Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No□ Event Description: Oakland A's 2018 Season Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: Name of Source If yes: Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Other X Income Ceremonial Role De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: to promote the coliseum complex for use by the general public and businesses to maximize revenues 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 **OACCA Commissioner** 4.30.18 Ignacio De La Fuente (month, day, year) Signature of Agency Head or Designee Print Name Comment:

OAKLAND A's

April 2018

Ignacio De La Fuente

•	A's v Angels	4.1.18	(4) tickets	\$78.00
•	A's v Rangers	4.2.18	(4) tickets	\$78.00
•	A's v Rangers	4.3.18	(4) tickets	\$78.00
•	A's v Rangers	4.4.18	(4) tickets	\$78.00
•	A's v Rangers	4.5.18	(4) tickets	\$78.00
•	A's v Chicago	4.16.18	(4) tickets	\$78.00
•	A's v Chicago	4.18.18	(4) tickets	\$78.00
•	A's v Boston	4.20.18	(4) tickets	\$100.00
•	A's v Boston	4.21.18	(4) tickets	\$100.00
•	A's v Boston	4.22.18	(4) tickets	\$100.00

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** chrisdobbinslaw@yahoo.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Oakland A's 2018 Season Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? 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 Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) **Passes** Income Ceremonial Role Other Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: to promote the coliseum complex for use by the general public and businesses to maximize revenues 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

4. Verification

C.

(include address and description)

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

OACCA Commissioner

of Ticket(s)/

Passes

Chris Dobbins

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

4.30.18

OAKLAND A's

April 2018

CHRIS DOBBINS

A's v Angels	4.1.18	(4) tickets	\$78.00
A's v Rangers	4.2.18	(4) tickets	\$78.00
A's v Rangers	4.3.18	(4) tickets	\$78.00
A's v Rangers	4.4.18	(4) tickets	\$78.00
A's v Rangers	4.5.18	(4) tickets	\$78.00
A's v Chicago	4.16.18	(4) tickets	\$78.00
A's v Chicago	4.18.18	(4) tickets	\$78.00
A's v Boston	4.20.18	(4) tickets	\$100.00
A's v Boston	4.21.18	(4) tickets	\$100.00
A's v Boston	4.22.18	(4) tickets	\$100.00

A Public Document

1.	Agency Name Oakland Alameda County C	Coliseum Authority		Date Stamp California 80			
	Division, Department, or Reg	and the second s		, ,			For Official Use Only
	Office of the City Administra	ator					
	Designated Agency Contact	(Name, Title)					
	Sabrina B. Landreth, City A	dministrator					
	Area Code/Phone Number	E-mail			Amenamen	it (Must Pro	vide Explanation In Part 3.)
	510-238-3301	slandreth@oakland	dnet.com		Date of Origina	d Filing:	(month, day, year)
2.	Function or Event Infor	mation					201180
	Does the agency have a tick	ket policy? Yes [⊠ No 🗆 F	ace Value of	Each Ticket/Pa	iss \$	30469
	Event Description: WARRI	ORS Provide Title/ Expla.	[Date(s)04	01 , 18	_	
	Ticket(s)/Pass(es) provided	by agency? Yes [⊠ No□ I	f no:			
,	Was ticket distribution made of agency official?	e at the behest Yes [⊠ No□ I	f yes: <u>Landret</u>	Name of Source h, Sabrina Official's Name (L		
3.	Recipients • Use Section A to identify the ager	ncy's department or unit. •		identify an individ	ual. • Use Section	C to identif	y an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose i	nade pursu	iant to the agency's policy
-	B. Name of Indi		Number of Ticket(s)/ Passes		Identify on	e of the fol	lowlng;
	EVERETT, TC		2	To provide in	onial Role Ing "Ceremonial Role" oncentives to Cine Authority.		Income In
				Ceren	onial Role 🔲 ing "Čeremonial Role" o	Other r "Other" descr	income in
	C. Name of Outside O (Include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose r	nade pursu	ant to the agency's policy
						·	
4.	Verification						,
٠	I have read and understand FF with the requirements.	PC Regulations 18944	.1 and 18942.	l have verified t	hat the distributi	on set fort	ih above, is in accordance
		Sabrina	B. Landreth		City Administ	trator	04/25 /2018
	Signature of Agency Head or Design	Pa	rint Name		Title		(month, day, year)
	Comment:						<u> </u>

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandnet.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: WARRIORS 07 / Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No 🏻 Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization, Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Identify one of the following: Name of Individual of Ticket(s)/ (Last, First) Passes Other 🗵 Ceremonial Role Income YOUNG, VERBIN If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other 🔲 Income if checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 04/2</2018 City Administrator Sabrina B. Landreth (month, day, year) Print Name Signature of Agency Head or Designee

	Party.	6	B 6	Barrer .			
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				***********	A			Contract to the second
	Agency Name					Date Stamp	California	202
	Oakland Alameda County C			Form For Official	Iso Oply			
	Division, Department, or Reg	ion (if applicable)		FOI Official	JSE ONLY			
	Lynette Gibson McElhaney	•						
	Designated Agency Contact							
	Renee Savage - OACCA Ex	W-W-W-W	ant		A-1204-05-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	Amendment (Mu	ıst Provide Explanation in	Part 3.)
	Area Code/Phone Number	E-mail						
	510.383.4801	RSavage@co	oliseum.com			Date of Original Filin	ng:(month, day, yea	r)
2.	Function or Event Infor	mation		***************************************	er meg minnedikk statensing et projektigen hat en untverde entre fre en dyre.		ny fivonana paositra provinte ao amin'ny faritr'i North Communication (no ben'ny tanàna mandritry ny taona 200	
	Does the agency have a tick	ket policy?	Yes⊠ No[Fa	ice Value of	Each Ticket/Pass \$	304.80	Was to the Control of
	Event Description: Warriors	s vs Suns		Ds	ate(s) 04	<u>, 01 , 18 </u>	, ,	
	Event Description.	Provide Title	e/ Explanation	_ 0	ate(3)	, <u> </u>		
	Ticket(s)/Pass(es) provided	by agency?	Yes ☑ No [∐ lfյ	no:	Name of Source		
	The state of the s			If \	Lynette	McElhaney		
	Was ticket distribution made	e at the benest	Yes ⊠ No [] "'	yes. <u></u>	McElhaney Official's Name (Last, Fit	irst)	
	of agency official?							
3.	Recipients							
	• Use Section A to identify the ager	ncy's department or	unit. • Use Sectio	n B to id	entify an individ	lual. • Use Section C to ic	dentify an outside orga	nization.
	Δ Name of Agency, Dep	and the second	Num		Describe th	e public purpose made	numiant to the agen	w's nolley
	Amilia of Agency, Dep	aronem or one	of Tick Past			o puene purpose made	, All (100 and 100 and	9
	B. Name of Ind	lvidual +	Num of Tick			identify one of t	the following:	
	(Last, Fi	rst)	Pati					_
	Did Not Use					nonial Role D Othe king "Ceremonial Role" or "Othe	er 🔀	Income 🔲
					ii checi	any ceremoniar too or one	accomb below.	
						nonial Role 🔲 Othe king "Ceremonial Role" or "Othe	er LL er" describe below:	Income L
		Alti. 903	Num	ber I				
	C. Name of Outside C		of Tick Pas	ret(s)/	Describe th	e public purpose made	pursuant to the agen	cy's policy
					-			
		Control of the Contro						
1	Verification //	_10.0	1					
Υ.	I have read and understand	PC Regulations	18944.1 and 1	8942. I	have verified	that the distribution s	et forth above, is in	accordance
1	with the regulate balls ALL	and the same of th	egres-				,	
(-0-10) L	ynette McElh	aney	(OACCA Commissio	oner 3/	30/18
	Signature of Agency Head or Desig	- Andrews	Print Name	· J	DACHWALDIADORNAM	Title	1,000,000,000	th, day, year)
	Comment:							

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: -RSavage@coliseum.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Yes ⊠ No 🗆 Does the agency have a ticket policy? Event Description: Warriors vs Pelicans Date(s) _____/_ Provide Title/Explanation If no: _ Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes No 🗆 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Number Name of Individual identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗵 Did Not Use If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

Income Income ___ 4. Verification Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance i have read and understa with the reguirements **OACCA Commissioner** 3/30/18 Lynette McElhaney (month, day, year) Print Name Signature of Agency Head or Designed Comment: _ FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

A Public Document

1.	Agency Name		Date Stamp	California 802		
	Oakland-Alameda County C			Form For Official Use Only		
	Division, Department, or Regi	on (If Applicable		Por Official Ose Offiy		
	Barbara J. Parker, City Attor	ney/OAACA				
	Designated Agency Contact (/					
	Area Code/Phone Number	E-mail		Amendment (Must prov	ide explanation in Part 3.)	
	(510) 238-3815	bparker@oa	klandcityattor	ney.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket	policy?	Yes⊠ No [] Face Value o	of Each Ticket/Pass \$	304.80
	Warriors v.	Phoenix Sur			01 , 18	1 1
	Event Description	Provide Title/Expl		Date(s)		
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No [7 If no:	Name of Source	The state of the s
		,	103 M		Name of Source	:e
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes:				Official's Name (Las	et Firet)
well con-	of agency official?				Onicial's Ivaine (Las	x, i iisty
3.	Recipients			Bit- M06, Individe	ust a the Section C to identife	, an autoido avecalentian
	Use Section A to identify the agency		TO STREET OF STREET OF A STREET OF STREET			
	A. Name of Agency, Departmen	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's po			
			O DO STATE OF THE PARTY OF THE			
			-			
	B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following	:	
	AA-Di			Ceremonial Role		Income
	McPherson, Malia		2		ial Role" or "Other" describe below: es to City and County e	mployees that provide
				services to the Auth		inployees that provide
			1	Ceremonial Role	Other	Income _
				If checking "Ceremoni	al Role" or "Other" describe below.	
	C. Name of Outside Organia (include address and desc	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy	
			Pass(es)			
				Autorial Company of the Company of t		
	Verification		20040 1		dhahan la la c	the consideration
	I have read and understand FPPC Regula	ntions 18944.1 and				
	Children to Saik		Barbara J. Pa	arker City	Attorney/OAACA Offici	
/	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
	Comment:					
	John Million					

