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 Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Parl 3.) Area Code/Phone Number Date of Original Filing: 510,383,4801 idelafuente2012@gmall.com (month, day, year) 2. Function or Event Information Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ see attached Does the agency have a ticket policy? Event Description; Oakland A's Baseball Season 2017 Date(s) \_\_\_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No 🗆 If no: Name of Source Was ticket distribution made at the behest. Yes ☐ No ☒ If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Passes A. Describe the public purpose made pursuant to the agency's policy Number В. Name of Individual of Ticket(s)/ Identify and of the following: (Last, First) Passes Ceremonial Role Other X Income 🔲 De La Fuente, Ignacio If checking "Geremontal Role" or "Other" describe below: to promote the Colliseum Complex for use by the general public an businesses to maximize revenues Ceremonial Role Other 1 Income [ If checking "Ceremonia) Rate" or "Other" describe below; Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the regainements.

Ignacio De La Fuente

Print Name

Signature of Agengy Head of Designes

Comment:

(month, day, year)

OACCA Commissioner

Title

## Oakland A's September 2017

## Ignacio De La Fuente

69	A's v Angels	9.4.17	(4) tickets	\$90.00
49	A's v Angels	9.5.17	(4) tickets	\$80.00
456	A's v Astros	9.8.17	(4) tickets	\$80.00
66	A's v Astros	9.9.17	(4) tickets	\$90.00
8	A's v Astros	9.10.17	(4) tickets	\$80.00
160	A's v Rangers	9.22.17	(4) tickets	\$90.00
翰	A's v Rangers	9.23.17	(4) tickets	\$90,00
(9)	A's v Rangers	9.24.17	(4) tickets	\$90,00
*	A's v Mariners	9.26.17	(4) tickets	\$80.00
49	A's v Mariners	9.27.17	(4) tickets	\$80.00

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Christopher Dobbins, 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 chrisdobblnslaw@yahoo.com (month, day, year) 2. Function or Event Information Yes ⊠ No ☐ Face Value of Each Ticket/Pass \$ see attached Does the agency have a ticket policy? Event Description: Oakland A's Baseball Season 2017 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 of Ticke((s)/ Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. Number of Ticket(s)/ Name of Individual Identify one of the following: В. (Last, First) Ceremonial Role Other X Income 🔲 Dobbins, Chris If checking "Ceremonial Role" or "Office" describe below: to promote the Coliseum Complex for use by the general public an businesses to maximize revenues 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)/ Passes C. (include address and description)

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/erification			ALTERNACIONE TO SERVICE AND SE	
have read and understand FPPC Regith the requirements.	ulations 18944.1 and 18942. I have Christopher Dobbins	verified that the distribution set forth at  OACCA Commissioner	hove, is in accordanc 3.31.17	
Signature of Agency Head or Designee	Priol Name	Tille	(month, day, year)	
Comment			Made de la companya d	
		FEDO T. II F V. I. V ACCINO	PPC Form 802 (2/201)	

## Oakland A's September 2017

#### Chris Dobbins

8	A's v Angels	9.4.17	(2) tickets	\$90.00
*	A's v Angels	9.5.17	(2) tickets	\$80.00
40	A's v Astros	9.8.17	(2) tickets	\$80.00
454	A's v Astros	9.9.17	(2) tickets	\$90.00
*	A's v Astros	9.10.17	(2) tickets	\$80.00
*	A's v Rangers	9.22.17	(2) fickets	\$90.00
99	A's v Rangers	9.23.17	(2) tickets	\$90.00
430	A's v Rangers	9.24.17	(2) tickets	\$90.00
*	A's v Mariners	9.26.17	(2) tickets	\$80,00
49	A's v Mariners	9.27.17	(2) fickets	\$80.00

## **Agency Report of:**

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Cerer	nonia	1	Role	<b>Events</b>	and	Ticket/Pass	Distributions	

