A Public Document

		Date Stamp	California OOO
sium Author	itv	33.505.5350 .	Form 802
		-	For Official Use Only
***		Amendment (Must pro	ovide explanation in Part 3.)
av@YHLA.net		Date of Orlginal Filings	*
		Date of Original Filling.	(Month, Day, Year)
	_	DANKEY WARRIES OF WHITE	2480
Yes No	Face Value o		277
RIORS	Date(s)	SEE, ATTAC	HED ,
planation			
Yes□ No□	If no:		
		Name of Sour	СӨ
No ☐ Yes ☐	If yes:		
		Official's Name (La	st, First)
unit Use Section i	3 to identify an individua	al. • Use Section C to identify	an outside organization.
Number of Ticket(s)/ Pass(es)			
40	#3		
Number of Ticket(s)/ Pass(es)		Identify one of the following	į.
		-	Income 🗌
	line.	3 TIII -	Income []
Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
Hay Lee	OAC	CA Commission	1/3/18 (Month, Day, Year)
	Iay@YHLA.net Yes No Record No Record No Yes No No Yes No No Yes No No No Yes No Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Asy@YHLA.net Yes No Face Value of Ricors Date(s) Date(s) No Yes No If no: No Yes If yes: Unit. • Use Section B to Identify an Individual Number of Ticket(s)/ Pass(es) A Describe the publication of Ticket(s)/ Pass(es) Ceremonial Role If checking "Ceremonial Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the publication of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the publication of the publicatio	Amendment (Must product Date of Original Filing:

Yui Hay Lee

Warriors Basketball / February 2018

•	Warriors v Thunder	2.6.18	(2) tickets
•	Warriors v Mavericks	2.8.18	(2) tickets
8	Warriors v Suns	2.12.18	(2) tickets
•	Warriors v Clippers	2.22.18	(2) tickets
•	Warriors v Thunder	2.24.18	(2) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (il applicable) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendinent (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing; 510,383,4801 Idelafuente2012@gmall.com (month, day, year) 2. Function or Event Information Yes⊠ No ☐ Face Value of Each Ticket/Pass \$ see-allached Does the agency have a ticket policy? Event Description: Warriors Season 2017-18 Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 If no: Name of Source Was ticket distribution made at the behest. Yes . No . Official's Name (Lost, 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 uniside organization. Number of Ticket(s)/ Passos Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. Number Name of Individual ₿, of Ticket(s)/ Identify one of the following: (Last. First) Passes Ceremonial Role Other ... Income 🔲 Il checking 'Ceremonial Role or "Other" describe heles Geremonial Role Other 🗌 Income [If checking Ceremonial Role Mumber. Name of Outside Organization of Ticke((s)/ Passes Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements, Ignacio De La Fuente OACCA Commissioner Print Name Tilla Comment:

Ignacio De La Fuente

Warriors Basketball / February 2018

6	Warriors v Thunder	2.6.18	(2) tickets
•	Warriors v Mavericks	2.8.18	(2) tickets
6	Warriors v Suns	2.12.18	(2) tickets
8	Warriors v Clippers	2.22.18	(2) tickets
•	Warriors v Thunder	2.24.18	(2) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Renee Savage, OACCA Executive Assistant - Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 rsavage@collseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🗵 No 🗌 Event Description: Warriors Season 2018 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 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) Ceremonial Role Other 🔀 Dobbins, Chris 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description).

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

with the requirements.

Signature of Agency Head or Designee

Renee Savage

OACCA Ticket Administrator

03.02.18 (month, day, year)

Comment:

Chris Dobbins

Warriors Basketball / February 2018

•	Warriors v Thunder	2.6.18	(2) tickets
0	Warriors v Mavericks	2.8.18	(2) tickets
•	Warriors v Suns	2.12.18	(2) tickets
•	Warriors v Clippers	2.22.18	(2) tickets
•	Warriors v Thunder	2.24.18	(2) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA commissiones Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No 🗆 Face Value of Each Ticket/Pass \$ Event Description: Monster Jam Date(s) __02 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 Α. 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 Ceremonial Role Other X De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 4 to provide opportunities to community groups to utilize the facility Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization C. (include address and description) Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes 4. Verification gulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I have read and understand FPI with the redu

Ignacio De La Fuente

Print Name

Comment:

OACCA Commissioner

02.16.18

(month, day, year)

	gency Report of: eremonial Role Even	ts and Ticket/	Pas	s Distr	ibuti) pns	A	Public Document
1.	Agency Name		***************************************	į	i i i i i i i i i i i i i i i i i i i	444-146833833X	Date Stamp	California 802
	Oakland-Alameda County C		;	1				
	Division, Department, or Reg	:	:				For Official Use Only	
	Susan S. Muranishi, County		med	a County				
	Designated Agency Contact (Name, Title)						
	Area Code/Phone Number	IE-mail			2011020110		Amendment (Must P	rovide Explanation in Part 3.)
	(510) 272-3862						Date of Original Filing:	
enterent to		countyadministra	ioi (b)	ácan.niř				(month, day, year)
2.	Function or Event Inform		¦·	. 4				30489
	Does the agency have a tick	• • •	X	,	Face Vi	alue of	Each Ticket/Pass \$	
	Event Description: Golden S	State Warriors Basi	cetba		Date(s)	02	<u>, 06 , 18</u>	man de la companya del companya de la companya del companya de la
	Ticket(s)/Pass(es) provided	Provide Title/ Exp hv. 2020002 - Vec	lanalio S 🔀		f no:		•	
	.,		T	No 🗆	1 110014		Name of Source	
	Was ticket distribution made	at the behest Yes		No 🗵 📗	f yes: _		Official's Name (Last, First)	
	of agency official?		!				,	
3.	Recipients		:	į :				
	* Use Section A to identify the agenc	cy's department or unit.	• Liec	Section B to	identify a	n individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	riment or Unit		\$\umber of Ticket(s)/ Passes	De	ecribe th	e public purpose made pun	suant to the agency's policy
	County Counsel			<u>i</u> 2			the Coliseum Complex inesses to maximize r	k for use by the general evenues
			!	· ·				
	B. Name of Indiv (Last, Firs		ver state to	Number Ticket(s) Passes		; :	identify one of the fe	ollowing:
				Andrew Market Property		K	onial Role Other Ing "Ceremonial Role" or "Other" des	•
	S. Commission of the Commissio	* CANADATINE STORY		P Professional Profession Profess		a · · ·	onial Role Other Other Other Other Other Other	
	Name of Cutaide On (include address and			Number (Ticket(s)/ Passes	: Dei	cribe the	public purpose made pure	suant to the agency's policy
				1			and the second s	·
ecosoure				1	·		the research and the second se	M
Į. '	Verification		!	į			- VII "Y THE REQUEST TO THE PARTY OF THE PAR	
	I have read and understand FPF with the requirements.	PC Regulations 1894	4. l a	nd 18942.	l have v	erified t	hat the distribution set fo	
	Signature of Agency Head or Designe		S. N Print N	⁄iuranishi ame			County Administrator	2-28-18 (month, day, year)
	Qomment:	on the state of th		<u> </u>	anne en perenny			
			:1				1886 Tail Erna Malpilpa: è	FPPC Form 802 (2/2016)

Agency Report of:

