

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

A Public Document

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Yui Hay Lee, Commissioner Designated Agency Contact (Name, Title)  Area Code/Phone Number (510 836-6688 x 10)   E-mail YuiHay@YHLA.net		Date Stamp  California Form <b>802</b> For Official Use Only  <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)
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**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 304.80

Event Description 2018 WARRIORS TIX. Date(s) SEE ATTACHED  
Provide Title/Explanation

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

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

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

<b>A.</b> Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Yui Hay Lee, Commissioner	40	#3
<b>B.</b> Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C.</b> Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**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.

Yui Hay Lee
OACCA Commission
1/3/18  
Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Comment: SEE ATTACHED 2018 TICKET REQUEST

# Yui Hay Lee

## Warriors Basketball / February 2018

- Warriors v Thunder 2.6.18 (2) tickets
- 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

**A Public Document**

## 2. Function or Event Information

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

\* 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.

#### 4. Verification

Comment: \_\_\_\_\_

# Ignacio De La Fuente

## Warriors Basketball / February 2018

- Warriors v Thunder 2.6.18 (2) tickets
- 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**

Oakland Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Chris Dobbins, OACCA Commissioner

Designated Agency Contact (Name, Title)

Renee Savage, OACCA Executive Assistant - Ticket Administrator

Area Code/Phone Number

510.383.4801

E-mail

rsavage@coliseum.com

Date Stamp

**California  
Form 802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors Season 2018

Provide Title/Explanation

Date(s) See attached

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: \_\_\_\_\_

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

If yes: \_\_\_\_\_

Official's Name (Last, First)

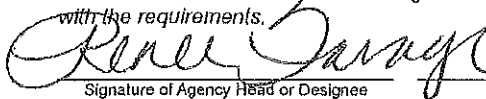
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

**4. Verification**

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



Signature of Agency Head or Designee

Renee Savage

Print Name

OACCA Ticket Administrator

Title

03.02.18

(month, day, year)

Comment: \_\_\_\_\_

# Chris Dobbins

## Warriors Basketball / February 2018

- Warriors v Thunder 2.6.18 (2) tickets
- 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**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	<b>California Form 802</b> For Official Use Only
<b>Division, Department, or Region</b> (if applicable) Ignacio De La Fuente, <u>OACCA COMMISSIONER</u>			
<b>Designated Agency Contact</b> (Name, Title)			
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> idelifuente2012@gmail.com	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 60.00

Event Description: Monster Jam Date(s) 02 / 18 / 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 of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
De La Fuente, Ignacio	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> to provide opportunities to community groups to utilize the facility
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Signature of Agency Head or Designee      Ignacio De La Fuente      OACCA Commissioner      02.16.18  
 \_\_\_\_\_  
 Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_

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

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
Oakland-Alameda County Coliseum Authority			
Division, Department, or Region (if applicable)			
Susan S. Muranishi, County Administrator, Alameda County		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Designated Agency Contact (Name, Title)			
Area Code/Phone Number	E-mail		
(510) 272-3862	countyadministrator@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.89

Event Description: Golden State Warriors Basketball Date(s) 02 / 06 / 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 of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
County Counsel	2	To promote the Coliseum Complex for use by the general public & businesses to maximize revenues
B. Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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


 Susan S. Muranishi  
Signature of Agency Head or Designee

Susan S. Muranishi  
Print Name

County Administrator  
Title

2-28-18  
(month, day, year)

Comment: \_\_\_\_\_

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

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority Division, Department, or Region (if applicable) Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title)		Date Stamp	California Form <b>802</b> For Official Use Only
Area Code/Phone Number (510) 272-3862	E-mail countyadministeator@acgov.org	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 30480  
 Event Description: Golden State Warriors Basketball Date(s) 02 / 08 / 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 of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
 Official's Name (Last, First)

**3. Recipients**

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
Human Resource Services	2	To promote the Coliseum Complex for use by the general public & businesses to maximize revenues.
B. Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Signature of Agency Head or Designee: Susan S. Muranishi Print Name: Susan S. Muranishi County Administrator: 2.28.18  
 Title: \_\_\_\_\_ (month, day, year)

Comment: \_\_\_\_\_

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

Oakland-Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Susan S. Muranishi, County Administrator, Alameda County

Designated Agency Contact (Name, Title)

Area Code/Phone Number

(510) 272-3862

E-mail

countyadministrator@acgov.org

Date Stamp

 California  
Form

**802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

 Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy?