**A Public Document** 

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1.	Agency Name				Date Stamp	California 302
	Oakland Alameda County C	-				
	Division, Department, or Reg	ion (if applicable)		<u> Colombian de la colombia de la col</u>		For Official Use Only
	Ignacio De La Fuente, OAC	CA Commissioner				
	Designated Agency Contact	(Name,Title)				
					Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			,	,
	510.383.4801	Idelafuente2012@	gmail.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$ 30	)5.55
	Event Description: Oakland	Raiders 2017 Seaso	on [	Date(s)	J	
	Ticket(s)/Pass(es) provided			f no:	Name of Source	
	Was ticket distribution made	at the heheet v		fyes:		
	of agency official?	sactile bolicat   Yes	NO <u> ⊼ </u>	J — itte animalama	Official's Name (Last, First)	
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit. •		dentify an individ	iual. • Use Section C to ident	ify an outside organization,
	A. Name of Agency, Depart	ertment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	pe-a-coat-assuratores as a second as a					epilikkanni ili emanana naman eni, popujujujujujujujujujujujujujujujujujuju
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
			1 4444	Ceren	nonial Role  Other  X	Income [
	De La Fuente, Ignacio		2	to investigat	king "Ceremonial Role" or 'Other' des e the efficiencies of the	
		00000000000000000000000000000000000000			nonial Role Other	
				If check	king "Ceremonial Role" or "Other" des	cribe below:
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
			Section 20 March 1997 (Section 1997)		rei-japrislanda	
	The second secon					
Į. \	/erification					eka uran berandak (entra 2000-talah) kebadan kepangan kancan menggunan menungan perandah beranda beranda berand
	have read and understand FPI vith the requirements.	PC Regulations 18944.	1 and 18942. I	have verified t	hat the distribution set fo	rth above, is in accordance
		/ Ignacio F	De La Fuente	(	ACCA Commissioner	08.15.17
-	Signature of Agency Head or Designation	and the second s	int Name		Title	(month, day, year)
(	Comment:		· · · · · · · · · · · · · · · · · · ·			WWW. Constitution of the C
	J.					

#### Oakland Raiders September 2017

Ignacio De La Fuente

• Raiders v New York 9.17.17 (2) tickets \$305.55

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) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: chrisdobbinslaw@yahooo.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 305.55 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Oakland Raiders 2017 Season Date(s) \_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Dobbins, Chris If checking "Caremonial Role" or "Other" describe below: 2 to investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other 🔲 Income [ If checking "Ceremonial Role" or "Office" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Chris Dobbins **OACCA Commissioner** 08.15.17 (month, day, year) Print Name Simpature of Agency Head or Designee

Comment:

## Oakland Raiders September 2017

## Chris Dobbins

• Raiders v New York 9.17.17 (2) tickets \$305.55

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (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: A's 09 Date(s)\_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗆 Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy. Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes. Ceremonial Role Other X Orologas, Alexandra If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other 🗌 Income \_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description)

## 4. Verification

I have read and understand FPPC Regional the requirements.		ermed that the distribution set forth	above, is ill accordanc
	Sabrina B. Landreth	City Administrator	10/0 /2017
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 California Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \_\_ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: \_ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients . Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X UNABLE TO USE If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator 10//0 /2017

Print Name

Signature of Agency Head or Designee

Comment: \_

Title

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Date(s) \_\_09 Event Description: A's 80 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: \_ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. 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 Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Tong, Sandra If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other Income \_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) 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. 10/10/2017 Sabrina B. Landreth City Administrator

Print Name

Signature of Agency Head or Designee

Comment:

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Date(s) \_\_09\_\_/\_ 09 / Event Description: A's Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? Recipients Use Section A to identify the agency's department or unit.
 Use Section B to identify an individual.
 Use Section C to identify an outside organization. Number 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 Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Rubel, Rose If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

#### 4. Verification

Comment:

I have read and understand FPPC Reg	ulations 18944.1 and 18942. I have v	erified that the distribution set forth	above, is in accordanc
with the requirements.			
	Sabrina B. Landreth	City Administrator	101/42017
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: Alejandra Guzman Date(s) \_\_09 09 / Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Ceremonial Role Other X **UNABLE TO USE** If checking "Ceremonial Role" or "Other" describe below 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator 101/0/2017 Signature of Agency Head or Designee Print Name Title (month, day, year)

Agency Report of:

Comment:

#### **Agency Report of:** Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510.383.4801 idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 125.00 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Alejandra Guzman Date(s) \_\_09 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α., of Ticket(s)/ Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last. First) Passes Ceremonial Role Other X De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below. 2 to investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (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 regulirements.