Ceremonial Role Eve	nts and Ticket/F	Pass Distr	ibutions		A Public Document
. Agency Name				Date Stamp	California 802
Oakland-Alameda County					
Division, Department, or Re	gion (if applicable)			1	For Official Use Only
, Susan S. Muranishi, Coun	ty Administrator, Alan	neda County			
Designated Agency Contact	. (Name, Title)]	
***************************************			,	Amendment (Musi	! Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				· · · · · · · · · · · · · · · · · · ·
(510) 272-3862	countyadministeat	or@acgov.org	g	Date of Original Filing	(month, day, year)
2.' Function or Event Info	rmation	,			20489
Does the agency have a ti	cket policy? Yes	⊠ No□ F	Face Value of I	Each Ticket/Pass \$.	30489
Event Description: Golde	n State Warriors Bas	ketball r	Date(s) <u>02</u>	, 08 , 18	
Event Deadilption.	Provide Title/ Expla	nution	Jaic(5)		
Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No□ I	f no:		
Man Halani dintaka kan		£	K rema	Name of Source	
Was ticket distribution mad of agency official?	e at the penest Yes	□ No⊠ '	f yes:	Official's Name (Last, First	9
or agency officials					
. Recipients	HANDSTONESSAN HEER MINE EN NOOR EN DE STEEN EN	on the second of	delication and the same of the		
 Use Section A to identify the age 	ncy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Dap	artment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pr	ursuant to the agency's policy
Human Resource Serv	nac	2		the Collseum Compinesses to maximize	plex for use by the general
			Patrio Es Patri		en a mil lei feit.
B. Name of Inc. (Last, Fi		Number of Ticket(e)/ Passes	::	identify one of the	following:
				onial Role Other I ing "Ceremonial Role" or "Other" o	
				onial Role D Other I	
C. Name of Outside C		Number of Ticket(s)/ : Passes	Despribe the	public purpose made pu	rsuant to the agency's policy
Verification I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942. I	l have verified th	hat the distribution set (forth above, is in accordance
Sucan Shorten Sinnahura of Agabas Hand or Pagin	TAK 198 1994	S. Muranishi		County Administrator	
Per administration of people		not taleiten		1100	(month, day, year)
Comment:		the transmission of the second	· · · · · · · · · · · · · · · · · · ·		

FPPC Form 802 (2/2015)

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 Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail (510) 272-3862 Date of Original Filing: " countyadministrator@acgov.org (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: Golden State Warriors Basketball Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🔯 if no: Was ticket distribution made at the behest Yes ☐ No 図 If yes: 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 Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes To promote the Coliseum Complex for use by the general 2 County Administrator's Office public and businesses to maximize revenues Number Name of individual of Ticket(s)/ identify one of the following: (Last, First) Passes Ceremonial Role Other 🔲 Income 🗌 If checking "Ceremonial Role" or "Officer" describe below: Ceremonial Role ... Other 🔲 Income 🔲 if checking "Deremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. County Administrator Comment:

T;

	gency Report of: eremonial Role Even	ts and Ticket/	│ Pass Disti	ibutions	A	Public Document
1.	Agency Name		, ,		Date Stamp	California 802
	Φakland-Alameda County 0	Coliseum Authority	i :			
	Division, Department, or Reg	i on (if applicable)	,) !		1	For Official Use Only
	Susan S. Muranishi, County	/ Administrator, Alai	meda County			
	Designated Agency Contact	(Name, Yitle)	;		7	
,				t	Amendment (Must Pro	.L ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail	' , , , 	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
	(510) 272-3862	countyadministrat	or@acgov.org	j	Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation	**************************************			189
	Does the agency have a tick	ket policy? Yes	⊠ No 🗀	Face Value of	Each Ticket/Pass \$	304 80°
	Event Description: Golden				·	
	Event Description:	Provide Title/Expl	enation i	Jate(s),	<u>, 12 , 18</u> _	
	Ticket(s)/Pass(es) provided	by agency? Yes	No []	f no:	· • • • • • • • • • • • • • • • • • • •	
			. ! !	E	Name of Source	
	Was ticket distribution made	at the behest Yes	□ No⊠ '	f yes:	Official's Name (Last, First)	
	of agency official?		,			
3.	Recipients • Use Section A to identify the agen	cy's department or unit.	• Use Section B to	identify an indivi	dual. • Use Section C to Identif	y an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ncket(s)/ ! Passes	Describe ti	ne public purpose made purs	ant to the agency's policy
	County Administrator's C	ffice	2		the Coliseum Complex usinesses to maximize	
	B. Name of Indi		Number of Ficket(s)/ Pesses		Identify one of the fol	lowing:
		MARIE DE LA COMPANIA	į	I .	nonial Role Other Oking "Ceremonial Role" or "Other" descri	Income C
					nonial Role Other Oliver describing "Geremonial Role" or "Other" descri	Income [
	Name of Outside O		Number of Ticket(s)/	Describe th	e public purpose made pursu	rant to the agoncy's policy
	(include address and	aescription)	Passas			
			. !!		·	
*******	:					
4.	Verification		!	l		
	i have read and understand FP. with the requirements.	PC Regulations 1894-	4.1 and 18942.	l have verified :	that the distribution set for	th above, is in accordance
Š	Signature of Agency Head or Design	5.4	S. Muranishi rint Name		County Administrator	2.28.13 (month, day, year)
	Comment:	500000000000000000000000000000000000000			· · · · · · · · · · · · · · · · · · ·	

MAR-07-2018 WED 10:47 AM FAX NO. 5102083999 P. 06 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 Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mall (510) 272-3862 Date of Original Filing: countyadministrator@acgov.org (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: Golden State Warriors Basketball Date(s) __02__/ Provide Title/ Explanation Tlicket(s)/Pass(es) provided by agency? If no: Yes 🔀 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.

A. Name of Agency, Department or Unit	of Ticket(e)/ Pagess	Describe the public purpose made pursuant to the agency's policy				
Information Technology Department	2	To promote the Coliseum Complex for use by the general public and businesses to maximize revenues				
		·				
B. Name of individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:				
		Ceremonial Role Other Income Income I I				
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
C. Name of Outside Organization (include address and description)	Number of Ticket(e)/ Passes	Describe the public purpose made pursuant to the agency's policy				
farifination						

4. Verification

Comment:

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.	•	i.			

Signature of egghcy Head or Designee	Susan S. Muranishi	County Administrator	2-2818
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ag Ce	ency Report of: remonial Role Ever	nts and Tic	ket/l	Pass Dis	tributione	A	Buklis B
1. 7	Agency Name		Marine Marine Marine		er resider DITO	Date Stamp	Public Docume
Ī	∮akland-Alameda County (Iivision, Department, or Reg	Coliseum Autho	rity			nare Statub	California 802
							For Official Use Only
Ī	Susan S. Muranishi, Count Pesignated Agency Contact	y Administrator (Name, Title)	, Alar	neda Count	1	-	
Ā	rea Code/Phone Number	(E-mail		<u> </u>		Amendment (Must F	Provide Explanation in Part 3.)
(510) 272-3862	countyadmini	strato	or@acgov.o	rġ	Date of Original Filing:	
2. F	unction or Event Infor	mation					
	oes the agency have a ticl	•		⊠ No □	Face Value of	Each Ticket/Pass \$	30489
Ę	vent Description: Golden	State Warriors Provide Title			Date(s)02	<u>, 24 , 18</u>	
Ti	icket(s)/Pass(es) provided	by agency?	•	-	If no:	Name of Source	
V	las ticket distribution made	at the behest	Vee I	T No. K21	If yes:		
f	of agency official?		1691	i Nobi		Official's Name (Last, First)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Recipients		<u> </u>	+	;		
г	Use Section A to identify the agenc	y's department or u	nit. *	Use Section B to	identify an individ	ual. • Use Section C to Identi	fy an outside organization.
; /	A. Name of Agency, Depa	tinent or Unit	7.47	Number of Ticket(s)/ Passes	Describs the	e public purpose made purs	uant to the agency's policy
_	County Administrator's Of	fice		2	To promote t	he Coliseum Complex Isinesses to maximize	for use by the general
ŗ	•	The second secon	::	: [71147711111449	107011065
E). Name of Indly (Last, First		4	Number of Ticket(s)/ Pesses	11	identify one of the fol	llowing:
•				1		inial Role Other O ng "Ceremonial Role" or "Other" descr	Income C
:				: !		nial Role Other Other George "Ceremonial Role" or "Other" descri	income
C	Name of Outside Org Include address and d	anization secription)	a training	Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
				:	i		
7					,	PMInterior page 1	
	ification			and the second second second	:		
I had with	ve read and understand FPPC the requirements.	Regulations 18	944.1	and 18942. I	have verified tha	at the distribution set forti	n above, is in accordance
	sean (muranis	L/ Sus		Muranishi	C	ounty Administrator	2.28.18
- 	gnature of Adency Head or Designee	ma	Print	Name		Title	(month, day, year)
YOF	mment:			· [e garage de la companya de la compan		
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١.	Agency Name		Date Stamp	California 802		
	Oakland-Alameda County C	Coliseum Autl		I Olili		
	Division, Department, or Reg	ion (If Applicab	le)	2		For Official Use Only
	Barbara J. Parker, City Attor	rney/OAACA				
99	Designated Agency Contact (
					Value Co.	
Yi	Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)
	(510) 238-3815	bparker@o	aklandcityatto	orney.org	Date of Original Filing: .	(Month, Day, Year)
)	Function or Event Inform	mation				(Worth, Day, Tear)
	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	60.00
	WWE Live		100 🖾 110	_		
ļ.	Event Description WWE Live	Provide Title/Exp	olanation	Date(s)		
(0	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:					
	mener(e)m dee(ee) promaca e	y agonoy.	Name of Sou	ırce		
1	Nas ticket distribution made at the behest No ☒ Yes ☐ If yes:					
	of agency official?				Official's Name (L	ast, First)
	Recipients		Arriv DOV 1945	Fig. 1 - Territory Streets Streets No. 1850 Carter		
	Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an individu	ial. • Use Section C to ident	ify an outside organization.
9	A. Name of Agency, Departme	nt or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
-			Pass(es)			
-						
1	B. Name of Individua	e desire	Number of			
	(Last. First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:
-				Ceremonial Role	Other X	Income
Į.	Parker, Barbara J.		2		al Role" or "Other" describe helow:	
					efficiencies of the opera events that occur at Co	
-				Ceremonial Role		
				202 0 000 74	Other al Role" or "Other" describe below:	Income
<u></u>						
(Name of Outside Organi		Number of Ticket(s)/	Describe the publi	ic purpose made pursuant t	o the agency's policy
_	(include address and desc	cription)	Pass(es)		ro parpose made parodant i	o the agency a policy
1	/erification					
11	have read and understand FPPC Regula	ations 18944.1 and	l 18942. I have ver	rified that the distribution set for	rth above, is in accordance with	the requirements.
_	Darba Sarl		Barbara J. F	Parker City	Attorney/OAACA Office	cial 02/26/2018
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
_	S					
(Comment.					

