**A Public Document** 

1.	Agency Name			Date Stamp	California O O O	
	Oakland Alameda County Coliseum Authority				Form OU/4	
	Division, Department, or Region (if applicable)				For Official Use Only	
	Scott McKibben, OACCA Executive Director					
	Designated Agency Contact (Name, Title)		·			
	Renee Savage, OACCA Executive Assistant - Ti	cket Adminis	trator	Amandmant (Mark	Provide Explanation In Part 3.)	
	Area Code/Phone Number E-mail		··· <u>·</u> ······	Mineroment Impst/	-rovide Explanation in Part 3.)	
	510.383.4801 rsavage@coliseum	.com		Date of Original Filing:	(month, day, year)	
<u>ш</u>	Function or Event Information		The second secon			
۵,		<del>.</del>	Tana Makua afi	Each Ticket/Door # 3	04.80	
				Each Ticket/Pass \$.3 SUUCL + 0	robed	
	Event Description: Warriors Basketball  Provide Title/ Explai		Date(s)	<u>ver</u>	Corto	
	•		f no:			
	nonsity, desired presided by agency.	a 140 □ "	. 110.	Name of Source		
	Was ticket distribution made at the behest Yes [	J No⊠ <sup>H</sup>	f yes:	Official's Name (Last, First)		
	of agency official?			Omeiars Name (Last, First)		
2	Danis	***************************************	1,000,000,000,000,000,000,000,000,000,0			
3.	Recipients  • Use Section A to identify the agency's department or unit.	lice Section R to i	ldentify an individ	nol . Elva Saction C to iden	tifican autoide accomination	
	Ose Section 14 to teentry the agency's department of this.	Number	denany an many a denangan	ual Ose Section C to iden	my an burside organization.	
	A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pui	rsuant to the agency's policy	
		Fasses		eurougo(paga (paga seren beski biyubig bibassasa du		
	R Name of Individual	Number				
	B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the t	following:	
	McKibben, Scott		Cerem	onial Role Other	Income	
	Merciphen, deatt	4 per	It checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum Complex for use by general			
			public and businesses to maximize revenues			
			Cerem	onial Role Other	Income [	
			If check	ing "Ceremonial Role" or "Other" de	escribe below:	
	C Name of Outside Organization	Number of Ticket(s)/	Describe the	e public purpose made pur	suant to the agency's policy	
	(include address and description)	Passes				
	<b></b>					
			<u> </u>			
	Verification					
*****	I have read and understand FPPC Regulations 18944.	1 and 18942. I	l have verified ti	hat the distribution set fo	orth above, is in accordance	
	with the requirements MUNACL					
	////	e Savage	OAC	CCA Ticket Administra		
	Signature of Agency Head or Designee Pri	int Name		Title	(month, day, year)	
	Comment:					

# **Warriors Basketball**

# January 2018

# Scott McKibben

•	Warriors v Nuggets	1.8.18	(4) tickets
•	Warriors v Clippers	1.10.18	(4) tickets
•	Warriors v Knicks	1.23.18	(4) tickets
<b>6</b>	Warriors v Celtics	1.27.18	(4) tickets

### Agency Report of:

d. B. martin and B. J. martin and C. M.		The state of the s		A Public Docume
1. Agency Name			Date Slamp	California On
Oakland Alameda County Colis		rity		Form
Division, Department, or Region (II Applicable	r)			For Official Use Only
Yui Hay Lee, Commissioner				
Designated Agency Contact (Name, Tille)			-	
Area Code/Phone Number   E-mail	<del> </del>		Amendment (Must)	provide explanation in Part 3.)
j j	y@YHLA.net		Date of Original Filings	(Month, Day, Year)
2. Function or Event Information			Annual Control of the	1 11 193
Does the agency have a ticket policy?	Yes□ No□	Face Value o	of Each Ticket/Pass \$ _	304 09
Event Description 2018 WARK		Date(s)	SEE, ATTA	CHEP ,
Ticket(s)/Pass(es) provided by agency?	Yes T No T	If no:		
, , ,	103 🖂 110 🖸		Name of Sc	ource
Was ticket distribution made at the behest of agency official?	No ☐ Yes ☐	If yes:	Official's Name (	Last, First)
. Recipients  • Use Section A to Identify the agency's department or u	nit. • Usa Section	B to identify an individu	al. • Use Section C to iden	tify an outside acoupization
A. Name of Agency, Department or Unit	Number of Ticket(s)i Pass(es)		lc purpose made pursuant	
Yui Hay Lee, Commissioner	40	#3		
				The state of the s
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	48.0	Identify one of the follows	ng:
		Ceremonial Role [	Other	Incoma

Ceremonial Role [

Other 🔲

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

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

4.	Verjfigation			and the second s	
	I have read and understand FPPC Regulations 18944.1 and 1	18942,   have ve	rilied that the distribution set forth a	bove, is in accordance w	lih the requirements.
	A VIII	Hay Lee	OACC.	Commission	1/0

Number of Ticket(s)/ Pass(es)

Name of Outside Organization (include address and description)

C.

SEE ATTACHED 2018 TICKET REQUEST

Income 🔲

# **Warriors Basketball**

# January 2018

# Yui Hay Lee

•	Warriors v Nuggets	1.8.18	(2) tickets
8	Warriors v Clippers	1.10.18	(2) tickets
<b>®</b>	Warriors v Knicks	1.23.18	(2) tickets
6	Warriors v Celtics	1.27.18	(2) tickets

A Public Document

Sim-						THE GIRLS DOCUMENT
1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	oliseum Aut	hority		*	Form OUZ
	Division, Department, or Regi	on (If Applicab	ile)			For Official Use Only
	Barbara J. Parker, City Attor	nov/OAACA	Official			
	Designated Agency Contact (		Vollicial			
	a vergination rigority a critical (	varrio, riacy				
	* 0 LIBI VI				Amendment (Must prov	vide explanation in Part 3.1
	Area Code/Phone Number	E-mail				1
-	(510) 238-3815	NAME OF TAXABLE PARTY.	aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inforr					
	Does the agency have a ticket	policy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$	304.80
	Event Description Warriors v.	Denver Nug	ggets	Date(s) 01		7 7
	The state of the contraction of the state of	Provide Title/Exp	olanation	Date(3)		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🛛 No	☐ If no:	Name of Sourc	
		NAV OF AN AR	-		Name of Source	re
	Was ticket distribution made at of agency official?	the behest	No⊠ Yes	☐ If yes:	Official's Name (Las	
es and the					Official's Name (Las	st, First)
3.	Recipients					
	Use Section A to identify the agency		Number of	tion B to identify an individu	al. • Use Section C to identify	an outside organization.
	A. Name of Agency, Departmen	it or Unit	Ticket(s)/	Describe the publ	ic purpose made pursuant to	the agency's policy
0.5			Pass(es)			
.39						V
,	R Name of Individual		Number of			
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the following	;
				Ceremonial Role	Other 🛛	Income _
	Mulry, Brian				I Role" or "Other" describe below.	income [
			2	To provide incentive	s to City and County en	nployees that provide
				services to the Auth		
			1 1	Ceremonial Role		Income
				If checking Ceremonia	Role" or "Other" describe below	
-	Name of Outside Organiza	otlan	Number of			
1	Name of Outside Organization (include address and description)	iption)	Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to t	he agency's policy
-			, 200(00)			
		, ),				
_	Bulare b	Jak				
	Verification		40040	AND THE PROPERTY OF THE PROPER		
11	nave read and understand FPPC Regulation				h above, is in accordance with the	requirements
-	Court of Til		Barbara J. Pa	arker City A	Attorney/OAACA Official	01/29/2018
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
_	omment:					
U	omment:					