 Yes ☒

 No ☐

Face Value of Each Ticket/Pass \$

304.89

Event Description: Golden State Warriors Basketball

Date(s) 02 / 10 / 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  
of agency official?

 Yes ☐

 No ☒

If yes:

Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
County Administrator's Office	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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Susan S. Muranishi

Susan S. Muranishi

Print Name

County Administrator

Title

 2-28-18  
(month, day, year)

Comment:

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

A Public Document

**1. Agency Name**

Oakland-Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Susan S. Muranishi, County Administrator, Alameda County

Designated Agency Contact (Name, Title)

Date Stamp

California  
Form **802**

For Official Use Only

Area Code/Phone Number

(510) 272-3862

E-mail

countyadministrator@acgov.org

☐ Amendment (Must Provide Explanation in Part 3.)Date of Original Filing: \_\_\_\_\_  
(month, day, year)**2. Function or Event Information**

Does the agency have a ticket policy?

Yes ☒ No ☐

Face Value of Each Ticket/Pass \$

304.80

Event Description: Golden State Warriors BasketballDate(s) 02 / 12 / 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 ☒

If yes:

Official's Name (Last, First)

of agency official?

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
County Administrator's Office	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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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



Susan S. Muranishi

Print Name

County Administrator

Title

2.28.18  
(month, day, year)

Comment:

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

A Public Document

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority Division, Department, or Region (if applicable) Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title)		Date Stamp  California Form <b>802</b> For Official Use Only
Area Code/Phone Number (510) 272-3862	E-mail countyadministrator@acgov.org	
<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.89

Event Description: Golden State Warriors Basketball Date(s) 02 / 22 / 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 of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

Susan S. Muranishi Susan S. Muranishi County Administrator 2-28-18  
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

Oakland-Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Susan S. Muranishi, County Administrator, Alameda County

Designated Agency Contact (Name, Title)

Area Code/Phone Number

(510) 272-3862

E-mail

countyadministrator@acgov.org

Date Stamp

California  
Form **802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)Date of Original Filing: \_\_\_\_\_  
(month, day, year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ 304.89Event Description: Golden State Warriors BasketballDate(s) 02 / 24 / 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 of agency official? Yes ☐ No ☒

If yes: \_\_\_\_\_

Official's Name (Last, First)

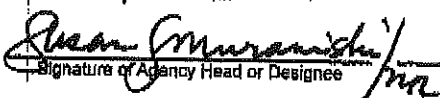
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
County Administrator's Office	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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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



Susan S. Muranishi

Print Name

County Administrator

Title

2.28.18  
(month, day, year)

Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title)		Date Stamp	<b>California Form 802</b> For Official Use Only
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org		
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 60.00  
Event Description WWE Live Date(s) 02 / 11 / 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 of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

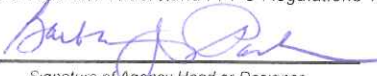
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Parker, Barbara J.	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**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	Barbara J. Parker Print Name	City Attorney/OAACA Official Title	02/26/2018 (Month, Day, Year)
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Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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

A Public Document

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title)		Date Stamp	<b>California Form 802</b> For Official Use Only
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org		
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.80  
Event Description Warriors v. Oklahoma City Thunder Date(s) 02 / 06 / 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 of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

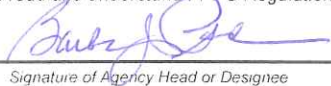
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

<b>A.</b> Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<b>B.</b> Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Spoerl, Peter	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below.</i> To provide incentives to City and County employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below.</i>
<b>C.</b> Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**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	Barbara J. Parker Print Name	City Attorney/OAACA Official Title	02/26/2018 (Month, Day, Year)
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Comment: \_\_\_\_\_



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

A Public Document

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title)		Date Stamp	<b>California Form 802</b> For Official Use Only
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org		
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.80

Event Description Warriors v. Dallas Mavericks Date(s) 02 / 08 / 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 of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)


**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Hussein, Farrah	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**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	Barbara J. Parker Print Name	City Attorney/OAACA Official Title	02/26/2018 (Month, Day, Year)
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Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title)		Date Stamp	<b>California Form 802</b> For Official Use Only
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org		
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.80

Event Description Warriors v. Phoenix Suns Date(s) 02 / 12 / 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 of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.


A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Dershowitz, Suzanne	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**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.

