1.	Agency Name	No.			Date Stamp	California 802	
SENEO:	Oakland-Alameda County C	Coliseum Auth	ority			Form -	
	Division, Department, or Reg					For Official Use Only	
	Barbara J. Parker, City Atto	rnev/OAACA	Official			æ	
	Designated Agency Contact				-		
	, and the second						
	Area Code/Phone Number	E-mail	The second second second		Amendment (Must pro		
	(510) 238-3815	Marie Control	klandcityatto	rnev.org	Date of Original Filing:	(Month Day Year)	
2	Function or Event Infor			, , , , , , , , , , , , , , , , , , , ,			
۵.	Does the agency have a ticke		Yes⊠ No[Tace Value o	of Each Ticket/Pass \$	600.00	
			100 🖂 110		1 , 03 , 17	1 1	
	Event Description Bruno Mai	Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided b	y agency?	Yes⊠ No[☐ If no:	Name of Sour	се	
	Was ticket distribution made a of agency official?	at the behest	No⊠ Yes[If yes:	Official's Name (La	ist First)	
3.	Recipients						
	Use Section A to identify the agence	y's department or		tion B to identify an individ	ual. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pul	blic purpose made pursuant t	o the agency's policy	
			Pass(es)		Andrewski de la company	<u>6. 46.40.00 </u>	
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the following:		
	(Lust, First)		Pass(es)		107		
	Des Maria			Ceremonial Role	Other Other Other Other describe below	Income	
	Bee, Maria		2	To provide incentives to City and County employees that proviservices to the Authority			
					Other	Income	
				If checking Geremo	nial Role` or "Other" describe below		
			Number of	100000000000000000000000000000000000000			
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant t	o the agency's policy	
			1 1 1 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	*						
Λ	Verification						
4.	Thave read and understand FPPC Regu	ulations 18944 1 an	nd 18942. I have ve	rified that the distribution set	forth above, is in accordance with	the requirements	
					ty Attorney/OAACA Offic		
	Signal find of Agency Head or Designee Print Name			Title	(Month. Day. Year)		
	Comment:					EDDC F 002 /4/	

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C	Coliseum Auth	nority			Form OUZ	
	Division, Department, or Reg	ion (If Applicabl	e)		1	For Official Use Only	
	Barbara J. Parker, City Atto	rney/OAACA	Official				
	Designated Agency Contact				1		
	Area Code/Phone Number	E-mail			Amendment (Must pro		
	(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing:(Month, Day, Year)		
2.	Function or Event Infor	mation					
	Does the agency have a ticke	t policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	304.80	
	Event Description Warriors v	. Miami Heat		Date(s) 11	, 06 , 17	1 1	
	Event Description	Provide Title/Exp	lanation	Date(3)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of Sou	ton.	
	Who tighet distribution and	t the beheat					
	Was ticket distribution made a of agency official?	it the denest	No ⊠ Yes	☐ If yes:	Official's Name (La	ast, First)	
	Recipients						
٠.	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departme		Number of Ticket(s)/		ilic pu <mark>rpo</mark> se made pursuant t		
	, as		Pass(es)				
			Number of				
	B. Name of Individua	1	Ticket(s)/ Pass(es)		Identify one of the following:		
		(Least, 1 aur)		Ceremonial Role	Other 🛛	Income	
	Johnson, Kenneth		2		al Role" or Other" describe below	-	
			2		To provide incentives to City and County employees that pro		
				services to the Auth			
					Other all Role* or *Other* describe below	Income	
				soning outeriors			
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant t	o the agency's policy	
	(include address and des	cription)	Pass(es)	bescribe the pub	no purpose made pursuant i		
	Verification					And the Section of th	
	I have read and understand FPPC Regul	ations 18944 1 and	orth above, is in accordance with	the requirements			
	The Sat		Barbara J. F	Parker City	Attorney/OAACA Offic	ial 12/27/2017	
	Signature of Agency Head or Designee	- Automorphism - Auto	Print Name	3	Title	(Month Day Year)	
	Commont						
	Comment:						

						ASSIDENCE SCREENINGS AT A	
1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C	Coliseum Auth	ority			Form 002	
	Division, Department, or Reg				1	For Official Use Only	
	Barbara J. Parker, City Atto	rney/OAACA	Official				
	Designated Agency Contact				-		
	Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)	
	(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing:(Month, Day, Year)		
2.	Function or Event Infor	mation				120.00	
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	150.00	
	Event Description Halsey			Date(s) 11	, 07 , 17		
	Event Description	Provide Title/Exp.	lanation	Date(3)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Soc	urco	
	Me tighet distribution 1	t the heles					
	Was ticket distribution made a of agency official?	at the benest	No ⊠ Yes	☐ If yes:	Official's Name (L	.ast, First)	
)							
3.	Recipients • Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departme	Number of		olic purpose made pursuant to the agency's policy			
		Pass(es)					
	B. Name of Individua	Number of Ticket(s)/	Identify one of the following:				
0	(Last. First)	X1 (6)	Pass(es)	The water was			
	Patel, Bijal			Ceremonial Role	Other A	Income	
	i atei, Dijai		2	The state of the s		employees that provide	
				services to the Auth			
				Ceremonial Role	Other	Income	
				If checking Ceremoni	ial Role" or "Other" describe below		
	O Name of Outside O	Izotlon	Number of				
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	Verification						
	have read and understand FPPC Regul	lations 18944 1 and	18942 have ve	rified that the distribution set fo	orth above, is in accordance with	h the requirements.	
	(m) Dy	/	Barbara J. F	Parker Citv	Attorney/OAACA Office	cial 12/27/2017	
9	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
-	Comment:						

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California Q02	
1000	Oakland-Alameda County C	Coliseum Autl	nority		and the second s	Form OUZ	
	Division, Department, or Reg				-	For Official Use Only	
	Barbara J. Parker, City Atto	rnev/OAACA	Official				
	Designated Agency Contact		Onicial		-	κ.	
	, , , , , ,	10 1/20					
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)	
	(510) 238-3815		aklandcityatto	ornev.org	Date of Original Filing:(Month, Day, Year)		
2.	Function or Event Infor	Annual Control of the				(Worth, Day, Tear)	
	Does the agency have a ticke		Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$	150.00	
	Halsey	320 5		_	, 07 , 17		
	Event Description Halsey	Provide Title/Exp	olanation	Date(s)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Source		
	W 9 2 10 10 10 10 10 10 10 10 10 10 10 10 10	1) 1/50 VEX					
	Was ticket distribution made a of agency official?	at the behest	No ⊠ Yes	☐ If yes:	Official's Name (La	st. First)	
0							
3.	Recipients • Use Section A to identify the agence	y's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to identify	y an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of	Describe the pub	olic purpose made pursuant to	o the agency's policy	
	7 (c riamo or rigano), populario	Ticket(s)/ Pass(es)	CREUS)				
	D News of Individual		Number of				
	B. Name of Individua	u	Ticket(s)/ Pass(es)		Identify one of the following:		
				Ceremonial Role	Other 🛛	Income	
	Parker, Barbara J.		2		ial Role" or "Other" describe helow	tions of the conjects	
					efficiencies of the operate events that occur at Col		
					Other	Income []	
					ial Role" or "Other" describe below		
	NAME OF THE OWNER O	***************************************	Morehand				
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy	
			Pass(es)				
erazenea I	Verification						
		ations 18944 1 and	d 18942. I have vei	rified that the distribution set fo	orth above, is in accordance with t	he requirements	
	Dan John	have read and understand FPPC Regulations 18944 1 and 18942. I have verified that the distribution set for Barbara J. Parker City					
i i	Signature of Agency Head or Designee		Print Name		Attorney/OAACA Offici	(Month Day Year)	
1	Comment:						

1.	Agency Name				Date Stamp	California 802		
	Oakland-Alameda County C	oliseum Autl	hority			Form 002		
	Division, Department, or Reg		•			For Official Use Only		
	Barbara J. Parker, City Atto	rney/OAACA	Official					
	Designated Agency Contact							
	Area Code/Phone Number	E-mail			Amendment (Must prov	. 74		
	(510) 238-3815	bparker@o	aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Inform	nation				204.90		
	Does the agency have a ticke	t policy?	Yes⊠ No		f Each Ticket/Pass \$			
	Event Description Warriors v	. Minnesota Provide Title/Exp	Timberwolves	Date(s)				
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	No If no:				
	Was ticket distribution made a of agency official?	t the behest	☐ If yes:	Official's Name (Las	it, First)			
3.	Recipients							
	Use Section A to identify the agency	r's department or	al. • Use Section C to identify	an outside organization.				
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
			Number of		-722-107-1			
	B. Name of Individua	l	Ticket(s)/ Pass(es)	Identify one of the following:				
	Smith, Jamie			Ceremonial Role If checking "Ceremoni	Other X al Role' or "Other" describe helow	Income		
			2	services to the Auth				
				The state of the s	Other al Role or Other describe below	Income		
20 10 10	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy		
	No. alternative to the second							
	Verification 5000 Sand	ellene inne	1 10040 11	vified that the district	oth share is	to contract - t-		
()	nave read and understand EPPC Regul	have read and understand EPPC Regulations 18944 1 and 18942. I have verified that the distribution set for Barbara J. Parker City						
	Signature of Agency Head or Designee		Print Name		Title	(Month Day Year)		
9	Comment:							

Λ	PII	Lal	:-		001	11111	AM	
43.		1.1	16.	.,	c ac.			и.

					A Tubilo positiveno	
1. Agency Name				Date Stamp	California 802	
Oakland-Alameda County C	Coliseum Autho	ority			Form For Official Use Only	
Division, Department, or Reg	ion (If Applicable)			For Official use Only	
Barbara J. Parker, City Atto	rney/OAACA (Official				
Designated Agency Contact ((Name, Title)					
Area Code/Phone Number	E-mail			Amendment (Must prov	ride explanation in Part 3.)	
(510) 238-3815	bparker@oa	klandcityatto	orney.org	Date of Original Filing:(Month, Day, Year)		
2. Function or Event Infor	mation		V- 04-64			
Does the agency have a ticke	t policy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$	100.00	
Event Description Ana Gabri	el		Data(a) 11		1	
Event Description	Provide Title/Expla	anation	Date(s)			
Ticket(s)/Pass(es) provided by	v agency?	Yes⊠ No	If no:			
		100 [2] 110				
Was ticket distribution made a of agency official?	at the behest	No ✓ Yes	☐ If yes:	Official's Name (Last. First)		
RecipientsUse Section A to identify the agency	v'e denartment or i	ınit a Use Sec	tion B to identify an individu	ual • Use Section C to identify	an outside organization.	
_		Number of	CONTRACTOR OF THE SECURITY			
A. Name of Agency, Departme	ent or Unit	Pass(es)		lic purpose made pursuant to	the agency's policy	
		Number of				
B. Name of Individua	al	Ticket(s)/ Pass(es)		Identify one of the following	r	
			Ceremonial Role	Other 🛛	Income _	
Ferrell, 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	
			Ceremonial Role If checking Ceremonial	Other al Role" or "Other" describe below	income _	
C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy	
(include address and des	cription)	Pass(es)				
			_			
. Verification			body Tympy Grapp Revious Levi Ac. 44. 44.	5aw w	20 20 20	
I have read and understand FPPC Regul	\					
Jahr b Jan		Barbara J. F		Attorney/OAACA Offici		
Signature of Agency Hoad or Designee		Print Name	e	Title	(Month. Day. Year)	

1. Ac	N. B. Carrier and C.				1		
	gency Name				Date Stamp	California 802	
Oa	akland-Alameda County (Coliseum Autl	nority			Form 002	
Div	rision, Department, or Reg	ion (If Applicab	le)			For Official Use Only	
Ва	rbara J. Parker, City Atto	rney/OAACA	Official				
	signated Agency Contact				-		
Are	ea Code/Phone Number	lE-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must)	provide explanation in Part 3.)	
, 535,3	10) 238-3815	N I I I I I I I I I I I I I I I I I I I	aklandcityatt	orney.org	Date of Original Filing:	(Month Day Year)	
	inction or Event Infor					(Month, Day, 1ear)	
	es the agency have a ticke		Yes⊠ No	☐ Face Value	of Each Ticket/Pass \$ _	304.80	
	ent Description Warriors v	. Philadelphia	a 76ers	(A. 1977)			
Eve	ent Description	planation	Date(s) '				
Tick	ket(s)/Pass(es) provided b		Yes⊠ No	☐ If no:			
,,,,,,	(3) 200(00) provided b	, -3, .	100 M 140		Name of So	ource	
	s ticket distribution made a	at the behest	No ⊠ Yes	☐ If yes:	Official's Name (Unal Cival)	
of	agency official?				Official's Name (Last. First)	
	cipients						
	se Section A to identify the agenc	y's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to iden	ntify an outside organization.	
A.	Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuant to the agency's policy		
1.0000.000							
В.	Name of Individua (Last. First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:	
1	(Last, First)	ıl .	Ticket(s)/	Ceremonial Role	Other 🛛	ring:	
1		1	Ticket(s)/	If checking *Ceremor	Other X	Income [
	(Last, First)	1	Ticket(s)/ Pass(es)	If checking "Ceremor To investigate the	Other 🛛	Income C	
	(Last, First)		Ticket(s)/ Pass(es)	To investigate the sporting and other Ceremonial Role	Other or Other describe below efficiencies of the oper	Income C	
	(Last. First) rker, Barbara J. Name of Outside Organ	ization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	To investigate the sporting and other Ceremonial Role If checking Ceremon	Other Some Department of the Open Events that occur at Company Other Com	Income rations of the various coliseum Complex Income	
Par	(Last. First) rker, Barbara J. Name of Outside Organ (include address and des	ization	Ticket(s)/ Pass(es)	To investigate the sporting and other Ceremonial Role If checking Ceremon	Other Describe below of the open events that occur at C Other of the open had been or other of the open at C Other or other of the open had Role or other describe below	Income [rations of the various coliseum Complex Income [
Par C.	(Last. First) rker, Barbara J. Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremor To investigate the a sporting and other Ceremonial Role If checking Ceremon	Other Describe for Other describe below efficiencies of the open events that occur at Company of the other describe below the other other describes and ot	Income [rations of the various coliseum Complex Income [
Par C.	(Last. First) rker, Barbara J. Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremor To investigate the a sporting and other Ceremonial Role If checking "Ceremon Describe the pub	Other Describe for Other describe below efficiencies of the open events that occur at Company of the other describe below the other other describes and ot	rations of the various coliseum Complex Income	

