1.	Agency Name				Date Stamp	California Ono
	Oakland Alameda County Coliseum Authority					Form OUZ
	Division, Department, or Reg	on (if applicable)				For Official Use Only
	Sabrina Landreth City Admir	nistrator / OACCA of	ficial			
	Designated Agency Contact (Name, Title)				
						Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				·
	510.383.4801	SLandreth@oaklar	ndnet.com		Date of Original Filing:	April 2017 (month, day, year)
2.	Function or Event Infor	mation		***************************************		
	Does the agency have a tick	ret policy? Yes	⊠ No 🔲 F	ace Value of	Each Ticket/Pass \$ $\frac{3}{2}$	12.50
	Event Description: Golden S	State Warriors Playo			<u>, 16 , 17</u>	1 1
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes I	⊠ No 🗆 I	f no:	Name of Source	
	Was ticket distribution made	at the hehest Voc.		f yes:		
	of agency official?	at the beliest Yes I	_ NO⊠	. , 00	Official's Name (Last, First)	
,						
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
				Mediterrane		
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the	following:
	Orologas,Alexandra				nonial Role Other D	_
	ar and gardy worker ar		2		ing "Ceremonial Role" or "Other" de centives to City emplo	
				services to the		,
				1	onial Role Other	
				If check	ing "Ceremonial Role" or "Other" de	scribe below:
•						
	C. Name of Outside Or (include address and		Number of Ticket(s)/	Describe the	e public purpose made pur	rsuant to the agency's policy
			Passes			
			<u> </u>			
	Verification					
r.	I have read and understand FPi	PC Regulations 18044	1 and 18042	I have verified t	hat the distribution set f	orth above is in accordance
_	with the requirements.	O Tregulations 10944	.1 and 10042.	r nave vermeu t	nat the distribution set to	Jilli above, is ili accordance
, ·	Kenel Sal	/MUCDONO	e Savage	ΩΔα	CCA Executive Assist	tant 06.19.17
1	Signature of Agency Head or Designation		int Name		Title	(month, day, year)
	adjustment in pri	V re ner memo dated	6 14 17			
	Comment: adjustment in pri	oo por memo dated	U. 17. 1 <i>1</i>			

-					Prise resonant and a second se	
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	•				Form CUZ For Official Use Only
	Division, Department, or Reg					
	Christin Hill, OACCA Comm					-
	Designated Agency Contact	Name, Hile)				
	Area Code/Phone Number	E-mail			Amendment (Must)	Provide Explanation in Part 3.)
	510,383.4801	christin.hill@gmail.	com		Date of Original Filing:	. April 2017
_			COM			(month, day, year)
2.	Function or Event Infor				3	812 50
	Does the agency have a tick				Each Ticket/Pass \$ $\frac{3}{2}$	712.00
	Event Description: Golden S			Date(s)	<u>, 19 , 17 </u>	
	Tipleat(a)/Dana(an) provided	Provide Title/Expla		f no:		
	Ticket(s)/Pass(es) provided	by agency ? Yes	XI NOLI II	110.	Name of Source	
	Was ticket distribution made	at the behest Yes	□ No⊠ ^{If}	f yes:	Official's Name (Last, First)	
	of agency official?				Oniciai's Name (Last, First)	,
3.	• Use Section A to identify the agen A. Name of Agency, Depare		Use Section B to i Number of Ticket(s)/ Passes			ntify an outside organization. ersuant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	following:
	Hill, Christin		2	to investigat		
				1	nonial Role Other C king "Ceremonial Role" or "Other" de	
	C. Name of Outside O (include address and	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy	
4.	Verification					
/	I have read and understand FP with the requirements	PC Regulations 18944	.1 and 18942.	l have verified t	that the distribution set f	forth above, is in accordance
(Level Sar		ee Savage	OA	CCA Executive Assis	
	Signature of Agency Head or Design	ee // P	rint Name		Title	(month, day, year)
	Comment: adjustment in pri	ce per memo dated				