 <small>Signature of Agency Head or Designee</small>	Barbara J. Parker <small>Print Name</small>	City Attorney/OAACA Official <small>Title</small>	02/26/2018 <small>(Month, Day, Year)</small>
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Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title)		Date Stamp	<b>California Form 802</b> For Official Use Only
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org		
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.80  
Event Description Warriors v. Los Angeles Clippers Date(s) 02 / 22 / 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 of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)


**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Ortiz, Celso	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City and County employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**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	Barbara J. Parker Print Name	City Attorney/OAACA Official Title	02/26/2018 (Month, Day, Year)
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Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title)		Date Stamp	<b>California Form 802</b> For Official Use Only
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org	<input type="checkbox"/> Amendment (Must provide explanation in Part 3) Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.80  
Event Description Warriors v. Oklahoma City Thunder Date(s) 02 / 24 / 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 of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

<b>A.</b> Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<b>B.</b> Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Smith, Jamie	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> To provide incentives to City and County employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
<b>C.</b> Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**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.

	Barbara J. Parker	City Attorney/OAACA Official	02/26/2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_\_

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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

<b>1. Agency Name</b> Oakland/Alameda County Coliseum Authority Division, Department, or Region (if applicable) OACCA Commissioner Designated Agency Contact (Name, Title) Lee Ann Ferguson		Date Stamp  <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	California Form <b>802</b> For Official Use Only
Area Code/Phone Number 510-272-6691	E-mail leeann.fergerson@acgov.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 137.50

Event Description: Supercross Date(s) 2 / 3 / 18  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: GSW  
Name of Source

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


**3. Recipients**

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
	Chuck Rogers	1	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales <input checked="" type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPFC 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
 
 Lee Ann Ferguson  
 Print Name
 

 Ticket Administrator  
 Title
 

 2/6/18  
 (month, day, year)

Comment: \_\_\_\_\_



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

A Public Document

<b>1. Agency Name</b> Oakland/Alameda County Coliseum Authority		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) OACCA Commissioner			
Designated Agency Contact (Name, Title) Lee Ann Ferguson, Ticket Administrator			
Area Code/Phone Number 510-272-6691	E-mail leeann.fergerson@acgov.org	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 304.80  
Event Description: WARRIORS Date(s) 2 / 6 / 18  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: GSW  
Name of Source  
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Haggerty, Scott  
Official's Name (Last, First)


**3. Recipients**

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Riley Stopka	2	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

  
Signature of Agency Head or Designee

Lee Ann Ferguson  
Print Name

Ticket Administrator  
Title

2/7/18  
(month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Oakland/Alameda County Coliseum Authority <hr/> <b>Division, Department, or Region (if applicable)</b> OACCA Commissioner <hr/> <b>Designated Agency Contact (Name, Title)</b> Lee Ann Ferguson, Ticket Administrator <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>Area Code/Phone Number</b></td> <td style="width: 50%;"><b>E-mail</b></td> </tr> <tr> <td>510-272-6691</td> <td>leeann.fergerson@acgov.org</td> </tr> </table>		<b>Area Code/Phone Number</b>	<b>E-mail</b>	510-272-6691	leeann.fergerson@acgov.org	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>California Form 802</b>  <small>For Official Use Only</small> </div> <hr/> <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <hr/> <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>
<b>Area Code/Phone Number</b>	<b>E-mail</b>					
510-272-6691	leeann.fergerson@acgov.org					

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes ☒    No ☐    Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors    Date(s) 2 / 8 / 18    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes ☒    No ☐    If no: GSW    \_\_\_\_\_

Name of Source

Was ticket distribution made at the behest of agency official?    Yes ☒    No ☐    If yes: Haggerty, Scott    \_\_\_\_\_

Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Sean Sargiotto	2	<div style="border: 1px solid black; padding: 5px;">           To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.         </div>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 Signature of Agency Head or Designee	Lee Ann Ferguson Print Name	Ticket Administrator Title	2/28/18 (month, day, year)
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Comment: \_\_\_\_\_

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

**A Public Document**

**1. Agency Name**

Oakland/Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

OACCA Commissioner

Designated Agency Contact (Name, Title)

Lee Ann Ferguson, Ticket Administrator

Area Code/Phone Number

510-272-6691

E-mail

leeann.fergerson@acgov.org

Date Stamp

**California  
Form 802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors Date(s) 2 / 10 / 18

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: GSW

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Haggerty, Scott

Official's Name (Last, First)

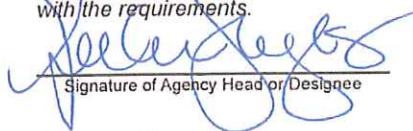
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
	Katya Dmitrieva	2	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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



Signature of Agency Head or Designee

Lee Ann Ferguson

Print Name

Ticket Administrator

Title

2/28/18

(month, day, year)

