

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

**A Public Document**

|   |                                    |  |  |
|---|------------------------------------|--|--|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority                                      |                                    | Date Stamp   | California<br>Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Sabrina Landreth City Administrator / OACCA official |                                    |  |  |
| Designated Agency Contact (Name, Title)<br>Sabrina Landreth City Administrator / OACCA official         |                                    | <input checked="" type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br>Date of Original Filing: <u>April 2017</u><br>(month, day, year) |  |
| Area Code/Phone Number<br>510.383.4801  | E-mail<br>SLandreth@oaklandnet.com |  |  |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 312.50

Event Description: Golden State Warriors Playoffs Date(s) 04 / 16 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First)

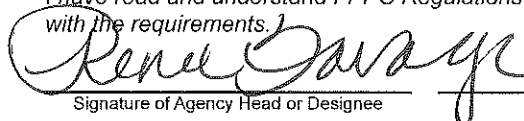
**3. Recipients**

• 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 policy   |
|----|--|-----------------------------|--|
|    |  |                             |  |
| B. | Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|    | Orologas, Alexandra  | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>to provide incentives to City employees that provide services to the Authority |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:  |
| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|    |  |                             |  |

**4. Verification**

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


 Signature of Agency Head or Designee
 Renee Savage
 Print Name
 OACCA Executive Assistant
 Title
 06.19.17
 (month, day, year)

Comment: adjustment in price per memo dated 6.14.17

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

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|--|-----------------------------------|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority                   |                                   | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Christin Hill, OACCA Commissioner |                                   |  |   |
| Designated Agency Contact (Name, Title)  |                                   |  |   |
| Area Code/Phone Number<br>510.383.4801   | E-mail<br>christin.hill@gmail.com | <input checked="" type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br>Date of Original Filing: <u>April 2017</u><br>(month, day, year) |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 312.50

Event Description: Golden State Warriors Playoffs Date(s) 04 / 19 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First)

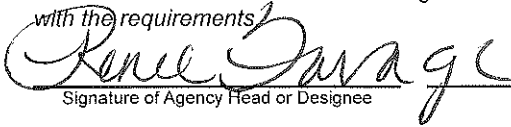
**3. Recipients**

• 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 policy  |
|---|-----------------------------|---|
|   |                             |   |
|   |                             |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:  |
| Hill, Christin  | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>to investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|   |                             |   |
|   |                             |   |

**4. Verification**

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


 Signature of Agency Head or Designee
 Renee Savage
 Print Name
 OACCA Executive Assistant
 Title
 06.19.17
 (month, day, year)

Comment: adjustment in price per memo dated 6.14.17

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|---|------------------------------------|---|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority                                      |                                    | Date Stamp  | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Sabrina Landreth City Administrator / OACCA official |                                    |   |   |
| Designated Agency Contact (Name, Title)   |                                    | <input checked="" type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) |   |
| Area Code/Phone Number<br>510.383.4801  | E-mail<br>SLandreth@oaklandnet.com | Date of Original Filing: April 2017<br><small>(month, day, year)</small>            |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 312.50

Event Description: Golden State Warriors Playoffs Provide Title/Explanation Date(s) 04 / 19 / 17

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? 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 policy  |
|---|-----------------------------|---|
|   |                             |   |
|   |                             |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:  |
| Gaines, Chantal   | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>to provide incentives to City employees that provide services to the Authority |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>  |
| 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**

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 Renee Savage  
Print Name
 

 OACCA Executive Assistant  
Title
 

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(month, day, year)

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|---|--|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority  |  | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| <b>Division, Department, or Region</b> (if applicable)<br>Barbara J. Parker, City Attorney / OACCA official |  |  |   |
| <b>Designated Agency Contact</b> (Name, Title)  |  | <input checked="" type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) |   |
| <b>Area Code/Phone Number</b><br>510.383.4801   | <b>E-mail</b><br>bparker@oaklandcityattorney.org | <b>Date of Original Filing:</b> April 2017<br><small>(month, day, year)</small>            |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 312.50

Event Description: Golden State Warriors Playoffs Date(s) 04 / 16 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First)

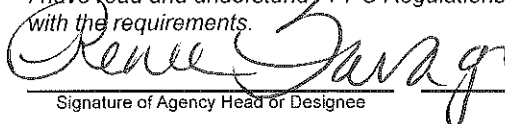
**3. Recipients**

• 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 policy  |
|---|-----------------------------|---|
|   |                             |   |
|   |                             |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:  |
| Parker, Barbara   | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>to investigate the efficiencies of operations for sporting and other events that occur at Coliseum Complex |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>  |
| 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 accordance with the requirements.