A Public Document

1.	Agency Name		Date Stamp California 802				
	Oakland-Alameda County C	oliseum Auth		Form OUZ			
	Division, Department, or Reg	ion (If Applicabl	1	For Official Use Only			
	Barbara J. Parker, City Atto	rney/OAACA	Official				
	Designated Agency Contact (
	Area Code/Phone Number	E-mail	***************************************		Amendment (Must provide explanation in Part 3.)		
	(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Infor	nation					
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$	304.80	
	Event Description Warriors v	New Orlean	, 07 , 18	, ,			
	Event Description Warriors v	Provide Title/Exp					
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Sour		
			No⊠ Yes				
	Was ticket distribution made a of agency official?	t the behest	Official's Name (La	est. First)			
2			1				
ა.	Recipients • Use Section A to identify the agency	's department or	ıal. ● Use Section C to identif	y an outside organization.			
	A. Name of Agency, Departme		Number of				
	A: Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's poli		o the agency's poncy		
	B. Name of Individua	Number of Ticket(s)/	Identify one of the following:				
	No.	un de la marca de la lac	Pass(es)	Ceremonial Role	Other 🛛	Income 🔲	
	Wiseman, Dara				al Role" or "Other" describe below:	meone 🗀	
			2		e incentives to City and County employees that provide		
				services to the Auth			
				Ceremonial Role	Other Dal Role" or "Other" describe below:	Income	
				ii Checking Ceremonia	at Role of Other describe below.		
	C. Name of Outside Organi	zation	Number of			Politica de la competita de la	
	(include address and desc	cription)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy	
1.	Verification						
1	have read and understand FPPC Regula	tions 18944.1 and	18942. I have ver	rified that the distribution set fo	rth above, is in accordance with	the requirements.	
	autore & Suiz	bo	Barbara J. F	arker City	Attorney/OAACA Offici	ial 05/08/2018	
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
3	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form OAKLAND/ALAMEDA COUNTY COLISEUM AUTHORITY For Official Use Only Division, Department, or Region (if applicable) OACCA Commissioner Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: WARRIORS / SUNS Basketball Date(s) _ 4 / Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department or Unit of Ticket(s) Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes To promote attendance at a county sponsored Gress, Mike @ Acama 2 event in order to maximize potential county revenue for concession and parking sales. 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) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Fergerson

Print Name

Signature of Agency Head or Designee

Comment:

April 2, 2018

(month, day, year)

Ticket Administrator

Title

Ceremonial Role	Events and Ti	cket/Pass Dist	ributions	Α	Public Document	
1. Agency Name	HBSCORA THE WATER THE TAXABLE	- The state of the	on to the second se	Date Stamp		
	County Coliseum Aut				Form 802	
Division, Departmen	t, or Region (if applicab	le)			For Official Use Only	
OACCA Commission						
Designated Agency				1		
Lee Ann Fergerson				□ Amondment (Must 6	Provide Control of the Control	
Area Code/Phone Nu	ımber E-mail			Amendment (Must Provide Explanation in Part 3.)		
510-272-6691		gerson@acgov.org		Date of Original Filing:	(month, day, year)	
2. Function or Ever	nt Information					
Does the agency ha	ave a ticket policy?	Yes⊠ No□	Face Value of	Each Ticket/Pass \$ 30	04.80	
Event Description:			Date(s)4			
Ticket/c\/Pass(ca) n		Title/ Explanation	ır GSM			
ticker(s)/Fass(es) h	rovided by agency?	Yes⊠ No 🗆	If no: GSW	Name of Source		
Was ticket distribution	on made at the behe	st Yes 🖾 No 🗀	If yes: Haggert	ty, Scott		
of agency official?		Official's Name (Last, First)				
3. Recipients		AND	######################################			
• Use Section A to identi	fy the agency's department of	ual, • Use Section C to ident	ify an outside organization.			
A. Name of Age			Describe the	e public purpose made purs	suant to the agency's policy	

B. Nar	ne of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
Rabeneau, Scott		2	eve	romote attendance at ent in order to maximiz enue for concession	ze potential county	
				enial Role Utner Ung 'Ceremonial Role' or 'Olher' desc	mcome	
	C. Name of Outside Organization (include address and description)		Describe the	public purpose made purs	uant to the agency's policy	
. Verification	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER					
I have read and unders	and FPPC Regulations	s 18944.1 and 18942.	I have verified th	at the distribution set for	th above, is in accordance	
with the requirements.	10/					
Signature of Agency Head	or Designee	Lee Ann Fergerson Print Name		Ticket Administrator	4/9/18 (month, day, year)	
Comment:	\sim					

remonial Role Events and Ticket/P		and the second second second second second		Public Document
Agency Name			Date Stamp	California 802
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 Pro	ovide Explanation in Part 3.)
Area Code/Phone Number E-mail				
510.383.4801 idelafuente2012@	gmail.com		Date of Original Filing: _	(month, day, year)
Function or Event Information	······································			0.00
Does the agency have a ticket policy? Yes	⊠ No□ Fa	ce Value of	Each Ticket/Pass \$ 20	
	Da	te(s)04	, 06 , 18	
Event Description: Romeo Santos Provide Title/ Exp	lanation	(-/		
Ticket(s)/Pass(es) provided by agency? Yes	s⊠ No□ lfr	no:	Name of Source	
Was ticket distribution made at the behest Yes	s□ No⊠ If	yes:	Official's Name (Last, First)	
of agency official?				
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes		in the second	suant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	1	Identify one of the	
	of Ticket(s)/	1	monial Role Other	Income [lescribe below: nunity groups to utilize the
(Last, First)	of Ticket(s)/ Passes	to provide facility	monial Role Other	Income [lescribe below: nunity groups to utilize the
(Last, First)	of Ticket(s)/ Passes	to provide facility Cen	emonial Role	Income [lescribe below: nunity groups to utilize the
De La Fuente, Ignacio Name of Outside Organization	of Ticket(s)/ Passes 2 Number of Ticket(s)/	to provide facility Cen	emonial Role	Income C escribe below: nunity groups to utilize the Income [
De La Fuente, Ignacio C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	to provide facility Cen	emonial Role	Income Cescribe below: nunity groups to utilize the Income Cescribe below: ursuant to the agency's policy
De La Fuente, Ignacio C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	to provide facility Cen	emonial Role	Income Cescribe below: nunity groups to utilize the Income Cescribe below: Income Cescribe below: Income Cescribe below: Income Cescribe below:

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) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: Lit AF Tour 04 Date(s) _ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: . Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Α. Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Other 🔀 Ceremonial Role Income ___ De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 to provide opportunities for community groups to utilize the facility Ceremonial Role Other 🗌 income 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes**

4. Verification

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

Signature of Agency Head or Designee

Ignacio De La Fuente

OACCA Commissioner

03.20.18 (month, day, year)

Comment: __

A Public Document

1.	Agency Name			***************************************		Date Stamp	California 202
	Oakland Alameda County C	oliseum Autho	rity				Form OUA
	Division, Department, or Reg	ion (if applicable)					For Official Use Only
	Lynette Gibson McElhaney	, OACCA Com	mission				
	Designated Agency Contact	(Name, Title)					
	Renee Savage - OACCA Ex	cecutive Assist	Amendment (Must	Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail				Tanada	
	510.383.4801	RSavage@c	oliseum	.com		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation					
	Does the agency have a ticl	ket policy?	Yes 🗵	No □	Face Value of	of Each Ticket/Pass \$ _	78.00
	Event Description: A's vs A	ngels			Date(s) 04	<u> </u>	1 1
	Event Description.	Provide Titi	e/ Explana	tion	Jaio(0)	<u> </u>	
	Ticket(s)/Pass(es) provided	by agency?	Yes 🛚	No □	If no:	Name of Source	
	Man tinket distribution made	at the beheat	\/. (52	—	If ves. Lynet	Name of Source te McElhaney Official's Name (Last, First	
	Was ticket distribution made of agency official?	at the benest	Yes 🔀	No∐	п усо. <u></u>	Official's Name (Last, First	t)
	or agency unicial?		V-10				
3.	Recipients						
	• Use Section A to identify the ager	cy's department or	unit. • U	se Section B	to identify an indi	vidual. • Use Section C to ide	ntify an outside organization.
	Δ Name of Agency, Depr	artment or Unit		Number of Ticketis	/ Describe	the public purpose made o	ursuant to the agency's policy
				Passes			
	B. Name of Ind			Number of Ticket(s	/	Identify one of the	ofollowing:
	(Lest, Fir	Sij		Passes		[-]	[C]
	Did Not Use		1			remonial Role Other necking "Ceremonial Role" or "Other" o	
						•	
			-			remonial Role Other	
						remonial Role [] Other necking "Ceremonial Role" or "Other" o	
	Name of Outside O	rganizetion		Number			
	C. (include address and			of Ticket(s Passes	/ Describe	the public purpose made p	ursuant to the agency's policy
			1				
4.	Verification						
-	I have read and understand FF	같은 Regulations	18944.1	and 1894	2. I have verifie	d that the distribution set	forth above, is in accordance
	with the requirements.						
gara.	The the Hiller		ynette l	McElhane	ey .	OACCA Commission	er 4/20/18
Ciro-1	Signature of Agency Head or Design	nee	Prin	t Name		Title	(month, day, year)
	Comment:	gas p.··					
	COHINICHL						