Comment: \_\_\_\_\_



A Public Document

## 2. Function or Event Information

### 3. Recipients

#### 4. Verification

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Oakland/Alameda County Coliseum Authority <hr/> <b>Division, Department, or Region (if applicable)</b> OACCA <hr/> <b>Designated Agency Contact (Name, Title)</b> Lee Ann Ferguson, Ticket Administrator <hr/> <table style="width:100%;"> <tr> <td style="width:50%;"><b>Area Code/Phone Number</b></td> <td style="width:50%;"><b>E-mail</b></td> </tr> <tr> <td>510-272-6691</td> <td>leeann.fergerson@acgov.org</td> </tr> </table>		<b>Area Code/Phone Number</b>	<b>E-mail</b>	510-272-6691	leeann.fergerson@acgov.org	<table style="width:100%;"> <tr> <td style="width:50%;"><b>Date Stamp</b></td> <td style="width:50%; text-align: center;"> <b>California Form 802</b>          For Official Use Only       </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)       </td> </tr> <tr> <td colspan="2"> <b>Date of Original Filing:</b> _____          (month, day, year)       </td> </tr> </table>	<b>Date Stamp</b>	<b>California Form 802</b> For Official Use Only	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)		<b>Date of Original Filing:</b> _____ (month, day, year)	
<b>Area Code/Phone Number</b>	<b>E-mail</b>											
510-272-6691	leeann.fergerson@acgov.org											
<b>Date Stamp</b>	<b>California Form 802</b> For Official Use Only											
<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)												
<b>Date of Original Filing:</b> _____ (month, day, year)												

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 340.80

Event Description: Warriors Date(s) 2 / 22 / 18  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: GSW  
Name of Source

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

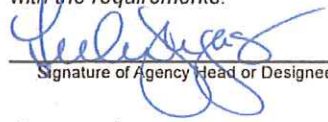
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Gorman, Pat	2	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. <input type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 Signature of Agency Head or Designee	Lee Ann Ferguson Print Name	Ticket Administrator Title	2/16/2018 (month, day, year)
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Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Oakland/Alameda County Coliseum Authority <hr/> <b>Division, Department, or Region (if applicable)</b> OACCA, Commissioner <hr/> <b>Designated Agency Contact (Name, Title)</b> Lee Ann Ferguson, Ticket Administrator <hr/> <table style="width:100%;"> <tr> <td style="width:30%;"><b>Area Code/Phone Number</b></td> <td><b>E-mail</b></td> </tr> <tr> <td>510-272-6691</td> <td>Leeann.fergerson@acgov.org</td> </tr> </table>		<b>Area Code/Phone Number</b>	<b>E-mail</b>	510-272-6691	Leeann.fergerson@acgov.org	<table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <b>Date Stamp</b>    <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)   <b>Date of Original Filing:</b> _____  <div style="text-align: right;"><small>(month, day, year)</small></div> </td> <td style="width:50%; vertical-align: top; text-align: center;"> <b>California Form 802</b>  <hr/>                 For Official Use Only             </td> </tr> </table>	<b>Date Stamp</b>   <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <div style="text-align: right;"><small>(month, day, year)</small></div>	<b>California Form 802</b> <hr/> For Official Use Only
<b>Area Code/Phone Number</b>	<b>E-mail</b>							
510-272-6691	Leeann.fergerson@acgov.org							
<b>Date Stamp</b>   <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <div style="text-align: right;"><small>(month, day, year)</small></div>	<b>California Form 802</b> <hr/> For Official Use Only							

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes ☒    No ☐    Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors    Date(s) 2 / 24 / 18    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes ☒    No ☐    If no: GSW  
Name of Source

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

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
General Services Agency	2	To reward a County employee for his or her exemplary service to the public or to encourage staff development
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

 _____ <small>Signature of Agency Head or Designee</small>	Lee Ann Ferguson _____ <small>Print Name</small>	Ticket Administrator _____ <small>Title</small>	2/2/18 _____ <small>(month, day, year)</small>
--	--	---	--

Comment: \_\_\_\_\_



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

A Public Document

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

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors Basketball Date(s) 02 / 10 / 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 of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

## 4. Verification

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

	Christin Hill	OACCA Commissioner	02.6.18
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**

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors Basketball Date(s) see attached  
Provide Title/Explanation

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

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

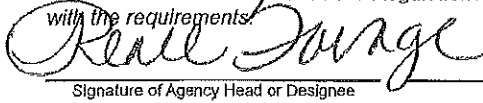
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
McKibben, Scott	4 per	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the Coliseum Complex for use by general public and businesses to maximize revenues
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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