A Public Document

						THE GROUP DOCUMENTS	
1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County (	Coliseum Autl		Form OUZ			
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only	
	Barbara J. Parker, City Atto	rnev/OAACA	Official				
	Designated Agency Contact	CONTRACTOR CONTRACTOR	Omolai				
	5 ,	140					
	Area Code/Phone Number	l E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
	(510) 238-3815	200-12-0-2-00-2-00-	aklandcityatte	Ornov ora	Date of Original Filing:		
7			anianucityatti	omey.org	Date of Original Filing: _	(Month, Day, Year)	
٠.	Function or Event Information Does the agency have a ticket		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Enco Volun o	Food Tieket/Dana A	304.80	
	The state of the s		Yes⊠ No		f Each Ticket/Pass \$		
	Event Description Warriors v	. Los Angeles Provide Title/Exp	s Clippers	Date(s)01	, 10 , 18		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Sour		
					Name of Sour	rce	
	Was ticket distribution made a of agency official?	t the behest	No ⊠ Yes	☐ If yes:	Official's Name (La	and Fireth	
					Official's Name (La	ist, riist)	
	Recipients	e's danartmant ar	unit alloa Coa	otion D to identify on to distant	-I II 0 0 0 0 0 11 0		
9	Use Section A to identify the agency		Number of				
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's			
•			Number of				
	B. Name of Individua	I	Ticket(s)/ Pass(es)		Identify one of the following	g:	
	Ortiz, Celso			Ceremonial Role [ If checking "Ceremonia	Other X	Income	
27.00			2	To provide incentive services to the Auth	es to City and County e ority	mployees that provide	
				Ceremonial Role [ If checking Ceremonia	Other	Income	
(	Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	o the agency's policy	
-							
	/erification		<u> </u>				
11	have read and understand FPPC Regula				th above, is in accordance with t	he requirements.	
San	andre I the		Barbara J. P		Attorney/OAACA Offici	al 01/29/2018	
	Signature of Agency Head or Designee		Print Name		Tille	(Month, Day Year)	
C	Comment:						
				The state of the s			

A	D (		No.		
A	Pul	olic	Doc	um	eni

1	. Agency Name				Date Stamp	California Ong
	Oakland-Alameda County C	Coliseum Aut	hority			Form 802
	Division, Department, or Reg	ion (If Applicat	ole)		-	For Official Use Only
	Barbara J. Parker, City Attor	rnev/OAAC <i>A</i>	Official			
	Designated Agency Contact (		-			
	Area Code/Phone Number	E-mail			- Amendment (Must pro	ovide explanation in Part 3.)
	(510) 238-3815	bparker@o	aklandcityatt	orney.org	Date of Original Filing: _	
2.	Function or Event Inform	nation				(Month, Day, Year)
	Does the agency have a ticket	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	304.80
	Event Description Warriors v.	New York h				
	Eveni Description	Provide Title/Exp	planation	Date(s)		
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Sour	
	107 E-1 E-1-10 E-1-10 E-1		55550			
	Was ticket distribution made at of agency official?	t the behest	No⊠ Yes	☐ If yes:	Official's Name (La	act Eiret
2	Recipients				Onicial's Name (La	si. Filsi)
٥.	Use Section A to identify the agency	's department or	unit. • Use Se	ction B to identify an individu	al e Use Section C to identify	y an outside organization
	A. Name of Agency, Departmen		Number of			
	- The state of the	n or one	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy
			Number of			
	B. Name of Individual (Last, Fast)		Ticket(s)/ Pass(es)		Identify one of the following	<b>j</b> :
			1 450(45)	Ceremonial Role	Other 🛛	Income
	Bowen, Colin		2	If checking "Ceremonia	Il Role" or "Other" describe below	
				To provide incentive	es to City and County er	mployees that provide
			-	services to the Auth		
					Other D	Income
				•	22000	
	C. Name of Outside Organize (include address and description)		Number of Ticket(s)/	Describe the public	c purpose made pursuant to	the agency's policy
	(mediae dairess and descr	траопу	Pass(es)			the agency o poncy
,						
	11 12 42					F4.07-U
	Verification  have read and understand FPPC Regulation	ons 18944 1 and	18942   have yes	ified that the distribution on the		
Ĵ				a terro <b>a</b> terro a terro a constanti a co		
/-	Signature of Agency Head or Designee		Barbara J. P	arker City A	Attorney/OAACA Officia	
×	2 (A. C. 2008)		, ma name		Title	(Month, Day, Year)
(	Comment:					

## Agency Report of:

## Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1	. Agency Name				Date Stamp	California OAO
	Oakland-Alameda County C	Coliseum Aut	hority			Form 802
	Division, Department, or Reg				-	For Official Use Only
	Barbara J. Parker, City Atto	rnov/OAAC/	Official			
	Designated Agency Contact (					
	Janes (					
	Area Code/Phone Number	E-mail			. Amendment (Must pro	vide explanation in Part 3.)
	(510) 238-3815	100° 00000000	aklandcityatto	ornov ora	Date of Original Filing:	
2	Function or Event Infor		anandonyand	orney.org	Date of Original Filing:	(Month, Day, Year)
las	Does the agency have a ticket		v M N	Eggs Volus a	f Foob TisksMD A	304.80
	720 070		Yes⊠ No		of Each Ticket/Pass \$	
	Event Description Warriors v	Provide Title/Exp	IICS	Date(s)01		
	Tielest/e\/Dese/es\					
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	If no:	Name of Source	ce
	Was ticket distribution made a	t the behest	No⊠ Yes			
	of agency official?		110 [2] 100	П уез	Official's Name (La	st. First)
3.	Recipients					The second second second
	<ul> <li>Use Section A to identify the agency</li> </ul>	's department or	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to identify	an outside organization.
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to	the agency's policy
	<del></del>		Pass(es)			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ı;
	Parker, Barbara J.			Ceremonial Role	TO STOCK STATE OF THE PARTY OF	Income
	ramor, Darbara v.		2		I Role" or "Other" describe below. fficiencies of the operat	ions of the verteur
				sporting and other e	vents that occur at Coli	seum Complex
					Other	
					Role" or "Other" describe below.	moone L_
	Name of Outside Organiz	ation	Number of			
	(include address and descri		Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to	the agency's policy
4. 1	/erification					
	have read and understand FPPC Regulati	ons 18944.1 and	18942. I have verifi	ied that the distribution set fort	h above, is in accordance with the	e requirements
	Buth & h		Barbara J. Pa			
1	Signature of Agency Head or Designee		Print Name		Attorney/OAACA Officia	-
	Contract of Contra				.ne	(Month, Day, Year)
(	Comment:					

#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland/Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only **OACCA Commissioner** Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-272-6691 Date of Original Filing: \_ leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 304.80 Event Description: WARRIORS 18 Date(s). Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: GSW Yes ⊠ No □ Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Haggerty, Scott Official's Name (Last, First) of agency official? Recipients \* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization. Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Tom Robertson To promote attendance at a county sponsored 2 event in order to maximize potential county revenue for concession and parking sales. Ceremonial Role | | Other L If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4.	Ver	ifica	tion

Havp	read and understand F	PPC Regulations	10944.1 and	18942. I nave	verilled that the	distribution set forth	above i	s in accordance
with th	e requirements.							
	111	1 1						

TUN	11 ~	1		X
Signature of	Agency	Head	O(D	esignee
			) [	1

Lee	Ann	Ferg	erson

Tickel Administrator

2/7/18

Print Name

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland/Alameda County Coliseum Authority (OACCA) Division, Department, or Region (if applicable) For Official Use Only **OACCA** Commissioner Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3) Area Code/Phone Number E-mail Date of Original Filing: 510-272-6691 Leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Basketball Warriors Date(s) \_\_01 08 Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients \* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ A. Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes City of Fremont Human Services Dept. To reward a school or non profit organization for its 2 3300 Capitol Ave. #B Fremont, CA 94538 contributions to the community. 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. Ticket Administrator

Lee Ann Fergerson

Print Name

Comment: Raffle item. Event: Senior's Night Out. An event to take homebound seniors to a dinner and show.