A Public Document

ociciioniai itole Evel	ISO WIIM IIVI				A Fublic Document
I. Agency Name				Date Stamp	California 802
Oakland-Alameda County	Coliseum Autho	ority			101111
Division, Department, or Reg	gion (If Applicable,				For Official Use Only
Barbara J. Parker, City Atto	orney/OAACA (Official			
Designated Agency Contact					
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Area Code/Phone Number	E-mail			Amendment (Must pi	ovide explanation in Part 3.)
(510) 238-3815	bparker@oal	klandcityatto	orney.org	Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Info	rmation				
Does the agency have a ticke		Yes⊠ No	h	f Each Ticket/Pass \$ _	304.80
Event Description Warriors	v. Oklahoma Ci	ity Thunder	Date(s) 02	, 06 , 18	
Event Description	Provide Title/Expla	anation	Date(3)		
Ticket(s)/Pass(es) provided by	by agency?	Yes⊠ No	☐ If no:	Name of Sou	
VAID A Mind of All All All All All All All All All Al					
Was ticket distribution made of agency official?	at the benest	No ⊠ Yes	☐ If yes:	Official's Name (L	ast, First)
		0.000			
 Recipients Use Section A to identify the agent 	cy's department or ι	ınit. • Use Sed	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departm		Number of Ticket(s)/		lic purpose made pursuant	and the surface of the first
		Pass(es)			
And the second s					
B. Name of Individu	ial	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Other 🛛	Income
Spoerl, Peter		2	F	al Role" or "Other" describe below.	employees that provide
			services to the Auth		employees that provide
			Ceremonial Role	Other	Income _
			If checking "Ceremonia	al Role" or "Other" describe below:	
			3		
		Number of			
C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
The second secon		1 455(65)			
		100			
Varification					
. Verification I have read and understand FRPC Regulations	ulations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	n the requirements.
Bul Son		Barbara J. I		Attorney/OAACA Offi	
Signature of Agency Head or Designed		Print Nam		Title	(Month, Day, Year)
					un neuer de déve de transféré de
C					

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M		31.31	- 8	1.78	3 L . L	3588	-11	H.

_				2.00.1100.0101.10		A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	Coliseum Auth		Form 55—		
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Barbara J. Parker, City Atto	Official				
	Designated Agency Contact (
	Area Code/Phone Number	E-mail			. Mendment (Must p	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				
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$ _	304.80
	Event Description Warriors v	. Dallas Mave			2 , 08 , 18	
	Event Description	Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of So	urca
	Was ticket distribution made a	at the hebest				
	of agency official?	it the benest	No ⊠ Yes	If yes:	Official's Name (I	Last, First)
,						
٠.	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 iden	tify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant	
			Pass(es)			
	B. Name of Individua	d	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Hussein, Farrah				Other 🗵	Income
	riussein, ranan		2		al Role" or "Other" describe below.	employees that provide
				services to the Auth		employees that provide
				Ceremonial Role	Other	Income
				If checking ⁻ Ceremoni	al Role" or "Other" describe below:	
	C. Name of Outside Organi	ization	Number of			
	(include address and desc	cription)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
	Verification					
	have read and understand FPPC Regula	ations 18944.1 and	l 18942. I have ve	rified that the distribution set fo	orth above, is in accordance witi	h the requirements.
	Bul &		Barbara J. F	Parker City	Attorney/OAACA Offi	cial 02/26/2018
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
(Comment:					

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//	211	I PAI	1/2	Document	ľ
-			100	LOCUMBER	Ū.

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١.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	oliseum Autho	ority			Form OUZ
	Division, Department, or Regi	ion (If Applicable	·)		1	For Official Use Only
	Barbara J. Parker, City Attor		Official			
	Designated Agency Contact (Name, Title)				
	Area Code/Phone Number	E-mail			The state of the s	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 o	of Each Ticket/Pass \$ _	304.80
	Event Description Warriors v	. Phoenix Sun	ns	Date(s)02	12 / 18	
		Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	☐ If no:	Name of So	urce
	Was ticket distribution made a	it the behest	No ☒ Yes	☐ If yes:		
	of agency official?		100 103		Official's Name (I	Last, First)
	Recipients			The second second		
	Use Section A to identify the agency	y's department or i	-	ction B to identify an individu	ial. • Use Section C to iden	tify 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)		ASTRONOMY TO BE STOLEN	
	B. Name of Individua	d	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	D 1 3 0			Ceremonial Role		Income
	Dershowitz, Suzanne		2		al Role" or "Other" describe below:	ampleyees that provide
			1	services to the Auth	F 170 (190)	employees that provide
				Ceremonial Role	Other	Income
				If checking "Ceremoni	ial Role" or "Other" describe below:	
			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
			1 435(63)			
-	Varification					
	Verification I have read and understand FPPC Regul	ations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance wil	th the requirements.
	Rey OCOn		Barbara J. F		Attorney/OAACA Offi	
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
	V.					to constitution of the second
	Comment:					