Event Description: Golden State Warriors Pla Provide Title/ Ex Ticket(s)/Pass(es) provided by agency? Ye Was ticket distribution made at the behest Ye of agency official? Recipients Use Section A to identify the agency's department or unit	official clandnet.com es ⊠ No □ □ yoffs xplanation es ⊠ No □ □ es □ No ⊠ □	Date Stamp California 80 Form For Official Use Only Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: April 2017 (month, day, year) Face Value of Each Ticket/Pass \$ 312.50 Date(s) 04 / 19 / 17 / / If no:
Sabrina Landreth City Administrator / OACCA Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail SLandreth@oak 2. Function or Event Information Does the agency have a ticket policy? Ye Event Description: Golden State Warriors Pla Provide Title/ Ex Ticket(s)/Pass(es) provided by agency? Ye Was ticket distribution made at the behest Ye of agency official? 3. Recipients *Use Section A to identify the agency's department or unit	dandnet.com es 🖾 No 🗀 I yoffs es 🖾 No 🗀 I es 🖾 No 🖂 I es 🗀 No 🖾 I	Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: April 2017 (month, day, year) Face Value of Each Ticket/Pass \$ 312.50 Date(s) 04 / 19 / 17 / / / If no:
Area Code/Phone Number 510.383.4801 E-mail SLandreth@oak Learning SLandreth@oak Learning SLandreth@oak SLandreth@oak Coden State Warriors Plan Provide Title/ Extended Title/ Extended Title (Extended Title) Was ticket distribution made at the behest years of agency official? Recipients Use Section A to identify the agency's department or unit	dandnet.com es 🖾 No 🗀 I yoffs es 🖾 No 🗀 I es 🖾 No 🖂 I es 🗀 No 🖾 I	Date of Original Filing: April 2017 (month, day, year) Face Value of Each Ticket/Pass \$ 312.50 Date(s)
Area Code/Phone Number 510.383.4801 SLandreth@oak 2. Function or Event Information Does the agency have a ticket policy? Ye Event Description: Golden State Warriors Pla Provide Title/ Ex Ticket(s)/Pass(es) provided by agency? Ye Was ticket distribution made at the behest Ye of agency official? Recipients • Use Section A to identify the agency's department or unit	es No I yoffs	Date of Original Filing: April 2017 (month, day, year) Face Value of Each Ticket/Pass \$ 312.50 Date(s)
510.383.4801 SLandreth@oak Function or Event Information Does the agency have a ticket policy? Event Description: Golden State Warriors Pla Provide Title/ Ex Ticket(s)/Pass(es) provided by agency? Ye Was ticket distribution made at the behest Ye of agency official? Recipients • Use Section A to identify the agency's department or unit	es No I yoffs	Date of Original Filing: April 2017 (month, day, year) Face Value of Each Ticket/Pass \$ 312.50 Date(s)
510.383.4801 SLandreth@oak 2. Function or Event Information Does the agency have a ticket policy? Ye Event Description: Golden State Warriors Pla Provide Title/ Ex Ticket(s)/Pass(es) provided by agency? Ye Was ticket distribution made at the behest Ye of agency official? Recipients • Use Section A to identify the agency's department or unit	es No I yoffs	Face Value of Each Ticket/Pass \$ 312.50 Date(s) 04 / 19 / 17
2. Function or Event Information Does the agency have a ticket policy? Event Description: Golden State Warriors Pla Provide Title/ Ex Ticket(s)/Pass(es) provided by agency? Ye Was ticket distribution made at the behest Ye of agency official? Recipients • Use Section A to identify the agency's department or unit	es No I yoffs	Face Value of Each Ticket/Pass \$ 312.50 Date(s) 04 / 19 / 17
Does the agency have a ticket policy? Event Description: Golden State Warriors Pla Provide Title/ Ex Ticket(s)/Pass(es) provided by agency? Ye Was ticket distribution made at the behest Ye of agency official? Recipients Use Section A to identify the agency's department or unit	yoffs [xplanation] es ☑ No ☐ □ es ☐ No ☑ □	Date(s)
Event Description: Golden State Warriors Pla Provide Title/ Ex Ticket(s)/Pass(es) provided by agency? Ye Was ticket distribution made at the behest Ye of agency official? Recipients Use Section A to identify the agency's department or unit	yoffs [xplanation] es ☑ No ☐ □ es ☐ No ☑ □	Date(s)
Provide Title/ Ex Ticket(s)/Pass(es) provided by agency? Υε Was ticket distribution made at the behest γε of agency official? Recipients • Use Section A to identify the agency's department or unit	es No D	If no:
Was ticket distribution made at the behest Ye of agency official? Recipients Use Section A to identify the agency's department or unit	es No	If yes:Official's Name (Last, First) olidentify an individual. • Use Section C to identify an outside organization.
of agency official? Recipients • Use Section A to identify the agency's department or unit	es No	If yes:Official's Name (Last, First) olidentify an individual. • Use Section C to identify an outside organization.
of agency official? Recipients • Use Section A to identify the agency's department or unit	t. • Use Section B to	o identify an individual. • Use Section C to identify an outside organization.
• Use Section A to identify the agency's department or unit		
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's polic
B. Name of Individual (Last, First)	Number of Ticket(s)/	Identify one of the following:
and the state of t	Passes	Ceremonial Role ☐ Other ☒ Incom
Gaines, Chantal	2	If checking "Ceremonial Role" or "Other" describe below: to provide incentives to City employees that provide services to the Authority
		Ceremonial Role Other Strong "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's polic
Vanisia aki ar		
 Verification I have read and understand FPPC Regulations 189 with the requirements. 	944.1 and 18942.	I have verified that the distribution set forth above, is in accorda
KONEL JANKA RE	enee Savage	OACCA Executive Assistant 06.19.17