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1.	Agency Name				***********		Date Stamp		California 802
	Oakland Alameda County C		rity						For Official Use Only
	Division, Department, or Reg	ion (if applicable)							For Official Use Only
	Lynette Gibson McElhaney		missior	1					
	Designated Agency Contact	,							
	Renee Savage - OACCA Ex	recutive Assista	ant				Amendment (Me	ust Provid	le Explanation in Part 3.)
	Area Code/Phone Number	E-mail]		,
	510.383.4801	RSavage@co	oliseum	n.com			Date of Original Fili	ng:	(month, day, year)
2.	Function or Event Infor	mation				A Trans		70.00	
	Does the agency have a tick	ket policy?	Yes 🗵	No□	Fa	ce Value of	Each Ticket/Pass \$	78.00	}
	Event Description: A's vs R	angers			Da	te(s) 04	_/ 02 _/ 18		1 1
	Event Description.	Provide Titl	e/ Explana	ation	Du		<u>, — — — — — — — — — — — — — — — — — — —</u>		
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗵	No□	lf n	no:			
					I£	Lvnette	Name of Source McElhaney		
	Was ticket distribution made	e at the benest	Yes 🛚	No□	ну	es. <u></u>	Official's Name (Last, F	irst)	
	of agency official?								
3.	Recipients			*************	******		and the second s		
	• Use Section A to identify the agen	cy's department or	unit. • U	Jse Section B	to ide	entify an individ	lual. • Use Section C to i	identify a	n outside organization.
		Win-	-2-3-3	 Number 					
	A. Name of Agency, Depr	artment or Unit		of Ticket(s Passes	1	Describe to	ie public purpose made	pursua	nt to the agency's policy
								•	
	B. Name of Ind	lvidual	1	Number			Identify one of t	the falls	adner
	(Lest, Fir	The second of the control of the con		of Ticketis Passes			identify one of	10110	William Control of the Control of th
	Did Not Use					Ceren	nonial Role 🔲 Othe	er 🗵	Income
	Bid Not 550					If chec	king "Ceremonial Role" or "Othe	er" describe	e below:
								ег 🔲	Income
						If chec	king "Ceremonial Role" or "Othe	er" describe	e below:
	-								
	C Name of Outside O			Number of Ticket(s	,	Describe th	se public purpose made	pursual	nt to the agency's policy
	(include address and	i description)		Passes					

4.	Verification								
	I have read and understand FF with the requirements	PPC Regulations	18944.	1 and 1894	2. 11	have verified	that the distribution s	et forth	above, is in accordance
	The second second	//				د.	0.00.0		410044.0
	Jantha Leaning A			McElhane	y		OACCA Commissio	oner	4/20/18 (month, day, year)
•	Signature of Agency Head of Design		FII	in Name			nue		(month, day, year)
	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) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: RSavage@coliseum.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 78.00 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: A's vs Rangers Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Passes Number identify one of the following: Name of Individual (Last, First) Passes Other X Income Ceremonial Role Did Not Use If checking "Ceremonial Role" or "Other" describe below: Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ (Include address and description) Passes 4. Verification I have read and understand FFFPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 4/20/18 **OACCA Commissioner** Lynette McElhaney (month, day, year) Print Name

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1.	Agency Name					Da	ite Stamp	California	802
	Oakland Alameda County C	oliseum Auth	ority					Form	
	Division, Department, or Reg	i on (if applicable))					For Official	Use Only
	Lynette Gibson McElhaney	, OACCA Cor	nmissio	n .					
	Designated Agency Contact ((Name,Title)							
	Renee Savage - OACCA Ex	cecutive Assis	tant			☐ Ame	ndment (Must Pro	ovide Explanation i	n Part 3.)
	Area Code/Phone Number	E-mail					1	-	
	510.383.4801	RSavage@	coliseun	n.com		Date of 6	Original Filing:	(month, day, ye	ar)
2.	Function or Event Infor	mation		WHOLESON , PROPERTY OF THE PRO				niu masa <u>ng</u> ndokamatan pamaka arawa 19 da mata da pambanda da mata	Visco Valenti vista vist
	Does the agency have a tick	ket policy?	Yes 🏿	No □	Face Value	of Each Tic	ket/Pass \$ <u>78.</u>	.00	
	Event Description: A's vs Ra					4 , 04 ,		,	1
	Event Description:	Provide T	itle/ Explan	ation	Date(s)				
	Ticket(s)/Pass(es) provided	by agency?	Yes 🛭	☑ No □	If no:				
			i		يديني Lvne	Name o	f Source •eV		
	Was ticket distribution made	e at the behes	Yes 2	No □	if yes: <u>-7.75</u>	Official's	Vame (Last, First)		
	of agency official?								
3.	Recipients								
	• Use Section A to identify the agen	cy's department o	er unit. • 1	Use Section B	to identify an inc	dividual. • Use	Section C to identif	fy an outside orga	nization.
	Δ Name of Agency, Dept	udmant ar link		Number	Describ	sa tha nublic as	rpose made purs	yant to the ager	cy's policy
	A. Name of Agency, Depi	irunent or one		of Ticket(s) Passes) Descrit	ie ilie hanile he		aunt to mo ager	., . ,
	Annual Color								•
	Military Co.								
	3. Name of Ind	CENTRAL CONTRACTOR OF THE SECOND		Number of Ticket(s	, 1	lde	ntify one of the fo	illowing:	
	(Last, Fir	s/)		Passes				All The Control of th	
	Did Not Use					eremonial Role	Other 🔀		Income 🔲
					"	onsoning coronian	ar 7 (5/5) 5 (1/5) 5 (5/5)	5/20 001011.	
						eremonial Role checking "Ceremon	Other ∐_ ial Role" or "Other" desc	cribe below:	Income L_
						-			
				Number					
	C. Name of Outside O			of Ticket(s Passes	/ Describ	pe the public pu	rpose made purs	uant to the ager	cy's policy
4.	Verification		***************************************						
••	I have read and und@rstend FF	PC Regulation	s 18944.	.1 and 1894	2. I have verifi	ied that the di	stribution set for	rth above, is in	accordance
	with the requirements.								
	Trustif fir All his		Lynette	McElhane	y .	OACCA (Commissioner	4	/20/18
No.,mage	Signature of Agency Head or Design	nee		int Name			Title	(moi	oth, day, year)
	C	and the same of th							
	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) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: -510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 78.00 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) __04__/_ Event Description: A's vs Rangers Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: ___ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticketis)/ Name of Agency, Department or Unit Passes Number Name of Individual identify one of the following: of Ticket(s)/ (Last, First) Passes Other 🗵 Income Ceremonial Role Did Not Use If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Π Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Comment:

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with the requirements.

A Public Document

١,	Agency Name					Date Stamp	California 802
	Oakland Alameda County C					_	Form 902 For Official Use Only
	Division, Department, or Reg						t of Omeiar use Only
	Lynette Gibson McElhaney		nmission			 -	
	Designated Agency Contact						
	Renee Savage - OACCA E		tant			Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				5.4.46.1.1.152	_
	510.383.4801	RSavage@d	oliseum	.com		Date of Original Filing	: (month, day, year)
2.	Function or Event Infor	mation					200.00
	Does the agency have a tic	ket policy?	Yes 🗵	l No □	Face Value of	Each Ticket/Pass \$ 2	200.00
	Event Description: Romeo	Santos			Date(s)04	<u>, 06 , 18</u>	
		Provide Ti	tle/ Explana				
	Ticket(s)/Pass(es) provided	by agency?	Yes 🛭	No 🗌	If no:	Name of Source	
	Was ticket distribution made	e at the behest	Voc IXI	l No ET	If yes: Lynette	McElhaney	
	of agency official?	o at the boneon	, tes 🖸	INO		Official's Name (Last, First	0
	or agonoy omolar.						
3.	•						
	• Use Section A to identify the ager	ncy's department o	runit. • U	The Control of the Co	to identify an indivi	dual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Dep	artment or Unit		Number of Ticket(s)	j Describe ti	he public purpose made pi	ursuant to the agency's policy
		36		Passes			
							-
		W 350		Number			
	B. Name of Ind (Last, Fil			of Ticket(s) Passes		Identify one of the	e following:
	0 0 1 1				Cerer	monial Role Other	income
	Oney Salado			2	If chec	cking "Ceremonial Role" or "Other" (describe below: for his/her service to the
					City of Oakl		ioi momento del vice de die
					Сеге	monial Role Other	Income 🗆
					If ched	cking "Ceremonial Role" or "Other"	describe below:
						040000000000000000000000000000000000000	DE-000000000000000000000000000000000000
	Name of Outside C			Number of Ticket(s)	/ Describe f	he public purpose made p	ursuant to the agency's policy
	(include address an	d description)		Passes			
	· · · · · · · · · · · · · · · · · · ·						

4.	Verification /						
	I have read and understand with the requirements.	PPC Regulation	s 18944.1 *	1 and 1894	2. I have verified	that the distribution set	forth above, is in accordance
	vyrar are sequirements.			. A . P"!		04004 0	410140
	Signature of Agency Head or Desig			McElhane	У	OACCA Commission Title	er 4/6/18 (month, day, year)
	Signature of Agency Flead of Desig	1100	Lili	is (see 1116)		THE	(monal, day, year)
	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) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: RSavage@coliseum.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 150.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Lit AF - Martin Lawrence Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☑ No ☐ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number of Ticket(s)/ identify one of the following: Name of Individual (Last, First) Passes Other 🖾 Income Ceremonial Role Jones, Craig If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a community activist for his/her service to the City of Oakland Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ (include address and description) 4. Verification

I have read and understand FPF	PC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth ab	ove, is in accordance
with the requirements	- No.				

Lyn	ette	M	cE	haney
NAME AND ADDRESS OF THE OWNER, WHEN THE OWNER,	Pri	nt I	Nam	е

(month, day, year)

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) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: RSavage@coliseum.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 78.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's vs Chicago White Sox Date(s) ___04 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ⋈ No □ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗵 Income _ Did Not Use If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other Π If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) 4. Verification

Lynette McElhaney OACCA Commissioner 4/20/18
Signature of Agency Head of Designee Print Name Title (month, day, year)

I have read and understand with the requirements.

Comment:

EPFC/Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

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) Lynette Gibson McElhaney , OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: -(month, day, year) RSavage@coliseum.com 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 0 Does the agency have a ticket policy? Yes⊠ No□ Date(s) ____/_ Event Description: A's vs Chicago White Sox Provide Title/ Explanation If no: _ Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. 3. Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Name of Agency, Department or Unit Passes Number of Ticket(s)/ identify one of the following: Name of Individual Passes (Last, First) Income L.... Other 🗵 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income Other \square Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy Number Name of Outside Organization of Ticket(s)/ (include address and description) Passes Rewarding an organization that works on behalf of the Seneca Center children of the City of Oakland 2 6925 Chabot Road, Oakland I have read and understand FPFX Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance 4. Verification with the require to fifts. 4/20/18 **OACCA Commissioner** Lynette McElhaney (month, day, year) Print Name Signature of Agency Head or Designee.