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A	PU	ıoı	IC	Document	

350	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	oliseum Auth	nority			
.0	Division, Department, or Regi	on (If Applicabl	e)			For Official Use Only
	Barbara J. Parker, City Attor		Official			
	Designated Agency Contact (Name, Title)				
						South to the last the topology
3	Area Code/Phone Number	E-mail			. Amendment (Must pr	ovide explanation in Part 3.)
	(510) 238-3815	bparker@oa	aklandcityatt	orney.org	Date of Original Filing: _	(Month, Day, Year)
	Function or Event Inforr	nation				(mem)
	Does the agency have a ticket	policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	304.80
12	Event Description Warriors v.	Los Angeles			. 22 . 18	
	Event Description	Provide Title/Exp	lanation	Date(s)		
5	Ticket(s)/Pass(es) provided by	agency?	Vas VI Na	□ If no:		
	Tionet(a)/i ass(es/ provided by	agency:	Yes 🛛 No	☐ II 110. <u>———</u>	Name of Sou	irce
١	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					
9	 Use Section A to identify the agency 	's department or	7	ction B to identify an individu	al. • Use Section C to identi	ify an outside organization.
į	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
_	·					
-	R Name of Individua		Number of			
I	8. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
-	(Last, First)	2.67	Ticket(s)/		Other 🛛	ng:
-	Name of Individual (Last, First) Ortiz, Celso		Ticket(s)/	If checking "Ceremonia	Other 🔀	Income
-	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremonia	Other Other al Role" or "Other" describe below: es to City and County e	
-	(Last, First)		Ticket(s)/ Pass(es)	To provide incentive services to the Auth	Other Other al Role" or "Other" describe below: es to City and County e	Income
-	(Last, First)	cation	Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role [If checking "Ceremonia	Other	Income [employees that provide
	Ortiz, Celso Name of Outside Organiz (include address and desc	cation ription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia Describe the public	Other And Role" or "Other" describe below. Ses to City and County election Other Other and Role" or "Other" describe below.	Income Employees that provide Income
	Ortiz, Celso Name of Outside Organiz (include address and desc	cation ription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia Describe the public rified that the distribution set for	Other And Role" or "Other" describe below. Ses to City and County election Other Other and Role" or "Other" describe below.	Income Employees that provide Income Income

		NAMES OF TAXABLE PARTY.				A Public Document
1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	Coliseum Auth				
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
	Barbara J. Parker, City Attor	Official				
8	Designated Agency Contact (- Inolai			
		980 N 180				
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(510) 238-3815		ldop doite of	- was all and	Date of Original Filing:	
-		bparker@oa	ikianuchyan	orney.org	Date of Original Filing: _	(Month, Day, Year)
	Function or Event Inform		22-07			304.80
	Does the agency have a ticket	1.65	Yes⊠ No		f Each Ticket/Pass \$	304.60
I	Event Description Warriors v.	. Oklahoma C	ity Thunder	Date(s)02		
		Provide Title/Expi	anation			
-	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Sour	
V	Non tinket dietribution manda -	A Alexa E. T T.				
1	Was ticket distribution made a of agency official?	t the benest	No 🛛 Yes	☐ If yes:	Official's Name (La	of Eirot)
_					Official's Name (La	st, riist)
	Recipients	's department or	unit - Han Ca	office D to idealife and the second		
	Use Section A to identify the agency		Number of		5 大型 10 M P 15 大型 1 M P 15 M P 1 M P 1	
A	A. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
-			1 433(63)			
-						
F	3. Name of Individual		Number of			
1	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	
				Ceremonial Role	Other 🛛	Income
5	Smith, Jamie		2		l Role" or "Other" describe below:	
			_	To provide incentive	es to City and County er	mployees that provide
_				services to the Auth	ority	
				Ceremonial Role	Other	Income
				If checking "Geremonia	I Role" or "Other" describe below:	
	Name of Outside Organiz	yation	Number of			
	(include address and descri		Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
-			1 455(65)			AND THE SHOP IN THE STREET
_						
	Euroa A	Z.				
	erification					
l h	ave read and understand FPPC Regulat	ions 18944.1 and	18942. I have ver	rified that the distribution set fort	th above, is in accordance with th	ne requirements.
		E	Barbara J. P	arker City	Attorney/OAACA Officia	al 02/26/2018
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
72.0						ng 이상 (전화) 시간 (11 1년 시간 전화)
0	* ** ** * * * * * * * * * * * * * * *					

0	7/17/2004 04:10 92	254842809		HAGGERTY	OF FICE	PAGE 01/6
A	gency Report of:	,				
C	eremonial Role Ever	its and Ticket/F	ass Distril	butions	F	A Public Document
1.	Agency Name				Date Stamp	California 802
	Oakland/Alameda County (Coliseum Authority				Form CV4
	Division, Department, or Reg	jion (if applicable)	· · · · · · · · · · · · · · · · · · ·		=	For Official Use Only
	OACCA Commissioner					
	Designated Agency Contact	(Name, Title)	Sten 644.004 . 4 1.		-	·
	Lee Ann Fergerson	•				
	Area Code/Phone Number	E-mail		*******	Amendment (Must	Provide Explanation in Pert 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 tic	ket policy? Yes!	□ No□ Fa	ace Value of	Each Ticket/Pass \$ 1	137.50
	Event Description; Supercr	Provide Title/ Expla	Di	ate(s)	<u>/ 3 / 18</u>	
	Ticket(s)/Pass(es) provided			no: GSW		
		ing mg array : , um,			Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes	□ No□ ^{If}	yes: <u>Hagger</u>	Official's Name (Last, First))
3.	Recipients • Use Section A to identify the age:	ncy's department or unit.	Use Section B to id	lentify an individ	dual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Péases	Describe ti	he public purpose made pu	ursuant to the agency's policy
	B. Name of Ind (Last, Fil		Number of Ticket(s)/ Passes		identify one of the	following:
	Chuck Rogers		1	eve	promote attendance a ent in order to maxim venue for concession	
					monial Kole [Umer [king "Geremonial Role" or "Other" d	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	1e public purpose made pu	rsuant to the agency's policy

A	Varification

		egulations 18944.1 and 18942. I have	verified that the distribution set forth at	bove, is in accordance
lyH	h the requirements.		•	
U	ellixychron	Lee Ann Fergerson	Ticket Administrator	2/6/18
	Signature of Agency Helad or Designee	Print Name	Title	(month, day, year)
	\cup \cup			
Сc	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 Date of Original Filing: 510-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: WARRIORS Date(s) ___2 / Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Riley Stopka To promote attendance at a county sponsored 2 event in order to maximize potential county revenue for concession and parking sales. Income Ceremonial Role L Other L If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification

with the requirements.			
Lucy who (hos	Lee Ann Fergerson	Ticket Administrator	2/7/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

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

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4	Aganay Nama		0.00 0.00	. III GI LI GI II G		Tablic Bocument	
1.	Agency Name	S. II			Date Stamp	California 802	
	Oakland/Alameda County (]	Form OUZ For Official Use Only			
	Division, Department, or Reg	Jion (if applicable)				Por Official Use Only	
	OACCA Comissioner						
	Designated Agency Contact	(Name,Title)					
	Lee Ann Fergerson, Ticket	Administrator			Amendment (Must P	rovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Amendment (Must F	Tovide Explanation III Part 3.)	
	510-272-6691	leeann.fergerson(@acgov.org		Date of Original Filing: .	(month, day, year)	
2.	Function or Event Infor					(month, day, year)	
	Does the agency have a tic		⊠ No □	Face Value of	Each Ticket/Pass \$ 30	04.80	
		10 A A A A					
	Event Description: Warriors	Provide Title/Expl	47	Date(s)2	, 8 , 18		
	Ticket(s)/Pass(es) provided	80 A		If no: GSW			
	ricket(s)/Fass(es) provided	by agency? Yes		363 18752418	Name of Source		
	Was ticket distribution made	e at the behest Ves	IXI No.	If yes: Haggert	ty, Scott		
	of agency official?	163			Official's Name (Last, First)		
3.	Recipients						
	 Use Section A to identify the ager 	ncy's department or unit.	 Use Section B to 	identify an individ	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy	
			1 43363	-			
			Number				
	B. Name of Ind (Last, Fir		of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
	Sean Sargiotto			Tons	omata attandanas at		
	out ourgions		2	eve	promote attendance at a county sponsored ent in order to maximize potential county		
					enue for concession		
					onial Role Other		
				If check	ing "Ceremonial Role" or "Other" des		
	C. Name of Outside O	rganization	Number of Ticket(s)/	Describe the	a nublic nurnosa mada nurs	suant to the agency's policy	
	(include address and	description)	Passes	2000/120 (1)	panno parpose made pare	suant to the agency a poncy	
4	Verification					A CONTRACTOR OF THE PROPERTY O	
	I have read and understand FP	PC Regulations 1804.	1 1 and 18042	I have verified to	hat the distribution set fo	rth above is in accordance	
	with the requirements.	. O Negalations 1094	r. i una 10342.	, navo vermeu u	nat the distribution set to	rar above, is in accordance	
1	VI X. 0	2/ 100 10	n Eorganas		Ticket Administrates	2/28/18	
	Signature of Agency Head on Design		nn Fergerson		Ticket Administrator	(month, day, year)	
			······································			inclus, ady, jour)	
	Comment:)				*	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form Oakland/Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) **OACCA** Comissioner Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: leeann.fergerson@acgov.org 510-272-6691 (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 Date(s) __2__/ 10 Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: of Ticket(s)/ B. (Last, First) Passes To promote attendance at a county sponsored Katya Dmitrieva 2 event in order to maximize potential county revenue for concession and parking sales. Income L Ceremonial Role Other ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Verification