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C					Form OU4 For Official Use Only
	Division, Department, or Regi					For Official Use Only
	Barbara J. Parker, City Attor	<u>-</u>				
	Designated Agency Contact ((Name, Title)				
	Area Code/Phone Number	E-mail		···	Amendment (Must F	Provide Explanation in Part 3.)
	510.383.4801	bparker@oaklandc	ityattorney.or	g	Date of Original Filing:	April 2017 (month, day, year)
2.	Function or Event Infor	mation		g ta and sentend sementer enten tedatade destinabled tedebil		
	Does the agency have a tick	cet policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$ $\frac{3}{2}$	12.50
	Event Description: Golden S	State Warriors Playof	fs D		, 16 <u>,</u> 17	
		Provide Title/Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes !	XI No □ If	no:	Name of Source	
	Was ticket distribution made	at the behest Yes [yes:		
	of agency official?				, , , , , , , , , , , ,	
3.	* Use Section A to identify the agen A. Name of Agency, Depa		Use Section B to i Number of Ticket(s)/ Passes	T		tify an outside organization.
			Number			
	B. Name of Indi		of Ticket(s)/ Passes	**************************************	Identify one of the	following:
	Parker, Barbara		2	to investigate	onial Role Other D ding "Ceremonial Role" or "Other" de e the efficiencies of o that occur at Coliseu	perations for sporting and
					onial Role Other Cing "Ceremonial Role" or "Other" de	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pui	rsuant to the agency's policy
1	Verification			1		30000000000000000000000000000000000000
	I have read and understand FP. with the requirements.	PC Regulations 18944	.1 and 18942. I	l have verified t	hat the distribution set f	orth above, is in accordance
(•	Signature of Agency Head or Design		e Savage	OA	CCA Executive Assist	tant 06.19.17 (month, day, year)
		U			1100	(monus, uay, yedi)
	Comment: adjustment in pri	ce per memo dated	5.14.1 <i>f</i>			