Æignature α₽Ασεήςν Head or Designee

Ignacio De La Fuente Print Name

OACCA Commissioner

09.11.17 (month, day, year)

Comment: \_

4. Verification

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

**A Public Document** 

. Agency Name			Date Stamp	California 802
Oakland Alameda County Coliseum Authority				Form OU2
Division, Department, or Region (if applicable)		***************************************		For Official Use Only
Chris Dobbins, OACCA Commissioner				
Designated Agency Contact (Name, Title)				
			☐ Amendment (Must l	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail			<u> </u>	,
510.383.4801 Chrisdobbin	x ) 2116	)wahoo.co	Date of Original Filing:	(month, day, year)
L. Function or Event Information	12 rount	Jano.a	<b>y ·</b> )	
	VI N. 177 F	Face Value of I	Each Ticket/Pass \$ $\frac{1}{2}$	25.00
Event Description: Alejandra Guzman  Provide Title/ Explain	[	Date(s)	<u>, 09 , 17 </u>	
·		f no:		
Tienes(ep) adec(ee) provided by agency.	<u> </u>		Name of Source	
Was ticket distribution made at the behest Yes [	□ No⊠ <sup>I</sup>	f yes:	Official's Name (Last, First)	
of agency official?			Onolara Namo (Laa, 1 hal)	
. Recipients	**************************************		And the second s	
• Use Section A to identify the agency's department or unit.	Use Section B to i	identify an individ	ual. • Use Section C to iden	itify an outside organization
- Visit - Visi	Number	I i i i i i i i i i i i i i i i i i i i	dan occuping to their	my an outside organization.
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
	1 43363			
R Name of Individual	Number			
B. Name of Individual (Last, First)	of Ticket(s)/ Passes	,	Identify one of the	following:
Dobbins, Chris		Cerem	nonial Role  Other	Income
DODDING, Office	2		ring "Ceremonial Role" or "Other" de e the efficiencies of th	
				cur at Coliseum Complex
			ionial Role 🔲 Other 🛭	
		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 pu	rsuant to the agency's policy
(include address and description)	Passes			
				248-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
. Verification				
I have read and understand FPAC Regulations 18944.	.1 and 18942.	l have verified t	hat the distribution set f	orth above, is in accordance
with the fequirements.				
	Dobbiins	C	ACCA Commissione	
Signature of Agency Head or Designee Pr	int Name		Title	(month, day, year)
Comment:				

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: A's Date(s)\_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number 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 Identify one of the following: (Last, First) Ceremonial Role Other X Landa, Ignacio If checking "Ceremonial Role" or "Other" describe below. 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other Income 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator 10/ 0/2017 Signature of Agency Head or Designee Print Name Title (month, day, year) Comment:

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California **Date Stamp** Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ . Yes ⊠ No □ Event Description: MIGUEL BOSE Date(s) \_\_09\_\_/ 16 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ If no: \_ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ Passes Identify one of the following: (Last, First) Other X Ceremonial Role Jeffrey, Jamea If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other Income \_ If checking "Ceremonial Role" or "Other" describe below; Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (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. 10//0/2017 Sabrina B. Landreth City Administrator Signature of Agency Head or Designee Print Name (month, day, year)

Agency Report of:

Comment:

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

**A Public Document** 

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1.	Agency Name				Date Stamp	California 202
	Oakland Alameda County C	<u> </u>		Form CC2		
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Ignacio De La Fuente, OAC					
	Designated Agency Contact	(Name, Title)				
					Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			,	, , ,
	510.383.4801	idelafuente2012@g	mail.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	nation		ini jaman film (Silah Maria Mari		
	Does the agency have a tick		⊠ No□ F	ace Value of I	Each Ticket/Pass \$ <u>6</u>	0.00
		· · · · · · · · · · · · · · · · · · ·				- The second second
	Event Description: Miguel B	Provide Title/ Explar	ation	ate(s)	, 16 , 17	
	Ticket(s)/Pass(es) provided			no:	Name of Source	
	, , , , ,					
	Was ticket distribution made	at the behest Yes [	] No⊠ <sup>If</sup>	yes:	Official's Name (Last, First)	
	of agency official?				, ,	
<del></del> 3.	Recipients	www.maranananidahaddamidaddukhdidi.diwilkidi.dokkdidaladdi.diga.gogolicidi.g	nikomisko sinalas-rominosiadakonialumo-roda			
٠.	• Use Section A to identify the agen	cy's department or unit.	Use Section B to i	dentify an individ	ual. • Use Section C to iden	tify an outside organization.
			Number			
	A. Name of Agency, Depa	irtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	······································				<u></u>	3
			<del></del>			
	B. Name of Indi (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the	following:
	De La Fuente, Ignacio			Cerem	nonial Role  Other	X Income □
	De La Fuerite, Igriacio		2		ing "Ceremonial Role" or "Other" do	escribe below: ne operations of various
						cur at Coliseum Complex
				Cerem	nonial Role 🔲 Other 🛭	Income 🔲
				If check	king "Ceremonial Role" or "Other" d	escribe below:
	C. Name of Outside O		Number of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy
	(include address and	description)	Passes			
e de la constante de la consta			on the second of			
4.	Verification  I have read and understand FF	PC Regulations 18944.	1 and 18942. i	have verified t	hat the distribution set t	forth above, is in accordance
	with the requirements.					
			De La Fuente		DACCA Commissione	
	Signature of Agency Head of Design	ee Pr	int Name		Title	(month, day, year)
/	Comment:					

