Signature of Agency Head or Designee Comment	Print Name	Michigan Luca Luca Luca Luca Luca Luca Luca Luca	Tille	(Month, bay, Year)

Warriors Basketball

March 2017

Yui Hay Lee

•	Warriors v Boston	3.8.17	(2) tickets	\$1350.00
•	Warriors v Philadelphia	3.14.17	(2) tickets	\$800.00
•	Warriors v Orlando	3.16.17	(2) tickets	\$800.00
•	Warriors v Milwaukee	3.18.17	(2) tickets	\$1100.00
•	Warriors v Sacramento	3.24.17	(2) tickets	\$1100.00
•	Warriors v Memphis	3.26.17	(2) tickets	\$1100.00
•	Warriors v Houston	3.31.17	(2) tickets	\$1200.00

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510.383.4801 smckibben1@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes X No C Event Description: Warriors 2016 Season Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Sel Ceremonial Role McKibben, Scott If checking "Ceremonial Role" or "Other" describe below; attached To investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income [If checking "Ceremonial Role" or "Other" describe below. Number of Ticket(s)/ Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. (include address and description) Verification I have read and understand FRPG Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the regilirements. Scott McKibben OACCA Executive Director Print Name Title (month, day, year)

Comment:

Warriors Basketball

March 2017

Scott McKibben

•	Warriors v Boston	3.8.17	(4) tickets	\$1350.00
•	Warriors v Philadelphia	3.14.17	(4) tickets	\$800.00
•	Warriors v Orlando	3.16.17	(4) tickets	\$800.00
•	Warriors v Milwaukee	3.18.17	(4) tickets	\$1100.00
•	Warriors v Sacramento	3.24.17	(4) tickets	\$1100.00
•	Warriors v Memphis	3.26.17	(4) tickets	\$1100.00
0	Warriors v Houston	3.31.17	(4) tickets	\$1200.00

1. Agency Name			Date Stamp	California 6/00
Oakland Alameda County Col	isium Auth	ority	Date oranip	Form 802
Division, Department, or Region (If Applie	cable)	or acy	_	For Official Use Only
Yui Hay Kee, Commissioner				
Designated Agency Contact (Name, Tille)	////	THE STATE OF THE S	-	
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 836-6688 YuiH	ay@YHLA.net	t	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information	Military Maria Carlo Car			(INONIN, Day, Year)
Does the agency have a ticket policy?	Yes 🗹 No	Face Value	of Each Ticket/Pass \$ _	75 -
Event Description Dioney Or	1 Ice	Date(s) <u>3</u>	4 17 0	3517
fravide Tillet	Explanation		THER DAY	7
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No [
Was ticket distribution made at the behes	et No.ET Vo1	-	Name of Sc	Durce
of agency official?	^{it} No∐ Yes[If yes:	Official's Name (Last, First)
. Recipients	No. of the second secon			
 Use Section A to identify the agency's department 	or unit. • Use Sect	ilon B to identify an individu	ial. • Use Section C to Iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	,	lic purpose made pursuant	· · · · · · · · · · · · · · · · · · ·
	Pass(es)			-3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Yui Hay Lee, Commissioner	6	#3		
B. Name of Individual	Number of Ticket(s)/			
(Last, First)	Pass(es)		identify one of the followi	ng:
		Ceremonial Role		Income [
		ił checking "Geremonia	il Role" ar "Other" describe below:	
		Ceremonial Role	Other 🔲	Income [7]
		If checking "Ceremonta	l Role" or "Other" describe below:	modifica <u>and</u>
C. Name of Outside Organization	Number of	**************************************		
(include address and description)	Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant t	o the agency's policy
			· · · · · · · · · · · · · · · · · · ·	
Verification .				
have reguland understand) PPC Regulations 18944,1 an	d 18942. I have verifie	ed that the distribution set fort	h above, is in accordance with	the requirements.
Y	i Hay Lee	OAC	CA Commission	2/27/,-
Signature of Against Heat or Designer	Print Name		Title	(Month, Day, Year)
comment Weekens	Solumi	Sty Via	•	. ,
omment:	2-00	-0.00	*	CODO Face - 200 / 11/2
		() FP	PC Toll-Free Helpline: 856	FPPC Form 802 (4/12) 6/ASK-FPPC (866/275-7772)