 Signature of Agency Head or Designee
 Renee Savage
 Print Name
 OACCA Ticket Administrator
 Title
 03.02.18
 (month, day, year)

Comment: \_\_\_\_\_



# 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
-

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

A Public Document

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.80  
Event Description: Warriors Basketball Date(s) 02 / 24 / 18 03 / 14 / 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 of agency official? Yes ☒ No ☐ If yes: McKibben, Scott  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	Gratitude Network 349 main Street, suite 201	4 per	to provide opportunities to community groups to utilize facility
	Pleasanton, CA 94566	4 per	

**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.

Scott McKibben Signature of Agency Head or Designee  
Scott McKibben Print Name  
OACCA Executive Director Title  
01.24.18 (month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority <b>Division, Department, or Region</b> (if applicable) Office of the City Administrator <b>Designated Agency Contact</b> (Name, Title) Sabrina B. Landreth, City Administrator <b>Area Code/Phone Number</b> <b>E-mail</b> 510-238-3301      slandreth@oaklandnet.com		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes ☒    No ☐    Face Value of Each Ticket/Pass \$ 137.50

Event Description: SUPERCROSS      Date(s) 02 / 03 / 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 of agency official?    Yes ☒    No ☐    If yes: Landreth, Sabrina  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

**4. Verification**

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

 Signature of Agency Head or Designee	Sabrina B. Landreth Print Name	City Administrator Title	02/27/2018 (month, day, year)
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Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	<b>California Form 802</b> 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			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandnet.com		
		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
		Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.80

Event Description: WARRIORS Date(s) 02 / 06 / 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 of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

<b>A.</b>	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<b>B.</b>	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
	STABLER, RINA	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provides services to the Authority.
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C.</b>	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Sabrina B. Landreth	City Administrator	02/27/2018
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

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority <b>Division, Department, or Region (if applicable)</b> Office of the City Administrator <b>Designated Agency Contact (Name, Title)</b> Sabrina B. Landreth, City Administrator <b>Area Code/Phone Number</b> 510-238-3301 <b>E-mail</b> slandreth@oaklandnet.com		Date Stamp  <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	<b>California Form 802</b> For Official Use Only
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## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.80

Event Description: WARRIORS Date(s) 02 / 08 / 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 of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

## 4. Verification

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


 Signature of Agency Head or Designee
 Sabrina B. Landreth
 Print Name
 City Administrator
 Title
 02/27/2018
 (month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority <b>Division, Department, or Region</b> (if applicable) Office of the City Administrator <b>Designated Agency Contact</b> (Name, Title) Sabrina B. Landreth, City Administrator <b>Area Code/Phone Number</b> <b>E-mail</b> 510-238-3301      slandreth@oaklandnet.com		Date Stamp	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes ☒ No ☐    Face Value of Each Ticket/Pass \$ 60.00

Event Description: JOEL OLSTEEN      Date(s) 02 / 09 / 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 of agency official?    Yes ☒ No ☐    If yes: Landreth, Sabrina  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

**4. Verification**

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

 Signature of Agency Head or Designee	Sabrina B. Landreth Print Name	City Administrator Title	02/27/2018 (month, day, year)
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Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority <hr/> <b>Division, Department, or Region</b> (if applicable) Office of the City Administrator <hr/> <b>Designated Agency Contact</b> (Name, Title) Sabrina B. Landreth, City Administrator <hr/> <table style="width:100%;"> <tr> <td style="width:50%;"><b>Area Code/Phone Number</b></td> <td style="width:50%;"><b>E-mail</b></td> </tr> <tr> <td>510-238-3301</td> <td>slandreth@oaklandnet.com</td> </tr> </table>		<b>Area Code/Phone Number</b>	<b>E-mail</b>	510-238-3301	slandreth@oaklandnet.com	<div style="border: 1px solid black; padding: 5px;"> <b>Date Stamp</b> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>California Form 802</b>  <small>For Official Use Only</small> </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)   <b>Date of Original Filing:</b> _____  <small>(month, day, year)</small> </div>
<b>Area Code/Phone Number</b>	<b>E-mail</b>					
510-238-3301	slandreth@oaklandnet.com					

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes ☒    No ☐    Face Value of Each Ticket/Pass \$ 60.00

Event Description: WWE LIVE    Date(s) 02 / 11 / 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 of agency official?    Yes ☒    No ☐    If yes: Landreth, Sabrina  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