1.	Agency Name Oakland-Alameda County C	oliseum Auth	ority		Date Stamp	California 802	
	Division, Department, or Regi					For Official Use Only	
	Barbara J. Parker, City Attor Designated Agency Contact (Official				
		re a u			Amendment (Must prov	vide explanation in Part 3)	
	Area Code/Phone Number (510) 238-3815	E-mail bparker@oa	aklandcityatto	rney.org	Date of Original Filing:(Month, Day, Year)		
2.	Function or Event Inform					201.00	
	Does the agency have a ticker		Yes⊠ No[Face Value o	e of Each Ticket/Pass \$		
	Event Description Warriors v.	Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No[] If no:	Name of Source	ce	
	Was ticket distribution made a	t the behest	No⊠ Yes [Official's Name (Las		
autore	of agency official?	waterwaste regularistics			Official's Name (Las	st. First)	
3.	Recipients • Use Section A to identify the agency	's department or	unit. • Use Sect	tion B to identify an Individu	al. • Use Section C to identify	/ an outside organization.	
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)				lic purpose made pursuant to	77.	
			1 400(00)	Maria a a caractería e a calendar e de la calendar			
		HIIIII A DAZZOZOWA ZO WILLIAZ					
	B. Name of Individua	I	Number of Ticket(s)/ Pass(es)		Identify one of the following:		
	Morgan, Dondria			Ceremonial Role	Other X	Income	
	Worgan, Donana		2		es to City and County e	mployees that provide	
					Other al Role or Other describe below	Income	
	C. Name of Outside Organi (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy	
	Verification	1001	1 19040 1 1	ifind that the distribution and	arth about it is appointed as it.	ha raquiram-ala	
	I have read and understand EPPC Regul	auons 18944 1 and	Barbara J. P		Attorney/OAACA Offici		
	Signature of Agency Head or Designee		Print Name		Title	(Month Day Year)	
	Comment:		*****				

1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C	Coliseum Auth	ority			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		Omoidi		-		
	· · · · · · · · · · · · · · · ·						
	Aven Carlo /Dhana Newshari	[F all			Amendment (Must p	rovide explanation in Part 3)	
	Area Code/Phone Number (510) 238-3815	E-mail	aklandcityatto	ornov ora	Date of Original Filing:(Month, Day, Year)		
			akianuchyani	orney.org	3	(Month, Day, Year)	
	Function or Event Infor	Food Talado	150.00				
	Does the agency have a ticke		Yes 🗵 No		of Each Ticket/Pass \$ _		
	Event Description Fall Out B	oy		Date(s)1			
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of So	urce	
	Was ticket distribution made a	at the hehest	N 57 V				
	of agency official?	it the penest	No ⊠ Yes	LI If yes:	Official's Name (I	Last, First)	
,							
).	Recipients • Use Section A to identify the agence	v's department or	unit. • Use Sec	ction B to identify an individu	ial. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departme	THE PUBLICATION	Number of		lic purpose made pursuant		
	A. Name of Agency, Departine	ant of Offic	Ticket(s)/ Pass(es)	Describe the pub	ne purpose made pursuant	to the agency's poncy	
	Name of Individua	Number of Ticket(s)/		Identify one of the follow	ing:		
	(Last, 1 Not)		Pass(es)	Ceremonial Role ☐ Other ☒ Income			
	Patel, Bijal				al Role" or "Other" describe below	income	
			2			employees that provide	
				services to the Auth			
				Ceremonial Role	Other all 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			
	Verification have read and understand FPPC-Regul	alions 18944.1 and	1 18942. I have vei	rified that the distribution set fo	rth above, is in accordance wil	h the requirements	
35	Darbung Inu		Barbara J. F	Parker City	Attorney/OAACA Offi	cial 12/27/2017	
	Signature of Agency Mead or Designee		Print Name		Title	(Month, Day, Year)	
,	Comment:						
- (OUTHER.						

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name	Saliaaum Auth		Date Stamp California Form Form			
	Oakland-Alameda County C Division, Department, or Reg				-	For Official Use Only	
	Barbara J. Parker, City Atto		Official				
	Designated Agency Contact	Name, Title)					
					Amendment (Must prov.	ide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Data of Original Filings		
السادة	(510) 238-3815		aklandcityatto	orney.org	Date of Original Filing:	(Month. Day, Year)	
2.	Function or Event Infor					100.00	
	Does the agency have a ticke	N == 0	Yes 🗵 No	☐ Face Value of	of Each Ticket/Pass \$	100.00	
	Event Description Intel Extre	me Masters		Date(s)11	1817		
		Provide Title/Exp	olanation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of Source	3	
	Was ticket distribution made a	t the hehest	No⊠ Yes				
	of agency official?	it the penest	Official's Name (Las	t. First)			
)							
).	Recipients • Use Section A to identify the agency	r's department or	runit. • Use Sec	ction B to identify an individu	ual. • Use Section C to identify	an outside organization.	
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	THE STEEL	lic purpose made pursuant to			
				2			
j j	B. Name of Individua	Number of Ticket(s)/		Identify one of the following:			
	(Last. First)		Pass(es)				
	Mitchell, Jason			Ceremonial Role	Other X	Income	
	William, Gason		2	To provide incentives to City and County employees that provide services to the Authority			
				Ceremonial Role	Other al Role or "Other" describe below	Income 🗌	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's		the agency's policy	
	,		Pass(es)	to a construction			
	Verification	olione 19011 4	4.490.40	effect that the distribution			
,	have read and understand EPPC Regula	auons 18944.1 and					
	Carban te tank		Barbara J. F		Attorney/OAACA Officia		
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day Year)	
(Comment:						

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1.		The second secon						
-	Agency Name				Date Stamp	California 802		
	Oakland-Alameda County C	Coliseum Auth	nority			Form 002		
j	Division, Department, or Reg	ion (If Applicabl	'e)			For Official Use Only		
	Barbara J. Parker, City Atto	rney/OAACA	Official					
Ī	Designated Agency Contact (Name, Title)			1			
					Amendment (Must pr	ovide evaluation in Part 3.1		
1	Area Code/Phone Number	E-mail						
	(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing: _	(Month, Day, Year)		
2.	Function or Event Infor	mation				100.00		
	Does the agency have a ticke	127	Yes⊠ No	Face Value	of Each Ticket/Pass \$	100.00		
ſ	Event Description Intel Extre	me Masters Provide Title/Exp	planation	Date(s)1	1 , 19 , 17			
-	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Sou	ırce		
١	Was ticket distribution made a of agency official?	it the behest	No⊠ Yes	☐ If yes:	Official's Name (L	ast. First)		
_								
	Recipients • Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identi	ify an outside organization.		
-	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		olic purpose made pursuant			
-						50°		
ì	B. Name of Individua	il	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:		
-	B. Name of Individual (Last. First) Guerrero, Laura	ıl	Ticket(s)/ Pass(es)		Other Other	Income		
-	(Last, First)	ıl	Ticket(s)/	If checking 'Ceremon	Other Other oral Role" or "Other" describe below yes to City and County or	Income Demployees that provide		
-	(Last, First)	1	Ticket(s)/ Pass(es)	To provide incentive services to the Auto	Other Ot	Income mployees that provide		
-	(Last, First)	ization	Ticket(s)/ Pass(es)	To provide incentive services to the Autorial Role of the Ceremonial	Other	employees that provide		
	Guerrero, Laura Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	To provide incentive services to the Autorices to the Autorices to the Autorices for	Other nal Role* or *Other* describe below rest to City and County thority Other nal Role* or *Other* describe below below below below the county of the	employees that provide Income		
-	Guerrero, Laura Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	If checking Ceremon To provide incentive services to the Aut Ceremonial Role If checking Ceremon Describe the put rified that the distribution set in	Other nal Role* or *Other* describe below rest to City and County thority Other nal Role* or *Other* describe below below below below the county of the	employees that provide Income Income to the agency's policy In the requirements		

						SON A DEPARTMENT OF
1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	oliseum Auth	nority			Form OUZ
	Division, Department, or Reg	ion (If Applicabl	(e)	E301001-11-1000001-1-1-1-1-1-1-1-1-1-1-1-		For Official Use Only
	Barbara J. Parker, City Atto	rnev/OAACA	Official			
	Designated Agency Contact				-	
	The Committee of the Co					
	Area Code/Phone Number	E-mail			Amendment (Must pi	ovide explanation in Part 3)
	(510) 238-3815		aklandcityatto	ornev.ora	Date of Original Filing: .	(Mouth Con Voor)
2	Function or Event Infor	pales and the same of the same of				(Month, Day, Year)
	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	300.00
	~ ,	5. 5.	IES [M]			
	Event Description Guns N' R	Provide Title/Exp	planation	Date(s)		
	Tieloka)/Dece/ee) was ideal b	5 64555 × 5 37 - 5 - 1 1		- If no:		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No		Name of Sou	irce
	Vas ticket distribution made at the behest No ☑ Yes ☐ If yes:					
	of agency official?			,	Official's Name (L	əst, First)
3.	Recipients					
	Use Section A to identify the agency	s department or		ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		A STATE OF THE STA	Pass(es)			
	B. Name of Individua	J	Number of Ticket(s)/		Identify one of the following	ng:
,	Level, radiy		Pass(es)	Ceremonial Role	Other 🛛	Income _
	Bennett, Clea			Work on Modern Control	al Role" or "Other" describe below.	
			2	To provide incentive services to the Auth		employees that provide
	Y		-			Income
				Ceremonial Role If checking *Ceremonial*	L Other L ial Role' or "Other" describe below	Income
				•		
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
-	(include address and des	cription)	Pass(es)		tagen and the second of the se	
. '	Verification					
1	have read and understand FPPC Regul	ations 18944 1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements
2	Theban & hike		Barbara J. F	Parker City	Attorney/OAACA Office	cial 12/27/2017
•	Signature of Agyncy Head or Designee		Print Name	9	Title	(Month Day Year)
5						
(Comment:				-W.S.	

1. /	Agency Name				Date Stamp	California Q 0 7	
	Dakland-Alameda County C	oliseum Auth	nority			Form OU2	
	Division, Department, or Regi				-	For Official Use Only	
	Parhara I Barker City Attor	nou/OAACA	Official				
	Barbara J. Parker, City Attor Designated Agency Contact (Official	*****	-		
L	resignated Agency Contact (vaine, ride)					
-			Amendment (Must provide explanation in Part 3.)				
	rea Code/Phone Number	E-mail	-1.11-141		Date of Original Filing:(Month, Day, Year)		
	510) 238-3815		aklandcityatt	orney.org	Date of Original Lining	(Month, Day, Year)	
	Function or Event Inforr					304.80	
	loes the agency have a ticket		Yes 🛛 No		of Each Ticket/Pass \$ _		
Е	vent Description Warriors v.	Chicago Bu	lls	Date(s)1	<u> </u>		
	,	Provide Title/Exp	lanation	, a			
T	icket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of S	OURCE	
١.٨	Van tiakat diatributian mada a	t tha habaat					
	Vas ticket distribution made a of agency official?	tine benest	No ⊠ Yes	☐ If yes:	Official's Name	(Last, First)	
						•	
	Recipients Use Section A to identify the agency	's denartment or	unit ellse Se	ction B to identify an individu	ual allse Section C to idea	atify an outside organization	
-			Number of				
1	Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy	
	Name of Individual		Number of Ticket(s)		Identify one of the follow	ving:	
-	Name of Individual (Last. First) Parker, Barbara J.		Ticket(s)/ Pass(es)		Other ial Role* or *Other* describe helow	Income [
-	(Last, Füst)		Ticket(s)/	If checking Ceremon To investigate the	Other Ot	Income [
-	(Last, Füst)		Ticket(s)/ Pass(es)	To investigate the esporting and other	Other Ot	Income rations of the various Coliseum Complex	
-	(Last. First) Parker, Barbara J.	zation	Ticket(s)/ Pass(es)	If checking Ceremon To investigate the e sporting and other Ceremonial Role If checking Ceremon	Other	Income erations of the various Coliseum Complex Income	
- C	Parker, Barbara J. Name of Outside Organiz (include address and desc	zation ription)	Number of Ticket(s)/ Pass(es)	To investigate the esporting and other Ceremonial Role If checking Ceremon	Other Manual Role or Other describe below efficiencies of the ope events that occur at Company of the or Other describe below discourable or Other describe below discourable purpose made pursuan	Income erations of the various coliseum Complex Income	
- C	(Last, First) Parker, Barbara J. Name of Outside Organia (include address and desc	zation ription)	Number of Ticket(s)/ Pass(es)	To investigate the esporting and other Ceremonial Role If checking Ceremon Describe the pub	Other Manual Role or Other describe below efficiencies of the ope events that occur at Company of the or Other describe below discourable or Other describe below discourable purpose made pursuan	Income [Trations of the various Coliseum Complex Income [Income	