#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name **301111** 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: . ChusDOBBNslawia 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 60.00 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: Miguel Bose 09 16 Date(s) \_ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☑ No ☐ Name of Source If yes: Was ticket distribution made at the behest Yes ☐ No 区 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income | Dobbins, Chris if checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Income Ceremonial Role Other 🗌 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) Passes

#### 4. Verification

Comment:

I ha⊮e read and understar	nd FPPC Regulations	18944.1 and 189	942. I have verified	d that the distribution .	set forth above, i	s in accordanci
I have read and understar	•					

Signature of Agency Head or Designee

Chris Dobbiins

OACCA Commissioner

09.11.17

Head or Designee Print Name

Title

(month, day, year)

C	eremonial Role Even	ts and Ticket/P	ass Distri	butions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Authority				101111
	Division, Department, or Regi	ion (if applicable)			For Official Use Only	
	Office of the City Administra	tor				
	Designated Agency Contact (	Name, Title)				
	Sabrina B. Landreth, City Ad	dministrator			Amendment (Mus	at Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510-238-3301	slandreth@oakland	Inet.com		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation			3.70	10000
	Does the agency have a tick	ket policy? Yes [	⊠ No□ F	ace Value of	Each Ticket/Pass \$ .	100
	Event Description: WWE Sn	nackdown		oate(s) <u>09</u>	<u>, 17 , 17</u>	
	Ticket(s)/Pass(es) provided	Provide Title/ Explant by agency? Yes		no:		
				yes: Landret	Name of Source h, Sabrina	
	Was ticket distribution made of agency official?	e at the benest Yes [	™ No 🔲 🖽	yes	Official's Name (Last, Firs	51)
3.	Recipients	- 1	V V	4 4	a) (4) (4) (5)	06 (06)
	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ		
	Α. Name of Agency, Depa	ertment or Unit	Number of Ticket(s)/	Describe th	e public purpose made p	oursuant to the agency's policy
			Passes	3.000,000		
		### A TOTAL A				
				in .		
	B. Name of Indi (Last, Fir	Number of Ticket(s)/ Passes		Identify one of th	e following:	
	Provide the Charles of the Charles of A. C. C. C. Control of the Season.	ALS CHANGE FOR THE THE TREE STEELS IN THE SECOND	**************************************	Cerem	nonial Role 🔲 Other	Income □
	Dholakia, Sagar		2	If check	king *Ceremonial Role" or *Other	describe below:
	t 10				he Authority.	ployees that provides
				Cerem	nonial Role 🔲 Other	[1
				If check	king "Ceremonial Role" or "Other"	describe below:
	Name of Outside O	rganization	Number	Describe th	e public nurnose made n	oursuant to the agency's policy
	(include address and	l description)	Passes	24.15	The second of the second secon	
	9	8			u v	
					8)	0
_	Verification					
	I have read and understand FF	PPC Regulations 18944	.1 and 18942.	l have verified	that the distribution se	t forth above, is in accordance
	with the requirements.			Ÿ.		
	Signature of Assessification 5		B. Landreth		City Administrator	10/ / <sup>2</sup> /2017 (month, day, year)
	Signature of Agency Head or Design	ree P	IIII Name		Ilue	(month, day, year)
	Comment:					

Agency Report of:

## Agency Report of:

Ceremonial			and	Tickot/Page	Distributions
Ceremoniai	LOIG	rvell(3	anu	TICKEUPass	DISTIDUTIONS

A	Pu	ıbl	ic	Do	CH	m	en	f
n n					OU		~ II I	٠.