**4. Verification**

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

 _____ <small>Signature of Agency Head or Designee</small>	Sabrina B. Landreth _____ <small>Print Name</small>	City Administrator _____ <small>Title</small>	02/27/2018 _____ <small>(month, day, year)</small>
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Comment: \_\_\_\_\_



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

A Public Document

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> 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			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandnet.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.89

Event Description: WARRIORS Date(s) 02 / 12 / 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 of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

## 4. Verification

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

	Sabrina B. Landreth	City Administrator	02/18/2018
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**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority <b>Division, Department, or Region</b> (if applicable) Office of the City Administrator <b>Designated Agency Contact</b> (Name, Title) Sabrina B. Landreth, City Administrator <table style="width:100%;"> <tr> <td style="width:50%;"><b>Area Code/Phone Number</b></td> <td style="width:50%;"><b>E-mail</b></td> </tr> <tr> <td>510-238-3301</td> <td>slandreth@oaklandnet.com</td> </tr> </table>		<b>Area Code/Phone Number</b>	<b>E-mail</b>	510-238-3301	slandreth@oaklandnet.com	<table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <b>Date Stamp</b>    <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)   <b>Date of Original Filing:</b> _____  <small>(month, day, year)</small> </td> <td style="width:50%; text-align: center; vertical-align: top;"> <b>California Form 802</b>  <small>For Official Use Only</small> </td> </tr> </table>	<b>Date Stamp</b>   <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	<b>California Form 802</b> <small>For Official Use Only</small>
<b>Area Code/Phone Number</b>	<b>E-mail</b>							
510-238-3301	slandreth@oaklandnet.com							
<b>Date Stamp</b>   <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	<b>California Form 802</b> <small>For Official Use Only</small>							

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes ☒    No ☐    Face Value of Each Ticket/Pass \$ 304<sup>89</sup>

Event Description: WARRIORS    Date(s) 02 / 22 / 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 of agency official?    Yes ☒    No ☐    If yes: Landreth, Sabrina  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

**4. Verification**

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

 _____ <small>Signature of Agency Head or Designee</small>	Sabrina B. Landreth _____ <small>Print Name</small>	City Administrator _____ <small>Title</small>	02/ 27/2018 _____ <small>(month, day, year)</small>
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Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	<b>California Form 802</b> 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			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandnet.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.80

Event Description: WARRIORS Date(s) 02 / 24 / 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 of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina  
Official's Name (Last, First)

## 3. Recipients

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

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

## 4. Verification

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

Signature of Agency Head or Designee: [Signature]     
 Print Name: Sabrina B. Landreth     
 Title: City Administrator     
 Date: 2/28/18  
(month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority <hr/> <b>Division, Department, or Region (if applicable)</b> Lynette Gibson McElhaney, OACCA Commission <hr/> <b>Designated Agency Contact (Name, Title)</b> Renee Savage - OACCA Executive Assistant <hr/> <table style="width:100%;"> <tr> <td style="width:50%;"><b>Area Code/Phone Number</b></td> <td style="width:50%;"><b>E-mail</b></td> </tr> <tr> <td>510.383.4801</td> <td>RSavage@coliseum.com</td> </tr> </table>		<b>Area Code/Phone Number</b>	<b>E-mail</b>	510.383.4801	RSavage@coliseum.com	<div style="border: 1px solid black; padding: 5px;"> <b>Date Stamp</b>   <div style="display: flex; justify-content: space-between;"> <div>California Form</div> <div style="font-size: 2em; font-weight: bold;">802</div> </div> <div style="font-size: 0.8em;">For Official Use Only</div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)                 </div> <div style="margin-top: 10px;"> <b>Date of Original Filing:</b> _____  <span style="font-size: 0.8em;">(month, day, year)</span> </div>
<b>Area Code/Phone Number</b>	<b>E-mail</b>					
510.383.4801	RSavage@coliseum.com					

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes ☒    No ☐    Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors vs Thunder    Date(s) 02 / 6 / 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 of agency official?    Yes ☒    No ☐    If yes: Lynette McElhaney  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Sara Sachs	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Rewarding a community activist for his/her service to the City of Oakland
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**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.