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

Lee Ann Fergerson

Print Name

with the requirements

Comment:

Signature of Agency Head or Designee

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

Ticket Administrator

Title

2/28/18

(month, day, year)

A Public Document

1.	Agency Name		- William			Date Stamp	California 802	
	Oakland/Alameda County C	oliseum Author	rity				UIII	
	Division, Department, or Reg	ion (if applicable)					For Official Use Only	
	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					Service and the second of the second service and the second secon	
	510-272-6691	leeann.ferger	son@	acgov.org	distracione e e e e e e e e e e e e e e e e e e	Date of Original Filing	(month, day, year)	
2.	Function or Event Infor	mation					204.00	
	Does the agency have a tick	ket policy?	Yes [2	No ☐ F	ace Value of	Each Ticket/Pass \$ 2	304.80	
	Event Description: Warriors	Provide Titl	e/ Explan	[Date(s)2_	<u>, 12 , 18</u>		
	Ticket(s)/Pass(es) provided		21500	No□ I	f no: GSW	Name of Source		
	Was ticket distribution made of agency official?	e at the behest	Yes 2	I □oN E	f yes: <u>Hagger</u>	official's Name (Last, First,)	
3.	. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify					dual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Depart	artment or Unit		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy	
	B. Name of Individual (Last, First)			Number of Ticket(s)/ Passes		Identify one of the	following:	
	Kiyo, Cindy			2 ev		promote attendance at a county sponsored vent in order to maximize potential county evenue for concession and parking sales.		
						monial Role U Other Cking "Ceremonial Role" or "Other" of		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe to	he public purpose made p	ursuant to the agency's policy		
4.	Verification							
	I have read and understand FF with the requirements.	PPC Regulations	18944	.1 and 18942.	I have verified	that the distribution set	torth above, is in accordance	
	Signature of Agency Head or Design			n Fergerson		Ticket Administrator	7 2/28/18 (month, day, year)	
	Comment:				o amiqu nom	министительный при		

Agency Report of:

Comment: __

C	eremonial Role Even	ts and Ticket/I	Pass Dist	ributions	Α	Public Document
1.	Agency Name Oakland/Alameda County Coliseum Authority				Date Stamp	California Form 802
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	OACCA					
	Designated Agency Contact					
	Lee Ann Fergerson, Ticket Area Code/Phone Number	Administrator IE-mail			Amendment (Must P	rovide Explanation in Part 3.)
	510-272-6691	leeann.fergerson@	Dacdov ord		Date of Original Filing:	1
-	Function or Event Infor		gacgov.org			(month, day, year)
۷.	Does the agency have a tick			Eace Value of	Each Ticket/Pass \$ 34	40.80
		AVIOTS Yes	⊠ No □			
	Event Description:	Provide Title/ Expl.	anation	Date(s)2		
	Ticket(s)/Pass(es) provided	tu bas occurrence	⊠ No □	If no: GSW		
				If yes: Hagger	Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes	⊠ No □	ir yes:	Official's Name (Last, First)	
	or agency official?					
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit.	Use Section B t	o identify an individ	lual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit		of Ticket(s) Passes	Describe th	e public purpose made pur	suant to the agency's policy
	B. Name of Indi		Number of Ticket(s) Passes		Identify one of the f	ollowing:
	Gorman, Pat		2	even	mote attendance at a t in order to maximize nue for concession a	e potential county
			.a	100000000000000000000000000000000000000	nonial Role Other Other Other Commonial Role" or "Other" des	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
						
4.	Verification					
••	I have read and understand FP	PPC Regulations 1894	4.1 and 18942	2. I have verified t	that the distribution set fo	orth above, is in accordance
	with the requirements.					
	Signature of Agency Head or Design		nn Fergerson Print Name	n	Ticket Administrator	2/16/2018 (month, day, year)

Agency Report of:

Comment: _

	eremonial Role Even	ts and Ticket/P	ass Distri	butions		A Public Document
1.	Agency Name			Date Stamp	California 802	
	Oakland/Alameda County Coliseum Authority				"	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	OACCA, Commissioner					
	Designated Agency Contact (
	Lee Ann Fergerson, Ticket A				Amendment (Mus	t Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				V:
	510-272-6691	Leeann.fergerson@	gacgov.org		Date of Original Filing	g:(month, day, year)
2.	Function or Event Infor					304.80
	Does the agency have a tick	ket policy? Yes [⊠ No□ F	ace Value of	Each Ticket/Pass \$.	304.00
	Event Description: Warriors	B 4 74 /5 /		oate(s)2	, 24 , 18	
	Ticket(s)/Pass(es) provided	Provide Title/ Expla		no: GSW		
	Tiener(e)/T add(ed) provided	by agency: 1631			Name of Source	
	Was ticket distribution made	at the behest Yes [No □ If	yes: <u>Hagger</u>	y, Scott Official's Name (Last, Firs	zt)
	of agency official?				Omerara reame (East, 1 ma	<i>y</i>
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit. •	ual. • Use Section C to ide	entify an outside organization.		
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursuant to the agency's policy		
	General Services Agency	2			mployee for his or her	
					rplary service to the staff deve	e public or to encourage
		S		0.0000000000000000000000000000000000000		
	B. Name of Indi (Last, First		Number of Ticket(s)/ Passes		Identify one of the	e following:
	And the second of the second o				nonial Role Other	The state of the s
					ang octomone, risk of ome	
					nonial Role Other	
				If check	ding "Ceremonial Role" or "Other"	describe below:
	C. Name of Outside O	7 - C.	Number of Ticket(s)/	Describe th	e public purpose made p	oursuant to the agency's policy
			Passes		ent on least and avenue and	
					and the same of th	
4.	Verification					
	I have read and understand FP with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
	The regulations.	5	n Forgoroon		Ticket Administrato	r 2/2/18
	Signature of Agency Head or Design		n Fergerson		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 Division, Department, or Region (if applicable) For Official Use Only Chistin 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 Basketball Date(s) 02 / 10 / 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. of Ticket(s)/ Passes Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Hill, Christin If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of operations of various sporting and other events occurring at Coliseum Complex Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. (include address and description) of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes

4. Verification

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

Christy J. III	Christin Hill	OACCA Commissioner	02.6.18
Signature of Algency Helad or Designee	Print Name	Title	(month, day, year)
Comment:			,

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Collseum Authority Form For Official Use Only Division, Department, or Region (if applicable) Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) Renee Savage, OACCA Executive Assistant - Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510.383.4801 rsavage@coliseum.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 Basketball 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 Name of Agency, Department or Unit of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Name of Individual Identify one of the following: (Last, First) Other X Ceremonial Role Income [McKibben, Scott If checking "Ceremonial Role" or "Other" describe below: 4 per to promote the Coliseum Complex for use by general public and businesses to maximize revenues Ceremonial Role Other | Income If checking "Ceremonial Role" or "Other" describe helow Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description)

l. Verification			(************************************
with the requirements Jung	Renee Savage	OACCA Ticket Administrator	ove, is in accordance 03.02.18
Signature of Agency Head or Designee Comment:	Print Name	Tille	(month, day, year)
		FF	PPC Form 802 (2/201

Scott McKibben

Warriors Basketball / February 2018

•	Warriors v Thunder	2.6.18	(4) tickets
•	Warriors v Mavericks	2.8.18	(4) tickets
•	Warriors v Suns	2.12.18	(4) tickets
•	Warriors v Clippers	2.22.18	(4) tickets