Signature of Agency Head on Designee

01/04/18

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland/Alameda County Coliseum Authority Form For Official Use Only Division, Department, or Region (if applicable) **OACCA** Commissioner Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Pert 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: WARRIORS Date(s) 1 / 23 / Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes ITD To reward a County employee for his or her 2 exemplary service to the public or to encourage staff development Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income \_\_ If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income \_\_\_ If checking 'Ceremonial Role" or 'Other' describe below Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Ticket Administrator 2/7/18 Signature of Agency Head or Designe Print Name (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland/Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only **OACCA** Commissioner Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amondment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-272-6691 Date of Original Filing: leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Basketball- Warriors Date(s) \_\_1\_\_/ 27 / Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients \* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ A. Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes To promote attendance at a county sponsored Girinaldo, Janheli event in order to maximize potential county 2 revenue for concession and parking sales Ceremonial Role Other Income | If checking "Ceremenial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ C. Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Lee Ann Fergerson Ticket Administrator 1/31/18

Print Name

Comment:

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp Callionia. Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (il applicable) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 510,383.4801 Idelafuente2012@gmall.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ see-attached Does the agency have a ticket policy? Yes⊠ No □ Event Description: Warriors Season 2017-18 Date(s) \_\_\_ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes図 No 🗌 If no: Was ticket distribution made at the behest Yes ☐ No ☐ If yes: , of agency official? Recipients \* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization, Number of Ticket(s)/ Name of Agency, Department or Unit Describe the public purpose made purcuant to the agency's policy A. Passos Number Name of Individual Β. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other 🔲 Inconte 🔲 If checking "Ceremonial Role" or "Other" describe below. Income  $\Box$ Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below; Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticke((s)/ C(include address and description) Passes

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			The state of the s
/erification 🦯 🧼			
have read and understand FPPC Reg ith the requirements,	gulations 18944.1 and 18942. I have	verified that the distribution set forth a	bove, is in accordance
	Ignacio De La Fuente	OACCA Commissioner	10-1-17
Signature of Agency Head or Designed	Print Name	Tillo	(month, day, year)
Domment:			
		The second secon	
			CIADO C Our ramotal

# Warriors Basketball January 2018

# Ignacio De La Fuente

8	Warriors v Nuggets	1.8.18	(2) tickets
9	Warriors v Clippers	1.10.18	(2) tickets
•	Warriors v Knicks	1.23.18	(2) tickets
•	Warriors v Celtics	1.27.18	(2) tickets

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

C: Name of Outside Organizatio (Include address and descripti		Number of Ticket(s)/ Passes	Describe the public purpose made pursuan	
			V-44.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
,			3	
Verification				
I have read and understand FPPC Regulation with the requirements.	ulations 18944.1	and 18942. I	have verified that the distribution set forth a	above, is in accordance
	Sabrina B	<b>Landreth</b>	City Administrator	01/ <del>12</del> 2018
Signature of Agency Head or Designee	Print	Name	Tille	(month, day, year)
Campant				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 slandreth@oaklandnet.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No 🗆 Event Description: WARRIORS 10 Date(s)\_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes⊠ No□ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes⊠ No □ Official's Name (Last, First) of agency official? Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s) Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Ceremonial Role Other X Income 🔲 MORGAN, TOM lf chacking "Ceromonial Role" or "Other" describe below 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role 🔲 Other 🔲 Income 🗌 If checking "Ceremonial Role" or "Other" describe below: Number Name of Cutside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description)

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

	Sabrina B Landreth		01/ <i>[</i> ]2018
Signature of Agency Head or Designee	Print Name	TiVe	(month, day, year)
Common and			
Comment:		уштерментерие	······

#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 Date of Original Filing: slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes⊠ No□ Face Value of Each Ticket/Pass \$ Event Description: WARRIORS Date(s) \_\_01\_\_/ 27 / Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No 🗆 Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Number Name of Individual of Tickel(s)/ identify one of the following: -(Last, First) Passes MORALES, CHRISTINA Ceremonial Role Other 🗵 Income If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other 🔲 Income \_\_ if checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

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

Comment:

Sabrina B. Landreth City Administrator 01/72018
Signature of Agency Head or Designee Print Name Title (month, day, year)

Agency Report of: Ceremonial Role Even	ts and Ticket/I	Pace Niet	rihutione		Padalla Paranes (
1. Agency Name			ONUUVIIO	The state of the s	Public Document
Oakland Alameda County C	oliseum Authority			Date Stamp	California 802
Division, Department, or Regi	on (if applicable)				For Official Use Only
Office of the City Administra					
Designated Agency Contact (					
Sabrina B. Landreth, City Ad	•				
	E-mail		JAMES AND	Amendment (Must I	Provide Explanation in Part 3.)
510-238-3301	slandreth@oaklan	idnet com		Date of Original Filing:	•
. Function or Event Inform		MICLGOIT			(month, day, year)
					30489
Does the agency have a tick		⊠ No 🔲 🗎	Face Value of I	Each Ticket/Pass \$ _	- de la companya della companya della companya de la companya della companya dell
Event Description: WARRIO	RS		Date(s) <u>01</u>	23 / 18	
70.40	Provide Title/Expla	anation	(-)		
Ticket(s)/Pass(es) provided by	y agency? Yes	⊠ No 🗆 🛚	f no:		
Was ticket distribution made	at the heheet v	r <del>o.</del>	f yes: Landreth	Name of Source	
of agency official?	at the beliest Yes	M No L '	1 yes	Official's Name (Lest, First)	
<ul> <li>Recipients</li> <li>Use Section A to Identify the agence</li> </ul>	y's department or unit.	Use Section B to	identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Depar		Númber of Ticket(s)/ Pasées	Describe the	public purpose made pur	suant to the agency's policy
B. Name of Indivi	dual	Number of Ticket(s)/ Passes		Identify one of the fo	ollówing:
GARETT, GREG	GARETT, GREG 2		Ceremonial Role Other M Income Income Income To provide incentives to City employees that provides services to the Authority.		
			1	nial Role Other of Other of Other des	Income 🗍
C. Name of Outside Orgi (include address and d	anization escription)	Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
	, , , , , , , , , , , , , , , , , , ,				
Verification————			17/19/		
I have read and understand FPPC with the requirements.	Regulations 18944.	1 and 18942. I	have verified tha	at the distribution set for	th above, is in accordance
	TTO Terror	B. Landreth		Cily Administrator	01/22018
Signature of Agency Head or Designee	Pri	nt Name		Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Renee Savage, OACCA Executive Assistant - Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 rsavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Warriors Season 2018 Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ if no: Name of Source Was ticket distribution made at the behest Yes ☐ No 区 If yes: . Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. of Ticket(s)/ identify one of the following: (Last, First) Passes Other 🗵 Ceremonial Role Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other | Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification

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

Comment:

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

with the requirements.