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) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ _____ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's vs Chicago White Sox 04 Date(s) -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual Identify one of the following: of Ticket(s)/ B. (Last, First) Passes Other X Income Ceremonial Role Susan Hayes Smith If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a community activist who has contributed to the City of Oakland Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** 4. Verification C Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I have read and upderstand with the requirements **OACCA Commissioner** 4/20/18 Lynette McElhaney (month, day, year) Print Name Signature of Agency Head or Designee

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division. Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ RSavage@coliseum.com (month, day, year) 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 100.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's vs Red Sox 04 Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ⋈ No □ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. 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)/ (Last, First) Passes Income Ceremonial Role Other X Susan Haves Smith If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a community activist who has contributed to the City of Oakland Other Income ... Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ (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. **OACCA Commissioner** 4/20/18 Tynette McElhaney

Print Name

Signature of Agency Head or Designee

Comment:

(month, day, year)

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1.	Agency Name					Date Stamp	California Q02
	Oakland Alameda County C		rity				Form OUZ
	Division, Department, or Reg	ion (if applicable)				1	For Official Use Only
	Lynette Gibson McElhaney	, OACCA Com	missio	n			Addition
	Designated Agency Contact	(Name, Title)				7	
	Renee Savage - OACCA Ex	kecutive Assista	ant			Amendment (Must R	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail					Tovide Explanation III Fait 3.)
	510.383.4801	RSavage@co	oliseun	n.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	nation					
	Does the agency have a tick	ket policy?	Yes 🛭	☑ No □	Face Value of	Each Ticket/Pass \$ 10	00.00
	Event Description: A's vs Re	ed Sox		_		<u>, 21 , 18</u>	1 1
		Provide Title	e/ Explan	ation	Date(3)		
	Ticket(s)/Pass(es) provided	by agency?	Yes 🛭	I No □	If no:	Name of Source	
	Mas tisket distribution made	at the behavi		—	If yes: Lynette		
	Was ticket distribution made of agency official?	e at the benest	Yes Ł	U No □	ii yes	Official's Name (Last, First)	
	or agency officials						
3.	Recipients						
	• Use Section A to identify the agen	cy's department or	unit, • T	Jse Section B	to identify an indivi	dual. • Use Section C to ident	ify an outside organization.
	Д. Name of Agency, Depa	ertment or Unit		Number of Ticket(s)		he public purpose made pur	suant to the agency's policy
				Passes			
	•						
	B. Name of Indi	our ingress company of the Contract of the Con		Number of Ticket(s)		Identify one of the f	ollowing:
	(Last, Fir.	st)		Passes			
	Susan Hayes Smith					monial Role Other cking "Ceremonial Role" or "Other" des	
				2	Rewarding	a community activist w	ho has contributed to the
		//////////////////////////////////////			City of Oak		
			ŀ		1	monial Role Other cking "Ceremonial Role" or "Other" des	
						•	
	Name of Outside O	rganization		Number			
	C. (include address and			of Ticket(s) Passes	Describe t	he public purpose made pun	suant to the agency's policy
							,
4.	Verification /	-0.2					
	I have read and understand FP	Regulations	18944.	1 and 18942	2. I have verified	that the distribution set fo	orth above, is in accordance
1	with the requirements.		2				
ال. ,سي	10/10/	L)	/nette	McElhane	<i>y.</i>	OACCA Commissioner	4/20/18
	Signature of Agency Head or Design	ee	Pri	nt Name		Title	(month, day, year)
	Comment:						

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 100.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's vs Red Sox Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No □ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual of Ticket(s)/ Passes identify one of the following: (Last, First) Other 🔀 Ceremonial Role Income Susan Hayes Smith If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a community activist who has contributed to the City of Oakland Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and upderstand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Lynette McElhaney OACCA Commissioner 4/20/18 Print Name (month, day, year)

Agency Report of:

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ 01 Date(s) _ Event Description: _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other X KILGORE, KELLI If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. 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 C. of Ticket(s)/ (include address and description) Passes 4. Verification

I have read and understa	and FPPC Regulations	18944.1 and 18942.	. I have verified that the	distribution set forth	above, is in accordance
with the requirements.	119				

Sabrina B. Landreth

Signature of Agency Head or Designee	Print Name	litle	(month, day, year)
Comment:			

04/7</2018

City Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ 02 / Event Description: _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Income | RICTHIE, BILL If checking "Ceremonial Role" or "Other" describe below. 2 To provide incentives to City employees that provides services to the Authority. Income Other _ 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)/ (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.

Sabrina B. Landreth

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

04/ 25/2018

City Administrator

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ 04 03 Date(s) _ Event Description: __ Provide Title/ Explanation If no: _ Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes No I Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. **Passes** Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Income KILLENS, KENTRELL GREGORY If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. 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) 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. -City Administrator 04/ 25/2018 Sabrina B. Landreth (month, day, year) Print Name Signature of Agency Head or Designee

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ 04 Date(s) -Event Description: __ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Other X Ceremonial Role Income WANG, MAILEE If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Income Other 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 C. of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 04/ 5/2018 Sabrina B. Landreth City Administrator (month, day, year) Signature of Agency Head or Designee Print Name

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Date(s) __04__/ 05 / Event Description: __ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: . Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income | KIM, PETER If checking "Ceremonial Role" or "Other" describe below. 2 To provide incentives to City employees that provides services to the Authority. 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 C. of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator 04/25 /2018 Signature of Agency Head or Designee Print Name (month, day, year)

	gency Report of: eremonial Role Evel	nts and Ticket/P	ass Distr	ibutions	A	Public Do	cument
1. Agency Name					Date Stamp	California	802
	Oakland Alameda County		Form OUZ				
	Division, Department, or Re	gion (if applicable)				For Official	Use Only
	Office of the City Administr	ator					
	Designated Agency Contact	(Name, Title)			1		
	Sabrina B. Landreth, City A	Administrator			Amendment (Must F	Provide Evalenation in	Port 2.1
	Area Code/Phone Number	E-mail			Amendment (Must P	-томие Ехріапалоп Ії.	rait 3.)
	510-238-3301	slandreth@oakland	dnet.com		Date of Original Filing:	(month, day, yea	<u>r)</u>
2.	Function or Event Info	rmation					
	Does the agency have a tid	cket policy? Yes [⊠ No □ F	ace Value of	Each Ticket/Pass \$ _2	200.00	
	Event Description: ROMEC	O SANTOS GOLDEN Provide Title/ Explai	TOUR		<u>/ 06 / 18</u>		
	Ticket(s)/Pass(es) provided	d by agency? Yes	⊠ No□ I	f no:	Name of Source		
	Was ticket distribution mad of agency official?	e at the behest Yes [⊠ No□ I	f yes: <u>Landret</u>	ch, Sabrina Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the age A. Name of Agency, Dep		Use Section B to Number of Ticket(s)/ Passes		lual. • Use Section C to iden	对容别的基础 表现	ALL DE LA CONTRACTOR DE L
	B. Name of Inc.		Number of Ticket(s)/ Passes		Identify one of the f	following:	
	ARGUETA, JENNIFER		2	To provide i	nonial Role Other oth	scribe below:	Income /ides
	8				nonial Role Other Ching "Ceremonial Role" or "Other" de	 -	Income
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agenc	y's policy

4. Verification

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

	Sabrina B. Landreth	City Administrator	04/2 /2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:		V	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: _ 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes ⊠ No □ Date(s) 04 / 16 / Event Description: A's Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Income FOSTER, FRANK If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4. Verification

have read and understand FPPC Regu	ulations 18944.1 and 18942. I have v	erified that the distribution set forth	above, is in accordance
with the requirements.			
	Sabrina B. Landreth	City Administrator	04/25/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes⊠ No□ Date(s) _ 04 / 20 / Event Description: A's Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Other X Ceremonial Role Income PATTON, KENNETH If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4. Verification

I have read and understand	d FPPC Regulations	18944.1 and 18	3942. I have	verified that the	distribution se	et forth above,	is in accordance
with the requirements.							

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

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Oakland Alameda County Coliseum Authority Form For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Date(s) __04 / Event Description: A's 21 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income _ GREER, NIKKI If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes** 4. Verification

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

	8
Signature of Agency He	ead or Designee

Sabrina B. Landreth

City Administrator

04/25/2018

Print Name

Title

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 **Date of Original Filing:** slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes ⊠ No □ Event Description: A's Date(s) __04__/ 22 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Landreth, Sabrina Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit 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 TOM, KAREN Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other _ Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Verification

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

Signature of Agency Head or Designee

Print Name

04/05/2018

Comment:

(month, day, year)

1.	Agency Name				Date Stamp	California OOO		
	Oakland/Alameda County C	Coliseum Authority		Form 802				
	Division, Department, or Reg				For Official Use Only			
	OACCA Commissioner							
	Designated Agency Contact	(Name, Title)						
	Lee Ann Fergerson	and the second of the second control of the second of the						
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)		
	510-272-6691	looppy forgomen(Date of Original Filing: _			
Nome		leeann.fergerson@	yacgov.org			(month, day, year)		
2.	Function or Event Infor	mation						
	Does the agency have a tick	ket policy? Yes	⊠ No □	No ☐ Face Value of Each Ticket/Pass \$ 200.00				
	Event Description: King Ror	neo		Date(s)4/				
	Event Becomption.	Provide Title/ Expl	anation	Jale(s)/				
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □ I	f no: Oakland	Athletics			
	\\\ \ \\ \ \\ \\ \ \\ \\ \\ \\			, Hannert	Name of Source			
	Was ticket distribution made	at the behest Yes	⊠ No □ I	f yes: Haggert	Official's Name (Last, First)			
	of agency official?				1223,1114,			
3.	Recipients							
-	• Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individu	ral • Use Section C to identif	van outsidaii'		
			Number	1	ose oceron o to tachin	y an outside organization.		
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy		
			1 43503					
	D Nome of India	datural	Number					
	B. Name of Indiv (Last, Firs		of Ticket(s)/ Passes		Identify one of the following:			
	Flores, Maria				7			
	rioles, Maria		eve		romote attendance at a county sponsored ent in order to maximize potential county renue for concession and parking sales.			
					onial Role 🔲 Uther 🖂			
				1	ng "Ceremonial Role" or "Other" descri	ibe below:		
	Name of Outside Org	anization	Number	220 201 200				
	(include address and		of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy		
	Verification				THE PARTY OF THE P			
	have read and understand FPF	C Regulations 18944	1 and 18942	have verified th	at the distribution set fact	h ahaya is is		
١	with the requirements.		ana 100 TZ. I	navo vermeu (II	นะ แกะ นารแามนแบบ 56(101()	i above, is ili accordance		
	Mulling	lee An	n Fergerson	-	Γicket Administrator	4/40/40		
	Signature of Agency Head or Designer		int Name		Title	4/10/18 (month, day, year)		
					e distribution	(month, day, year)		
	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) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: chrisdobbinslaw@yahoo.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Romeo Santos Date(s) __04 06 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to provide opportunities for community groups to utilize the facility Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes

Verification

Comment:

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

with the requirements.