1.	Agency Name				Date Stamp	California OOO
	Oakland Alameda County C			Form OUZ		
	Division, Department, or Reg	ion (if applicable)		1	For Official Use Only	
	Barbara J. Parker, City Attor	•	al			
	Designated Agency Contact (Name, Títle)				
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)
	510.383.4801	bparker@oaklando	cityattorney.or	rg	Date of Original Filing:	April 2017 (month, day, year)
2.	Function or Event Infor	nation				
	Does the agency have a tick	et policy? Yes	⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$ 31	2.50
	Event Description: Golden S	State Warriors Playo Provide Title/Expla	ffs [Date(s) <u>04</u>	<u>, 19 , 17</u>	
	Ticket(s)/Pass(es) provided	by agency? Yes	X No □ I	f no:	Name of Source	
	Was ticket distribution made	at the behast very		f yes:		
	of agency official?	at the benest Yes	□ No⊠ '	r yes	Official's Name (Last, First)	, , , , , , , , , , , , , , , , , , , ,
3.	Recipients		Han Court Brown	talling of the tra	1 . 17 . 6 . 9 . 5 . 15	
	Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identity an individ	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
				<u> </u>		
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Harris, Veronica		2	to provide in	onial Role Other IX ing "Ceremonial Role" or "Other" desc centives to City and Co ices to the Authority	income ☐ cribe below: punty employees that
					onial Role Other Other on "Other" descriptions	Income In
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
						
A	V:::	aleman and a second				
	Verification	DC Regulations 19044	1 and 100.40	l hava varifical #	hat the distribution and for	th above to be account.
	I have read and understand FPI with the requirements.	- С пеушаноня точчч.	. i anu 18942. i	i nave veritied ti	rai irie uistribution set for	ιτι above, is in accordance
7	servish	797) Rene	e Savage	OΔC	CCA Executive Assista	nt 06.19.17
	Signature of Agency Read or Designe	_ <i>M/</i>	int Name	<u> </u>	Title	(month, day, year)
	Comment: adjustment in prid	ce per memo dated (6.14.17			

AP	ub	lic	Do	cui	men	ıt
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1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C				Form CUZ For Official Use Only	
	Division, Department, or Reg	, , , ,				To official osc only
	Chris Dobbins, OACCA Commissioner					
	Designated Agency Contact	(Name, Litle)				
	Area Code/Phone Number	E-mail			Amendment (Must Pi	rovide Explanation in Part 3.)
	510.383.4801	chrisdobbinslaw@	vahoo com		Date of Original Filing:	April 2017
-		<u> </u>	ya.100.00111			(month, day, year)
2.	Function or Event Infor		_			2.50
	Does the agency have a tick				Each Ticket/Pass \$ 31	2.00
	Event Description: Golden S			oate(s) <u>04</u>	<u>, 19 , 17 </u>	04 / 16 / 17
	Ticket(s)/Pass(as) provided	Provide Title/ Expla		:na.		
	Ticket(s)/Pass(es) provided	by agency? Yes p	X No ☐ If	110.	Name of Source	
	Was ticket distribution made	at the behest Yes	□ No⊠ ^{If}	yes:	Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depart		Use Section B to i Number of Ticket(s)/ Passes	T	ual. • Use Section C to identi	-
	B. Name of Indi	The state of the s	Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	Dobbins, Chris		2	to investigate	onial Role Other X ing "Ceremonial Role" or "Other" des e the efficiencies of op that occur at Coliseun	cribe below: erations for sporting and
				l	onial Role Other Other on "Other" descrip	-
	C. Name of Outside Or (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 FP with the requirements	A Rene	e Savage		CCA Executive Assista	
	Signature of Agency Head or Designation	V	int Name		Title	(month, day, year)
Comment: adjustment in price per memo dated 6.14.17						

	Agency Name			Date Stamp 🕟 🕒	alifornia o 🔿 🔿
	Dakland Alameda County Coliseum Authority		Form 802		
	Division, Department, or Region (if applicable)		For Official Use Only		
١	gnacio De La Fuente OACCA Commissioner				
Ī	Designated Agency Contact (Name,Title)				
_				Amendment (Must Provide E	Explanation in Part 3.)
1	Area Code/Phone Number E-mail			April	2017
***********	510.383.4801 Idelafuente2012@g	mail.com		Date of Original Filing: April	onth, day, year)
	Function or Event Information		000000000000000000000000000000000000000	040.50	
	Does the agency have a ticket policy? Yes [No□ F	ace Value of	Each Ticket/Pass \$ 312.50	
ı	Event Description: Golden State Warriors Playoft	<u>s</u> [Date(s)04	<u>, 19 , 17 </u>	, 16 _/ 17
	Provide Title/ Explan	ation			
	Ficket(s)/Pass(es) provided by agency? Yes ∑	☑ No □ □	r no:	Name of Source	Company of the second s
١	Nas ticket distribution made at the behest Yes] No⊠	f yes:	Official's Name (Last, First)	
	of agency official?			Official's Name (Last, First)	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant (o the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the following	ng:
		Passes	Coron	onial Role Other 🗵	Income [
	De La Fuente, Ignacio	2	to investigat	ionial Role	low: ons for sporting an
				nonial Role Other Oth	Income [low:
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant t	o the agency's policy
٠,	/erification		1		
1	have read and understand FPPC Regulations 18944. with the requirements.	1 and 18942.	I have verified t	hat the distribution set forth ab	oove, is in accordanc
_/					