# **Warriors Basketball**

# January 2018

# **Chris Dobbins**

0	Warriors v Nuggets	1.8.18	(2) tickets
•	Warriors v Clippers	1.10.18	(2) tickets
•	Warriors v Knicks	1.23.18	(2) tickets
<b>(</b>	Warriors v Celtics	1.27.18	(2) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** 510.383.4801 RSavage@coliseum.com (month, day, year, 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ⊠ No 🗌 Event Description: Warriors vs Nuggets Date(s) \_\_01 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes 🛛 No 🗌 Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes No [ Official's Name (Last, First) of agency official? 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. Other X Ceremonial Role Wiginton, Kharyshi (Mack 2 Africa) If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a community activist for his/her service to the City of Oakland Ceremonial Role Other 🔲 Income 🔲 If checking "Ceremonial Role" or "Other" describe below: 4. Verification stand FPF Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I have read and under **OACCA** Commissioner 2/2/18 Lynette McElhaney

Print Name

Signature of Agency Head-or

Comment:

(month, day, year)

**Agency Report of:** Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney , OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors vs Clippers Date(s) \_\_\_\_/ 10 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ⊠ No 🗌 Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Other X Ceremonial Role McWilson, Marlon If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a community activist for his/her service to the City of Oakland Income 🔲 Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Verification C Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Lynette McElhaney

Print Name

Signature of Agency Head or Designee

Comment:

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

2/2/18

(month, day, year)

**OACCA** Commissioner

## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors vs Knicks Date(s) \_\_01\_\_/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ☑ No □ Name of Source If yes: Did Not Use .Was ticket distribution made at the behest Yes No 🗵 Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below. 2 Did Not Use Ceremonial Role 🔲 Other 🔲 Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below,

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

Comment:

Lynette McElhaney

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

OACCA Commissioner

4. Verification

2/2/18

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

	Oakland Alameda County C	<del>-</del>				Form OUZ
	Division, Department, or Reg					For Official Use Only
	Lynette Gibson McElhaney		on			
	Designated Agency Contact (					
	Renee Savage - OACCA Ex				Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail		, ,		2/2/18
	510.383.4801	RSavage@coliseu	m.com		Date of Original Filing: 2	(month, day, year)
2.	Function or Event Infor	mation				:
	Does the agency have a tick	ket policy? Yes	⊠ No 🗆	Face Value of	Each Ticket/Pass \$ 30	4.80
	Event Description: Warriors	vs Celtics		Date(s)01		1 1
		Provide Title/ Expla	netion	•		
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🗆	If no:	Name of Source	
	Was ticket distribution made	at the behest Vac	1921 - A.L., 1 <sup>988</sup> 1	If ves: Lynette	McElhaney  Official's Name (Last, First)	
	of agency official?	s at the beliest 4es	⊠ No 🗆		Official's Name (Last, First)	
tidrin Rom	o, agono, omotor.					221222
3.	Recipients					
	· Use Section A to identify the agen	cy's department or unit.			lual. • Use Section C to identi	fy an outside organization.
	Λ · Neme Of Agency (Depa	artment or Unit	Kontosi or Text (	ii Describedi	iarpublic purpose made purs	uantto the agency's pelicy:
			E Pleser			
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	Bian Name of Indi	Vidualis al/	01/77097 07/76/80/0		identity one of the fa	lowing:
,				Ceren	nonial Role 🔲 💮 Other 🗵	Income
	McElhaney, Clarence		2	If chec	king "Ceremonial Role" or "Other" desc	cribe below:
				City of Oakl	a community activist for and	martier service to the
					nonial Role 🔲 Other 🔲	Income 🔲
				lf chec	king "Ceremonial Role" or "Other" desc	cribe below:
	<u> </u>		177		:	
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	I have read and understand FF with the equirements.	recultegulations 1894	4.1 and 1894	ı∠. I nave venīied	mat the distribution set fol	un accordance
	1 See 150 ABCS &	Lynett	a McElbana	av 4	DACCA Commissioner	2/2/18
	Signature of Agency Head or Dealgr		e McElhane	=y .	Title	(month, day, year)
		enegard rec <sup>opy</sup>		•		

**Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions** A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 100.00 Does the agency have a ticket policy? Yes⊠ No □ Event Description: Great Xscape Date(s) \_\_01\_\_/\_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes No ... Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. ilianity ana aline talia Other X Ceremonial Role Germany, Kellie If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a community activist for his/her service to the City of Oakland Other 🔲 Income \_\_\_ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Verification

erstand FPFD Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I have read and un OACCA Commissioner 1/3/18 Lynette McElhaney Print Name (month, day, year) Comment: FPPC Form 802 (2/2016)

#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Finance Department, City of Oakland Designated Agency Contact (Name, Title) Katano Kasaine, Finance Director- JPA Member Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-2989 kkasaine@oaklandnet.com (month, day, year) 2. Function or Event Information 100 Does the agency have a ticket policy? Yes 🔲 No 🗍 Face Value of Each Ticket/Pass \$ Event Description: Xscape Date(s) \_\_1\_\_/\_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ Was ticket distribution made at the behest Yes ☐ No ☐ If yes: \_ of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Number of Ticket(s)/ Passes Name of Individual Identify one of the following: (Last, First) Ceremonial Role Other $\square$ Kasaine, Katano If checking "Ceremonial Role" or "Other" describe below: 2 to provide incentives to City and County employees that provide Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below. Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's policy

## 4. Verification

Thave read and understand fire Ortegulations	10377.1 and 10372.1 nav	c vermed that the distribution	Bet fortil above, to at accordance
with the requirements.			
V 1 1/2			

Jehny Cen	Katano Kasaine	Finance Director	3/1/18
Signature of Agency Head or Designee	Print Name	Title	" (month, day, year)

Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Orlginal Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 60.00 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Harlem Globetrotters Date(s) 01 / 13 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ☑ No □ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Name of Agency, Department of Chile Ceremonial Role Other X Income Highbaugh, Fred If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a community activist for his/her service to the City of Oakland Other 🔲 Income 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. 4. Verification ersland FMC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance have *re*ad and y **OACCA Commissioner** 1/3/18 Lynette McElhaney (month, day, year) Print Name

**Agency Report of:** 

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 60.00 Does the agency have a ticket policy? Yes 🗵 No 🗌 Date(s) 01 / 20 / Event Description: Harlem Globetrotters Provide Title/ Explanation If no: Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. orloeithe public purpose made pursuant to the e (dani iy) one oʻrtire rollowing Other 🔀 Ceremonial Role Towers, Antoine If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a community activist for his/her service to the City of Oakland Income Other Ceremonial Role if checking "Ceremonial Role" or "Other" describe below 4. Verification pave read and Anderstand PAPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance OACCA Commissioner 1/3/18 Lynette McElhaney (month, day, year) Print Name

**Agency Report of:** 

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (If applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Net Provided by JFA Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Santa Cruz Warriors Date(s) \_\_01\_\_/. 28 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ☑ No 🗀 Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Other 🔀 Ceremonial Role Highbaugh, Fred (Bret Harte Middle School) If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a community activist for his/her service to the City of Oakland Ceremonial Role Other 🔲 Income 🔲 If checking "Ceremonial Role" or "Other" describe below:

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

Signature of Adency Head or Designees

Lynette McElhaney

OACCA Commissioner

1/3/18

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

4. Verification

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document California 1. Agency Name Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: RSavage@coliseum.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: Professional Bull Fight Date(s) \_\_01 06 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ☑ No □ Name of Source If yes: Did Not Use Was ticket distribution made at the behest Yes ☐ No 区 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Ceremonial Role Other 🔀 Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: 2 Did Not Use Income 🗀 Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below:

CX.	have read and understand FPPC Regulation the reduction of the state of	Lynette	.1 and 18942. I hav  McElhaney	e verified that the distribution set forth at OACCA Commissioner	bove, is in accordance  1/3/18  (month, day, year)
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1. V	erification /	- 00 M C 000 M			
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	Name of Otheride Organizat	46	<b>ENUMBER</b>		

1. Agency Name	nts and Ticket/Pass Dist	i i i i i i i i i i i i i i i i i i i	Date Stamp	A Public Documen  California Q ( )
Oakland-Alameda County	Coliseum Authority		'	Form OVZ
Division, Department, or Re	A CONTRACTOR OF THE CONTRACTOR		•	For Official Use Only
Şuşan S. Muranishi, Count	y Administrator, Alameda Count	y <sup>'</sup>		
Designated Agency Contact	(Name, Title)			
Area Code/Phone Number	<b>E-mall</b>			provide explanation in Part 3.)
510-272-3862	countyadministrator@acgov.o	rg	Date of Original Filling	(Manth, Day, Year)
<ol> <li>Function or Event Info Does the agency have a tick Event Description Golden S</li> </ol>	et policy? Yes 🗵 No 🗆		of Each Ticket/Pass \$ .	304.80
Ticket(s)/Pass(es) provided	by agency? Yes⊠ No□	If no:	Name of S	ource
Was ticket distribution made of agency official?	at the behest No ☑ Yes ☐	If yes:	Official's Name	(Last, First)

Α.	Name of Agency, Department or Unit	Number of Ticket(e)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Cou	nty Administrator's Office	2	to promote the Coliseum Complex for use by the general public and businesses to maximize revenues
В.	Name of Individual	Number of Ticket(sy Pass(es)	Identify one of the following:
<del>.</del>			Ceremonial Role
3	No.		Ceremonial Role
C.	Name of Guiside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

have read and understand FPPC Regulations 18944.1 and 1894	. I have verified that the distribution aet forth above, is in accordance with the requirement
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i have read and understand PPPC Regulations 18944.1	алд тав <del>ч</del> 2. I паур урпцец тат ию сізтінн	fibit set totat grode' is itt errecteurre witt lie ted	pijamania.
Signalurk objectory Head or Designed / ML	Susan S. Muranishi Print Name	County Administrator	(Month, Day, Year)

Comment: \_ FPPC Form 802 (4/12) FPPC Toll-Free Holpline: 866/ASK-FPPC (866/275-7772)

	Agency Name	the state of the s		Date Stamp	California 802	
•	Oakland-Alameda County Coliseur	m Authority		,		
	Division, Department, or Region (# A				For Official Use Only	
	Susan S. Muranishi, County Admir	nistrator Alameda (	County			
	Designated Agency Contact (Name, T			-		
		·				
	Area Code/Phone Number E-mai	<u> </u>		Amondment (Must	orovide explanation in Part 3.)	
	•	tyadministrator@ad	gov.org	Date of Original Filing:	(Month, Day, Year)	
)	Function or Event Information	n				
•	Does the agency have a ticket policy		Face Value	of Each Ticket/Pass \$ _	304 89	
	Event Description Golden State Warriors Basketball Date(s) 1			, 10 , 18	1 1	
	Event Description Provide	Title/Explanation				
	Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no:			Name of S	8116A	
					purce	
	Was ticket distribution made at the behest No ☑ Yes ☐ If yes: of agency official?			Official's Namo (Lest, First)		
3.	Recipients  • Uno Section A to Identify the agency's depai	rtmant or unit.   • Use Se	ction B to identify an individ	lugi. • Use Section C to Ide	ntlíy an outside organization.	
	A. Name of Agency, Department or Ur	Number of Ticket(s)/ Pass(es)	Describe the pu	ha public purpose made pursuant to the agency's policy		
	Social Services Agency		to promote the Coliseum Complex for use by general public a businesses to maximize revenues			
	<u> </u>					
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		identify one of the follow	ving:	
		. 0	Ceremonial Role If checking "Ceromo	Other Inial Role" or "Other" describe below:	Income	
		0	Ceremonisi Role If checking "Ceremo	Other Initial Role" or "Other" describe below.	ļúcolus	
	C. Name of Outside Organization (include address and description	Number of Ticket(e)/ Pass(es)	Describe the pu	blic purpose made purauar	t to the agency's policy	
	**************************************				AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	
	N					
•	Verification   have read and understand FPPC Regulations 18	99 <i>44</i> 1 884 18042 I house to	adRed that the distribution set	forth above, is in accordance w	rith the requirements.	

. A	gency Name				Date Stamp	California 802
C	Oakland-Alameda County Coliseum Authority					
D	ivision, Department, or Regi	on (If Applicable	Đ <i>j</i>			For Official Use Only
S	Susan S. Muranishi, County Administrator, Alameda County					
-	esignated Agency Contact (		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2001,12		
*7	g	,				
_		P 21			Amondment (Must pr	ovide explanation in Part 3.)
	rea Code/Phone Number 10-272-3862	E-mail	nistrator@ac	GOV OFO	Date of Original Filing: _	
		**	ilizii atol (Bac	guv.org		(Month, Day, Year)
	unction or Event Inforr		<del>(70)</del>	Essa Valua a	f Each Ticket/Pass \$	30489
	oes the agency have a ticket		Yes⊠ No	Committee of the Commit		
E۱	vent Description Golden Sta	te Warriors i Provide Title/Exp	Jasketball Jenetion	Date(s)	<u>, 23 , 18</u>	
Ti	cket(s)/Pass(es) provided by	agency?	Yes 🗵 No	lf no:	Name of Sou	TC8
	s ticket distribution made at the behest		No 🖾 Yes	☐ If yes:	Official's Name (L	
Ç	of agency official?				Official's Name (L	ast, First)
	leciplents			,		
ę i	• Use Section A to identify the agency's department or unit			tion B to identify an individu	ial. • Lise Section C to identi	ly an outside organization.
A	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(se)	Describe the pub	lic purpose made pureuant	o 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	B. Name of individual		Number of Ticket(s)/ Pass(es)	Ceremonial Role	identify one of the follows:	income D
<del>yarara</del>	***************************************	,		Çeremonial Rola	•	jncome C
	C. Name of Outside Organization (include address and description)					,
C	Name of Outside Organi (Include address and des	ization cription)	Number of Ticket(e)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
-	Name of Outside Organi (Include address and desc	ization cription)	Ticket(e)/	Describe the pub	lic purpose mada pursuant	o the agency's policy
	Name of Outside Organi (Include address and desc erification ave read and understand FPPC Regul	etions 18944.1 an	Ticket(e)/ Pass(es)	nified that the distribution set fo	orth above, is in accordance with	
;- - - - -	(Include address and descentification	etions 18944.1 an	Ticket(a)/ Pass(eu)	nified that the distribution set for		

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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.				
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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Tille) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-3301 Date of Original Filing: slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Event Description: THE GREAT XSCAPE TOUR Date(s) 01 05 Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No 🗆 If no: If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Name of Individual Identify one of the following: Ceremonial Role WILLIAMS, NICHOLAS Income \_\_\_ If checking "Ceremonial Role" of "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description)