1.	Agency Name				Date Stamp	California OOO			
	Oakland Alameda County C	oliseum Authority			30047	Form <b>OUZ</b>			
	Division, Department, or Reg	ion (if applicable)				For Official Use Only			
	Ignacio De La Fuente, OAC	CCA Commissioner							
	Designated Agency Contact	Name, Title)							
	Area Code/Phone Number	E-mail			Amendment (Must Pro	vide Explanation in Part 3.)			
	510.383.4801	idelafuente2012@	gmail.com		Date of Original Filing:(month, day, year)				
2.	Function or Event Inform	mation							
	Does the agency have a tick	et policy? Yes	⊠ No □	ace Value of I	Each Ticket/Pass \$	100			
	Event Description: WWE Sr	nackDown Provide Title/ Expla		Date(s)09	, 19 , 17				
	Ticket(s)/Pass(es) provided			f no:	Name of Source	-			
	Was ticket distribution made	at the behest Voc		f yes:					
	of agency official?	163	1.333	Official's Name (Last, First)					
3.	Recipients  • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.								
	Use Section A to identify the agen-	cy's department or unit.	identify an individ	ual. • Use Section C to identify	an outside organization.				
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy			
	B. Name of Indiv	Number of Ticket(s)/ Passes		Identify one of the foll	owing:				
	De La Fuente, Ignacio		2	Ceremonial Role Other IX Income If checking "Ceremonial Role" or "Other" describe below:  to investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex					
				Ceremo	onial Role Other on "Other" descri	Income			
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe the	Describe the public purpose made pursuant to the agency's policy					
4.	Verification /	1	•	•					
	I have read and understand FPF with the requirements.	PC Regulations 18944	.1 and 18942.	have verified th	nat the distribution set forth	above, is in accordance			
	Milliam L	Ignacia I	De La Fuente	_	ACCA Companies de	00.44.47			
0	Signature of Agency Head or Designe	rint Name		ACCA Commissioner	09.11.17 (month, day, year)				
60	1.					(o.i.i, day, year)			
1	Comment:								

	gency Report of: eremonial Role Events and Tic	ket/Pas	s Distril	outions	* 1	A Public Document
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County Coliseum Author	ority			- VA	Form OUZ
	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				Amandmant (thus	4 Dunish Curtonalian in Dari 2 1
	Area Code/Phone Number   E-mail	- 1-77 (PASS)	-	-	Amendment (Mus	t Provide Explanation in Part 3.)
	510-238-3301 slandreth@d	oaklandne	et.com		Date of Original Filing	(month, day, year)
2.	Function or Event Information					1000
53	Does the agency have a ticket policy?	Yes 🛛	No ☐ Fa	ace Value of I	Each Ticket/Pass \$ .	60
	Event Description: Last Day of Summer		D	ate(s) 09	, 21 , 17	i i
	Provide To	itle/Explanation	on D	ale(3)		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗵	No ☐ If	no:		
			15	yes: Landret	Name of Source h. Sabrina	*
	Was ticket distribution made at the behes	t Yes⊠	No □ "	yes	Official's Name (Last, Firs	at)
	of agency official?					7
3.	Recipients  • Use Section A to identify the agency's department o	r unit. • Use	Section B to ic	lentify an individ	ual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
			<sup>™</sup> Number			
	B. Name of Individual (Last, First)		of Ticket(s)/ Passes		Identify one of th	e following:
	Criddle, Deon		2	If check To provide in	nonial Role Other King "Geremonial Role" or "Other" ncentives to City em he Authority.	
	* *				nonial Role  Other king "Ceremonial Role" or "Other"	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	10 15 15 15 15 15 15 15 15 15 15 15 15 15	e public pyrpose made p	ursuant to the agency's policy
4.	Verification I have read and understand FPPC Regulation	s 18944.1	and 18942. I	have verified t	that the distribution se	t forth above, is in accordance
	with the requirements.					7,
		Sabrina B	. Landreth		City Administrator	10//0 /2017
	Signature of Agency Head or Designee		Name		Title	(month, day, year)

Comment: \_\_\_\_

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name **Date Stamp** California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Event Description: Raiders 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. 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 Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X John, Danelle If checking "Ceremonial Role" or "Other" describe below. 2 To provide incentives to City employees that provides services to the Authority. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator 10// 6/2017 Print Name (month, day, year) Title Signature of Agency Head or Designee