1. A	gency Name				Date Stamp	California 802
	akland-Alameda County C		· -			Form For Official Use Only
D	ivision, Department, or Reg	on (If Applicabl	le)			To Official ode Only
В	arbara J. Parker, City Attor	ney/OAACA	Official			
D	esignated Agency Contact (Name, Title)		224440000.044000.00000.0000000000000000		
					and the state of t	The second secon
A	rea Code/Phone Number	E-mail				t provide explanation in Part 3)
(5	510) 238-3815	bparker@o	aklandcityatto	orney.org	Date of Original Filing	(Month, Day, Year)
2. F	unction or Event Infor	nation			A CONTRACTOR OF THE CONTRACTOR	
D	oes the agency have a ticke	t policy?	Yes⊠ No	The same of the sa	of Each Ticket/Pass \$	
F	vent Description Warriors v	New Orlean	is Pelicans	Date(s) 1	1 , 25 , 17	
	rosit Dososiptions	Provide Title/Exp	planation		***************************************	
Ti	cket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	☐ If no:	Name of S	Course
		1				
	las ticket distribution made a of agency official?	t the benest	No⊠ Yes	☐ If yes:	Official's Name	(Last, First)
						
	ecipients Jse Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individ	lual. • Use Section C to ide	entify an outside organization.
A			Number of			nt to the agency's policy
•	Maine of Agency, Departine	Ticket(s)/ Pass(es)	pescribe the pu	pur puipose made parada	in to the agency o poncy	
_						
	Name of Individua	ſ	Number of		Identify one of the follo	wing:
B	Name of Individua	I			Identify one of the follow	wing:
****	(Last, Füst)	I .	Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	wing:
****	Name of Individua (Last. Fist) arker, Barbara J.	I	Ticket(s)/	Ceremonial Role # checking 'Ceremo	Identify one of the following and Role or Other describe below	wing:
****	(Last, Füst)	I .	Ticket(s)/ Pass(es)	Ceremonial Role # checking Ceremo. To investigate the	Identify one of the following and Role or Other describe below	wing: income [erations of the various
****	(Last, Füst)	I	Ticket(s)/ Pass(es)	Ceremonial Role If checking Ceremo. To investigate the sporting and other Ceremonial Role	Other	wing: Income [Perations of the various Coliseum Complex Income [
****	(Last, Füst)	I ·	Ticket(s)/ Pass(es)	Ceremonial Role If checking Ceremo. To investigate the sporting and other Ceremonial Role	Other Annual Role of Other Ideacribe below efficiencies of the operate occur at 0	wing: Income [Perations of the various Coliseum Complex Income [
****	(Last, Füst)		Ticket(s)/ Pass(es)	Ceremonial Role If checking Ceremo. To investigate the sporting and other Ceremonial Role	Other	income Corrections of the various Coliseum Complex
P:	arker, Barbara J.		Pass(es)	Ceremonial Role If checking Ceremo. To investigate the sporting and other Ceremonial Role	Other	wing: Income [Perations of the various Coliseum Complex Income [
****	arker, Barbara J.	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Ceremonial Role If checking Ceremo. To investigate the sporting and other Ceremonial Role If checking Ceremo.	Other	wing: Income Control Perations of the various Coliseum Complex Income Complex
P:	arker, Barbara J. Name of Outside Organi	zation	Ticket(s)/ Pass(es)	Ceremonial Role If checking Ceremo. To investigate the sporting and other Ceremonial Role If checking Ceremo.	Other Some of the following of the following of the following of the operation of the opera	wing: Income [Perations of the various Coliseum Complex Income [
P:	arker, Barbara J. Name of Outside Organi	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Ceremonial Role If checking Ceremo. To investigate the sporting and other Ceremonial Role If checking Ceremo.	Other Some of the following of the following of the following of the operation of the opera	wing: Income Control Perations of the various Coliseum Complex Income Complex
P	arker, Barbara J. Name of Outside Organi	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Ceremonial Role If checking Ceremo. To investigate the sporting and other Ceremonial Role If checking Ceremo.	Other Some of the following of the following of the following of the operation of the opera	wing: Income [Perations of the various Coliseum Complex Income [
P	arker, Barbara J. Name of Outside Organi	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Ceremonial Role If checking Ceremo. To investigate the sporting and other Ceremonial Role If checking Ceremo.	Other Some of the following of the following of the following of the operation of the opera	wing: Income [erations of the various Coliseum Complex Income [
Pi	arker, Barbara J. Name of Outside Organi (include address and desi	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Ceremonial Role If checking Ceremo. To investigate the sporting and other Ceremonial Role If checking Ceremo.	Other Some of the following of the following of the following of the operation of the opera	wing: Income [erations of the various Coliseum Complex Income [
Pri C.	Arker, Barbara J. Name of Outside Organi (include address and desc	zation rription)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking Ceremo. To investigate the sporting and other Ceremonial Role If checking Ceremo. Describe the pul	Identify one of the following of the following relative to the operation of the operation o	income [
P:	arker, Barbara J. Name of Outside Organi (include address and desi	zation rription)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking Ceremo. To investigate the sporting and other Ceremonial Role If checking Ceremo. Describe the pul	Identify one of the following of the following relative to the operation of the operation o	income Corrections of the various Coliseum Complex Income Complex

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1.	Agency Name	tro-based/families to the tro-state of			Date Stamp	California 802
	Oakland-Alameda County C					For Official Use Only
	Division, Department, or Reg	ion (If Applicable	(e)			,
	Barbara J. Parker, City Attor	rney/OAACA	Official			
	Designated Agency Contact (Name, Title)			1	
	Area Code/Phone Number	IE mail			Amendment (Must	provide explanation in Part 3)
	(510) 238-3815	E-mail	aklandcityatto	ornov ora	Date of Original Filing:	
nanaan			akianucityatti	orney.org	Date of Original Filing:	(Month. Day, Year)
	Function or Event Information Does the agency have a ticke		V 🖂 U	Enco Value	of Each Ticket/Pass \$ _	305.55
			Yes⊠ No	bread		
	Event Description Oakland R	Provide Title/Exp	nver Broncos	S Date(s)	1 , 26 , 17	
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	If no:	Name of Se	ource
,	Was ticket distribution made a	t the behest	No⊠ Yes	☐ If ves:		
	of agency official?		110 22 100		Official's Name	(Last, First)
3.	Recipients					
g	 Use Section A to identify the agency 	's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuan	t to the agency's policy
		Was anny live and a second as				
		4.4651	Number of			
i	B. Name of Individua	ı	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	(Last, First)	I veor	Ticket(s)/	Ceremonial Role	Other 🛛	ving:
	B. Name of Individua (Last. First) Parker, Barbara J.	1	Ticket(s)/	If checking "Ceremon	Other X	Income
	(Last, First)	1	Ticket(s)/ Pass(es)	If checking Ceremon	Other 🛛	Income ☐
	(Last, First)	I	Ticket(s)/ Pass(es)	If checking *Ceremon To investigate the e sporting and other	Other on Other describe below deficiencies of the ope	Income ☐
	(Last, First)	1	Ticket(s)/ Pass(es)	To investigate the sporting and other Ceremonial Role	Other Ot	rations of the various Coliseum Complex
-	(Last, First)	1	Ticket(s)/ Pass(es)	To investigate the sporting and other Ceremonial Role	Other on Other of Other describe below efficiencies of the ope events that occur at C	rations of the various Coliseum Complex
	Parker, Barbara J. Name of Outside Organi	zation	Ticket(s)/ Pass(es)	If checking Ceremon To investigate the a sporting and other Ceremonial Role If checking Ceremon	Other Other Other Other describe below Officiencies of the ope events that occur at Other Oth	rations of the various Coliseum Complex
-	Parker, Barbara J.	zation	Ticket(s)/ Pass(es)	If checking Ceremon To investigate the a sporting and other Ceremonial Role If checking Ceremon	Other on Other of Other describe below efficiencies of the ope events that occur at C	rations of the various Coliseum Complex
-	Parker, Barbara J. Name of Outside Organi	zation	Pass(es) 2 Number of Ticket(s)/	If checking Ceremon To investigate the a sporting and other Ceremonial Role If checking Ceremon	Other Other Other Other describe below Officiencies of the ope events that occur at Other Oth	rations of the various Coliseum Complex
	Parker, Barbara J. Name of Outside Organi	zation	Pass(es) 2 Number of Ticket(s)/	If checking Ceremon To investigate the a sporting and other Ceremonial Role If checking Ceremon	Other Other Other Other describe below Officiencies of the ope events that occur at Other Oth	rations of the various Coliseum Complex
	Parker, Barbara J. Name of Outside Organi	zation	Pass(es) 2 Number of Ticket(s)/	If checking Ceremon To investigate the a sporting and other Ceremonial Role If checking Ceremon	Other Other Other Other describe below Officiencies of the ope events that occur at Other Oth	rations of the various Coliseum Complex
	Parker, Barbara J. Name of Outside Organi	zation	Pass(es) 2 Number of Ticket(s)/	If checking Ceremon To investigate the a sporting and other Ceremonial Role If checking Ceremon	Other Other Other Other describe below Officiencies of the ope events that occur at Other Oth	rations of the various Coliseum Complex
-	Parker, Barbara J. Name of Outside Organi (include address and desco	zation cription)	Number of Ticket(s)/ Pass(es)	If checking Ceremon To investigate the esporting and other Ceremonial Role If checking Ceremon Describe the pub	Other or Other describe below efficiencies of the ope events that occur at C other or Other describe below at Role or Other describe below.	rations of the various Coliseum Complex Income
-	Parker, Barbara J. Name of Outside Organi (include address and desc	zation cription)	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking Ceremon To investigate the esporting and other Ceremonial Role If checking Ceremon Describe the pub	Other Dead of the Other describe below efficiencies of the ope events that occur at Company of the Other Describe below. It purpose made pursuant orth above, is in accordance with above of Other Describe below.	rations of the various Coliseum Complex Income
-	Parker, Barbara J. Name of Outside Organi (include address and desco	zation cription)	Number of Ticket(s)/ Pass(es)	If checking Ceremon To investigate the operating and other Ceremonial Role If checking Ceremon Describe the pub rified that the distribution set for	Other or Other describe below efficiencies of the ope events that occur at C other or Other describe below at Role or Other describe below.	rations of the various Coliseum Complex Income

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A	r u	IJ	IC	Docu	4111	CIII

1. Agency Name Oakland-Alameda County Coliseum Division, Department, or Region (If Ap.	5		Date Stamp	California 802 Form 809
Barbara J. Parker, City Attorney/OA Designated Agency Contact (Name. Title	ACA Official			
Area Code/Phone Number E-mail (510) 238-3815 bparke	r@oaklandcityatto	orney.org	Amendment (Must provided Date of Original Filing:	
2. Function or Event Information Does the agency have a ticket policy? Event Description Warriors v. Sacran Provide To Ticket(s)/Pass(es) provided by agency	ne/Explanation	Date(s)1	of Each Ticket/Pass \$ 1 27 17 Name of Source	304.80
Was ticket distribution made at the behof agency official?	nest No⊠ Yes	☐ If yes:	Official's Name (Last	First)
Use Section A to identify the agency's departm Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		ual. • Use Section C to identify a	AND THE RESERVE OF THE SECOND
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following:	
Smith, Jamie	2		res to City and County em	ncome ☐
		Ceremonial Role		Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to th	ne agency's policy
Verification I have read and understand FPPC Regulations 18944 Signature of Agency Head or Designee	1 and 18942. I have veri Barbara J. P.		orth above, is in accordance with the Attorney/OAACA Official	requirements. 12/27/2017 (Month Day Year)
Comment:				***

A(gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	butions	A	Public Document
	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Authority	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	and Carte Cirty.		For Official Use Only
	Division, Department, or Reg					
	Chris Dobbins, OACCA Cor			erence per en al de la companya de l		
	Designated Agency Contact	(Name,Tille)			<u> Tara da ang kanang ang ang ang ang ang ang ang ang an</u>	No procedure California in terrestricio de la companya de la conferencia de la companya del companya de la companya del companya de la companya del companya de la companya de la companya de la companya del companya de la companya del la companya de la companya de la companya del la compan
	Area Code/Phone Number	E-mail	Organido (Carlos - Artigos e escuel de 1901 de 1900 de 1900)		Amendment (Must F	Provide Explanation (π Part 3.)
	510.383.4801	chrisdobbinslaw@)	/ahooo.com		Date of Original Filling:	(month, day, year)
2.	Function or Event Infor	mation			. 3	06.55
	Does the agency have a tic	ket palicy? Yes [XI No 🗆 🗜	ace Value of	Each Ticket/Pass \$ $\frac{3}{2}$	
	Event Description: Oakland		on c	Date(s)	J	-
			nation			
	Ticket(s)/Pass(es) provided	by agency? Yes!			Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes!	I No⊠ ^{II}	f yes:	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the ages	acy's department or unit. •		1		
	A. Name of Agency, Dep.	artment or Unit	Number of Ticket(s)/ Passes	Describe ti	ne public purpose made pu	rsuant to the agency's policy
	Name of Ind	ividual	Number of Ticket(s)/		Identify one of the	following:
	B. Name of Ind		Passes			
	Dobbins, Chris		2	I/ chec	monial Role Other C Sking "Caremonial Role" or "Other" o te the efficiencies of the d other events that oc	income L tescribe below: he operations of various cur at Collseum Complex
				Core If chec	monial Role Other Older or 'Older' o	
	C. Name of Outside C	organization d description)	Number of Ticket(s)/ Passes	Describe t	he public purpose made pu	ursuant to the agency's policy
4.	Verification I have read and understand Fi	PC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
	with the requirements.	Chri	is Dobbins		OACCA Commission	er 08.15.17
	\mathcal{A}	(C)				(month, day, year)