Δ	Pι	ıhl	ic	Dac	HIM	nent
_				-		

1.	Agency Name			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date Stamp	California 606
••	Oakland Alameda County C	Coliseum Authority			Data diamp	Form 802
	Division, Department, or Reg	•				For Official Use Only
	Scott Haggerty, OACCA Co	mmissioner				
	Designated Agency Contact					
					✓ Amondment (Mart	Davida Europeania Davida
	Area Code/Phone Number	E-mail				Provide Explanation in Part 3.)
	510.383.4801	leeann.fergerson@	acgov.org		Date of Original Filing:	April 2017 (month, day, year)
2.	Function or Event Infor	nation				
	Does the agency have a tick	ket policy? Yes	⊠ No 🗆 F	ace Value of I	Each Ticket/Pass \$ $\frac{3}{2}$	12.50
	Event Description: Golden S	, , , , , , , , , , , , , , ,		Date(s)04		
	Event Description:	Provide Title/ Expla	nation	Jate(s) <u> </u>		
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🗆 🗆	f no:		
	Mos tisket distribution			f voc:	Name of Source	
	Was ticket distribution made of agency official?	e at the benest Yes	_l No⊠ '	f yes:	Official's Name (Last, First)	
	or agency officials					
3.	Recipients				1-11111110	
	Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy	

	B. Name of Indi (Last, Fire	vidual	Number of Ticket(s)/ Passes		Identify one of the	following:
	Edy, Derick				onial Role Other Ding "Ceremonial Role" or "Other" de	
			2	to promote attendance at a county sponsored event in order to maximize revenue		
					onial Role Other	Income \square
					ing "Ceremonial Role" or "Other" de	
	C. Name of Outside O		Number of Ticket(s)/	Describe the	public purpose made pu	rsuant to the agency's policy
	(include address and	description)	Passes '			
		· · · · · · · · · · · · · · · · · · ·				
1	Verification			Stational and a state of the st		
	I have read and understand FP	PC Regulations 18944	1 and 18942	I have verified ti	hat the distribution set f	orth above is in accordance
_	with the requirements.	· · · · · · · · · · · · · · · · · · ·	Gra 100 TZ,	. navo voimou u	nat the distribution set in	on above, is in accordance
	Sorel Sh	VAL (Repe	é Savage	OAC	CCA Executive Assist	tant 06.19.17
	Signature of Agency Head or Designature		int Name		Title	(month, day, year)
	Comment: adjustment in pri	∨ ce per memo dated∍	6.14.17			
	COMMENT		,			

1.	Agency Name				Date Stamp	California OOO
	Oakland Alameda County C	oliseum Authority				Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Scott Haggerty, OACCA Co	mmissioner				
	Designated Agency Contact (Name, Title)				
					X Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			,	·
	510.383.4801	leeann.fergerson@)acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes [⊠ No □ F	ace Value of I	Each Ticket/Pass \$ <u>3</u>	12.50
	Event Description: Golden S	State Warriors Playor	ffs r		, 16 _/ 17	
	Ticket(s)/Pass(es) provided	Provide Title/ Explai		Fna:		
	ricket(s)/r ass(es) provided	by agency? Yes [X No ☐ If	110.	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes [□ No⊠ ^{If}	yes:	Official's Name (Last, First)	
	A. Name of Agency, Depa	\$10 mm	Number of Ticket(s)/ Passes	T - ' · :		suant to the agency's policy
	B. Name of Indiv		Number of Ticket(s)/ Passes		identify one of the f	ollowing:
	McGrail, Staccey		2	to promote a	onial Role ☐ Other ⊠ ing "Ceremonial Role" or "Other" dea ttendance at a county imize revenue	scribe below:
					oniał Role Other Ining "Ceremonial Role" or "Other" des	_
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy
	Verification					
	I have read and understand FPI with the requirements.	WY Rene	e Savage		CCA Executive Assista	ant 06.19.17
	Signature of Agency Head or Designe		int Name		Title	(month, day, year)
	Comment: adjustment in prid	ce per memo dated (6.14.17			