 Signature of Agency Head or Designee
 
 Renee Savage  
Print Name
 

 OACCA Executive Assistant  
Title
 

 06.19.17  
(month, day, year)

Comment: adjustment in price per memo dated 6.14.17

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| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority  |   | Date Stamp  | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region <i>(if applicable)</i><br>Barbara J. Parker, City Attorney / OACCA official |   |   |   |
| Designated Agency Contact <i>(Name, Title)</i>  |   | <input checked="" type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i> |   |
| Area Code/Phone Number<br>510.383.4801  | E-mail<br>bparker@oaklandcityattorney.org | Date of Original Filing: <u>April 2017</u><br><i>(month, day, year)</i>                           |   |

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 312.50

Event Description: Golden State Warriors Playoffs    Date(s) 04 / 19 / 17  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: \_\_\_\_\_  
*Name of Source*

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

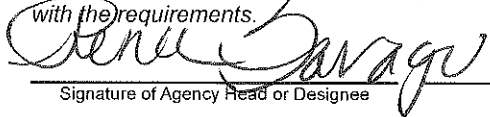
**3. Recipients**

• 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 policy   |
|--|-----------------------------|--|
|  |                             |  |
|  |                             |  |
| B. Name of Individual <i>(Last, First)</i>                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| Harris, Veronica   | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i><br>to provide incentives to City and County employees that provide services to the Authority |
|  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i>   |
| C. Name of Outside Organization <i>(include address and description)</i> | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|  |                             |  |
|  |                             |  |

**4. Verification**

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

|   |                           |                           |                                   |
|---|---------------------------|---------------------------|-----------------------------------|
|  | Renee Savage              | OACCA Executive Assistant | 06.19.17                          |
| <small>Signature of Agency Head or Designee</small>                                 | <small>Print Name</small> | <small>Title</small>      | <small>(month, day, year)</small> |

Comment: adjustment in price per memo dated 6.14.17

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|--|-------------------------------------|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority                   |                                     | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Chris Dobbins, OACCA Commissioner |                                     |  |   |
| Designated Agency Contact (Name, Title)<br>Chris Dobbins, OACCA Commissioner         |                                     |  |   |
| Area Code/Phone Number<br>510.383.4801   | E-mail<br>chrisdobbinslaw@yahoo.com | <input checked="" type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br>Date of Original Filing: <u>April 2017</u><br>(month, day, year) |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 312.50

Event Description: Golden State Warriors Playoffs Date(s) 04 / 19 / 17 04 / 16 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First)

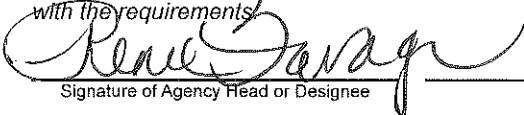
**3. Recipients**

• 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 policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| Dobbins, Chris  | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>to investigate the efficiencies of operations for sporting and other events that occur at Coliseum Complex |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:  |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

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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.


 Signature of Agency Head or Designee
 Renee Savage
 Print Name
 OACCA Executive Assistant
 Title
 06.19.17
 (month, day, year)

Comment: adjustment in price per memo dated 6.14.17

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| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority                         |                                     | Date Stamp  | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Ignacio De La Fuente OACCA Commissioner |                                     |   |   |
| Designated Agency Contact (Name, Title)<br>Ignacio De La Fuente OACCA Commissioner         |                                     |   |   |
| Area Code/Phone Number<br>510.383.4801   | E-mail<br>ldelafuente2012@gmail.com | <input checked="" type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br>Date of Original Filing: <u>April 2017</u><br><small>(month, day, year)</small> |   |

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 312.50

Event Description: Golden State Warriors Playoffs    Date(s) 04 / 19 / 17    04 / 16 / 17  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    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 policy  |
|---|-----------------------------|---|
|   |                             |   |
|   |                             |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:  |
| De La Fuente, Ignacio   | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below.</small><br>to investigate the efficiencies of operations for sporting and other events that occur at Coliseum Complex |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below.</small>  |
| 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  |
|   |                             |   |
|   |                             |   |

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|  |                            |                                    |   |
|--|----------------------------|------------------------------------|---|
| <br>Signature of Agency Head or Designee | Renee Savage<br>Print Name | OACCA Executive Assistant<br>Title | 06.19.17<br><small>(month, day, year)</small> |
|--|----------------------------|------------------------------------|---|

Comment: adjustment in price per memo dated 6.14.17

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|---|--------------------------------------|--|---|
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| Division, Department, or Region (if applicable)<br>Scott Haggerty, OACCA Commissioner |                                      |  |   |
| Designated Agency Contact (Name, Title)<br>_____                                      |                                      |  |   |
| Area Code/Phone Number<br>510.383.4801  | E-mail<br>leeann.fergerson@acgov.org | <input checked="" type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br>Date of Original Filing: <u>April 2017</u><br>(month, day, year) |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 312.50