OAKLAND RAIDERS GAMES / DECEMBER 2017 **CHRIS DOBBINS**

Raiders v NY 12.3.17

(2) tickets

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Tille) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: .. 510.383.4801 Idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 305.55 Does the agency have a ticket policy? Yes 🗵 No 🗌 Event Description: Oakland Raiders 2017 Season Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🔀 If no: Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Name of Individual of Tickel(s)/ Passes identify one of the following: В. (Last, First) Other X Ceremonial Role Income ... De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below; to investigate the efficiencies of the operations of various 2 sporling and other events that occur at Collseum Complex Ceremonial Role Other 🗀 Income 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passen 4. Verification I have read end understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ignacio De La Fuente **OACCA Commissioner** 08.15.17 Print Name Signature of Agency Hend ox Designes Tilla (month, day, year) Comment: _

OAKLAND RAIDERS GAMES / DECEMBER 2017 IGNACIO DE LA FUENTE

Raiders v NY

12.3.17

(2) tickets

	gency Report of: teremonial Role Even	its and Ticket/F	'ass Distr	ibutions	A	Public Document
1.	Agency Name Oakland Alameda County C Division, Department, or Reg Ignacio De La Fuente, OAC Designated Agency Contact	ion <i>(if applicable)</i> CCA Commissioner			Date Stamp	Form 802. For Official Use Only
	Area Code/Phone Number	[E-mail	The second se		Amendment (Must i	Provide Explanation in Part 3.)
	510.383.4801	idelafuente2012@	gmail.com		Date of Original Filing:	(month, day, year)
73	Function or Event Information Does the agency have a tick Event Description: Warriors Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?	ket policy? Yes Season 2017-18 Provide Title/ Expla by agency? Yes	nation No []	Date(s)	Each Ticket/Pass \$ S // Name of Source Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	ncy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to iden	tify an outside organization,
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe (h	e public purpose made pu	rsuant to the agency's policy
	段。 Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes	2	Identify one of the tonial Role \(\begin{array}{c} \text{Other } \\ ing "Ceremonial Role" or "Other" de	Income _
	the state of the s	All States and the states are the states and the st		1	onial Rote Other Cing "Ceremonial Role" or "Other" de	income
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe (h	e public purpose made pui	rsuant to the agency's policy
4						
4,	Verification I have read and understand FP with the requirements.	PC Regulations 18944	.1 and 18942.	l have verified t	hal the distribution set f	orth above, is in accordance
	Signature of Agency Head or Designation		De La Fuente int Name		DACCA Commissione	r (month, day, year)

WARRIORS GAMES / DECEMBER 2017 IGNACIO DE LA FUENTE

	Warriors v Blazers	12.11.17	(2) tickets
•	Warriors v Mavericks	12.14.17	(2) tickets
•	Warriors v Grizzlies	12.20.17	(2) tickets
٥	Warriors v Lakers	12.23.17	(2) tickets
•	Warriors v Cavs	12.25.17	(2) tickets
•	Warriors v Jazz	12.27.17	(2) tickets
•	Warriors v Hornets	12.29.17	(2) tickets
	Warriors v Grizzlies	12.30.17	(2) tickets

A same Marne	ts and Ticket/Pas		}	Date Stamp	(OSIMONATE) (Solin) Fo: Official U	
Alameda County V	Coliseum Authority		میں سے میں		Fo; Otticial o	30 012)
Division, Department, or Rec	lion (it applicable)					
Chris Dobbins, OACCA Co	mmissioner		AND DESCRIPTION OF THE PARTY OF			
Designated Agency Contact	(Name, I me)			Amondment (Must	l Provide Explanation in	Part 3.)
Area Code/Phone Number	IE-mall			Date of Original Filing		
	chrisdobbinslaw@ya	hoo.com		1	·	The second secon
510,383,4801		THE PROPERTY OF THE PROPERTY O	a - Total Control of the Control of	Each Ticket/Pass \$	see attached	30439
Function or Event Info	rmation - t - t policy? Vec Di	No ☐ Fac	∍ Value of	Each Ticket/Pass \$	JOO CHARLES	All Control of the Co
Does the agency have a ti	cket policy: 165 E	Dah	3(6)	Jan and annual and annual and annual and annual and annual annual and annual annual and annual and annual a		
Event Description: Warrio	Provide Title/ Explana					
Ticket(s)/Pass(es) provide	ed by agency? Yes ⊠] No□ If no):	Name of Source		
		T NOTT If y	es:	Official's Name (Last, Fi	iist)	
Was ticket distribution ma	IGE SE MG DRUGGE JEST	J 190 LLJ				
of agency official?						
s. Recipients		rea Cartion B to ide	ntify an indi	vidual Use Section C to i	identify an outside or	gan}zatlon.
3. Recipients • Use Section A to identify the s	igency's department or unit.	Number	Dorlbo	the public purpose made	e pursuant to the age	ency's policy
A. Name of Agency, D		of Tickel(s)/ Passes	Describe	Commence of the commence of th		
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_		Number		O Sno vilnahi	f the following:	
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	and the second s	Number		ihe the public purpose ma	ade nursuant to the	agency's polic
اي دود و درود	side Organization	of Tickel(s)/ Passes	Descr	the the public purpose in		es e succession e l'exemple de la company
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C. (include addre		944,1 and 18942	. I have ve	rified that the distribution	on set forth above	, is in accord
C. (include addre	and FPPC Regulations 18	944.1 and 18942 Chris Dobbins	. I have ve	rified that the distribution	on set forth above	, is in accord.

WARRIORS GAMES / DECEMBER 2017 CHRIS DOBBINS

	Warriors v Blazers	12.11.17	(2) tickets
•	Warriors v Mavericks	12.14.17	(2) tickets
•	Warriors v Grizzlies	12.20.17	(2) tickets
•	Warriors v Lakers	12.23.17	(2) tickets
•	Warriors v Cavs	12.25.17	(2) tickets
	Warriors v Jazz	12.27.17	(2) tickets
•	Warriors v Hornets	12.29.17	(2) tickets
	Warriors v Grizzlies	12.30.17	(2) tickets

i. Agency Name				and the state of t	A Public Documen
Oakland Alameda Count	hy Collogum Authorite			Date Stamp	California 802
Division, Department, or F	y Conseum Authority				
Office of the City Adminis					For Official Use Only
Designated Agency Conta				-	
Sabrina B. Landreth, City	·				6
Area Code/Phone Number		- <u>, ouo</u> co		Amendment (Mu	st Provide Explanation in Part 3.)
510-238-3301	slandreth@oakia	andnet com		Date of Original Filin	•
. Function or Event Inf		anot.com			(month, day, year)
Does the agency have a		- 1574 A. Free	F		
· ·	· · · · · · · · · · · · · · · · · · ·	s⊠ No□	race value of I	Each Ticket/Pass \$	
Event Description: NOT S			Date(s)12/	08 / 17	
Ticket(s)/Pass(es) provide	Provide Title/ Ex, ed by agency? Vo		lf no.		
	•		If no:	Name of Source	
Was ticket distribution ma	ide at the behest Ye	s⊠ No⊟	If yes: Landretl	n, Sabrina	
of agency official?	, ,	- 1.00		Official's Name (Last, Firs	st)
		A. Passes		(140° 81) View Programs (1) 40°	
13.1.3.2.2.3.1.1.1.1.1.1.1.1.1.1.1.1.1.1					
B. Name of Ir (Last,)		Number of Ticket(s)/ Passes		Identify one of the	following:
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(Last,)	Organization	of Ticket(s)/ Passes	To provide inc services to the Ceremon If checking	nial Role Other of 'Other' of 'Ceremonial Role' or 'Other' of Centives to City emperature Authority. nial Role Other of 'Ceremonial Role' or 'Other' of 'Ceremonial Role' or 'Other' of 'Ceremonial Role' or 'Other' of	Income ☐ describe below: Dloyees that provides ☐ Income ☐
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UNABLE TO USE Name of Outside	Organization	of Ticket(s)/ Passes 2 Number of Ticket(s)/	To provide inc services to the Ceremon If checking	nial Role Other g "Ceremonial Role" or "Other" centives to City emp e Authority. nial Role Other or "Other" or "Ceremonial Role" or "Other" o	Income Lescribe below: Dioyees that provides Income Lescribe below:
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UNABLE TO USE C. Name of Outside (include address ar	Organization and description) PPC Regulations 18944 Sabrina	of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	To provide inconvices to the services to the Ceremon If checking	nial Role Other g "Ceremonial Role" or "Other" centives to City emp e Authority. nial Role Other or "Other" or g "Ceremonial Role" or "Other" or public purpose made pu	Income Lescribe below: Dloyees that provides Income Lescribe below: Income Lescribe below:

Comment: ___

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Area Code/Phone Number Amendment (Must Provide Explanation in Part 3.) E-mail 510-238-3301 slandreth@oaklandnet.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No 🗆 Event Description: NOT SO SILENT NIGHT Date(s) <u>12</u> 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 of Ticket(s)/ Identify one of the following: (Last, First) Passes **UNABLE TO USE** Ceremonial Role Other X 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (Include address and description) Passes Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance Sabrina B. Landreth City Administrator 01/3-/-2018---Signature of Agency Head or Designee Print Name (month, day, year)

Comment:

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Comment:

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Comment:

I have read and understand FPPC Reg with the requirements.	gulations 18944.1 and 18942. I have ve	erified that the distribution set forth abo	ve, is in accordance
	Sabrina B. Landreth	City Administrator	01/>/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 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: JAY-Z Date(s) 12 / 16 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: _ Name of Source 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 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) HINES, BRITTANY Ceremonial Role Other X 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	
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I have read and understand FPPC Regula with the requirements.	itions 18944.1 and 18942. I hav	e verified that the distribution set forth al	oove, is in accordance
	Sabrina B. Landreth	Gity-Administrator	01/2/2018
Signature of Agency Head or Designee	Print Name	. Title	(month, day, year)
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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 Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No 🗆 Event Description: RAIDERS Date(s) __12__/__17__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No 🗆 Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Number Name of Individual of Ticket(s)/ identify one of the following: Passes Ceremonial Role Other 🗵 Income **UNABLE TO USE** If chacking "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. vermeation		•	ve	FH	ıca	uoi	1
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I have read and understand FPPC Regula with the requirements.	tions 18944.1 and 18942. I have v	rerified that the distribution set forth a	above, is in accordance
Signattire of Agency Head or Designee	Sabrina B. Landreth Print Name	City-Administrator	01/3/2018 (month, day, year)
Comment:			3 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1

1.	Agency Name Oakland Alameda County C Division, Department, or Reg	-			Date Stamp	California 802 Form 801
- 10	Office of the City Administra	ator		100 - 100 -		
	Designated Agency Contact					
	Sabrina B. Landreth, City A	dministrator			Amondanon (46.46	Durida Contanatas in Dari 03
	Area Code/Phone Number	E-mail	P40		Amendment (Must	Provide Explanation in Part 3.)
	510-238-3301	slandreth@oakland	lnet.com		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation				30489
	Does the agency have a tick	ket policy? Yes [⊠ No□ F	ace Value of	Each Ticket/Pass \$ _	1209
	Event Description: WARRIC		Đ	ate(s)12	<u>, 20 , 17 </u>	
	Ticket(s)/Pass(es) provided	•		no:		
	Ticket(a)/i daalea/ provided	by agency: 163 F			Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes [⊠ No 🗆 If	yes: Landret	h, Sabrina Official's Name (Last, First)
	• Use Section A to identify the ager A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	NY NUMBER		ursuant to the agency's policy
	B: Name of Ind (Last, Fir	ividual st)	Number of Ticket(s)/ Passes	00000	ldentify one of the	
	EDENBURG, JENEEN		2	If check To provide i	king "Ceremonial Role" or "Other"	
		All d		1	nonial Role Other Other Ceremonial Role" or "Other" o	_ _
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
	· · · · · · · · · · · · · · · · · · ·	TOTAL AND STATE OF THE STATE OF				distance in surple and the surple an
4.	Verification	· ·				
	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
	Signature of Agency Head or Design	Line Land	B. Landreth		City-Administrator	01./-3/ 2018 (month, day, year)
	Comment:			<u>,,, , , , , , , , , , , , , , , , , , </u>		