8

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1.	. Agency Name				Date Stamp California 002		
	Oakland Alameda County C	oliseum Authority			<u> </u>	Form 502	
	Division, Department, or Regi	_				For Official Use Only	
	Scott McKibben, OACCA Ex	ecutive Director					
	Designated Agency Contact (
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)	
	510.383.4801	smckibben1@gma	il.com		Date of Original Filing: _	(month, day, year)	
-	Function or Event Inform		and a second at the second as a second			(monu, uay, year)	
۷.					30	4.80	
	Does the agency have a tick	· · · · ·			Each Ticket/Pass \$ $\frac{30}{2}$		
	Event Description: Warriors	Basketball		Date(s) <u>02</u>	, 24 , 18	03 / 14 / 18	
		Provide Title/ Explai		£			
	Ticket(s)/Pass(es) provided	by agency? Yes [⊠ No 🔲 I	r no:	Name of Source		
	Was ticket distribution made	at the behest Yes	XI No I	f yes: McKibbe	en,Scott Official's Name (Last, First)		
	of agency official?	, 55 [_ ~~_		Official's Name (Last, First)		
			anananan mananan manan		and the second s	Marie and the second	
3.	Recipients						
	Use Section A to identify the agence	cy's department or unit.		identify an individ	ual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe the	e public purpose made purs	uant to the agency's policy	
			Passes				
	<u></u>						
			Number				
	B. Name of Indiv		of Ticket(s)/ Passes		Identify one of the fo	llowing:	
			. 40000	Cerem	onial Role Other 🛛	Income 🔲	
					ing "Ceremonial Role" or "Other" desc		
				Cerem	onial Role 🔲 Other 🔲	Income \(
					ing "Ceremonial Role" or "Other" desc	· · · · · ·	
	C. Name of Outside Org		Number of Ticket(s)/	Describe the	public purpose made purs	uant to the anenev's notice.	
	(include address and	description)	Passes	-cooning the	Pennio herbose made hurs	uant to the agency's poncy	
	Gratitude Network		/ ner		portunities to commun	ity groups to utilize	
	349 main Street, suite 201		4 per	facility			
	Pleasanton, CA 94566		4 per				
oyeessaa			4 hai			***************************************	
4.	Verification					A 600 Barrier	
	I have read and understand FPF	C Regulations 18944.	1 and 18942. I	l have verified th	nat the distribution set for	th above, is in accordance	
	with the requirements.	VIBBON					
{	Lee on	_	McKibben	OA(CCA Executive Directo	or 01.24.18	
	Signature of Agency Head or Designe		nt Name		Title	(month, day, year)	
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 137.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: SUPERCROSS Date(s) __02__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X WILLIAMS, JOEY If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes

4. Verification

I have read and unders	tand FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth above	re, is in accordance
with the requirements.	9				

8	Sabrina B. Landreth	City Administrator	02/7/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: WARRIORS 06 / Date(s) __02__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: __ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X STABLER, RINA If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

Comment:

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

	Sabrina B. Landreth	City Administrator	02/77/2018
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 **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: WARRIORS Date(s) __02__/ 80 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. A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income HAMMOCK, MYKA If checking "Ceremonial Role" or "Other" describe below. 2 To provide incentives to City employees that provides services to the Authority. Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification

l have read and undersi	tand FPPC	Regulations	18944.1 and	18942. I have	e verified that ti	he distribution	set forth above,	is in accordance
with the requirements.		C=50						

Sabrina B. Landreth

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

02/77/2018

City Administrator

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

Comment:

I have read and underst	and FPPC Re	gulations 18944.1	and 18942. I	have verified that th	e distribution set fo	orth above,	is in accordance
with the requirements.							

Sabrina B. Landreth City Administrator Print Name Signature of Agency Head or Designee

02/77/2018

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 60.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: WWE LIVE Date(s) <u>02</u> / 11 / 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X HERRERA-GARCIA, CLAUDIA If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand 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 02/77/2018 (month, day, year) Print Name Signature of Agency Head or Designee

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: WARRIORS Date(s) 02 / 12 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: ___ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Other X Income Ceremonial Role ARMSTRONG, CYNTHIA 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)/ Passes Describe the public purpose made pursuant to the agency's policy (include address and description)

4. Verification

Comment:

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	02/28/2018
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 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) _ 02 / 22 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X BYRD, MICHELE If checking "Ceremonial Role" or "Other" describe below 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Income Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification I have read and understand EPI

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 02/77/2018
Signature of Agency Head or Designee Print Name Title (month, day, year)

Ceremonial Role Events and Ticket/Pass Distributions	A	A Public Document
. Agency Name	Date Stamp	California 802
Oakland Alameda County Coliseum Authority		Form OUZ
Division, Department, or Region (if applicable)		For Official Use Only
Office of the City Advantage		

1.	Agency Name	N P A 41	Date Stamp	California 802		
	Oakland Alameda County C Division, Department, or Reg		_	For Official Use Only		
		966 108 18		. or ominal occ only		
	Office of the City Administration Designated Agency Contact					
	Sabrina B. Landreth, City A	N (25% %)				
	Area Code/Phone Number	TE-mail			Amendment (Must Pro	ovide Explanation in Part 3.)
					Data of Original Filings	
	510-238-3301	slandreth@oaklan	dnet.com		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				201180
	Does the agency have a ticl	ket policy? Yes	⊠ No □ F	ace Value of I	Each Ticket/Pass \$	30480
	Event Description: WARRI	IORS		Date(s)02	, 24 , 18	7 7
	Event Description.	Provide Title/ Expla	nation	Date(s)		
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🗆 I	f no:		
	Maa tialoot diatuibustiss ssaada	- 1 H 1 - 1 - 1	f yes: <u>Landret</u>	Name of Source h. Sabrina		
	Was ticket distribution made	e at the benest Yes	⊠ No 🗆 📑	r yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients	(%)				
	 Use Section A to identify the agen 	cy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to identif	y an outside organization.
			Number	1 (5 f 2 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 /		
	A. Name of Agency, Depa	irtment or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the fol	lowing:
	(Last, Firs	st)	Passes			
	BLOCK, LaVonce				onial Role Other 🗵	Income
			2		ing "Ceremonial Role" or "Olher" desc ncentives to City emplo	
				services to the		
					onial Role Other O	Income
				ІГ спескі	ing "Ceremonial Role" or "Other" descr	ribe below:
	C. Name of Outside Or (include address and		Number of Ticket(s)/	Describe the	public purpose made pursu	ant to the agency's policy
	(include dealess and	Passes				
				8		
_						
	Verification			A Company of the Comp		
1	have read and understand FPI with the requirements.	C Regulations 18944.	1 and 18942. I	have verified th	nat the distribution set for	th above, is in accordance
		B. 1. 2	B 1			2/28/18
		Sabrina	B. Landreth		City Administrator	- 06/ /2017

4.

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

Comment: ____

Ceremonial Role Events and Ticket/Pass Distributions A Public Document Californi<u>a</u> Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Parl 3.) Area Code/Phone Number **Date of Original Filing:** RSavage@coliseum.com (month, day, year) 510 383 4801 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 Thunder Date(s) __02__/_ 6 / Provide Title/ Explanation If no: _ Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Ceremonial Role Other X Income ___ Sara Sachs If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a community activist for his/her service to the City of Oakland Other 🔲 Income 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. 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 requirement 2/2/18 Lynette McElhaney **OACCA Commissioner** (month, day, year) Print Name

Agency Report of:

Ag Ce	ency Report of: remonial Role Events an	d Ticket/Pass Distri	butions	A	Public Document
1. /	Agency Name			Date Stamp	California 802
. (Oakland Alameda County Coliseur	n Authority			
Ī	Division, Department, or Region (if a	oplicable)			For Official Use Only
	Lynette Gibson McElhaney , OACC	CA Commission			
	Designated Agency Contact (Name, To		T	·	
	Renee Savage - OACCA Executive	e Assistant		Amendment (Must Pr	ovide Explanation In Part 3.)
7	Area Code/Phone Number E-mail				, ,
	510.383.4801 RSav	rage@coliseum.com		Date of Original Filing: _	(month, day, year)
	Function or Event Information	n	iona Valua of	Each Ticket/Pass \$ 60	.00
	Does the agency have a ticket poli				
	Event Description: Joel Osteen	Provide Title/ Explanation	oate(s)	<u>, 09 , 18 </u>	
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	of agency official?	Delicat 165 NO M	•	Official's Name (Last, First)	
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	(include addless and descri	(ID) pilon)::			
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X	uttil flere from	Lynette McElhaney	•	OACCA Commissione	r <u>2/23/18</u>
d.	Signature of Agency Head or Designee	Print Name	, , , , , , , , , , , , , , , , , , ,	Title	(month, day, year)