Verification			
I have read and understand FPPC Reg. with the requirements.	ulations 18944.1 and 18942. I have v	erified that the distribution set forth	above, is in accordanc
	Sabrina B. Landreth	City Administrator	01/ <del>[7/2018</del>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

C	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	1.0	A Public	<b>Document</b>	
i.	Agency Name		·		Date Stamp	Califo	degraphical county destress (complete to fee	
	Oakland Alameda County C					For	m (OU/4	
	Division, Department, or Regi			For C	For Official Use Only			
	Office of the City Administra							
	Designated Agency Contact (							
	Sabrina B. Landreth, City Ac		·		Amendment (Must Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail						
	510-238-3301	slandreth@oakland	dnet.com		Date of Original Fil	ing:(month, da	ay, year)	
2.	Function or Event Infor				-		1	
	Does the agency have a tick	· · · · · · · · · · · · · · · · · · ·		ace Value of I	Each Ticket/Pass	\$		
	Event Description: PROFES	SIONAL BUILLFIGE  Provide Title/ Explei	HTING C	oate(s) <u>01</u>	06 / 18			
	Ticket(s)/Pass(es) provided	_		no:				
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Source			
	Was ticket distribution made	at the behest Yes	No∏ If	yes: <u>Landretl</u>	n, Sabrina Official's Name (Last, F	irst)		
	of agency official?		i		• -4.	,		
<b>.</b>	Recipients	<u> Personale anno appropriate propriate de la companya de la companya de la companya de la companya de la compa</u>	resented and the second se		<del>.</del>			
	· Use Section A to identify the agence	cy's department or unit. 🔹	Use Section B to i	dentify an individ	ual. • Use Section C to i	identify an outside	e organization.	
	Α Name of Agency, Depa	riment or Unit	Number	Docoribo the	e public purpose made	To the order of the second	anakanta Katisti	
	A.	机管外头动物 机氯苯磺酸钠 医高性 有预防的原料	of Ticket(s)/ Passes	Describe un	a bribine burbose made	pursuant to the	agency's policy	
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	August 1997 and 1997	·					•	
	B. Name of Indiv	/idual	Number of Ticket(s)/		Identify one of t	he following:		
	(Last, Firs		Passes					
	UNABLE TO USE				onial Role D Othe Ing "Ceremonial Role" or "Othe	er X er" describe below:	Income	
			2	To provide in	ride incentives to City employees th		at provides	
				services to th				
	•				onial Role	er L er" describe below:	Income L	
	•	-						
	Name of Outside Or	ganization	Number			348.003.00 E. 52		
	(include address and		of Ticket(s)/ Passes	Describe the	public purpose made	pursuant to the	agency's policy	
				-				
				have the substitute of the sub				
	Verification			•				
	have read and understand FPF with the requirements.	<sup>2</sup> C Regulations 18944.	1 and 18942. I	have verified th	nat the distribution s	et forth above, i	is in accordance	
		Sabrina	B. Landreth		City Administrato	r	01/ <i>D-</i> 2018	
•	Signature of Agency Head or Designe		int Name		Title		(month, day, year)	
	0							
	Comment:							

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-3301 Date of Original Filing: slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No 🗆 Event Description: HARLEM GLOBETROTTERS Date(s) \_\_01 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual, · Use Section C to identify an outside organization. ∘ Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Name of Individual Identify one of the following: (Lest, First) Passes Ceremonial Role MORRIS, YOLANDA Other X Income \_\_ If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other | Income 🔲 if checking "Ceremonial Role" or "Other" describe below: Number . of Ticket(s)/ Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (include address and description) Pasaes

1. Verification			<u> Anno anno anno anno anno anno anno anno</u>
I have read and understand FPRC Reg with the requirements,	ulations 18944.1 and 18942. I have ve	orified that the distribution set forth ab	ove, is in accordance
	Sabrina B. Landreth	City Administrator	01/1/2018
Signature of Agency Head or Designee	Print Name	Tillo	(manth day wast)

Comment:

Ceremonial Role Ever  . Agency Name			4104110113		A Public Documei
Oakland Alameda County (	Coliseum Authority			Date Stamp	California 80
Division, Department, or Reg	jion (if applicable)				Form OV/ For Official Use Only
Office of the City Administra					Por Official Use Only
Designated Agency Contact	(Name, Title)				
Sabrina B. Landreth, City A				,	
Area Code/Phone Number	E-mail			☐ Amendment (Must	Provide Explanation in Part 3,)
510-238-3301	slandreth@oaklar	ndnet.com		Date of Original Filling:	
. Function or Event Infor	mation	A COLUMN TO THE PROPERTY OF TH			
Does the agency have a tick	- 100	⊠ No□	Face Value of I	Each Ticket/Pass \$ _	60°°
Event Description: HARLEN	Provide Title/ Expl		Date(s) <u>01</u>	20 / 18	
Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □	If no:		
Was ticket distribution made	at the behest. Yes	⊠ No 🗆	If yes: Landreth	Name of Source n, Sabrina Official's Name (Last, First)	
of agency official?		•		Official's Name (Last, First)	
	用的复数医凝集 医抗心动性	of Ticket(s)/	Describe the	public purpose made pur	suant to the agency's policy
		Passes	Describe the	of the second of	suant to the agency's policy
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B. Name of Indiv	ldüa	Passes  // Number of Ticket(s)/-	Ceremor If checkin	Identify one of the fo	llowing:
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B. Name of Indiv (Last First COSTA, ROBERTO  C. Name of Outside Org (include address and d	idual anization escription)	Number of Ticket(s)/ Passes  2  Number of Ticket(s)/ Passes	Ceremon // checking To provide incomercial services to the Ceremon // checking	Identify one of the folial Role Other State or Other designation of the folial Role or Other designation of Authority.  It is a control of the state of the folial College of the folial Role or Other designation of the folial Role or Other designation of the folial Role or Other designation of the folial Role of the	Income College below:  Income College below:  Income College below:  Income College below:  Income College below:
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### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 8 1. Agency Name Date Stamp Oakland Alameda County Coliseum Authority Form Division, Department, or Region (If applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 Date of Original Filing: slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Event Description: SANTA CRUZ WARRIORS Date(s) \_\_01 Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 3. Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number of Ticket(s)/ Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) -----Ceremonial Role Other X FITZHUGH, JOHN Income . If checking "Ceremonial Role" or "Other" describe below 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other 🔲 Income . If checking "Ceremonial Role" or "Other" describe below: \*Number of Ticket(s)/ Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (include address and description)

4. Verification

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with the re	auireme	ents.		-									,	
	7	·····	_											

	Sabrina B, Landreth	City Administrator	01/ <i>]</i> 32018
Signature of Agency Head or Designee	Print Name	Tille	(monlin, day, year)
Comment:			

Comment: \_\_\_

Ceremonial Role Events and Ticket/Pass Distributions	Α	Public Document
I. Agency Name	Date Stamp	California 802
Oakland Alameda County Coliseum Authority		Form 99/4
Division, Department, or Region (if applicable)	i	For Official Use Only