1.	Agency Name			Mildernassanguna and helid kirlimet trassmet at estimatisc	Date Stamp	California O 0 0
	Oakland Alameda County C	Coliseum Authority				Form OU4
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Office of the City Administra	itor				
	Designated Agency Contact	(Name, Title)				
	Sabrina B. Landreth, City A	dministrator				
	Area Code/Phone Number	E-mail			Amenament (Mus	Provide Explanation in Part 3.)
	510-238-3301	slandreth@oakland	net.com		Date of Original Filing	i (month, day, year)
2.	Function or Event Infor	mation		Wellen were — proplete of the farments.		30480
	Does the agency have a tic	ket policy? Yes	⊠ No 🗆 F	ace Value of I	Each Ticket/Pass \$.	204
	Event Description: WARRIC	DRS		oate(s) <u>12</u>	, 23 , 17	
	T! -	Provide Title/ Expla		•		
	Ticket(s)/Pass(es) provided	by agency? Yes [⊠ No 🔲 Ií	no;	Name of Source	
	Was ticket distribution made	at the hehest Voc.	v voc li	yes: Landret	h, Sabrina	
	of agency official?	at the beliest 168	☑ NO□	,	Official's Name (Last, Firs	()
3.	Recipients					
	 Use Section A to identify the ager 	cy's department or unit. •	Use Section B to i	dentify an individ	ual. • Use Section C to ide	ntify an outside organization.
	Δ Name of Agency, Depa	rtmont or Unit	Number	Deposits th	o public purposa medo a	ursuant to the agency's policy
	A. Name of Agency, Depr		of Ticket(s)/ Passes	Describe un	e hanne harbose made b	
				2.1		
				. 0/		
			Number			
	B. Name of Ind (Last, Fir		of Ticket(s)/ Passes		Identify one of the	following:
	POMICPIC, ANDREA			Cerem	onial Role 🔲 Other	X Income □
	POWICPIC, ANDREA		2	If check	ing "Ceremonial Role" or "Other"	describe below:
				services to the		oloyees that provides
				1	onlai Role 🔲 Other	Income 🔲
					ing "Ceremonial Role" or "Other"	
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	Name of Outside O	rganization	Number	Donastha st		ursuant to the agency's policy
	(include address and	description)	of Ticket(s)/ Passes	Describe til	e hanno harbose made h	insulation the agency's policy
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	Verification	kermen en ser en er en er diskistille en er en er en er ek elde kombitisken he	I			
	I have read and understand FF	PC Penulations 18044	1 and 18042	l have verified t	hat the distribution set	forth above, is in accordance
	with the requirements.	To Mogurations 10344	and 10072.	HUVO VEHIICU II	nat the distribution set	rorar above, is in accordance
		Sahrina	B. Landreth		City Administrator	
	Signature of Agency Head or Design		int Name		Title	01./.Z./.2018 (month, day, year)
		<u> ; </u>				International Property
	Comment:	5.416/45/				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-3301 slandreth@oaklandnet.com **Date of Original Filing:** (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description: WARRIORS Date(s) __12 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No 🗆 If no: Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Landreth, Sabrina of agency official? Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Α. Name of Agency, Department or Unit of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes EVE, SAUNDRA Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other ... Income ___ If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator

Signature of Agency Head or Designee

Comment:

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

01/3/2018

(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 E-mail 510-238-3301 Date of Original Filing: slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: WARRIORS Date(s) __12__/ 25 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No 🗆 If no: Name of Source Was ticket distribution made at the behest Yes ⊠ No □ If yes: 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number of Ticket(s)/ Name of Individual Identify one of the following: (Last, First) Passes MINOR, DERIN Ceremonial Role Other 🗵 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

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

Sabrina B. Landreth

Signature of Agency Head or Designee

Print Name

Title

Title

(month, day, year)

FPPC Form 802 (2/2016)

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 slandreth@oaklandnet.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No 🗆 Event Description: WARRIORS Date(s) __12__/_ 27 , 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 Α. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes PATTON, KENNETH 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

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I have read and understand FPPC Regulation with the requirements.	ılations 18944.1 and 18942. I have v	erified that the distribution set forth	above, is in accordan
	Sabrina B. Landreth	City Administrator	017₹/ 2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year,
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name A Public Document Oakland Alameda County Coliseum Authority Date Stamp California Division, Department, or Region (if applicable) Form Office of the City Administrator For Official Use Only Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Area Code/Phone Number Amendment (Must Provide Explanation in Part 3.) E-mail 510-238-3301 slandreth@oaklandnet.com Date of Original Filling: 2. Function or Event Information (month, day, year) Does the agency have a ticket policy? Yes⊠ No□ Face Value of Each Ticket/Pass \$ Event Description: WARRIORS Date(s) __12 / 29 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Was ticket distribution made at the behest Yes ⊠ No □ Name of Source If ves: Landreth, Sabrina of agency official? Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Name of Agency, Department or Unit Α. Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Name of Individual Number. (Last, First) of Ticket(s)/ Identify one of the following: Passes TODD, AMBER Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below. Name of Outside Organization Number (include address and description) Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance Sabrina B. Landreth City Administrator 01/3/2018

Print Name

Comment:

(month, day, year).

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp Oakland Alameda County Coliseum Authority California Division, Department, or Region (if applicable) Form For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Area Code/Phone Number Amendment (Must Provide Explanation in Part 3.) E-mail 510-238-3301 slandreth@oaklandnet.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ Event Description: WARRIORS Date(s) __12 / 30 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: _ Was ticket distribution made at the behest. Yes ☒ No ☐ Name of Source If yes: Landreth, Sabrina of agency official? Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Individual Number of Ticket(s) (Last, First) Identify one of the following: Passes NGUYEN, THANG Ceremonial Role Other X If checking "Cerémonial Role" or "Other" describe below; 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other 🔲 Income 🔲 If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization Number (Include address and description) Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance Sabrina B. Landreth Signature of Agency Head or Designee City Administrator 01/2/2018 Print Name

Comment:

(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 Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 smckibben1@gmail.com Date of Original Filing: (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 305.50 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Raider Game Date(s) _____/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes⊠ No 🗆 Name of Source If yes: McKibben, 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 A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number В. Name of Individual of Ticket(s)/ Identify one of the following: Passes mckubben, Scott Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below: 4 to provide opportunities to community groups to utilize the facility Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification

Income __ 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. Scott McKibben OACCA Executive Director 11.16.17 Print Name Title (month, day, year) Comment: FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio DeLa Fuente, OACCA Commissioner Designated Agency Contact (Name Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 idelafuente2012@gmail.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Event Description: Jay-Z Date(s) __12__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗵 De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the the efficiencies of the operations various sporting and events that occur at Coliseum Complex 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 Verification

I have read and المبر derstand 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

12.7.17

Comment:

Print Name

(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 Ignacio DeLa Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510,383,4801 idelafuente2012@gmail.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? 200.00 Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: Not So Silent Night Date(s) __12 12 17 ____ 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 A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** De La Fuente, Ignacio Ceremonial Role Other X Income 🔲 If checking "Ceremonial Role" or "Other" describe below: 2 per to investigate the the efficiencies of the operations various sporting and events that occur at Coliseum Complex Ceremonial Role Other Income [If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization Number C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Verification I have read and understand FPP (Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

Ignacio De La Fuente

Print Name

nature of Agency Head or Designee

Comment:

12.7.17

(month, day, year)

OACCA Commissioner

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 200.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Not So Silent Night 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 Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other 🗵 Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 4 per to provide opportunities to community groups to utilize the facility Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

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

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The same appropriate parameter in product of the same and	Chris Dobbins	OACCA Commissione
Signature of Agency Head or Designee	Print Name	Title

Comment: _

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 400.00 Does the agency have a ticket policy? Date(s) __12__/__16__/ Event Description: Jay-Z Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: __ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other 🔀 Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the the efficiencies of the operations various sporting and events that occur at Coliseum Complex 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

Comment: _

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١.	with the requirements.		and the state of t	s dicaribution bot forth above	s, is in accordance
•	Man and regularithering.				

	Chris Dobbins	OACCA Commissioner	12.7.17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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1. Agency Name				Date Stamp	California Q 🗘 🤈			
Oakland Alameda County Coliseum	n Authority				Form OUA For Official Use Only			
Division, Department, or Region (if ap	Division, Department, or Region (if applicable)							
Scott McKibben, OACCA Executive	e Director							
Designated Agency Contact (Name, Ti	tle)							
				Amendment (Must Pr	ovide Explanation in Part 3.)			
Area Code/Phone Number E-mail				Amendment (most)	ovide Explanation in Fait 5.)			
510.383.4801 Smck	ibben1@gmail.d	com		Date of Original Filing: .	(month, day, year)			
2. Function or Event Information]							
Does the agency have a ticket police	y? Yes⊠	No∏ F	ace Value of	Each Ticket/Pass \$ <u>³⁰</u>	95.55			
Event Description: Raiders Footbal				, 03 , 17				
Event Description.	Provide Title/ Explanati	ion	rate(s)					
Ticket(s)/Pass(es) provided by age	ncy? Yes⊠	No ☐ If	no:	Name of Source				
			yes: McKibb	Name of Source en.Scott				
Was ticket distribution made at the	benest Yes	No □ "	yes.	Official's Name (Last, First)				
of agency official?								
3. Recipients		, , , , , , , , , , , , , , , , , , ,						
 Use Section A to identify the agency's depart 	rtment or unit. • Us	e Section B to i	đentify an individ	ual. • Use Section C to ident	ify an outside organization.			
A. Name of Agency, Department o	r Unit	Number of Ticket(s)/	Describe th	e public purpose made purs	suant to the agency's policy			
		Passes						
		Number						
B. Name of Individual (Lest, First)		of Ticket(s)/ Passes		Identify one of the fo	ollowing:			
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				ionial Role Other ring "Ceremonial Role" or "Other" des				
			Carom	onial Role Other	Income L			
				ing "Ceremonial Role" or "Other" des				
Name of Outside Organization		Number						
C. (include address and descript		of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy			
Humane Society			to promote ti	ne Coliseum Complex	for the use by general			
Trainanc decicty]	4		usinesses to maximize				
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Verification / ///	and the state of t		dunin mumuman na manus man					
I have read and understand FMFD Reg	ulations 18944.1	and 18942.	l have verified t	hat the distribution set fo	rth above, is in accordance			
with the deductements.	The state of the s	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Scott M	cKibben		Executive Director	10.10.17			
Signature of Agenty Head of Designee		Name		Title	(month, day, year)			
1/ / / / / / / / / / / / / / / / / / /								
Comment: //								

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I. Agency Name	N = 85			Date Stamp	California 802
Oakland-Alameda County C Division, Department, or Regi	oliseum Authority	··· · · · · · · · · · · · · · · · · ·] .	Form OUZ
					For Official Use Only.
Susan S. Muranishi, County	Administrator, Ala	meda County			
Designated Agency Contact (Name, Title)]	
Area Code/Phone Number	E-mail			Amendment (Mus	t Provide Explanation in Part 3.)
(510) 272-3862					
	countyadministrat	or@acgov.org	3	Date of Original Filing): (month, day, year)
. Function or Event Inform					
Does the agency have a tick	et policy? Yes	⊠ No 🗆	Face Value of	Each Ticket/Pass \$.	30480
Event Description: Warriors I			Date(s)		V Alley Marie Control of the Control
	Provide Title/Expl	anation	Jale(s)		
Ticket(s)/Pass(es) provided b	y agency? Yes	⊠ No 🗆 I	f no:	Name of Source	
Was ticket distribution made					
of agency official?	at the penest Yes	□ No⊠ I	f yes;	Official's Name (Last, First	
q. agonoj omolan				1	,
Recipients					
Use Section A to identify the agency	's department or unit.	Use Section B to	dentify an Individa	ial. • Use Section C to ide:	ntify on outside argentestion
A. Name of Agency, Depart		Number			rauant to the agency's policy
	TROUGH OF CHIEF	of Ticket(s)/ Passes	Describe the	, bapije barbose wsge ba	rsuant to the agency's policy
		2	To reward a	Co. employee for his	or her exemplary service
District Attorney's Office			to the public of	or to encourage staff	development
				# -	
	PROVIDE CONTRACTOR OF THE PROPERTY OF THE PROP				
B. Name of Individ	1. A. J. H. A. H. M. S. A. C. E. S. C.	Number of Ticket(s)/		identify one of the	following
(Last, First)	Manager and the state of the	::: Passes			
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			rr cneckin	g "Ceremonial Role" or "Other" de	scribe below:
			Caremor	niai Role Other C	Income 🗌
;			ır checkin	g "Ceremoniel Role" or "Othor" de	scribe below:
ALL SERVICES		Number		W)-4	
C. Name of Outside Orga	nization scription)	of Ticket(s)/	Describe the	ublic purpose made pur	suant to the agoncy's policy
Section 1 and 1 an		Passes			a holley
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have read and understand FPPC	Regulations 18944.1	1 and 18942. I I	nave verified tha	t the distribution set fo	rth above, is in accordance
have read and understand FPPC	n #				rth above, is in accordance
rification have read and understand FPPC with the requirements. Signature of Agelicy Read or Designate	chimsusan s	. Muranishi		ounty Administrator	
have read and understand FPPC	chimsusan s				rth above, is in accordance (month, day, year)