Comment: \_

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510.383.4801 (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: Last Day of Summer Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: Name of Source If yes: Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Other X Ceremonial Role De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other | If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. **OACCA** Commissioner 09.11.17 Ignacio De La Fuente (month, day, year) Print Name Signature of Agency Head or Designee

Comment:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's Date(s) \_ 09 / 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 Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Flores, Elma If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number. Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator 101/0/2017 Print Name (month, day, year) Signature of Agency Head or Designee Title

Agency Report of:

Comment:

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	butions		A Pu	ublic Document
1.	Agency Name Oakland Alameda County C Division, Department, or Reg Office of the City Administra Designated Agency Contact	on (if applicable) tor Name, Title)			Date Stamp		For Official Use Only
	Sabrina B. Landreth, City Ad				☐ Amendment	(Must Provid	le Explanation in Part 3.)
	Area Code/Phone Number 510-238-3301	E-mail slandreth@oakland	Inet.com	¥	Date of Original I	Filing:	(month, day, year)
2.	Function or Event Information Does the agency have a ticket Event Description: A's  Ticket(s)/Pass(es) provided  Was ticket distribution made of agency official?	Provide Title/ Explar by agency? Yes	D  aution  No  If		Name of Source	E-leading -	9000
3.	Recipients						
	A. Name of Agency, Department of Agency, Dep	vidual	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes		Identify one	of the follo	nt to the agency's policy
	Olortequi, Arturo	A	2	If chec	remonial Role  Other  Income  secking "Ceremonial Role" or "Other" describe below:  se incentives to City employees that provides  othe Authority		
	я		u		nonial Role (	Other  Other" describe	Income Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	2010/07/2015 - 1960/1965	e public purpose m	经基础 经合约的	nt to the agency's policy
							***************************************
4.	Verification  I have read and understand FF	PPC Regulations 18944	.1 and 18942.	l have verified	that the distribution	n set forth	above, is in accordance
20	with the requirements.  Signature of Agency Head or Design	B. Landreth		City Administr	ator	10//° /2017 (month, day, year)	
	Comment:	2	recording Test And STORY		500000		

C	eremonial Role Even	ts and Ticket/P	ass Distri	butions	/	A Public Docume	nt		
1.	Agency Name				Date Stamp	California 80	2		
	Oakland Alameda County C	oliseum Authority				1 011111 -, -	4		
	Division, Department, or Regi	ion (if applicable)				For Official Use Only			
	Office of the City Administra	tor							
	Designated Agency Contact (	Name, Title)							
	Sabrina B. Landreth, City Ad	dministrator			Amendment (Must Provide Explanation in Part 3.)				
	Area Code/Phone Number	E-mail			10 00 00 00 00 00 00 00 00 00 00 00 00 0				
	510-238-3301	slandreth@oakland	Inet.com		Date of Original Filing	(month, day, year)			
2.	Function or Event Infor					9,00			
	Does the agency have a tick	ket policy? Yes [	⊠ No□ F	ace Value of	Each Ticket/Pass \$				
	Event Description: A's			oate(s) <u>09</u>	<u>, 24 , 17 </u>				
	Ticket(s)/Pass(es) provided	Provide Title/Explar by agency? Yes		no:	Name of Source				
				. I andref	Name of Source	*			
	Was ticket distribution made	at the behest Yes	yes: <u>Landret</u>	Official's Name (Last, Firs	it)				
	of agency official?								
3.	Recipients	IN II	£ - "	2 125 N M					
	• Use Section A to identify the agen	cy's department or unit		dentify an individ		entify an outside organization.	ALC: ET		
	<b>Δ</b> . Name of Agency, Depa	artment or Unit	Number of Ticket(s)/		e public purpose made p	ursuant to the agency's policy	j		
			Passes	10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			149-14		
			<del></del>						
			9	ii.					
	Name of Indi	vidual	Number	2/2/10/7#2001 PM	Identify one of the	e following:			
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes	1 1970 1984			(i)		
	Rubel, Rose			Ceren	nonial Role Other		9 🗀		
			2	To provide i	king "Ceremonial Role" or "Other" describe below: ncentives to City employees that provides				
					he Authority.				
	<i>2</i>				nonial Role  Other  king "Ceremonial Role" or "Other"		a		
2									
	Name of Outside O	rganization	Number						
	C. (include address and	i description)	of Ticket(s)/ Passes	Describe tr	ie public purpose made p	oursuant to the agency's polic			
	0								
							_		
						v			
4.	Verification				11	Afaille aleana de la lacaración	m.e		
	I have read and understand FF with the requirements.	PC Regulations 18944	tnat the distribution set	ι ιοπη above, is in accorda	rice				
		Sabrina	City Administrator	10// <sup>©</sup> /2017	1				
	Signature of Agency Head or Design		Title	(month, day, yea	-				
	Comment:	war and the same of the same o							