 _____ <small>Signature of Agency Head or Designee</small>	Lynette McElhaney _____ <small>Print Name</small>	OACCA Commissioner _____ <small>Title</small>	2/2/18 _____ <small>(month, day, year)</small>
--	---	---	--

Comment: \_\_\_\_\_

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

**A Public Document**

**1. Agency Name**

Oakland Alameda County Coliseum Authority  
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

510.383.4801

E-mail

RSavage@coliseum.com

Date Stamp

California  
Form

**802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 60.00

Event Description: Joel Osteen Date(s) 02 / 09 / 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 of agency official? Yes ☐ No ☒ If yes: Did Not Use  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <b>DID NOT USE</b>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Signature of Agency Head or Designee

Lynette McElhaney

Print Name

OACCA Commissioner

Title

2/23/18

(month, day, year)

Comment: \_\_\_\_\_



**A Public Document**

## 2. Function or Event Information

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

**Recipients**  
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

## 4. Verification

Comment: \_\_\_\_\_

**A Public Document**

## 2. Function or Event Information

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: Did Not Use  
Official's Name (Last, First) \_\_\_\_\_

• 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.

#### 4. Verification

2/23/18  
(month, day, year)

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

**A Public Document**

## 2. Function or Event Information

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

**Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

#### 4. Verification

2/2/18  
(month, day, year)

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

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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
<b>Division, Department, or Region (if applicable)</b> Lynette Gibson McElhaney, OACCA Commission			
<b>Designated Agency Contact (Name, Title)</b> Renee Savage - OACCA Executive Assistant			
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> RSavage@coliseum.com	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 60.50

Event Description: Monster Jam & Pit Passes Date(s) 02 / 18 / 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 of agency official? Yes ☒ No ☐ If yes: Lynette McElhaney  
Official's Name (Last, First)

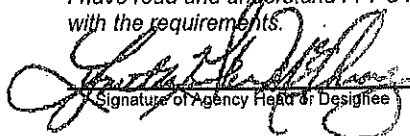
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A	Name of Agency Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
B	Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following
	Keene, Marcus	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Rewarding a City of Oakland employee
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C	Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

  
 Signature of Agency Head or Designee

Lynette McElhaney  
 Print Name

OACCA Commissioner  
 Title

2/16/18  
 (month, day, year)

Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
<b>Division, Department, or Region</b> (if applicable) Lynette Gibson McElhaney, OACCA Commission			
<b>Designated Agency Contact</b> (Name, Title) Renee Savage - OACCA Executive Assistant			
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> RSavage@coliseum.com	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors vs Clippers Date(s) 02 / 22 / 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 of agency official? Yes ☒ No ☐ If yes: Lynette McElhaney  
Official's Name (Last, First)

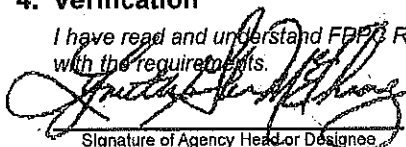
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A	Name of Agency Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
B	Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
	Vashti Means	2	Community activist who has provided service to the City of Oakland
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C	Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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



Lynette McElhaney

Print Name

OACCA Commissioner

Title

2/21/18

(month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> 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 510.383.4801	E-mail RSavage@coliseum.com		
		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors vs Thunder Date(s) 02 / 24 / 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 of agency official? Yes ☒ No ☐ If yes: Lynette McElhaney  
Official's Name (Last, First)

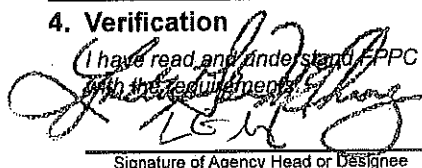
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A	Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy.
B	Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
	Tsehayu Bantidagne	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Awarding a community member for service to the city
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C	Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy.

**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  
Signature of Agency Head or Designee

OACCA Commissioner  
Print Name

2/21/18  
Title

2/21/18  
(month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	<b>California Form 802</b> For Official Use Only
<b>Division, Department, or Region (if applicable)</b> Lynette Gibson McElhaney, OACCA Commission			
<b>Designated Agency Contact (Name, Title)</b> Renee Savage - OACCA Executive Assistant		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> RSavage@coliseum.com		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 60.00

Event Description: Disney On Ice Date(s) 02 / 28 / 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 of agency official? Yes ☒ No ☐ If yes: Lynette McElhaney  
Official's Name (Last, First)

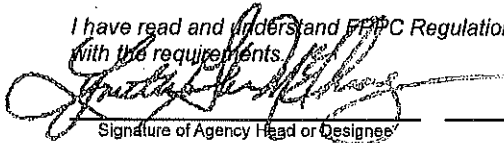
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
Shan Hirsch	04	Rewarding a community activist for his/her service to the City of Oakland
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**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  
Print Name

OACCA Commissioner  
Title

2/16/18  
(month, day, year)