				Form 60/2
(if applicable)			1	For Official Use Only
ne, Titie)				
			Amendment (Must Pro	ı vide Explanation in Parl 3,)
mail				,
nrisdobbinslaw@	gyahoo.com		Date of Original Filing:	(month, day, year)
tion				
policy? Yes	s⊠ No□	Face Value of	Each Ticket/Pass \$ 100	0.00
		Date(s) 01	, 05 , 18	
agency? Yes	i⊠ No□	If no:	Name of Source	
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ent or Unit		Describe th	e public purpose made purst	ant to the agency's policy
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FG 80055-0-1-4-6-(4)4005-465)-45-650-4-45-650-470;64-6-8-6				
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al	of Ticket(s)/		Identify one of the fol	lowing:
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······································	Number			
	of Ticket(s)/	Describe the	e public purpose made pursu	ant to the agency's policy
	rasses		On the second se	orania and the state of the sta
Regulations 1804	4 1 and 18049	I have verified t	hat the distribution est fort	h ahowa is in accordance
Regulations 1894	4.1 and 18942	. I have verified t	hat the distribution set fort	h above, is in accordance
	4.1 and 18942 Is Dobbins		hat the distribution set fort DACCA Commissioner	h above, is in accordance
	tion policy? Yes  Provide Title/ Exp agency? Yes the behest Yes	issioner  issioner  ine, Title)  mail  prisdobbinslaw@yahoo.com  tion  policy? Yes No   Provide Title/ Explanation  agency? Yes No   the behest Yes No   department or unit. * Use Section B to  Passes  Number of Ticket(s)/ Passes  1  Number of Ticket(s)/ Passes  2	issioner  me, Title)  mail  mrisdobbinslaw@yahoo.com  tion  policy? Yes \ No \ Face Value of	Amendment (Must Property Interval   Interv

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Yes⊠ No ☐ Face Value of Each Ticket/Pass \$ 60.00 Does the agency have a ticket policy? Event Description: Professional Bull Fight Date(s) \_\_01\_\_/ 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 図 if yes: \_ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization, Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🔀 Income Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other 🔲 Income [ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) Passes

## 4. Verification

INAV	è re	àd and	l understan	d FPPC Regula	ations 189	44.1 and 1894	2. I have	verified that	t the disti	ribution s	et forth	above,	is in ac	cordance
with,	the i	re <i>quire</i>	ments.											
	<b>\</b>	- dans												

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 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information #80/00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: Globetrotters Date(s) \_\_01\_\_/\_ 01 18 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ⊠ No □ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: \_\_ Official's Name (Last, First) of agency official? Recipients \* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income Dobbins, Chris 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 Other \_\_\_ Income \_\_\_ if checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

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

Chris Dobbins

OACCA Commissioner

1.05.18

Print Name

Title

(month, day, year)

Comment: \_\_

4. Verification

# Agency Report of:

C	eremonial Role Even	ts and Ticket/P	butions	A Public Documer			
1.	Agency Name			Date St	атр	California 802	
	Oakland Alameda County C	oliseum Authority					
	Division, Department, or Reg	on (if applicable)					For Official Use Only
	Chris Dobbins, OACCA Cor						
	Designated Agency Contact (	•					
	Renee Savage, OACCA Exe		cket Administ	rator	Amendme	nt (Must Pro	ı vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail					
	510.383.4801	n.com		Date of Origin	ıal Filing:	(month, day, year)	
2.	Function or Event Information	mation		***************************************		the state of the s	
	Does the agency have a tick	et policy? Yes [	⊠ No□ F	ace Value of	Each Ticket/P	ass \$ <u>100</u>	0.00
	Event Description: Santa Cr	uz Warriors Provide Tille/Expla	D	ate(s) <u>01</u>	28 / 18	- <u>-</u>	
	Ticket(s)/Pass(es) provided	•		no:	Name of Source	ce	
	Was ticket distribution made	at the behest Yes [	⊓ Nol⊠ If	yes:	Official's Name (		
	of agency official?				Official's Name (	'Last, Fifst)	
	A. Name of Agency, Depa	Number of Tickef(s)/ Passes	Describe th	e public purpose	made pursu	ant to the agency's policy	
	B. Name of Indi (Last, Fire	化对抗性性 经收益的 医多种 化氯化铵 化二氯化铵 化二氯化镁	Number of Ticket(s)/ Passes			ne of the fol	
	Dobbins,Chris		2	lf check to investigat		of operation	Income Libe below: ons of various sporting eum Complex
					nonial Role   ding "Ceremonial Role"	Other  Other descr	Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose	made pursu	ant to the agency's policy
						(2000) (11 (11 (11 (11 (11 (11 (11 (11 (11 (1	
<b>4</b> .	Verification I have read and understand FP with the requirements.	01111	.1 and 18942. I		hat the distribu		

Comment:

1.	Agency Name		Date Stamp California 80					
	Oakland-Alameda County C	Coliseum Aut	hority			Politi -		
	Division, Department, or Reg	ion (If Applicab	ile)			For Official Use Only		
	Barbara J. Parker, City Attor	rney/OAACA	Official					
	Designated Agency Contact (	Name, Title)	-					
					Amendment (Must pro	uide auntanation in Dart 2.)		
	Area Code/Phone Number	E-mail			7-25			
	(510) 238-3815	bparker@o	aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)		
	Function or Event Infor					60.00		
	Does the agency have a ticke	2 2	Yes 🗵 No		f Each Ticket/Pass \$			
	Event Description Harlem Glo	obetrotters  Provide Title/Exp	nlanation	Date(s)01				
	T. I. V. 10							
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	If no:	Name of Source	ce		
	Was ticket distribution made a	t the behest	Official's Name (Las					
	of agency official?				Official's Name (Las	st, First)		
	Recipients	•						
	Use Section A to identify the agency		r unit. • Use Sec					
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy			
					THE RESERVE TO SECURE			
8.								
			Number of					
	B. Name of Individua		Ticket(s)/ Pass(es)	Identify one of the following:				
	1			Ceremonial Role [	20,1900-00	Income		
	Logue, Jennifer		2		nial Role" or "Other" describe below. Yes to City and County employees that pro			
				services to the Auth		iipioyees tilat provide		
				Ceremonial Role	Other	Income		
				If checking 'Ceremonia	al Role" or "Other" describe below:			
-	Name of Outside Organia	zation	Number of					
•	(include address and desc		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy		
						The state of the s		
	Verification	r	1 :00 10 1 :		3 12 2 7			
1	have read and understand FPPC Regula	uons 18944.1 and						
1	Signature of Agency Head or Designee		Barbara J. P		Attorney/OAACA Officia			
	Signature of Figure 1 Fleed of Englished		r nn wame		Hile	(Month, Day, Yoar)		
(	Comment:							