1. A	gency Name				Date Stamp	California O A A
C	akland-Alameda County (Coliseum Aut		California 802		
Di	vision, Department, or Reg	jion (If Applicat		For Official Use Only		
В	arbara J. Parker, City Atto	rnev/OAACA	\ Official			
	esignated Agency Contact		***			
Ār	ea Code/Phone Number	E-mail	- Marie	White State	Amendment (Mus	st provide explanation in Part 3.)
(5	10) 238-3815	bparker@o	aklandcityat	tornev.org	Date of Original Filin	g:
). F	unction or Event Infor					g:(Month, Day, Year)
	es the agency have a ticke		Yes 🛛 No	- □ Face Valu	ie of Each Ticket/Pass \$	2000
			100 23 140			
Ŀ۷	ent Description Not So Sil	Provide Title/Exp	planation	Date(s)	12 08 17	
Tic	ket(s)/Pass(es) provided b			[] If no:		
			Yes 🗵 No) 1110	Name of	Source
	is ticket distribution made a	it the behest	No ⊠ Yes			
01	agency official?			,	Official's Name	e (Last, First)
	ecipients					
⊕ U:	se Section A to identify the agency	s department or	unit. • Use Se	ection B to identify an indi-	vidual. • Use Section C to ide	entify an outside organization.
Α.	Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the p	oublic purpose made pursua	nt to the agency's policy
<i>5</i>	The state of the s					
			Pass(es)			
B.	Name of Individua (Last Fist)					Mara-
XX	Name of Individual (Last, Fixt)		Pass(es)		Identify one of the follow	Ming:
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В.	(Last, First)		Number of Ticket(s)/	Ceremonial Role ff checking *Ceren	Identify one of the follow e ☐ Other ☒ nonial Role" or "Other" describe below.	Income 🗌
В.	(Last, First)		Number of Ticket(s)/ Pass(es)	Ceremonial Role ff checking *Ceren	Identify one of the folion e ☐ Other ☑ nonial Role" or "Other" describe below. tives to City and County	Income 🔲
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В.	(Last, First)		Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceren To provide incent services to the Au	Identify one of the folion e ☐ Other ☑ nonial Role" or "Other" describe below. tives to City and County	y employees that provide
В.	(Last, First)		Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceren To provide incent services to the Au	identify one of the folion Other omial Role" or "Other" describe below. tives to City and County uthority Other Other	y employees that provide
B.	(Last. First)		Number of Ticket(s)/Pass(es)	Ceremonial Role If checking "Ceren To provide incent services to the Au	identify one of the folion Other omial Role" or "Other" describe below. tives to City and County uthority Other Other	Income ☐ y employees that provide
В.	(Lest. First) INSON, Kenneth Name of Outside Organiz	ation	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Ceremonial Role If checking "Cerem To provide incent services to the Au Ceremonial Role It checking "Cerem	Identify one of the follow e Other nonial Role" or "Other" describe below. tives to City and County uthority a Other nonial Role" or "Other" describe below.	Income I
B.	(Last. First)	ation	Number of Ticket(s)/ Pass(es) 2 Number of	Ceremonial Role If checking "Cerem To provide incent services to the Au Ceremonial Role It checking "Cerem	identify one of the folion Other omial Role" or "Other" describe below. tives to City and County uthority Other Other	Income I
B.	(Lest. First) INSON, Kenneth Name of Outside Organiz	ation	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Ceremonial Role If checking "Cerem To provide incent services to the Au Ceremonial Role It checking "Cerem	Identify one of the follow e Other nonial Role" or "Other" describe below. tives to City and County uthority a Other nonial Role" or "Other" describe below.	Income I
B.	(Lest. First) INSON, Kenneth Name of Outside Organiz	ation	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Ceremonial Role If checking "Cerem To provide incent services to the Au Ceremonial Role It checking "Cerem	Identify one of the follow e Other nonial Role" or "Other" describe below. tives to City and County uthority a Other nonial Role" or "Other" describe below.	Income I
B.	(Lest. First) INSON, Kenneth Name of Outside Organiz	ation	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Ceremonial Role If checking "Cerem To provide incent services to the Au Ceremonial Role It checking "Cerem	Identify one of the follow e Other nonial Role" or "Other" describe below. tives to City and County uthority a Other nonial Role" or "Other" describe below.	Income I
B. Joh	(Lest. First) nnson, Kenneth Name of Outside Organiz (include address and desc	ation	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Ceremonial Role If checking "Cerem To provide incent services to the Au Ceremonial Role It checking "Cerem	Identify one of the follow e Other nonial Role" or "Other" describe below. tives to City and County uthority a Other nonial Role" or "Other" describe below.	Income I
B. Joh	(Lest. First) nnson, Kenneth Name of Outside Organiz (include address and desc	ation ription)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceren To provide incent services to the Au Ceremonial Role If checking "Cerem	Identify one of the folion e Other nonial Role" or "Other" describe below. tives to City and County uthority Other nonial Role" or "Other" describe below.	y employees that provide Income Income t to the agency's policy
B. Joh	(Lest. First) nnson, Kenneth Name of Outside Organiz (include address and desc	ation ription)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceren To provide incent services to the Au Ceremonial Role If checking "Cerem	Identify one of the folion e Other nonial Role" or "Other" describe below. tives to City and County uthority Other nonial Role" or "Other" describe below.	y employees that provide Income t to the agency's policy
B. Joh	(Lest. First) nnson, Kenneth Name of Outside Organiz (include address and desc	ions 18944.1 and	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceren To provide incent services to the Au Ceremonial Role If checking "Cerem Describe the pu	Identify one of the folion e Other nonial Role" or "Other" describe below. tives to City and County uthority Other nonial Role" or "Other" describe below.	Income In

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1. Agency Name			Date Stamp	California 802				
Oakland-Alameda County Coliseum Aut		Form OUZ For Official Use Only						
Division, Department, or Region (If Applicab	Division, Department, or Region (If Applicable)							
Barbara J. Parker, City Attorney/OAACA	Official							
Designated Agency Contact (Name, Title)	- Cinolai							
Area Code/Phone Number E-mail			Amendment (Must prov	ride explanation in Part 3.)				
York devents and many recovery department of the second of	aklandcityatte	ornev.ora	Date of Original Filing:					
2. Function or Event Information	amarraon, an	omoyioig	30211	(Month, Day, Year)				
Does the agency have a ticket policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	304.80				
Event Description Warriors v. Dallas Mave	planation	Date(s)						
Ticket(s)/Pass(es) provided by agency?		□ If no:						
ricket(s)/Fass(es) provided by agency?	Yes 🛛 No		Name of Source	е				
Was ticket distribution made at the behest	No⊠ Yes	☐ If yes:						
of agency official?		,	Official's Name (Las	t, First)				
. Recipients								
Use Section A to identify the agency's department or		ction B to identify an individu	al. • Use Section C to identify	an outside organization.				
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to	the agency's policy				
	Pass(es)							
SPECIAL CONTRACTOR OF THE SPECIAL CONTRACTOR								
D Name of Individual	Number of		FIRE SERVICE SERVICE COST					
B. Name of Individual (Last. First)	Ticket(s)/ Pass(es)		Identify one of the following					
		Ceremonial Role	Other 🛛	Income				
Andrada, Cynthia	2		al Role" or "Other" describe below:					
		To provide incentive	es to City and County er	nployees that provide				
	-	services to the Auth						
		Ceremonial Role	☐ Other ☐ al Role" or "Other" describe below:	Income				
	2		arriage of other describe below.					
	-							
C. Name of Outside Organization	Number of	Decardly the sub-						
(include address and description)	Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	the agency's policy				
Verification								
I have read and understand FPPC Regulations 18944.1 and	l 18942. I have ver	rified that the distribution set for	th above, is in accordance with th	e requirements.				
Canbon to Sark	Barbara J. F		Attorney/OAACA Officia					
Signature of Agency Head or Designee	Print Name	See St. all recent for	Title	(Month, Day, Year)				
Comment:								

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1.	Agency Name		Date Stamp California 802			
	Oakland-Alameda County C	Coliseum Auth		Form OUZ		
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Barbara J. Parker, City Atto	rney/OAACA	Official			
	Designated Agency Contact	(Name, Title)			-	
					☐ Amendment (Must i	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail	(N) (2) (150) 4000 (150)			
	(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor		-tit		20	400.00
	Does the agency have a ticke		Yes 🗵 No	_	of Each Ticket/Pass \$ _	400.00
	Event Description Jay Z 4:44	Tour		Date(s)	2 <u>, 16 , 17</u>	
		Provide Title/Expi	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Name of So	ource		
	Was ticket distribution made a					
	of agency official?		No 🛛 Yes	□ II yes	Official's Name ((Last, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuan	t to the agency's policy
			Number of			
28	B. Name of Individua	L	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Butler, Eric			Ceremonial Role		Income
	butier, Life		2		nial Role" or "Other" describe below: res to City and County	employees that provide
				services to the Aut	hority	* *
				Ceremonial Role	Other	Income
	502		2	if checking "Ceremon	ial Role" or "Other" describe below	
	C. Name of Outside Organ	ization	Number of	Doggriba the mul	ll-	
	(include address and des	cription)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Verification					
1	have read and understand FPPC Regula	ations 18944.1 and	18942. I have ve	rified that the distribution set f	orth above, is in accordance wil	th the requirements.
	Carpan Sark	<u> </u>	Barbara J. F		Attorney/OAACA Off	icial 12/27/2017
	Signature of Agency Head or Designee		Print Name	е	Title	(Month, Day, Year)
(Comment:					

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. Agency Name			Date Stamp	California 802
Oakland-Alameda County Coliseum	n Authority			Form For Official Use Only
Division, Department, or Region (If Ap	pplicable)			To Official Ose Offig
Barbara J. Parker, City Attorney/OA				
Designated Agency Contact (Name, Tit	le)			
			☐ Amendment (Must no	ovide explanation in Part 3.)
Area Code/Phone Number E-mail			13 3 3	
(510) 238-3815 bparke	er@oaklandcityatto	orney.org	Date of Original Filing: .	(Month, Day, Year)
Function or Event Information	l			
Does the agency have a ticket policy?		-	f Each Ticket/Pass \$ _	305.55
Event Description Oakland Raiders	vs Dallas Cowboys	Date(s)12	. 17 17	
Ticket(s)/Pass(es) provided by agenc	Title/Explanation			
Ticket(s)/Fass(es) provided by agenc	y? Yes⊠ No	L 1110.	Name of Sou	irce
Was ticket distribution made at the be of agency official?	hest No 🛛 Yes	☐ If yes:	Official's Name (L	.ast, First)
				*
 Recipients Use Section A to identify the agency's depart 	ment or unit. • Use Sec	ction B to identify an individu	ıal. ● Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Uni	t Number of Ticket(s)/		lic purpose made pursuant	
	Pass(es)			
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng:
Parker, Barbara J.	Pass(es)	To investigate the	ial Role" or "Other" describe below: efficiencies of the oper	
		sporting and other	events that occur at C	oliseum Complex
		Ceremonial Role	Other	
e.	2	If checking ⁻ Ceremon	ial Role" or "Other" describe below:	Income L
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		A SOCIAL PROOF TO SOCIAL TO SOCIAL SO	
	Number of Ticket(s)/		ial Role" or "Other" describe below:	
(include address and description) Verification	Number of Ticket(s)/ Pass(es)	Describe the pub	ial Role" or "Other" describe below:	to the agency's policy
(include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	ial Role" or "Other" describe below:	to the agency's policy the the requirements.

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I. Agency Name			Date Stamp	California 802
Oakland-Alameda County Coliseum Au	thority			Form 994
Division, Department, or Region (If Applica	ble)			For Official Use Only
Barbara J. Parker, City Attorney/OAAC	A Official			
Designated Agency Contact (Name, Title)	WOODS-ACCEPTANCES .		-	1
Area Code/Phone Number E-mail		on is versió de phisachtaí leich A dráin de chair de All Pharch Control Contro		provide explanation in Part 3.)
(510) 238-3815 bparker@d	oaklandcityatt	orney.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			204.00
Does the agency have a ticket policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ _	304.80
Event Description Warriors v. Memphis (Date(s)12	2 , 20 , 17	
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No	☐ If no:	Name of So	ource
Was ticket distribution made at the behest	No⊠ Yes	☐ If yes:		(Last, First)
of agency official?		-	Official's Name	(Last, First)
. Recipients				
Use Section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency and the agency and the section A to identify the agency and the section A to identify the agency and t	or unit. • Use Se	ction B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
			<u> 18 anni - Indica Angarat, angara, angara 18 anni ang Panting</u>	
				· · · ·
Market Control of the				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
Daylor Parkers I		Ceremonial Role		Income 🔲
Parker, Barbara J.	2		ial Role" or "Other" describe below: afficiencies of the one	rations of the various
			events that occur at C	
		Ceremonial Role	Other	Income 🔲
	2	If checking "Ceremoni	ial Role" or "Other" describe below:	
	_			
Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
And a second and a			WWW.combast 1254-1554 1554 1554 1554 1554 1554 1554 15	
	· · · · · · · · · · · · · · · · · · ·			
. Verification		1		
I have read and understand FPPC Regulations 18944.1 a.	nd 18942. I have ve	erified that the distribution set fo	orth above, is in accordance wi	th the requirements.
Burban Sert	Barbara J. I	Parker City	Attorney/OAACA Off	icial 12/27/2017
Signature of Ågeøby Head or Designee	Print Nam	ne	Title	(Month, Day, Year)
Comment:				