Chris Dobbins

OACCA Commissioner

03.20.18

Signature of Agency Head or Designee

Print Name

(month, day, year)

Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** slandreth@oaklandnet.com 510-238-3301 (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: MARTIN LAWERENCE Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Other X Income Ceremonial Role MOORE, EDWARD If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. 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) Passes 4. Verification I have read and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 04/ 7/2018 City Administrator Sabrina B. Landreth (month, day, year) Print Name Signature of Agency Head or Designee

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) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: . (month, day, year) chrisdobbinslaw@yahoo.com 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes⊠ No□ Event Description: Lit AF Tour Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: . Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) **Passes** Income ___ Other X Ceremonial Role Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: to provide opportunities for community groups to utilize the 2 facility Income Ceremonial Role Other _ 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 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. 03.20.18 **OACCA** Commissioner Chris Dobbins (month, day, year) Title Print Name Signature of Agency Head or Designee

Comment:

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1.	Agency Name		Date Stamp	California 802				
	Oakland-Alameda County C	Coliseum Auth	ority			Form OUZ		
	Division, Department, or Regi	ion (If Applicable	e)			For Official Use Only		
	Barbara J. Parker, City Attor	rney/OAACA	Official					
	Designated Agency Contact (151						
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)		
	(510) 238-3815 bparker@oaklandcityattorney.org				Date of Original Filing: _	(Month, Day, Year)		
2	Function or Event Inform			(моптп, Day, Year)				
les u	Does the agency have a ticket		f Each Ticket/Pass \$	78.00				
		0.000	Yes 🛛 No					
	Event Description Oakland A	Provide Title/Expl	anation	Date(s)				
	Tigket(a)/Dagg(ag) provided by							
	Ticket(s)/Pass(es) provided by	y agency?	☐ If no:	Name of Sour	rce			
	Was ticket distribution made a	t the behest	No ☒ Yes	☐ If yes:	Official's Name (La			
	of agency official?			,	Official's Name (La	ast, First)		
3.	Recipients							
	Use Section A to identify the agency	's department or	T	ction B to identify an individu	al. • Use Section C to identif	fy an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Pass(es)					
3						2		
	B. Name of Individual (Last, First) Fung, Michael		Number of Ticket(s)/ Pass(es)	Identify one of the following: Ceremonial Role Other Income Income Income To provide incentives to City and County employees that provide services to the Authority				
			2					
0				Ceremonial Role	Other	Income 🗌		
			8	If checking "Ceremonia	al Role" or "Other" describe below:			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to the agency's policy			
-	(minute and above	inputony	Pass(es)					
3								
. '	Verification							
	have read and understand FPPC Regula	ations 18944.1 and	18942. I have vei	rified that the distribution set for	rth above, is in accordance with	the requirements.		
	Carbare & And		Barbara J. F	Parker City	Attorney/OAACA Offic	ial 05/08/2018		
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)		
					nio	(Month, Day, Teal		

	A Name of				Date Stamp	California Q02			
١.	Agency Name		Date Stamp	Form 8UZ					
	Oakland-Alameda County C					For Official Use Only			
	Division, Department, or Regi	ion (If Applicable))						
	Barbara J. Parker, City Attor	rney/OAACA							
	Designated Agency Contact (0.55	1						
	₩ 188								
	Area Code/Phone Number	E-mail			Amendment (Must prov	vide explanation in Part 3.)			
			klandcityattor	nev ora	Date of Original Filing:	(Month, Day, Year)			
	(510) 238-3815		ikianucityatton	ney.org		(Мопіп, Day, Year)			
2.	Function or Event Information			- 1/1	(78.00			
	Does the agency have a ticke	t policy?	Yes⊠ No 🗆	of Each Ticket/Pass \$					
	Event Description Oakland A	's v. Texas R	angers	'Date(s)0	4 , 02 , 18				
	Eveni Description	Provide Title/Exp	lanation						
	Ticket(s)/Pass(es) provided b	v agency?	Yes⊠ No 🗆] If no:	Name of Sour	200			
	Ticket(3)/1 ass(es) provided a	, agone,	163 24 140 2		Name of Sour	ce			
	Was ticket distribution made a	at the behest	No ⊠ Yes 🗆	If yes:	Official's Name (La	and Fireth			
	of agency official?				Official's Name (La	St, First)			
3.	Recipients								
•	Use Section A to identify the agence	y's department or	unit. • Use Secti	on B to identify an individ	lual. • Use Section C to identif	y an outside organization.			
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy					
	A. Halle of Agono, 2 spanish		Pass(es)						
	Name of Individu				Identify one of the following:				
	B. Name of Individu	al .	Ticket(s)/ Pass(es)		Identify one of the following:				
				Ceremonial Role	Other 🗵	Income			
	Fung, Michael				onial Role" or "Other" describe below:				
		2	To provide incentives to City and County employees that p		employees that provide				
	AV ELONGIA ELONGIA			services to the Au					
					Other	Income			
				If checking "Ceremo	onial Role" or "Other" describe below:				
	C Name of Outside Organ		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's po		to the agency's policy			
	(include address and de	scription)	Pass(es)						
4.	Verification	1 10 9227000 0 mm	140040 11	era da da da de de la	t forth above is in accordance with	the requirements			
	I have read and understand FPPC Regu	ulations 18944.1 an							
	Cata & Bul		Barbara J. P	arker Ci	ty Attorney/OAACA Offic				
	Signature of Agency Head or Designe	е	Print Name		Title	(Month, Day, Year)			
	Comment:					EDDO E 000 /4/40)			

		Carlotte Annual Section Sectio	WCMCASA COMPANIES IN		the same of the sa		
1.	Agency Name		Date Stamp	California 802			
	Oakland-Alameda County C	Coliseum Auth	ority			Form For Official Use Only	
	Division, Department, or Reg	ion (If Applicable)			For Official Use Offig	
	Barbara J. Parker, City Atto	rney/OAACA	Official				
	Designated Agency Contact (
	Area Code/Phone Number	E-mail			Amendment (Must provid	de explanation in Part 3.)	
	(510) 238-3815	I .	klandcityattor	nev.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	L	, , , , , , , , , , , , , , , , , , , ,		(World), Day, Your)		
۷.	Does the agency have a ticke		Yes⊠ No□	T Face Value o	of Each Ticket/Pass \$	78.00	
	Event Description Oakland A	Provide Title/Expl	angers	Date(s)	<u> </u>		
		84.514		If no			
	Ticket(s)/Pass(es) provided b	y agency?	Yes⊠ No □] 11110	Name of Source)	
	Was ticket distribution made a	at the behest	No ⊠ Yes □	If ves:			
	of agency official?		Contracts		Official's Name (Last	; First)	
3.	Recipients						
	Use Section A to identify the agence	y's department or	unit. • Use Secti	on B to identify an individu	ual. • Use Section C to identify	an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant to	the agency's policy	
			Pass(es)				
			-				
			Number of				
	B. Name of Individual (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the following:		
			1 444(44)	Ceremonial Role	Other 🛛	Income	
	Gill, Harveen			If checking "Ceremonial Role" or "Other" describe below:			
			2	To provide incentives to City and County employees that provide services to the Authority			
				services to the Auti	nonty	- A	
				Ceremonial Role	Other Initial Role" or "Other" describe below:	Income	
				ii checking ceremon	narrole of other describe scion.		
	Name of Outside Organ	Name of Outside Overnization					
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to	the agency's policy	
	V 101 (1				rotti to un more e fetti comme de la comme		
4.	Verification I have read and understand FRPC Regu	llations 18944 1 and	d 18942. I have veri	fied that the distribution set f	forth above, is in accordance with th	ne requirements.	
	A A A A A A A A A A A A A A A A A A A		Barbara J. P.		y Attorney/OAACA Officia		
(Signature of Agency Head or Designee		Print Name	ainei City	Tille	(Month, Day, Year)	
	Signatura of Agonay Freda di Designee	8	t wanto		LOMBE	NOOL TOURS OF THE CONTINUE	
	Comment:						