Agency Report of:

Ceremonial	Role Events	and Ticket/Pass	Distributions

1.	Agency Name				Date Stamp	California O O O		
	Oakland Alameda County Coliseum Authority					Form OU4		
	Division, Department, or Reg	vision, Department, or Region (if applicable)				For Official Use Only		
	Scott McKibben, OACCA Executive Director							
	Designated Agency Contact (Name, Title)							
					Amendment (Must Provide Explanation in Part 3.)			
	Area Code/Phone Number	e/Phone Number						
	510.383.4801	smckibben1@gma	il.com		Date of Original Filing:	(month, day, year)		
2.	unction or Event Information							
	Does the agency have a tick	cet policy? Yes [Each Ticket/Pass \$ <u>31</u>	2.50				
	Event Description: Golden State Warriors Playoffs Provide Title/ Explanation Date(s)				16,17	4,19,17		
	•				Name of Source	·		
	Was ticket distribution made of agency official?	at the behest Yes[□ No⊠ ^{If}	yes:	Official's Name (Last, First)			
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's				
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	Identify one of the following:		llowing:		
	McKibben, Scott		4	Ceremonial Role Other M Income If the checking "Ceremonial Role" or "Other" describe below: to investigate the efficiencies of operations for sporting and other events that occur at Coliseum Complex				
					onial Role Other Other Other Other Other Other			
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy		
ļ.	Verification							
		ave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance						
	Renee Savage Signature of Agency Head or Designee Print Name			OA(CCA Executive Assista	nt 06.19.17 (month, day, year)		
	Comment: adjustment in price				Tigo	produs, day, yedi)		

١.	eremonial Role Events and Ticket/Pass Distributions Agency Name				Date Stamp	A Public Document	
	Oakland Alameda County (Coliseum Authority				Form 8UZ	
	Division, Department, or Region (if applicable)					For Official Use Only	
	Yui Hay Lee, OACCA Commissioner						
	Designated Agency Contact (Name, Title)						
	rea Code/Phone Number E-mail			· · · · · · · · · · · · · · · · · · ·	Amendment (Must Provide Explanation in Part 3.)		
	510.383.4801	yuihay@yhla.net			Date of Original Filin	g: April 2017 (month, day, year)	
2.	Function or Event Info	mation					
3.	Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of £				Each Ticket/Pass \$	312.50	
					<u>, 19 , 17</u>	04 , 16 , 17	
	Provide Title/ Explanation						
	Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If			If no:			
	Was ticket distribution made at the behest Yes ☐ No ☒ If yes:			If yes:			
	of agency official?				Official's Name (Last, Fir	st)	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	oursuant to the agency's policy	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	: .	Identify one of the following:		
	Lee, Yui Hay		2	If check	Ceremonial Role Other Melonial Role" or "Other" describe below: igate the efficiencies of operations for sporting all ents that occur at Coliseum Complex		
			_			eum Complex	
			-	other events		Income _	
	C. Name of Outside O		Number of Ticket(s)/ Passes	other events Cerem If check	that occur at Colise onial Role Other ing "Ceremonial Role" or "Other"	Income	

I nave read and understand FPPC Regulations	18944.1 and 18942. I	have veritied that the i	distribution set forth abov	e, is in accordance
			and in detail out for in above	0, 15 117 40001 447100
with the requirements				

Renee Savage Print Name

OACCA Executive Assistant

06.19.17 (month, day, year)

Comment: adjustment in price per memo dated 6.14.17