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1.	Agency Name				Date Stamp	California 202
	Oakland-Alameda County C		-			Form COZ
	Division, Department, or Regi	i on (If Applicabl	e)	- THE PROGRAMME		For Official Use Only
	Barbara J. Parker, City Attor	rney/OAACA	Official			
	Designated Agency Contact (Name, Title)		WWW.	1	
	Area Code/Phone Number	E-mail		**************************************	,	t provide explanation in Part 3.)
	(510) 238-3815	bparker@oa	aklandcityatt	orney.org	Date of Original Filing	J: (Month, Dav. Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket	t policy?	Yes 🛛 No	☐ Face Value	of Each Ticket/Pass \$	304.80
	Event Description Warriors v.	Los Angeles	Lakers	Date(s) 1	2 , 22 , 17	1 1
	Evolit Doson, pholi	Provide Title/Exp	lanation	Date(3)		
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:		
	\^{	k kla a la ala a ak			Name of S	
	Was ticket distribution made a of agency official?	t the benest	No ⊠ Yes	If yes:	Official's Name	(Last First)
 ኅ						
ن .	Recipients • Use Section A to identify the agency	's department or	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to ide	entify an outside organization
	A. Name of Agency, Departmen		Number of			The state of the s
	A. wante of Agency, Departine	nt or Unit	Ticket(s)/ Pass(es)	Describe the pu	olic purpose made pursuai	nt to the agency's policy
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
			Ticket(s)/ Pass(es)		Other ital Role" or "Other" describe below	Income _
	(Last First)		Ticket(s)/	If checking "Ceremon To investigate the	Other ital Role" or "Other" describe below	Income C
	(Last First)		Ticket(s)/ Pass(es)	To investigate the sporting and other	Other Other Other Other Other describe below.	Income Cerations of the various Coliseum Complex
	(Last First)	zation	Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the sporting and other Ceremonial Role If checking "Ceremon	Other Sial Role" or "Other" describe below. efficiencies of the ope events that occur at (Income Cerations of the various Coliseum Complex
	(Last. First). Parker, Barbara J. Name of Outside Organi	zation	Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To investigate the sporting and other Ceremonial Role If checking "Ceremon	Other Sial Role" or "Other" describe below. efficiencies of the ope events that occur at (Other iel Role" or "Other" describe below.	Income Corations of the various Coliseum Complex
	Parker, Barbara J. Name of Outside Organiz (include address and desc	zation	Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To investigate the sporting and other Ceremonial Role If checking "Ceremon	Other Sial Role" or "Other" describe below. efficiencies of the ope events that occur at (Other iel Role" or "Other" describe below.	Income Cerations of the various Coliseum Complex
	Parker, Barbara J. Name of Outside Organiz (include address and desc	zation ription)	2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the sporting and other Ceremonial Role If checking "Ceremon Describe the put	Other Sial Role" or "Other" describe below. efficiencies of the ope events that occur at (Other Dial Role" or "Other" describe below.	Income Cerations of the various Coliseum Complex Income Cerations of the various Coliseum Complex Income Cerations of the various Cerations of the
	Parker, Barbara J. Name of Outside Organiz (include address and desc	zation ription)	2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the sporting and other Ceremonial Role If checking "Ceremon Describe the put	Other Sial Role" or "Other" describe below. efficiencies of the ope events that occur at (Other Dial Role" or "Other" describe below.	Income Carations of the various Coliseum Complex Income Carations of the various Coliseum Complex Income Carations of the various Coliseum Complex Income Carations of the various Carations of t

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1.	Agency Name Oakland-Alameda County C	oliseum Auth	oritv		Date Stamp	California 802	
	Division, Department, or Regi		_	######################################		For Official Use Only	
	Barbara J. Parker, City Attor Designated Agency Contact (ney/OAACA		handed discount to a to a to			
			ELÉCTO ANTO CONTROL DE LA CONT		Amendment (Must	provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail	ملقوم بالأنواد دايل		Date of Original Filing:		
Pa.	(510) 238-3815	bparker@oa	ikianocityatio	omey.org	1	(Month, Day, Year)	
<i>.</i> .	Function or Event Information Does the agency have a ticket		V V V	□ Face Value o	of Each Ticket/Pass \$ _	304.80	
		. Denver Nug		Land Indiana			
	·	Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	If no:	Name of So	ource	
	Was ticket distribution made a of agency official?	t the behest	No ☑ Yes	☐ If yes:	Official's Name	(Last, First)	
3.	Recipients				me-min min este monetar entre antique de la competicione della competicione de la competicione della competicione della competicione della competicione della competicione della competi		
	Use Section A to identify the agency	r's department or		ction B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuan	t to the agency's policy	
	The Control of the Co		A. A				
	B. Name of Individua	I	Number of Ticket(s)/		Identify one of the follow	ring:	
	(Last, First)		Pass(es)	Ceremonial Role		Income 🗌	
	Parker, Barbara J.		2	If checking "Ceremonial Role" or "Other" describe below: To investigate the efficiencies of the operations of the various			
					events that occur at C		
				Ceremonial Role	Other	Income	
			2	If checking "Ceremon	ial Role" or "Other" describe below:		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
	The state of the s		- medical				
	RIMANUS CONTRACTOR OF THE PROPERTY OF THE PROP					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Verification	***************************************	and the second s		PROMINENT ALS LIVATORIS III VIETI III VIETI SI VIII SI	markan amanan markan ya ay markan ay ay ah ka sa k	
	I have read and understand FPPC Regula	ations 18944.1 and				·	
	Signature of Agency Head or Designee	adender of the second of the s	Barbara J. F		Attorney/OAACA Of		
	/ Signature of Agericy Head of Designee		⊬unt Nəme	5	Title	(Month, Day. Year)	
	Comment:						

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	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	Coliseum Auth	ority			Form 002
	Division, Department, or Reg	ion (If Applicable	э)			For Official Use Only
	Barbara J. Parker, City Attor		Official			
	Designated Agency Contact (Name, Title)				
					Amandmant (Marks	
	Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)
	(510) 238-3815	bparker@oa	klandcityatto	orney.org	Date of Original Filing: .	(Month, Day, Year)
	Function or Event Inform	mation				
	Does the agency have a ticke	t policy?	Yes 🗵 No	☐ Face Value of	of Each Ticket/Pass \$ _	304.80
	Event Description Warriors v	. Cleveland C	avaliers	Deta(s) 12	2 , 25 , 17	
	Event Description	Provide Title/Expl	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	□ If no:		
		, -9, .	Tes 🔼 TNO		Name of Sou	urce
	Was ticket distribution made a	t the behest	No⊠ Yes	☐ If yes:	Official's Name (L	
	of agency official?				Official's Name (L	ast, First)
	Recipients					
	Use Section A to identify the agency	s department or	1	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
					163	
	SAN		1		NUMBER OF STREET	
	R Name of Individua		Number of			
	Name of Individua		Ticket(s)/ Pass(es)		Identify one of the followi	ng:
30	icael 1999 & 4			Ceremonial Role	Other 🛛	Income
	Smith, Jamie		2	A SUSTEMBLE AND SET SERVICES	al Role" or "Other" describe below.	
			-		efficiencies of the operation	
			1		events that occur at Co	
				Ceremonial Role	Other Gescribe below:	Income
			2	" oncoming continue	direction of other describe select.	
	C. Name of Outside Organi	zation	Number of			
	(include address and desc		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
03						
- 10	Verification					
	have read and understand FPPC Regula	ations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.
	Dayson & Chart		Barbara J. F			TO CONTRACT OF THE CONTRACT OF
,	Signature of Japancy Head or Designee		Print Name		Attorney/OAACA Offic	2ial 12/27/2017 (Month, Day, Year)
	and the same temperature and the same temperat		vssasce+cace*********************************	77.7	erander.	(Month, Day, Teal)
(Comment:					

1.	Agency Name				Date Stamp	California Q02	
	Oakland-Alameda County C	Coliseum Auth	nority			Form OUZ	
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only	
	Barbara J. Parker, City Atto	rnev/OAACA	Official				
	Designated Agency Contact						
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
	(510) 238-3815	bparker@oa	aklandcityatt	orney.org	Date of Original Filing: _	(Month Day Voor)	
2.	Function or Event Infor		•			(MONUI, Day, Year)	
	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	304.80	
	Event Description Warriors v		100 🔄 110		, 27 , 17		
	Event Description	Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided by	v agency?	Yes⊠ No	☐ If no:			
		, «30.10).	162 🔼 110		Name of Sou	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)	
	Recipients					-	
	Use Section A to identify the agency		Number of	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy	
			1 455(65)			Assured Labourer, a config	
8							
	B. Name of Individua		Number of Ticket(s)/		Identify one of the following		
	(Last, First)		Pass(es)		identity one of the following	9.	
	Moreno, Doryanna			500 10 640	Other 🗵	Income	
	Moreno, Boryanna		2	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that provide			
				services to the Auth		employees that provide	
				Ceremonial Role	Other	Income	
			2	If checking "Ceremonia	al Role" or "Other" describe below:		
			-				
-			Number of		Www.iningsa.com		
(Name of Outside Organi (include address and desc		Ticket(s)/	Describe the publ	ic purpose made pursuant to	o the agency's policy	
-			Pass(es)				
*							
и	1						
	Verification have read and understand FPPC Regula	ntions 18944 1 and	18942 have yet	rified that the distribution set for	th above is in accordance with	the requirements	
vit l	But La 1)						
-	Signature of Agency Head or Designee	_	Barbara J. F		Attorney/OAACA Offic		
			. mil Name	r	me	(Month, Day, Year)	
-	San and the san an						

1.	Agency Name				Date Stamp	California Q02	
	Oakland-Alameda County C	Coliegum Auth	ority		Bate Glamp	Form 802	
	Division, Department, or Reg					For Official Use Only	
		. W 3.7073					
	Barbara J. Parker, City Atto		Official				
	Designated Agency Contact (ivame, i itie)					
					Amendment (Must pi	rovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			17, 1844. SA VANCOS-SAS-DAG	APPLICATION OF THE PROPERTY OF	
	(510) 238-3815	bparker@oa	ıklandcityatt	orney.org	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Inform	mation				201.00	
	Does the agency have a ticke		Yes⊠ No		f Each Ticket/Pass \$		
	Event Description Warriors v	. Charlotte Ho	ornets anation	Date(s)12		J	
ž.	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	☐ If no:	Name of Sou	rrea.	
9	Was ticket distribution made a	t the hehest	N EV				
	of agency official?	t the penest	No 🛛 Yes	☐ If yes:	Official's Name (L	ast, First)	
	Recipients						
	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departme	A PARTY OF THE PARTY.	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant		
	Name of Individua		Number of Ticket(s)/ Pass(es)		Identify one of the following	ıg:	
	Richardson, Ryan		2	Ceremonial Role Other M Income Income Income To provide incentives to City and County employees that provide			
			1	I carvidae to the Auth	ority	employees that provide	
				services to the Auth		WOLES-19 WORKER	
			2	Ceremonial Role	Ority Other If Role" or "Other" describe below:	employees that provide	
	Name of Outside Organiz (include address and desc		2 Number of Ticket(s)/ Pass(es)	Ceremonial Role [Other	Income	
-			Number of Ticket(s)/	Ceremonial Role [Other D	Income	
_	erification	ription)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking *Ceremonia Describe the publications The second	Other In Role" or "Other" describe below:	Income Income othe agency's policy	
_	(include address and desc	ription)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking *Ceremonia Describe the publications The second	Other In Role" or "Other" describe below:	Income I	
	erification	tions 18944.1 and	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking *Ceremonia Describe the publication set for the content of the con	Other In Role" or "Other" describe below:	Income In	

1,	Agency Name				Date Stamp	California O A A
	Oakland-Alameda County Co	oliseum Auth	ority			Form OUZ
	Division, Department, or Regio					For Official Use Only
	Barbara J. Parker, City Attorney/OAACA Official					
		Designated Agency Contact (Name, Title)				
	5 5 7 1 1 1 1 1 1 1 1 1 1					
	Area Code/Phone Number [E	E-mail		MONA. Comment	☐ Amendment (Must p	provide explanation in Part 3.)
			ıklandcityatt	orney ora	Date of Original Filing:	
	Function or Event Inform		andridonyan	onicy.org	3.	(Month, Day, Year)
	Does the agency have a ticket p		Yes⊠ No	. ☐ Face Value o	of Each Ticket/Pass \$ _	304.80
	·	-				
	Event Description Warriors v. Memphis Grizzlies Date(s) 12 , 30 , 17					
		·				
	Ticket(s)/Pass(es) provided by a	agency?	Yes 🛛 No	☐ If no:	Name of So	urce
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes:					
	of agency official?		🗀	11 y 00,	Official's Name (Last, First)
	Recipients	**************************************	and a graph of the second s			
	 Use Section A to identify the agency's 	department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the pub			ic purpose made pursuant	to the agency's policy	
			Pass(es)			
•	D Name of Individual		Number of			
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the followi	ng:
•		***		Ceremonial Role	Other 🛛	Income
	Parker, Barbara J.		2	If checking "Ceremonia	Role" or "Other" describe below:	income [_]
				To investigate the el	fficiencies of the opera	ations of the various
-	,			sporting and other e	vents that occur at Co	oliseum Complex
					☐ Other ☐ I Role" or "Other" describe below	Income 🔲
			2	ii checking Ceremonia	racie or Other describe below:	
(Name of Outside Organizat		Number of			
	(include address and descrip	otion)	Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant t	o the agency's policy
_						The state of the s
N.	/erification					
	nave read and understand EPPG Regulation	ns 18944.1 and 1	8942. I have ver	ified that the distribution set fort	h above, is in accordance with	the requirements
	Sarbur J. Da		Barbara J. P			
_	Signature of Agendy Head or Designee	The state of the s	Print Name	City 7	Attorney/OAACA Offic	
						(Month. Day, Year)
С	omment:					

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 510-272-6691 Date of Original Filing: leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 400.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Jay Z - concert Date(s) _ 12 / 16 / Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes DISTRICT 5 To reward a county employee for his or her 2 exemplary service to the public Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

/erification			
	ations 18944.1 and 18942	2. I have verified that the distribution set forth	above, is in accordant
with the requirements.			
I WILL WAR	Lee Ann Fergerson	Ticket Administrator	12/15/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: District 5 asked us if they	could have our tickets.	It was agreed.	
Comment.			