Age Cer	ncy Report of: emonial Role Event	s and Ticket/Pa	ss D <u>istrib</u>	utions		A Public D	ocument
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	ynette Gibson McElhaney					,	
<u> </u>	esignated Agency Contact (Name,Title)			, ,		
	tenee Savage - OACCA Ex				Amendment (Mu	ıst Provide Explanatio	on in Part 3.)
	rea Code/Phone Number	E-mail				•	
	10.383.4801	RSavage@coliseum	.com		Date of Original Fili	ng:(month, day,	year)
2. F	unction or Event Infor	mation			•	304.80	
	oes the agency have a ticl	ket policy? Yes ⊠	No□ Fa	ce Value of	Each Ticket/Pass \$)	
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4.	Verification I have read and understand with the reggirements,	FPPC Regulations 1894	4.1 and 18942.	l have verifie	d that the distribution	n set forth above,	, is in accordance
/	That is the Me	· · · · · · · · · · · · · · · · · · ·	e McElhaney	······································	OACCA Commiss	sioner	1/3/18 (month, day, year)
Ĺ	and the of Agency Head of De	signée	-mai ivaine				
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Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: RSavage@coliseum.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 60.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: WWE Live Date(s) 02 / 11 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Did Not Use 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. Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below: Income 🔲 Other 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance **OACCA Commissioner** 2/23/18 Lynette McElhaney (month, day, year) Print Name Signature of Agency Head or Designee

Agency Report of:

gency Report of: eremonial Role Events and Ticket/Pass Distributions		A Public Document
Agency Name	Date Stamp	California 802
Oakland Alameda County Coliseum Authority		Form OUZ For Official Use Only
Division, Department, or Region (if applicable)	_	
Lynette Gibson McElhaney , OACCA Commission		•
Designated Agency Contact (Name, Title)		
Renee Savage - OACCA Executive Assistant Area Code/Phone Number E-mail	Amendment (Me	ust Provide Explanation in Part 3.)
	Date of Original Fili	ng:(month, day, year)
Function or Event Information	of Each Ticket/Pass	304.80
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Event Description: Warriors vs Suns Date(s) 02	<u>, 12 , 18</u>	
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Was ticket distribution made at the behest Yes ⊠ No ☐ If Yes: ————————————————————————————————————	Official's Name (Last, F	irst)
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Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** California 1. Agency Name Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 60.50 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Monster Jam & Pit Passes Date(s) __02__/ 18 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No 🗌 If no: Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Other 🗵 Ceremonial Role Income Keene, Marcus If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a City of Oakland employee Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below 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.

Lynette McElhaney

gnature of Agency Heatrer Designee Print Name

Comment:

OACCA Commissioner

2/16/18

Title

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510.383.4801 RSavage@coliseum.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 vs Clippers Date(s) _____/_ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☑ No ☐ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients Use Section A to identify the agency's department or unit.
 Use Section B to identify an individual.
 Use Section C to identify an outside organization. Other 🗵 Ceremonial Role Vashti Means If checking "Ceremonial Role" or "Other" describe below: 2 Community activist who has provided service to the City of Oakland Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below.

4. Verification I have read and understand FPPR Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance **OAACA Commissioner** 2/21/18 Lynette McElhaney Print Name (month, day, year) Comment: FPPC Form 802 (2/2016) Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney , OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: RSavage@coliseum.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ⊠ No 🗌 Event Description: Warriors vs Thunder Date(s) __02__/ 24 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☑ No □ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☑ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Name of Agency, Department of Un Other X Ceremonial Role Tsehayu Bantidagne If checking "Ceremonial Role" or "Other" describe below: Awarding a community member for service to the city Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below 4. Verification PC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I have read and **OACCA Commissioner** 2/21/18 Lynette McElhaney (month, day, year) Print Name

Agency Report of:

A Public Document

1.	Agency Name		mme (Maron montes (18)			Date Stamp	California OOO
	Oakland Alameda County C			Form 602			
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only			
	Lynette Gibson McElhaney	, OACCA Comr					
	Designated Agency Contact	(Name, Title)			. 000000000		
	Renee Savage - OACCA Ex	cecutive Assista	ınt			Amandment (Must C	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Must L	точие Ехранацоп III Рап 3.)
	510.383.4801	RSavage@co	liseum.	com		Date of Original Filing:	(month, day, year)
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	of agency official?					• • • • • • • • • • • • • • • • • • • •	
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ا موسد	Antino de suchera			lcElhaney	0	ACCA Commissioner	2/16/18
L	Signature of Agency Head or Qesign	ēe/	Print	Name		Tille	(month, day, year)
	Comment:						•

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 137.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Supercross Date(s) __02__/_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Ceremonial Role Other X Suarez, Jose If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a community activist for his/her service to the City of Oakland Ceremonial Role Other 🔲 Income 🔲 If checking "Ceremonial Role" or "Other" describe below:

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Verification 0			
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That he fearing the first floor	Lynette McElhaney	OACCA Commissioner	2/2/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
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'			PPC Form 802 (2/201

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

1.	Agency Name		Date Stamp	California 802			
	Oakland Alameda County C		Stickethickeronenanonenanon		Form 9024		
	Division, Department, or Reg						, or Official Use Only
	Chris Dobbins, OACCA Con				OCCUPANT TRANSPORT OF THE PROPERTY OF THE PROP		
	Designated Agency Contact ((rvarrie, i ((le)					WASHINGTON PROPERTY AND ADMINISTRATION OF THE PROPE
	Area Code/Phone Number	TE-mail	TIAMAN AND TANDERS	TOO STATE OF THE PARTY OF THE P	Table de California de Cal	Amendment (Must Pro	ovide Explanation in Part 3.)
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financement			www.ydf		столический принцення принцення принцення принце		(month, day, year)
2.	Function or Event Infor						00
	Does the agency have a tick	ket policy?	Yes 🔀			Each Ticket/Pass \$ $\frac{60}{}$	
	Event Description: WWE	SF4::::::::::::::::::::::::::::::::::::			Date(s) <u>02</u>	11 18	
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	Was ticket distribution made	at the behest	Yes 🗌	No 🗵	If yes:	Official's Name (Last, First)	aptiminary appropriate population of the Control of
	of agency official?		sout			Oniciais Name (Last, First)	
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J.	Recipients • Use Section A to identify the agen-	cy's department or m	nit. • Use	Section B to	identify an individ	ual. • Use Section C to identit	fy an outside organization
	SONTO-CO.			Number			тинотополония поиновнительно
	A. Name of Agency, Depa	artment or Unit	1	of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
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	Verification						
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١	mar are requirements.		~L! -	alala!	_	\ACCA C= :: ' '	4 ~~
-	Signature of Agency Head or Designe		Chris D		Commence and commence of the c	DACCA Commissioner	1.05.18 (month, day, year)
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	gency Report of: eremonial Role Events and Ticke	/Pass Distr	ibutions	A	Public Document
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	Oakland Alameda County Coliseum Authority		California 802		
	Division, Department, or Region (if applicable)				For Official Use Only
	Chris Dobbins, OACCA Commissioner				
	Designated Agency Contact (Name, Title)	general movement plans at the control of the contro		•	
	Area Code/Phone Number E-mail	College Colleg	MATERIAL SECTION AND ADDRESS OF THE PARTY OF	Amendment (Must F	Provide Explanation in Part 3.)
	510.383.4801 chrisdobbinslaw	@yahoo.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Information	TO THE OWNER OF THE PERSON NAMED IN THE OWNER OF THE OWNER.			
	Does the agency have a ticket policy?	s⊠ No□ I	Face Value of	Each Ticket/Pass \$ 60	0.00
	Event Description: Joel Osteen Provide Title/ Ex	walanatan	Date(s)	<u>/ 09 / 18</u>	
		,	f no:		
				Name of Source	AMERICAN AND AND AND AND AND AND AND AND AND A
	Was ticket distribution made at the behest γ_{ϵ} of agency official?	es □ No 図 ^I	f yes:	Official's Name (Last, First)	Ministrativa de la comunicación de
3.	Recipients • Use Section A to identify the agency's department or unit	. • Use Section B to	identify an individ	lual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes		THE PERSON NAMED OF THE PE	suant to the agency's policy
		Number			
	B. Name of Individual (Last, First)	of Ticket(s)/ Passes	awa ayan ta	identify one of the f	ollowing:
	Dobbins, Chris	2	to investigate	nonial Role Other X ding "Ceremonial Role" or "Other" des e efficiencies of opera rents that occur at Coli	cribe below: tions of various sporting
				nonial Role Other City of "Other" des	• • • • • • • • • • • • • • • • • • • •
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
	Verification				
1	I have read and understand FPPC Regulations 189 with the requirements.	44.1 and 18942.	I have verified t	hat the distribution set fo	rth above, is in accordance
_	The same of the sa	ris Dobbins	C	ACCA Commissioner	1.05.18
	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 Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 60.00 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 02 / 11 / Event Description: WWE Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 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 В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income 🔲 De La Fuente, Ignacio 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 ___