Comment: _____

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

4	Access Nome				Date Stamp	California QA2
1.	Agency Name	N 12 - A 11-	Bute stamp	Form 8UZ		
	Oakland-Alameda County C				-	For Official Use Only
	Division, Department, or Reg	ion (If Applicable,)			
	Barbara J. Parker, City Atto	rney/OAACA (Official			
	Designated Agency Contact	(Name, Title)			1	
						ide evaluation in Bort 2 V
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 238-3815 bparker@oaklandcityattorney.org				Date of Original Filing: _	(Month, Day, Year)
2	Function or Event Infor	mation				
	Does the agency have a ticket		Yes⊠ No[☐ Face Value of	of Each Ticket/Pass \$	78.00
	Personal Personal Page 197		m - water		4 , 05 , 18	
	Event Description Oakland A	<u> </u>				
	POSSES SERVICES SERVI	Provide Title/Expla		- If no		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🛛 No [Name of Sou	rce
	Was ticket distribution made	at the behest	Official's Name (L			
	of agency official?		No ⊠ Yes		Official's Name (L	ast, First)
3	Recipients					
٠.	Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departm	Number of Ticket(s)/				
	The second secon		Pass(es)			
	Name of Individu	Number of		Library Sall-Sallandam		
	Name of Individu	ai	Ticket(s)/ Pass(es)	Identify one of the following:		
				Ceremonial Role		Income
	Ferrel, Elizabeth		2	If checking "Ceremonial Role" or "Other" describe below:		
				To provide incentives to City and County employees that provide services to the Authority		
	·					Income
					Other Initial Role" or "Other" describe below:	Income
			2.			
	Name of Outside Orga	nization	Number of		ublic purpose made pursuant to the agency's policy	
	(include address and de		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
4.	Verification I have read and understand FPPC Reg	ulations 18944 1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance wit	h the requirements.
	Exce (1)					
	July Sans		Barbara J. I		ty Attorney/OAACA Offi	(Month, Day, Year)
	Signature of Agency Head or Designee Print Name				7100	(mann, bay, roar)

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1.	Agency Name		Date Stamp	California 802					
	Oakland-Alameda County C	Coliseum Autho	ority			Form OUZ			
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only			
	Barbara J. Parker, City Atto								
	Designated Agency Contact (Name, Title)			^				
					Amendment (Must prov	vide explanation in Part 3.1			
	Area Code/Phone Number	E-mail			_				
	(510) 238-3815	bparker@oa	klandcityatto	rney.org	Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Information	mation				200.00			
	Does the agency have a ticke		Yes⊠ No[☐ Face Value o	of Each Ticket/Pass \$	200.00			
	Event Description King Rome	eo Santos Cor	ncert	Date(s)04	06 18				
	Ticket(s)/Pass(es) provided b	120	Name of Source						
	W	7 Th - 1 - 1 - 1		. 					
	Was ticket distribution made a of agency official?	it the benest	No⊠ Yes [If yes:	Official's Name (Las	st, 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, Departmen		Number of Ticket(s)/		lic purpose made pursuant to				
			Pass(es)						
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:					
	Guerrero, Laura			Ceremonial Role	Other A lia Role" or "Other" describe below:	Income			
	duerrero, Ladra		2	To provide incentives to City and County employees that provide services to the Authority.					
				Ceremonial Role If checking "Ceremon	Other Intermited on "Other" describe below:	Income			
	Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
1.	Verification								
	I have read and understand FPPC Regu	lations 18944.1 and	18942. I have ver	ified that the distribution set fo	orth above, is in accordance with i	he requirements.			
	Janbare & Stark		Barbara J. F	arker City	Attorney/OAACA Offici	ial 05/08/2018			
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)			
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	Comment:								

Comment: _____

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

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. A	gency Name		Date Stamp	California 802			
	akland-Alameda County C					For Official Use Only	
Di	vision, Department, or Regi	ion (If Applicable	e)				
В	arbara J. Parker, City Attor	rney/OAACA	Official				
	esignated Agency Contact (
Α	rea Code/Phone Number	E-mail			1	ovide explanation in Part 3.)	
	510) 238-3815		klandcityatto	rney.org	Date of Original Filing: _	(Month. Dav. Year)	
	unction or Event Infor					(
	oes the agency have a ticke		of Each Ticket/Pass \$	78.00			
יט	Oakland A	le v. Chicago	Yes No				
E	vent Description Oakland A	Provide Title/Expl	4 , 16 , 18				
		W We 1994 1874					
11	cket(s)/Pass(es) provided by	y agency?	Yes 🛛 No		Name of Sou	irce	
V	as ticket distribution made a	at the behest					
(of agency official?		No ⊠ Yes		Official's Name (L	ast, First)	
3. R	ecipients						
	Use Section A to identify the agenc	y's department or	unit. • Use Sec	tion B to identify an indivi	dual. • Use Section C to ident	ify an outside organization.	
A	. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
			Pass(es)				
В	Name of Individua (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:				
				Ceremonial Role	TOWNSHOOT THE TOWN	Income [
F	ung, Michael		2	To provide incentives to City and County employees that provide services to the Authority			
			7.00.00				
_				Ceremonial Role		Income	
				200 At 1000 1000 1	onial Role" or "Other" describe below:		
C	Name of Outside Organ		Number of Ticket(s)/	Describe the pu	ublic purpose made pursuant	to the agency's policy	
_	(include address and des	scription)	Pass(es)				
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L V	erification						
	ave read and understand FPPC Regu	ılations 18944.1 and	d 18942. I have ve	rified that the distribution se	t forth above, is in accordance wit	th the requirements.	
	Farfare (tack		Barbara J. I	Parker Ci	ty Attorney/OAACA Offi	icial 05/08/2018	
1	Signature of Agency Head or Designee)	Print Nam		Title	(Month, Day, Year)	
	Tarbam Jack		Barbara J. I	Parker Ci	ty Attorney/OAACA Offi	icial 05/	

4	Agency Name				Date Stamp	California On 2	
۱.		A II	11	Date Stamp	Form 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			Amendment (Must provi	ide explanation in Part 3.)	
	(510) 238-3815	bparker@oa	klandcitvatto	ornev.org	Date of Original Filing:	(Month Day Your)	
2.	Function or Event Infor			9		(Month, Day, Tear)	
۷.	Does the agency have a ticke		V - 🔽 N-	□ Face Value o	of Each Ticket/Pass \$	78.00	
			Yes No				
	Event Description Oakland A	Provide Title/Expl	vvnite Sox	Date(s)	1 , 17 , 18		
		Trovide Tito/Expi	unation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	☐ If no:	Name of Source	e	
	Was ticket distribution made a	t the behest	No ⊠ Yes	□ If yos:			
	of agency official?	it the bonoce	140 🔼 162		Official's Name (Las	t, First)	
2	Paginianta						
٥.	Recipients • Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identify	an outside organization.	
	A. Name of Agency, Departme		Number of	Describe the public purpose made pursuant to the agency's policy			
	Name of Agency, Departme	ant of Offic	Ticket(s)/ Pass(es)	Describe the pair	no parpose made parodant to	and agency o pency	
					V		
	B. Name of Individua	ı	Number of		Identify one of the following:		
	(Lest, First)		Ticket(s)/ Pass(es)				
				Ceremonial Role		Income	
	McPherson, Malia		2		ing "Ceremonial Role" or "Other" describe below:		
					ovide incentives to City and County employees that provide ces to the Authority		
				A SERVICE DESCRIPTION OF THE PROPERTY OF THE PARTY OF THE	Other	Income 🔲	
					nial Role" or "Other" describe below:	mcome 🗀	
	Name of Outside Organ	ization	Number of	Describe the muh	olic purpose made pursuant to	the agency's policy	
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	one purpose made pursuant to	the agency's policy	
a	VI 181 - 41						
ł.	Verification I have read and understand FPPC Regu.	lations 18944 1 and	l 18942. I have ve	rified that the distribution set f	orth above, is in accordance with t	he requirements.	
	Bol (1)						
	Signature of Agency Head or Designee		Barbara J. F		y Attorney/OAACA Officia	al 05/08/2018 (Month, Day, Year)	
	Signature of Agency read of Designee		, incivani	*	Cons.	imonin, say, roar,	
	Comment:						

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١.	Agency Name		Date Stamp	California 802			
	Oakland-Alameda County C			For Official Use Only			
	Division, Department, or Regi	on (If Applicable	e)			,	
	Barbara J. Parker, City Attor	ney/OAACA	Official				
	Designated Agency Contact (
				7727 U 192 2 192 193210			
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)	
	(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)	
)	Function or Event Inform	mation					
	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	100.00	
		2000	1 , 20 , 18				
	Event Description Oakland A	Provide Title/Exp					
	Ticket(s)/Pass(es) provided by	v agonev2	Yes⊠ No	□ If no:	Name of Sc		
	ricket(s)/Pass(es) provided by	y agency:	Name of Sc	ource			
	Was ticket distribution made a	it the behest					
	Nas ticket distribution made at the behest No ☑ Yes ☐ If yes:						
3.	Recipients						
	Use Section A to identify the agency	y's department or		ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departme	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy				
			Pass(es)				
			Number of				
	B. Name of Individua	al	Ticket(s)/		Identify one of the follow	ving:	
	B. Name of Individua (Last, First)	al		Ceremonial Role		v ing: ∣ncome [
	B. Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremor	Other Ot	Income [
	(Last, First)	al	Ticket(s)/	If checking "Ceremon To provide incentiv	Other onial Role" or "Other" describe below:		
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentiv services to the Aut	Other Other or "Other" describe below: ves to City and County hority	Income [
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive services to the Aut	Other	Income C remployees that provide	
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive services to the Aut	Other Other or "Other" describe below: ves to City and County hority	Income C remployees that provide	
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive services to the Aut	Other	Income C remployees that provide	
	Patel, Bijal		Ticket(s)/ Pass(es)	If checking "Ceremor To provide incentive services to the Autonomial Role If checking "Ceremore	Other Main and County hority Other Other describe below: Other and County hority Other and County hority	Income C r employees that provide	
	(Last, First)	lization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremor To provide incentive services to the Autonomial Role If checking "Ceremore	Other	Income C r employees that provide	
	Patel, Bijal C. Name of Outside Organ	lization	Ticket(s)/ Pass(es)	If checking "Ceremor To provide incentive services to the Autonomial Role If checking "Ceremore	Other Main and County hority Other Other describe below: Other and County hority Other and County hority	Income C r employees that provide	
	Patel, Bijal C. Name of Outside Organ	lization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremor To provide incentive services to the Autonomial Role If checking "Ceremore	Other Main and County hority Other Other describe below: Other and County hority Other and County hority	Income C r employees that provide	
	Patel, Bijal C. Name of Outside Organ	lization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremor To provide incentive services to the Autonomial Role If checking "Ceremore	Other Main and County hority Other Other describe below: Other and County hority Other and County hority	Income C r employees that provide	
	Patel, Bijal C. Name of Outside Organ	lization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremor To provide incentive services to the Autonomial Role If checking "Ceremore	Other Main and County hority Other Other describe below: Other and County hority Other and County hority	Income C r employees that provide	
	Patel, Bijal C. Name of Outside Organ (include address and des	lization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremor To provide incentive services to the Autonomial Role If checking "Ceremore	Other Main and County hority Other Other describe below: Other and County hority Other and County hority	Income C r employees that provide	
4.	Patel, Bijal C. Name of Outside Organ (include address and des	lization scription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive services to the Aut Ceremonial Role If checking "Ceremon Describe the put	Other Other or "Other" describe below: res to City and County hority Other or "Other" describe below: onial Role" or "Other" describe below: olic purpose made pursuan	Income C r employees that provide Income C	
1.	Patel, Bijal C. Name of Outside Organ (include address and des	lization scription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive services to the Aut Ceremonial Role If checking "Ceremon Describe the pul perified that the distribution set a	Other	Income Control of the	
4.	Patel, Bijal C. Name of Outside Organ (include address and des	lization cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive services to the Aut Ceremonial Role If checking "Ceremon Describe the pul perified that the distribution set to the pulposition of the control of the pulposition of the pulpositi	Other Other or "Other" describe below: res to City and County hority Other or "Other" describe below: onial Role" or "Other" describe below: olic purpose made pursuan	Income Control of the	