Comment: \_\_\_\_\_

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

A Public Document

## 1. Agency Name

Oakland Alameda County Coliseum Authority  
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

510.383.4801

E-mail

RSavage@coliseum.com

Date Stamp

California  
Form

802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 137.50

Event Description: Supercross Date(s) 02 / 3 / 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 of agency official? Yes ☒ No ☐ If yes: Lynette McElhaney  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s) or Passes	Describe the public purpose made pursuant to the agency's policy
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B. Name of Individual (Last, First)	Number of Ticket(s) or Passes	Identify one of the following
-------------------------------------	-------------------------------	-------------------------------

Suarez, Jose

2

Ceremonial Role ☐ Other ☒ Income ☐  
If checking "Ceremonial Role" or "Other" describe below:  
Rewarding a community activist for his/her service to the City of Oakland

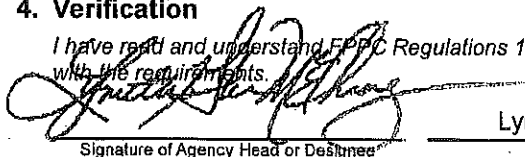
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C. Name of Outside Organization (include address and description)	Number of Ticket(s) or Passes	Describe the public purpose made pursuant to the agency's policy
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## 4. Verification

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



Lynette McElhaney

Print Name

OACCA Commissioner

Title

2/2/18

(month, day, year)

Comment: \_\_\_\_\_



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

A Public Document

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

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 60.00

Event Description: WWE Date(s) 02 / 11 / 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 of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

## 4. Verification

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

	Chris Dobbins	OACCA Commissioner	1.05.18
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

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

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 60.00

Event Description: Joel Osteen Date(s) 02 / 09 / 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 of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

## 4. Verification

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


 Chris Dobbins OACCA Commissioner 1.05.18  
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

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner			
Designated Agency Contact (Name, Title)			
Area Code/Phone Number 510.383.4801	E-mail idelafuente2012@gmail.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 60.00

Event Description: WWE Date(s) 02 / 11 / 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 of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

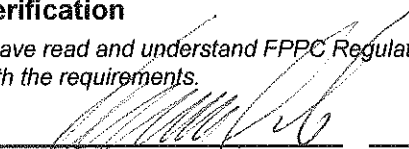
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

## 4. Verification

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

	Ignacio De La Fuente	OACCA Commissioner	2.01.18
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**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority <b>Division, Department, or Region (if applicable)</b> Ignacio De La Fuente, OACCA Commissioner <b>Designated Agency Contact (Name, Title)</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> idelafuente2012@gmail.com	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 60.00

Event Description: Joel Osteen Date(s) 02 / 09 / 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 of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

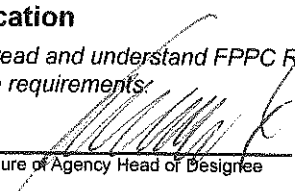
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

**4. Verification**

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

 Signature of Agency Head or Designee	Ignacio De La Fuente Print Name	OACCA Commissioner Title	2.01.18 (month, day, year)
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Comment: \_\_\_\_\_



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

A Public Document

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

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 137.50

Event Description: Supercross Provide Title/Explanation Date(s) 02 / 03 / 18

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

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

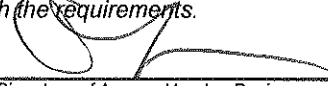
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

## 4. Verification

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

	Chris Dobbins	OACCA Commissioner	1.05.18
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

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority <b>Division, Department, or Region (if applicable)</b> Ignacio De La Fuente, OACCA Commissioner <b>Designated Agency Contact (Name, Title)</b>		Date Stamp  California Form <b>802</b> For Official Use Only
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> idelafuente2012@gmail.com	
<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> _____ (month, day, year)		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 137.50

Event Description: SuperCross Date(s) 02 / 03 / 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 of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

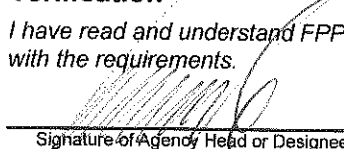
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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

## 4. Verification

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


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

Comment: \_\_\_\_\_

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

A Public Document

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

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 100.50

Event Description: Monster Jam Date(s) 02 / 18 / 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 of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Dobbins, Chris	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to provide opportunities to community groups to utilize the facility
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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


 Chris Dobbins  
 Signature of Agency Head or Designee      Print Name      OACCA Commissioner      Title      02.16.18      (month, day, year)

Comment: \_\_\_\_\_