	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy						
ļ.,	Verification								
	I have read and understand FPPC Regulations 189 with the requirements.	44.1 and 18942.	I have verified that the distribution set forth above, is in accordanc						

Comment:

Ignacio De La Fuente OACCA Commissioner 2.01.18
Signafure of Agency Head or Designee Print Name Title (month, day, year)

If checking "Ceremonial Role" or "Other" describe below:

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, 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: idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 60.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Joel Osteen 02 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 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 Other X Ceremonial Role De La Fuente, Ignacio 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. 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 with the requirements:

Signature of Agency Head of Besignee

Ignacio De La Fuente

OACCA Commissioner

2.01.18

l'

(month, day, year)

A	P	u	bl	lic	Document
,		4.5	w		

1.	Agency Name		Date Stamp California					
	Oakland Alameda County C			Form 802				
	Division, Department, or Reg				For Official Use Only			
	Chris Dobbins, OACCA Cor							
	Designated Agency Contact	(Name, Title)	TO THE RESIDENCE AND THE PERSON NAMED IN COLUMN			1		
	Area Code/Phone Number	[E-mail	andronwendom service.		**************************************	Amendment (Must P	rovide Explanation in Part 3.)	
	510.383.4801	chrisdobbinsl	aw@ya	ihoo.com		Date of Original Filing: .	(month, day, year)	
2.	Function or Event Infor	mation	energy and the second s					
	Does the agency have a tick	ket policy?	Yes 🛛	No□	Face Value of	Each Ticket/Pass \$ 13	37.50	
	Event Description: Supercro	oss	- PIDWINGO WELCHING	3404122	Date(s) <u>02</u>			
	Ticket(s)/Pass(es) provided	Provide Titl	lf na:					
	ricket(a)/ir ass(es) provided	ny agency:	res 🔀	No 🗌	n no.	Name of Source		
	Was ticket distribution made	at the behest	Yes 🗌	No 🗵	lf yes:	Official's Name (Last, First)	NATION TO A CONTRACT OF THE PROPERTY AND A CONTRACT OF THE PROPERTY OF THE PRO	
	of agency official?					omoid Name (East, 1 #SI)		
3.	Recipients							
	Use Section A to identify the agen-	cy's department or	ual. • Use Section C to ident	ify an outside organization.				
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's				
		······································				, , , , , , , , , , , , , , , , , , ,	was a second sec	
	DESILE OF CONSTRUCTOR	MONTON VIDENCE SPANS AND ADMINISTRATIVE SPANS						
						CONTROL OF THE CONTRO		
		SALAN CONTRACTOR OF THE SALAN		Number		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	THE PROPERTY OF THE PROPERTY O	
	B. Name of Indiv		of Ticket(s)					
	Dobbins, Chris					onial Role Other Xing "Ceremonial Role" or "Other" des		
				4	to investigate	e efficiencles of operat	ions of various sporting	
	Matter of Earth Annah and	XX X X X X X X X X X X X X X X X X X X				ents that occur at Coli		
					4	onial Role Other Officer on "Other" design "Ceremonial Role" or "Other" design.		
	C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy	
	P-PERMORALIA		***************************************			manus materials (m. 1945)	THOUSE THE STATE OF THE STATE O	
				COUNTY SOURCE CONTROL OF THE COUNTY SOURCE COUNTY SOUNTY SOURCE COUNTY SOURCE COUNT	- Marie (400-	PERIODA		
	Verification							
	I have read and understand FPF	PC Regulations	18944.1	and 18942.	I have verified th	nat the distribution set for	th above, is in accordance	
1	with the requirements.							
	Signature of Agency Head or Designer	erennen kumundan kumundan erennen eren	Chris E	Oobbins Name	O	ACCA Commissioner	1.05.18	
	•	=	1 1111			11116	(month, day, year)	
	Comment:	······································		estate and a second			100 March 100 Ma	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, 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: idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 137.50 Yes ⊠ No □ Event Description: SuperCross Date(s) __02__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number 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 Ceremonial Role Other X De La Fuente, Ignacio 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 Π 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 underst	and FPPC Regulations	18944.1 and 18942.	I have verified that th	e distribution set forth above	ie in accordance
with the requirements.	/		The state of the s	e diotribution det fortif above	, is in accordance
with the requirements.	1				

Simple of board U.S. D. J.	Ignacio De La Fuente	OACCA Commissioner	2.01.18
Signature of Agenoy Helad or Designee	Print Name	Title	(month, day, year)
∕Comment:			

A Public Document

1. Agency Name	Date Stamp	California OOO		
Oakland Alameda County Coliseum Authority		Form OU4		
Division, Department, or Region (if applicable)		For Official Use Only		
Chris Dobbins, OACCA Commissioner				
Designated Agency Contact (Name, Title)				
			Amendment (Must F	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail				,,
510.383.4801 chrisdobbinslaw@y	/ahoo.com		Date of Original Filing:	(month, day, year)
2. Function or Event Information	***************************************			<i>c</i> 0
Does the agency have a ticket policy? Yes I	⊠ No 🔲 F	Face Value of I	Each Ticket/Pass \$ _	<u>100⁵⁵⁰</u>
, , , , , , , , , , , , , , , , , , ,				
Event Description: Monster Jam Provide Title/ Explar	ation	Date(s) <u>02</u>		
		f no:	Name of Source	
		.	Name of Source	
Was ticket distribution made at the behest Yes	J No⊠ I	f yes:	Official's Name (Last, First)	
of agency official?				
3. Recipients			the second secon	A section of the sect
• Use Section A to identify the agency's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to iden	tify an outside organization.
	Number			
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
•••				
B. Name of Individual	Number			
(Last, First)	of Ticket(s)/ Passes		identify one of the f	ollowing:
Dobbins,Chris		Cerem	onial Role 🔲 Other 🗵	Income
DODDING, Office	4		ing "Ceremonial Role" or "Other" de	scribe below: Inity groups to utilize the
		facility	portarings to commu	inty groups to dulize the
		Cerem	onial Role Other	Income
		If checki	ing "Ceremonial Role" or "Other" de	scribe below:
C Name of Outside Organization	Number of Ticket(s)/	Describe the	public purpose made pur	suant to the agency's policy
(include address and description)	Passes			
b				

. Verification				•
Thave read and understand FPPC Regulations 18944.	1 and 18942.	l have verified tl	hat the distribution set fo	orth above, is in accordance
, with the requirements.				
	Dobbins	0	ACCA Commissioner	02.16.18
Signature of Agency Head or Designee Pri	nt Name		Title	(month, day, year)
Comment:				