-						A Fublic Document
1.	Agency Name		Date Stamp	California 802		
	Oakland-Alameda County C	Coliseum Auth		Form OUZ		
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Barbara J. Parker, City Atto	rnev/OAACA	Official			
	Designated Agency Contact					
	200ignatou / igonoy contact	(rvaine, ride)				
		1			Amendment (Must pi	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 238-3815 bparker@oaklandcityattorney.org				Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke		Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	100.00
	Event Description Oakland A	's v. Boston F	Red Sox	Date(s)04	, 21 , 18	
	Event Description	Provide Title/Exp				
	Ticket(s)/Pass(es) provided by	v agency?	Yes⊠ No	□ If no:	Name of Sou	
					Name of Sou	ırce
	Was ticket distribution made a	it the behest	No⊠ Yes	☐ If yes:		
	of agency official?			P	Official's Name (L	ast, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or	al. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy
		Pass(es)				
	B. Name of Individua	Number of Ticket(s)/		Identify one of the following	ng:	
			Pass(es)	Ceremonial Role		Income
	Royal, Lenora		2		al Role" or "Other" describe below:	
				services to the Auth	es to City and County of	employees that provide
-				-		
				Ceremonial Role L If checking "Ceremonia	Other Il Role" or "Other" describe below:	Income 📙
(C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publi	Describe the public purpose made pursuant to the agency's policy	
-			1 433(43)			
	Verification					
1	have read and understand FPPC Regula	tions 18944.1 and	18942. I have ver	rified that the distribution set for	th above, is in accordance with	the requirements.
	/ Ohithe Sol		Barbara J. F	Parker City	Attorney/OAACA Offic	ial 05/08/2018
7	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
(Comment:					

	enn.						-
A	Pι	ubl	IC.	Doc	um	en	۱Ť

I. Agency Name	Date Stamp California O 0 2					
Oakland-Alameda County Coliseum Au	Oakland-Alameda County Coliseum Authority					
Division, Department, or Region (If Applica			1	For Official Use Only		
Barbara J. Parker, City Attorney/OAAC	Δ Official					
Designated Agency Contact (Name, Title)	-					
G G , G (Harro, Mo)						
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)		
	oaklandcityatt	orney ora	Date of Original Filing: _			
. Function or Event Information	oanandonyan	omey.org	J	(Month, Day, Year)		
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$100.0						
1500 HOSS 92 2004 VA-41						
Event Description Oakland A's v. Boston	22 , 18					
Ticket(s)/Pass(es) provided by agency?	Yes 🗵 No	If no:	Name of Sour	rce		
Was ticket distribution made at the behest	No ⊠ Yes	☐ If vec.				
of agency official?	110 🖭 100	ш пуез. <u>——</u>	Official's Name (La	ast, First)		
. Recipients						
Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside						
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy				
	Pass(es)	, , , , , , , , , , , , , , , , , , , ,				
B. Name of Individual	Number of Ticket(s)/		Identify one of the following:			
	Pass(es)	Ceremonial Role	Other 🗵			
Dershowitz, Suzanne			ecking "Ceremonial Role" or "Other" describe below: de incentives to City and County employees that provide			
	2	To provide incentive				
-		services to the Auth	ority	30 W/A 3 W/A 17 POWN NA		
			Other	Income		
		If checking "Ceremonia	al Role" or "Other" describe below:			
C. Name of Outside Organization	Number of					
(include address and description)	Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	the agency's policy		
C	+					
VI						
Verification	d 18042 have	ified that the distance	W. V			
I have read and understand FPPC Regulations 18944.1 an						
Signature of Agency Head or Designee	Barbara J. P		Attorney/OAACA Officia	al 05/08/2018		
Signature of rigority Freder of Designee	Print Name		Title	(Month, Day, Year)		
Comment:						

7	I. Agency Name		Annual Control of the	Date Stamp	California 000
	Oakland Alameda County Coli		ority		Form OUZ
	Division, Department, or Region (If Applicab	le)			For Official Use Only
	Yui Hay Lee, Commissioner				
	Designated Agency Contact (Name, Tille)				
	Area Code/Phone Number E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(510 836-6688 x 10) YuiH	ay@YHLA.ne	et	Date of Original Filing: _	(Month, Day, Year)
2	. Function or Event Information				The second secon
	Does the agency have a ticket policy?	Yes No [Face Value o	f Each Ticket/Pass \$	30480
	Event Description 2018 WAR Provide Tille/Exp	RIORS	Date(s)	SEE ATTAC	HED
	Ticket(s)/Pass(es) provided by agency?	Yes ☐ No ☐] If no:	Name of Sour	ce
	Was ticket distribution made at the behest of agency official?	No ☐ Yes ☐] If yes:		
3.	Recipients				
	 Use Section A to identify the agency's department or 		on B to Identify an Individua	al. » Use Section C to identify	an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
	Yui Hay Lee, Commissioner	40	#3		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the following	j:
				Role" or "Other" describe below:	
422			Ceremonial Role	Other Role* or *Other* describe below:	Income 🗌
	C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
,					
B. Control of the Con					
4.	Verification have read and indestand F&PC Regulations 18944 1 and	18942, I have verifle	d that the distribution set forti	h above, is in accordance with th	e requirements.
1	The state of the s	Hay Lee	OAC	CA Commission	1/3/18
(Sign little of Agancy Head or Designee	Print Name		Tille	(Month, Day, Year)
1	Somment: SEE ATTACHE	D 20	18 TICKE	TREQUES	ST

April 2018

Yui Hay Lee

Warriors v Sons 4.1.18

(2) tickets

Warriors v Pelicans

4.7.18

(2) tickets

I. Agency Name	OHEO COVO STATES	. ess 1/19f	ributions	Commence of the Party of the Pa	Public Docume
Agency Marge Dakland Alameda County	u Calleaum Authoritu			Date Stamp	Figure 30
Division, Department, or R	tegion (il applicable)				For Official Use Only
Ignacio De La Fuente, OA					
Designated Agency Contain	ct (Name, Title)				
				T Amandianus est.	Prouldo Explanation in Part 3.)
Area Code/Phone Number	E-mall		A-2,		
510,383.4801	ldelaTuente2012@	gmall.com		Date of Original Filing:	(month, day, year)
. Function or Event Info	ormation	. 11 / 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PE		
Does the agency have a t	icket policy? Yes	☑ No □	Face Value of I	Each Ticket/Pass \$ _50	ee alfaelied 304
Event Description: Warrio	га Ѕеввоп 2017-18		Date(s)/		
·	Provide Title/Expl.	ลศอไดก			
Ticket(s)/Pass(es) provide		図№□	11 110;	Name of Source	
Was ticket distribution mad	de at the behest. Yes	□ No□ [↓]	If yes:	Ollicial's Name (Lest. First)	
of agency official?				Concern's recently (EBS), FIRST	
Recipients	The second principle of the second se	والمالة والمساورة وا	entropial because and	CONSTRUCTION OF THE PROPERTY O	100000000000000000000000000000000000000
. Use Section A to identify the age	ency's department or unit, .	Use Section B to	identlfy an individu	al. * Use Section C to ident	ify as bulside organization,
A. Name of Agency, Bej	partment or Unit	Number of Ticket(s)/ Passos	Describe (ho	public purpose made pur	spant to the agency's polic
		Number	7		
됨, Name of ind (Lest. Fi.		Number of Ticket(a)) Passes	224714	identify one of the fa	illovlag:
日, Name of ind (Lost, Fi		of Ticket(a)/		identify one of the fo	Income
됨, Name of ind (Last, Fi		of Ticket(a)/	H thetkin Gasanyo	vial Role ☐ Other ☐	Inconse
C. Name of Outside Out	rganization	of Ticket(a)/	H thetkin Gafajiya H checking	stat Rolo Other Other described Rolo Other Other described Rolo Other Other Other described Rolo Other Other described Rolo Other Other Described Rolo Other Other Described Rolo	Income discholar: Income discholari;
(Last, File) (Last, File) (Last, File) (Last, File)	rganization	Passay Number of Ticket(s)	H thetkin Gafajiya H checking	stat Rolo Other Other described Rolo Other Other described Rolo Other Other Other described Rolo Other Other described Rolo Other Other Described Rolo Other Other Described Rolo	Income
C. Name of Outside Of (Include address and	rganization	Passay Number of Ticket(s)	H thetkin Gafajiya H checking	stat Rolo Other Other described Rolo Other Other described Rolo Other Other Other described Rolo Other Other described Rolo Other Other Described Rolo Other Other Described Rolo	Income discholar: Income discholari;
(Last, File) (Last, File) (Last, File) (Last, File)	rganization (description)	of Ticket(a) Passas Number of Ticket(c) Passes	Heheekin Caretton Heheekin Describe the p	nial Rolo Other Other described Rolo Other Other described Rolo Other Other Other described Rolo of Other Ot	Income Income Income Income Income Income Income Income Income