## Agency Report of:

# Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name	in the factories of the state of the factories of the factories are an income		Date Stamp	California (0)			
Oakland-Alameda County Coliseum Au	thority		Sate Stamp	Form 802			
Division, Department, or Region (If Applica				For Official Use Only			
Barbara J. Parker, City Attorney/OAAC	A Official						
Area Code/Phone Number   E-mail			Amendment (Must pr	Tovide explanation in Part 3.)			
	والمسامل المسامل						
	oaklandcityat	torney.org	Date of Original Filing: _	(Month, Day, Year)			
Function or Event Information     Does the agency have a ticket policy?	_		· ·	60.00			
•	Yes 🗵 No		of Each Ticket/Pass \$				
Event Description Harlem Globetrotters  Provide Title/Ex	planation	Date(s) <u>01</u>	<u>, 20 , 18 </u>				
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No	o ☐ If no:					
Mac ticked distribution made at the 1			Name of Sou				
Was ticket distribution made at the behest of agency official?	No ⊠ Yes	₃□ If yes:	Official's Name (La	and first			
			Official's Name (La	8S(, FIIS()			
	Recipients  • Use Section A to identify the agency's department or unit.  • Use Section B to identify an individ						
A. Name of Agency, Department or Unit	Number of Ticket(s)/		lic purpose made pursuant to the agency's policy				
	Pass(es)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
- And the state of							
3. Name of Individual (Last. First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:			
Spoerl, Peter	0	Ceremonial Role [	Other 🛛	Income []			
	2	To provide incentives to City and County employees that provide services to the Authority					
		Ceremonial Role  # checking * Ceremonial	Other D	Income			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy			
		The state of the s	The state of the s				
		A to the second	TO A PAPER AND THE PAPER AND T	PANCON ON THE STREET STREET, AND THE STREET STREET, AND THE ST			
Verification	Marie de la companya						
Thave read and understand FPPC Regulations 18944 1 and	18942. I have veri	ified that the distribution set forth	h above, is in accordance with th	a requirements			
	Barbara J. P						
Signature of Agency Head or Designee	Pant Name	CITY A	Attorney/OAACA Officia	KOMMUNICATION OF THE PARTY OF T			
			- 1114	(Month Day Year)			
Comment:	and the second control of the second and the second are second as the second and the second are second as the second are second are second as the second are second are second as the second are sec	777000000000000000000000000000000000000					

1.	Agency Name Oakland-Alameda County C	Coliseum Aut	Date Stamp	California 802				
	Division, Department, or Registration Barbara J. Parker, City Attornation Designated Agency Contact (	rney/OAACA				For Official Use Only		
	Area Code/Phone Number (510) 238-3815	E-mail bparker@o	aklandcityatto	orney.org	Amendment (Must pro			
	Function or Event Information Does the agency have a ticker Event Description Santa Cruz Ticket(s)/Pass(es) provided by Was ticket distribution made a	t policy?  z Warriors  Provide Title/Exp  / agency?	Yes 🗵 No local No lo	Date(s)	e of Each Ticket/Pass \$ 012818 Name of Sour	100.00 		
3.	of agency official?  Recipients			,	Official's Name (La	st, First)		
	Use Section A to identify the agency     Name of Agency, Department	Number of Ticket(s)/ Pass(es)	4 - 12 / 12 / 12	idual. • Use Section C to identify				
Ī	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	g:		
	Early, Shavonda		2		onial Role" or Other describe below.  Ves to City and County employees that provide			
				Ceremonial Role	Other Onial Role" or "Other" describe below	Income		
(	Name of Outside Organia (include address and desc	Number of Ticket(s)/ Pass(es)	Describe the po	ublic purpose made pursuant to	the agency's policy			
	<b>Verification</b> have read and understand FPPC Regula Aug. And And	lions 18944.1 and	l 18942. I have veri Barbara J. P		forth above, is in accordance with the			
(	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)		

### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Renee Savage, OACCA Executive Assistant - Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 rsavage@coliseum.com (month, day, year) 2. Function or Event Information Yes ⊠ No ☐ Face Value of Each Ticket/Pass \$ 100.00 Does the agency have a ticket policy? Event Description: Xscape Date(s) 01 / 05 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: \_\_\_\_\_ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: \_\_\_ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role 🔲 Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

٠.	Verification		
(	I have read and understand FPPC Regulations 18944.1 and 18942. I have visith the requirements.  Renee Savage	erified that the distribution set forth abo	ve, is in accordanc
Sec.		OACCA Ticket Administrator	03.02.18
	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 Date Stamp California Form Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) For Official Use Only De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Renee Savage, OACCA Executive Assistant - Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 rsavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 60.00 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: Professional Bull Fighters Date(s) \_\_\_\_\_/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: \_ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: \_ Official's Name (Last, First) of agency official? 3. Recipients Use Section A to identify the agency's department or unit.
 Use Section B to identify an individual.
 Use Section B to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ Passes B. Identify one of the following: (Last, First) Ceremonial Role Other 🗵 De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 per to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other \_\_\_ Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: day Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

Verification			W-12-0
I have read and understand FPPC Regulation	ons 18944.1 and 18942. I ha	ive verified that the distribution set forth abo	ve, is in accordance
with the requirements.			
tenel-wach	Renee Savage	OACCA Ticket Administrator	03.02.18
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:			

1.	Agency Name	AND THE RESERVE AND THE PARTY OF THE PARTY O	A CONTRACTOR OF THE PROPERTY O	Date Stamp	California 👩 👸 🔿		
	Oakland Alameda County Coliseum Authority	·	Form 302				
	Division, Department, or Region (if applicable)		For Official Use Only				
	De La Fuente, OACCA Commissioner						
	Designated Agency Contact (Name, Title)						
	Renee Savage, OACCA Executive Assistant - T	Amendment (Must Provide Explanation in Pert 3.)					
	Area Code/Phone Number E-mail	· · · · · · · · · · · · · · · · · · ·		Altheridment (Must Provide Explanation in Part 3.)			
	510.383.4801 rsavage@coliseum	n.com		Date of Original Filing: _	(month, day, year)		
2.	Function or Event Information	A CONTRACTOR OF THE PROPERTY O			AMERICAN AND ASSESSMENT OF THE PROPERTY OF THE		
		⊠ No∏ F	Face Value of I	Each Ticket/Pass \$ 100.00			
	- , , ,						
	Event Description: Santa Cruz Warriors  Provide Title/Expla	nation	Date(s)/	20 / 10			
			f no:				
		_		Name of Source			
	Was ticket distribution made at the behest Yes	□ No図 「	f yes:	Official's Name (Last, First)			
	of agency official?			Symplet a training (Essent 1 may			
3.	Recipients						
٠.	• Use Section A to identify the agency's department or unit.	Use Section B to	identify an individ	ual, • Use Section C to identi	fy an outside organization.		
		Number					
	A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy		
					······································		
	B. Name of Individual	Number of Ticket(s)/		Identify one of the fo	ilowing:		
	(Last, First)	Passes					
	De La Fuente, Ignacio	l !		onial Role Other 🗵	Income		
		2	to investigate		ons of various sporting		
			and other events that occur at Coliseum Complex				
			1	onial Role Other O	Income [		
			(г спеск)	ing "Ceremonial Role" or "Other" desc	nbė below:		
	C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/	Describe the	public purpose made purs	uant to the agency's policy		
	(include address and description)	Passes					
		•					
	, , , , , , , , , , , , , , , , , , ,				W.L.		
-							
	Verification						
	Lhave read and understand FPPC Regulations 18944. with the requirements	1 and 18942. I	I have verified th	nat the distribution set for	th above, is in accordance		
CADMON LALDICE			<b></b>				
		e Savage int Name	OAC	CCA Ticket Administrat			
	Organizate of Agonoy froat of Designee //	na manit		Title	(month, day, year)		
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (month, day, year) 2. Function or Event Information Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 60.00 Does the agency have a ticket policy? Event Description: Harlem Globetrotters Date(s) 01 / 13 / 18 20 / 18 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other \_\_\_ Income ... If checking "Ceremonial Role" or "Other" describe below: 2 per De La Fuente, Ignacio Ceremonial Role Other 🗌 Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: day Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

## 4. Verification

Comment: \_

I have read and understand FPPC Regulations	18944.1	and 189	142.11	have verified ti	hat the	distribution set forth	above.	is in accordance
writh the requirements							,	

Signature of Agency Head or Designee

Renee Savage

OACCA Ticket Administrator

01.10.17

Print Name

Title

(month, day, year)