Total Control		to arra rionogi	400 21011			i ubile bocument
1.	Agency Name				Date Stamp	California 202
	Oakland/Alameda County C					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	OACCA Commissioner					
	Designated Agency Contact					
	Lee Ann Fergerson, Ticket	Administrator			Amendment (Must)	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amenament (wast)	Tovide Explanation in Part 3.)
	510-272-6691	leeann.fergerson@	acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes [⊠ No □ F	ace Value of I	Each Ticket/Pass \$ $\frac{3}{2}$	04.80
	Event Description: WARRIC		sketball	Date(s)12		
	Ticket(s)/Pass(es) provided			no: GSW		
					Name of Source	
	Was ticket distribution made	at the behest Yes	No □ If	yes: <u>Haggert</u>	y, Scott Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depa		Use Section B to i Number of Ticket(s)/	1		tify an outside organization.
		Decirios ex Source	Passes	10,000,000,000,000,000,000	- Comment - Conference - Confer	
	B. Name of Indi	POST 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Number of Ticket(s)/ Passes		Identify one of the t	following:
	Vargas, Jason		2	eve	romote attendance a ent in order to maxim venue for concessior	
				X 41 24 35 31 11 15 45	onial Role Other Other Other Other Other Other Other	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
4.	Verification					
	I have read and understand FPI with the reguirements.	PC Regulations 18944.	1 and 18942. I	have verified th	hat the distribution set fo	orth above, is in accordance
1	Signature of Agency Head or Designe		n Fergerson		Ticket Administrator	12/15/17 (month, day, year)
	Comment:				overen ??	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland/Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Scott Haggerty, OACCA Commissioner Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-272-6691 leeann.fergerson@acgov.org Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 304.80 Yes 🛛 No 🗌 Event Description: WARRIORS - Basketball (Lakers) Date(s) 12 / 22 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: GSW Yes ⊠ No □ Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Haggerty, Scott 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 Α. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Dawn DeMarcus To promote attendance at a county sponsored 2 event in order to maximize potential county revenue for concession and parking sales Ceremonial Role L Other 📙 Income | If checking "Ceremonial Role" or "Other" describe below

Verification			
I have read and understand FPPC Reg	ulations 18944.1 and 18942. I have	verified that the distribution set forth a	bovo io io oppostant
with the requirements.		and the distribution set form a	ibove, is in accordance
July 4162	Lee Ann Fergerson	Ticket Administrator	12/14/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Number

of Ticket(s)/

Passes

Name of Outside Organization

(include address and description)

C.

4.

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

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) Scott Haggerty, OACCA Commissioner Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-272-6691 Date of Original Filing: leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 305.55 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Raiders Date(s) __12 / 03 / Provide Title/ Explanation If no: RAIDERS Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number 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) Ceremonial Role Income Other Eric Jones If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance at a county sponsored event in order to maximoze potential county revenue for Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: concession and parking sales. 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

Verification			
I have read and understand FPPC Regul	lations 18944.1 and 18942	2. I have verified that the distribution set forth a	above, is in accordanc
with the requirements.			
Sulle Willes	Lee Ann Fergerson	Ticket Administrator	12/04/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland/Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Scott Haggerty, OACCA Commissioner Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-272-6691 Date of Original Filing: leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors vs Trailblazers basketball Date(s) __12__/ 11 Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes ITD To reward a county employee for his or her exemplary 2 service to the public Number Name of Individual of Ticket(s)/ B. Identify one of the following: (Last, First) Passes Ceremonial Role Other Income | If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy 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 Ticket Administror 11/30/17

VS/gnature of Agency/Head or Designee Print Name Title (month, day, year)

Comment:

ium Author	city	Date Stamp	California 802
Tun Author	. it.y	1	
"			For Official Use Only
			1 of Official Oss Only
	\		
		☐ Amendment /Must no	Wilde mentage the Arm Arm
v@YHLA.net			ovide explanation in Part 3.)
) carrier in c	Complete the second	Date of Original Filing: _	(Month, Day, Year)
	,		3N180
Yes No	Face Value of	Each Ticket/Pass \$	307
nallon	Date(s)	JEE ALTAC	HED),
Yes No	If no:	Name of Sour	The state of the s
No ☐ Yes ☐	If yes:	World of Golg	ÇE
3.8 E. M. S.	ii yea.	Official's Name (La	st, First)
It Use Section I	3 to Identify an Individual	l. • Use Section C to identify	y an outside organization.
Number of Ticket(s)/ Pass(es)			
32,	#3		
Number of Ticket(s)/ Pass(es)	Į.	dentify one of the following	
	Ceremonial Role I	Other ole" or "Other" describe below:	Income [
	Ceremonial Role	Other	Income [
Ticket(s)/	Describe the public p	urpose made pursuant to t	he agency's policy
2. I have verified that y Lee Print Name			requirements. VO/S/17 (hionth, bay, Year)
	Yes No Passies No No Yes No No Yes No No Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Date(s) Pes No If no: No Yes If yes: If yes: No Yes If yes: If yes: Describe the public Pass(es) Describe the public If checking "Ceremontal Role If chec	Yes No Face Value of Each Ticket/Pass \$

WARRIORS GAMES / DECEMBER 2017 YUI HAY LEE

	Warriors v Blazers	12.11.17	(2) tickets
	Warriors v Mavericks	12.14.17	(2) tickets
	Warriors v Grizzlies	12.20.17	(2) tickets
•	Warriors v Lakers	12.23.17	(2) tickets
	Warriors v Cavs	12.25.17	(2) tickets
•	Warriors v Jazz	12.27.17	(2) tickets
•	Warriors v Hornets	12.29.17	(2) tickets
•	Warriors v Grizzlies	12.30.17	(2) tickets

Agency Report of:	5 A Cl (5 to	''a b		
Ceremonial Role Events and Ti	cket/Pass I	Distributions		A Public Document
1. Agency Name			Date Stamp	Callionna (2)
Oakland Alameda County Col: Olvision, Department, or Region (If Applicat		rity		For Official Use Only
	nej			
Yui Hay Lee, Commissioner	- Jan			
Designated Agency Contact (Nana, Tille)				
enge centre de la manage de la	A	The state of the s	Amendment (Must)	provide explanation in Part 3.)
Area Code/Phone Mumber E-mail (510 836-6688 x 10 Yuil	lay@YHLA.ne	t	Date of Original Filing:	(Monifi, Day, Year)
2. Function or Event Information		tine se i tit til stormer er en til se store store stille er en en <u>deter e</u> en	erre erre ^{tt} alen a in ett in televisiere ender ender ender ender ende ende en	otatia eta historiarriarriarriarriarriarriarriarriarria
Does the agency have a ticket policy?	Yes 🗹 No 🗀] Face Valu	e of Each Ticket/Pass \$ _	<u> </u>
Event Description 12/3105KS	CP211E	∑ Date(s)	SEE ATTY) <u>44.ED</u>
Tickel(s)/Pass(es) provided by agency?	Yes No	lf no: ,	Name of Sc	DUIGN
Was ficket distribution made at the behest of agency official?	No ☐ Yes ☐	If yes:	Official's Name (Last, First)
3. Recipients • Use Section A to Identify the agency's department o	runit. • Use Sectio	n B to Identify an Indi	/idual. • Use Section C to iden	illy an outside organization,
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(cs)		oublic purpose made purewant	
Yui Hay Lee, Commissioner	Co	#3		
Name of Individual (test, first)	Number of Ticket(s)/ Pass(6s)	- Control of the Cont	identify ane of the fallowi	ing:
		Ceremoniai Rob If chacking Veren	≥	Income []
		Ceremonist Role If checking *Cenur	o Other could Role" or "Other" describe below:	Інсота []
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pr	ublic purpose made pursuant	to the agency's policy

4. Verification	The second secon	And the second section of the section of t	
I have that end understand FPPC Regulations	18944 1 and 18942. I have verified that the Yui Hay Lee	distribution sat forth above, is in accordance with the OACCA Commission	requirements, P/S/VI
Shrallao Wabeely Hoad or Designao Souriment:	Pant Numa	Tillo	(Month Coy, Vaul)
		FPPC Toll-Free Helpline: 866/A	FPPC Form 802 (4/12) SK-FPPC (066/275-7772)

OAKLAND RAIDER GAMES / DECEMBER 2017 YUI HAY LEE

• Raiders v Dallas 12.17.17 (2) tickets

Agency Report of:

	eremoniai Kole Even	ts and licket/P	ass Distri	Dutions	A	Public Document
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Authority				
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Scott McKibben, OACCA Ex	kecutive Director				
	Designated Agency Contact		16/100/10		1	
	Area Code/Phone Number	lE-mail			Amendment (Must P	Provide Explanation in Part 3.)
			il oom		Date of Original Filing:	
NII OHO NI	510.383.4801	smckibben1@gmai	II.COITI	2010-11-10-11-11-11-10-11-11-11-11-11-11-		(month, day, year)
2.	Function or Event Infor	mation				24.70
	Does the agency have a tick	ret policy? Yes [⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$ 30	J4.8U
	Event Description: Warriors					
	Event Description	Províde Title/ Explai	nation	Jate(s)	/	
	Ticket(s)/Pass(es) provided			f no:	Name of Source	
	Was ticket distribution made	at the behest Yes [□ No⊠ ^{II}	f yes:	Official's Name (Last, First)	
	of agency official?				, , ,	
3.	Recipients					
J.	• Use Section A to identify the agen	cv's department or unit.	Use Section B to i	iđentify an individ	lual. • Use Section C to ident	tify an outside organization.
			Number	1	//	
	A. Name of Agency, Depa	irtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
		Control Contro				AMD DESCRIPTION OF THE PROPERTY OF THE PROPERT
						e et in minute de la communicació de el competito de la competito de la competito de la competito de la compet
					·	
	B. Name of Indi		Number of Ticket(s)/		Identify one of the f	ollowing:
	(Last, Fire	st)	Passes			
	McKibben, Scott				nonial Role Other X king "Ceremonial Role" or "Other" de	
			4	to promote t	he Coliseum Complex	by use of the general
				public and b	usinesses to maximize	e revenues
				I .	nonial Role Other	
				If check	king "Ceremonial Role" or "Other" de	scribe below:
	DOG-50402201024-00H627704-00					
	Name of Outside Or		Number of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy
	(include address and	description)	Passes			
				A LOS OF THE PROPERTY OF THE P		
4.	Verification					
	I have read and understand FP	PC Regulations 18944	.1 and 18942.	I have verified t	that the distribution set fo	orth above, is in accordance
	with the requirements.					
	South Mela	1BBU Scott	McKibben	OA	ACCA Executive Direct	tor 12.01.17
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)
	Comment:					

WARRIORS GAMES DECEMBER 2017 SCOTT MCKIBBEN

•	Warriors v Blazers	12.11.17	(4) tickets
•	Warriors v Mavericks	12.14.17	(4) tickets
•	Warriors v Grizzlies	12.20.17	(2) tickets
•	Warriors v Lakers	12.22.17	(4) tickets
•	Warriors v Nuggets	12.23.17	(4) tickets
•	Warriors v Cavs	12.25.17	(4) tickets
•	Warriors v Jazz	12.27.17	(4) tickets
•	Warriors v Hornets	12.29.17	(4) tickets
•	Warriors v Grizzlies	12.30.17	(4) 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 Katano Kasaine, Finance Department, OACCA Official Designated Agency Contact (Name Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.238.2989 kkasaine@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No 🗆 Event Description: Warriors games Date(s) __12__/ 12 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No 🗆 If no: . Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/

1 45565	
Number of Ticket(s)/ Passes	Identify one of the following:
2	Ceremonial Role Other Month income Information of the Checking "Ceremonial Role" or "Other" describe below: to provide incentives to City and County employees that provide services to Authority
	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe helow:
Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	of Ticket(s)/ Passes 2 Number of Ticket(s)/

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

Finance Director

Katano Kasaine

with the requirements.

Comment:

12.01.17 (month, day, year)

1.	Agency Name Oakland Alameda County C Division, Department, or Reg		Date Stamp	California 802 Form 801		
	Katano Kasaine,Finance De Designated Agency Contact	·				
	Area Code/Phone Number 510.238.2989	E-mail kkasaine@oakland	dnet.com		Amendment (Must F	Provide Explanation in Part 3.) (month, day, year)
2.	Function or Event Information Does the agency have a tick Event Description: Warriors Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?	ket policy? Yes games Provide Title/ Expla by agency? Yes	nation	Date(s)12	Each Ticket/Pass \$ 34 / 29 / 17 Name of Source	04.80
3.	Recipients Use Section A to identify the agency's department or unit. A, Name of Agency, Department or Unit		Use Section B to i Number of Ticket(s)/ Passes		TOTAL TOTAL CONTRACTOR OF THE PROPERTY OF THE	tify an outside organization. Suant to the agency's policy
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes	Identify one of the following:		
	Kasaine,Katano		2	to provide inc	Ceremonial Role Other M Income	
					onial Role Other of "Other" des	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
	Verification					
	I have read and understand FPF with the requirements	4 of		have verified th	hat the distribution set fo	orth above, is in accordance
			o Kasaine int Name	4/cHIZZ-SDb-dossoiw.co	Finance Director	12.01.17 (month, day, year)
	Comment:	(X)0886				

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 Christin Hill, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 christin.hill@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Warriors game Date(s) __12 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number A. 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 В. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other 🗵 Hill, Christin Income If checking "Ceremonial Role" or "Other" describe below. 2 to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income ... If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

I have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the distribution set forth above	is in accordance
with the requirements.			
N. M. Mala			
With the requirements.	Christin Hill	OACCA Commissioner	12 01 17

WILL TOWN	Christin Hill	OACCA Commissioner	12.01,17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:	W TO THE REST OF THE PERSON OF		