April 2018

Ignacio De La Fuente

Warriors v Sons	4.1.18	(2) tickets
Warriors v Pelicans	4.7.18	(2) tickets

A(gency Report of: eremonial Role Even	ts and Ticket/P	ass Disti	ibutions		ra resease and the differentes	blic Document
1.	Agency Name				Date Starr	ıb	alionia e (19)
	Oakland Alameda County C						
	Division, Department, or Reg	on (il applicable)					For Official Use Only
	Chris Dobbins, OACCA Cor						
	Designated Agency Contact						
	Renee Savage, OACCA Ex	ecutive Assistant - Ti	cket Admini	strator	Amendment	. (Must Provide	Explanation in Part 3.)
	Area Code/Phone Number	E-mail				•	·
	510.383.4801	rsavage@collseum	.com		Dale of Original	Filing:	nonih, day, year)
2.	Function or Event Infor			Carallelia et	Earl Wale-Mo	304.8	0 _
	Does the agency have a lic		⊠ No 🗆	race value of	Each Ticket/Pa	SS D / 1/2/	oh h
	Event Description: Warriors	Season 2018		Date(s)	Degoa	1Time	
				If no:			
	Ticket(s)/Pass(es) provided	by agency? Yes L	CAN TO THE ROLL OF		Name of Source		· · · · · · · · · · · · · · · · · · ·
	Was ticket distribution made of agency official?	e at the behest Yes] No⊠	If yes:	Olficial's Name (La	est, First)	
3.	Recipients • Use Section A to Identify the agen Name of Agency, Dep		Use Section B to Number: Of Ficketts)/ Passes		nenskrijske in in		
	B Name of Ind	y/dual n/)	Number \ of Ticket(s)/		identity on	of the follow	ring:
	Dobbins,Chris		2	to investigat	nonial Role king "Ceremonial Role" of le efficiencies o vents that occur	f operation:	s of various sporting
					nonial Role [] king "Ceremonial Role" o	Olher 🗍 "Olher" describe :	taceme [
	C. (include address and	rganization Lidescription)	Number of Tickel(s)/ Passes	Describe to	oa piblic purposo r	nade pprsuan	t to the agency's policy
4.	Verification I have read end understand FF with the requirements.	PC Regulations 18944	,1 and 18942	. I have verified	that the distribution	on set forth a	above, is in accordance
	Signalure of Agency Head or Design	_/	e Savage	OA	CCA Ticket Adı	ninistrator	03.02.18 (month, day, year)
	Comment:			Market	<u></u>		

April 2018

CHRIS DOBBINS

Warriors v Sons	4.1.18	(2) tickets
Warriors v Pelicans	4.7.18	(2) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form. Division, Department, or Region (if applicable) For Official Use Only Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) Renee Savage, OACCA Executive Assistant - Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: rsavage@coliseum.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$_304.80 Yes⊠ No□ Event Description: Warriors Basketball Provide Title/Explenation 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 Number of Ticket(s)/ Passes Name of Individual Identify one of the following: (Last, First) McKibben, Scott Ceremoniel Role 🔲 Other X Income [If checking "Ceremonial Role" or "Other" describe below: 4 per to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" Number of Ticket(s)/ Passes Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's policy 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verilied that the distribution set forth above, is in accordance willy the requirements: Renee Savage OACCA Ticket Administrator 03,02,18 Signature of Agency Head or Designee Tille (month, day, year)

Comment:

April 2018

Scott McKibben

Warriors v Sons	4.1.18	(4) tickets
Warriors v Pelicans	4.7.18	(4) tickets

Agency Name				Date Stamp	A Public Docume
Oakland Alameda Coun		V		- ata otamp	Form 80
Division, Department, or	Region (if applicable)			,	For Official Use Only
Finance Department, Ci	ty of Oakland				
Designated Agency Cont	act (Name, Title)				
Katano Kasaine, Financ	e Director- JPA Mem	ber	Ļ		
Area Code/Phone Numbe				Amendment (Mus	t Provide Explanation in Part 3.)
510-238-2989	kkasaine@oakl	andnet.com		Date of Original Filing	g:(month, day, year)
Function or Event In	formation			·	1 -0
Does the agency have a	ticket policy?	es 🗌 No 🔲 📑	ace Value of E	ach Ticket/Pass \$,	doo=/150
Event Description: Rome	eo Santos, Lit AF Tou Provide Title/ E	ur D	ate(s) <u>04</u>		04 , 08 , 18
Ticket(s)/Pass(es) provic			nn:		
The state of the s	iou by agency:	82 T 140 T 11	no:	Name of Source	
Was ticket distribution m	ade at the behest Yo	es⊟ No⊟ If	yes:		
of agency official?	,,	20 L 160 E		Official's Name (Last, Firs	t)
Recipients					
Use Section A to identify the:	agency's department or unit	t. • Use Section B to id	lentify an individu:	al. • Use Section C to ide	ntify an outside organization.
A. Name of Agency D	Department or Unit	Number	Davidle de		
		of Ticket(s)/	Describe tile	public purpose made p	ureuant to the agency's polic
		Charles and the second of the	化二甲基酚 经销售		
•					
		Section Services			
			Here Carlot		
Name of	individual	Number			
	individual Firsti	Submideling (gr.) a majoritoring (gr.)		Identify one of the	following;
(Last		Number of Ticket(s)/	Ceremon		
		Number of Ticker(e)/ Passes	If checking	nial Role Other	Income
(Last		Number of Ticket(s)/ Passes	(Checking to provide ince	nial Role Other	Incom
(Last		Number of Ticket(s)/ Passes	If checking to provide ince provide	oial Role Other of Ot	Income In
(Last		Number of Ticket(s)/ Paskes	If checking to provide ince provide Ceremon	oial Role Other or "Other" of "Ceremonial Role" or "Other" of entives to City and other of the continuous to City and other ot	Income
(Last		Number of Ticket(s)/ Passes	If checking to provide ince provide Ceremon	oial Role Other of Ot	Incom describe below: County employees that
Kasaine, Katano	Hirst)	Number. of Ticket(s)/ Passon 2	If checking to provide ince provide Ceremon	oial Role Other or "Other" of "Ceremonial Role" or "Other" of entives to City and other of the continuous to City and other ot	Incom describe below: County employees that
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Kasaine, Katano Name of Outsid	<i>Fiirsti</i>) a Organization	Number of Ticket(s)/ Passes 2 2 Number of Ticket(s)/	to provide ince provide Ceremon If checking	nial Role Other or Ot	Incom lescribe below: County employees that Incom lescribe below:
Kasaine, Katano Name of Outsid (Include address ferification have read and understand	First) Organization and description)	Number of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	to provide ince provide Ceremon If checking Describe their	nial Role ☐ Other y "Ceremonial Role" or "Other" or entives to City and ital Role ☐ Other y "Ceremonial Role" or "Other" o	Incomplescribe below: County employees that Incomplescribe below:
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Kasaine, Katano Name of Outsid (Include address ferification have read and understand	First) P Organization and description) FPPC Regulations 189	Number of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	to provide ince provide Ceremon If checking Describe the p	nial Role ☐ Other y "Ceremonial Role" or "Other" or entives to City and ital Role ☐ Other y "Ceremonial Role" or "Other" o	Incom lescribe below: County employees that Incom lescribe below: Income lescribe below: Income lescribe below: Income

Agency Report of

Comment: ____

١.	Agency Name				Date S	tamp	Californ	ia Ook
-	Oakland Alameda Coliseum	Authority				P	Form	
	Division, Department, or Reg						For Offic	cial Use Only
	Scott McKibben, OACCA Ex	xecutive Director						
	Designated Agency Contact							
		, ,					<u></u>	
	Area Code/Phone Number	E-mail			∐ Amendm	ent (Must Pro	vide Explanatio	on in Part 3.)
	510.383.4801	smckibben1@gmai	l.com		Date of Origi	nal Filing:	(month, day,	year)
	Function or Event Infor	mation		eta esta esta esta esta esta esta esta e	<u>L</u>			
	Does the agency have a tick	ket policy? Yes [□ No□ □	Face Value of	Each Ticket/I	Pass \$ 100	0.00	
	Event Description: A's Base			Date(s) <u>4</u>			4 , 22	2 , 18
	Event Description.	Provide Title/ Explai	nation	Date(s)				
	Ticket(s)/Pass(es) provided	by agency? Yes	X No □	If no:		+		
					Name of Soul	rce		
	Was ticket distribution made	at the behest Yes [□ No⊠	If yes:	Official's Name	(Last, First)		
	of agency official?							
			I STOCKHALL CONTROL	AN CONTROL OF THE PERSON OF THE	and a substantial of the analysis of	New York was a first to the first two	A Committee of the Comm	test etra especiation (CA)
	A Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpos	e made pursu	uant to the ag	ency's policy
	A. Name of Agency, Depa		of Ticket(s)/ Passes	Describe th				ency's policy
		vidual	of Ticket(s)/ Passes	Describe th		e made pursu		ency's policy
	B. Name of Indi	vidual	of Ticket(s)/ Passes Number of Ticket(s)/	Cerem If check to promote ti	Identify	one of the foll Other "or "Other" descr. Complex fo	lowing: ibe below: or use by t	Income he general
	B. Name of Indi (Last, Fin	vidual	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cerem If check to promote the public and be Cerem	Identify : nonial Role □ ning *Ceremonial Role	Other X Other X Other X Complex for maximize the complex for maximiz	lowing: ibe below: or use by t revenues	Income he general
	B. Name of Indi (Last, Fin	vidual st)	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cerem If check to promote ti public and b Cerem If check	Identify Identi	Other Some of the following of the follo	lowing: ibe below: or use by t revenues ibe below:	Income he general Income
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- Advantum	B. Name of Indi (Last, Fin	vidual st)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 4 per	Cerem If check to promote ti public and b Cerem If check	Identify Identi	Other Some of the following of the follo	lowing: ibe below: or use by t revenues ibe below:	Income he general Income

(month, day, year)