Event Description: Golden State Warriors Playoffs Date(s) 04 / 19 / 17  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First)

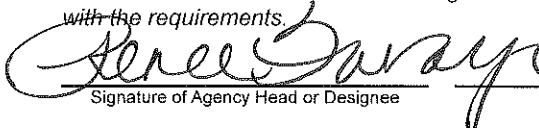
**3. Recipients**

• 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 policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| Edy, Derick   | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>to promote attendance at a county sponsored event in order to maximize revenue |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:  |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
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 Signature of Agency Head or Designee
 Renee Savage
 Print Name
 OACCA Executive Assistant
 Title
 06.19.17
 (month, day, year)

Comment: adjustment in price per memo dated 6.14.17



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|---|--------------------------------------|--|---|
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| Division, Department, or Region (if applicable)<br>Scott Haggerty, OACCA Commissioner |                                      |  |   |
| Designated Agency Contact (Name, Title)<br>_____                                      |                                      | <input checked="" type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) |   |
| Area Code/Phone Number<br>510.383.4801  | E-mail<br>leeann.fergerson@acgov.org | Date of Original Filing: <u>April 2017</u><br>(month, day, year)                           |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 312.50

Event Description: Golden State Warriors Playoffs Date(s) 04 / 16 / 17  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
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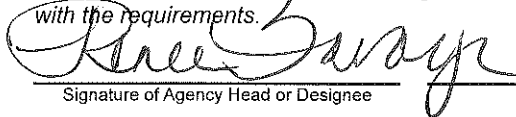
**3. Recipients**

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| 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 (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| McGrail, Stacey   | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>to promote attendance at a county sponsored event in order to maximize revenue |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:  |
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|   |                             |  |

**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.


 Renee Savage                      OACCA Executive Assistant                      06.19.17  
Signature of Agency Head or Designee                      Print Name                      Title                      (month, day, year)

Comment: adjustment in price per memo dated 6.14.17

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

**A Public Document**

|   |                                |   |   |
|---|--------------------------------|---|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority                          |                                | Date Stamp  | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Scott McKibben, OACCA Executive Director |                                |   |   |
| Designated Agency Contact (Name, Title)   |                                | <input checked="" type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) |   |
| Area Code/Phone Number<br>510.383.4801  | E-mail<br>smckibben1@gmail.com | Date of Original Filing: <u>April 2017</u><br>(month, day, year)                    |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 312.50

Event Description: Golden State Warriors Playoffs Date(s) 4, 16, 17 4, 19, 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First)

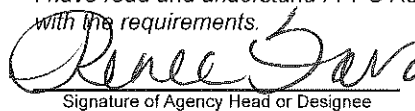
**3. Recipients**

• 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 policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| McKibben, Scott   | 4                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>to investigate the efficiencies of operations for sporting and other events that occur at Coliseum Complex |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:  |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

**4. Verification**

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

 Renee Savage OACCA Executive Assistant 06.19.17  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: adjustment in price per memo dated 6.14.17

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

**A Public Document**

|   |                           |   |                            |
|---|---------------------------|---|----------------------------|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority                        |                           | Date Stamp  | <b>California Form 802</b> |
| Division, Department, or Region <i>(if applicable)</i><br>Yui Hay Lee, OACCA Commissioner |                           | For Official Use Only   |                            |
| Designated Agency Contact <i>(Name, Title)</i>  |                           | <input checked="" type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i><br><br>Date of Original Filing: <u>April 2017</u><br><small><i>(month, day, year)</i></small> |                            |
| Area Code/Phone Number<br>510.383.4801  | E-mail<br>yuihay@yhla.net |   |                            |

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 312.50

Event Description: Golden State Warriors Playoffs    Date(s) 04 / 19 / 17    04 / 16 / 17  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: \_\_\_\_\_  
*Name of Source*

Was ticket distribution made at the behest of agency official?    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 policy   |
|--|-----------------------------|--|
|  |                             |  |
|  |                             |  |
| B. Name of Individual <small>(Last, First)</small>                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| Lee, Yui Hay   | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small><br>to investigate the efficiencies of operations for sporting and other events that occur at Coliseum Complex |
|  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>  |
| C. Name of Outside Organization <small>(include address and description)</small> | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|  |                             |  |
|  |                             |  |

**4. Verification**

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

Renee Savage
OACCA Executive Assistant
06.19.17  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: adjustment in price per memo dated 6.14.17