**Agency Report of:** 

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** slandreth@oaklandnet.com 510-238-3301 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 09 / 26 / Event Description: A's 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? 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Income Rayford, Kenneth If checking "Ceremonial Role" or "Other" describe below. 1 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) 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. 10//2/2017 Sabrina B. Landreth City Administrator Print Name (month, day, year) Signature of Agency Head or Designee

Agency Report of:

Comment: \_

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No□ Date(s) 09 / 27 / Event Description: A's Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes No I Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Department of Information Technology To provide incentives to City employees that provides 18 services to the Authority. Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passos Other X Ceremonial Role 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification

# I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator Title (month, day, year) Comment:

#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp 1. Agency Name Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (If Applicable) Scott Haggerly, OACCA Commissioner Designated Agency Contact (Name, Title) Amondment (Must provide explanation in Part 3.) Area Code/Phone Number Date of Original Filing: leeann.fergerson@acgov.org (Monlh, Day, Year) 510.272.6691 2. Function or Event Information Face Value of Each TickeUPass \$ Does the agency have a ticket policy? Yes 🗵 No 🗌 Event Description -Ticket(s)/Pass(es) provided by agency? Yes 1 No 1 Name of Source Haggerly, Scott Was ticket distribution made at the behest No ☐ Yes ☑ Official's Name (Lost, First) of agency official? 3. Recipients . Use Section A to identify the agency's department or unit. ... Use Section B to Identify an incividual. ... \* Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(as) To obtain oversight of facilities or events that have received county funding or support Number of Name of Individual Identify one of the following: Ticket(s)/ Pass(os) Rebecca Briggs To reward a community volunteer for his or her service to the public Inconto 🗌 Other Coremonial Role If checking "Coremonial Rolls" or "Other" describe below. Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Name of Dutside Organization (include address and description) C. To Reward a school or nonprofit organization for Its contributions to the community. 4. Verification Thave rend and understand FPPC Regulations 16944.1 and 16942. I have verified that the distribution set forth above, is in ascordance with the requirements. Supervisors Assistant Lee Ann Fergerson Pilal Nama

Comment:

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

**A Public Document** 

1.	Agency Name	(a) (a) (a)			Date Stamp	California 802		
	Oakland Alameda County Co	25.0				For Official Use Only		
	Division, Department, or Regi					Tor Official Ose Offig		
	Chris Dobbins, OACCA Com							
	Designated Agency Contact (	Name, Title)						
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)		
			42010	. class con	Date of Original Filing: _	(month, day, year)		
_		Chns DOBBI	MSTORES	yarov con	V	AND THE RESERVE TO TH		
۷.	Function or Event Inform			Topo Molup of	Fook Tielset/Deep C	60°°		
	Does the agency have a tick	17 17 18 18 18 18 18 18 18 18 18 18 18 18 18			Each Ticket/Pass \$			
	Event Description: Last Day	Provide Title/ Expla	[	Date(s)	, 21 , 17			
	Ticket(s)/Pass(es) provided I	2 3		f no:				
					Name of Source			
	Was ticket distribution made	at the behest Yes	□ No⊠ <sup>I</sup>	f yes:	Official's Name (Last, First)			
	of agency official?				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
3.	Recipients							
	• Use Section A to identify the agend	cy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Depar	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy		
			Passes					
			<del>                                     </del>					
	B. Name of Indiv		Number of Ticket(s)/ Passes		Identify one of the following:			
	Dobbins, Chris		2	to investigate	Ceremonial Role Other Image Income In			
					onial Role  Other  or "Other" description of the de	Income Income		
	C. Name of Outside Or (include address and	-	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy		
	,							
4.	Verification		9.					
,	I have read and understand FPF with the requirements.	PC Regulations 18944	4.1 and 18942.	I have verified t	hat the distribution set for	th above, is in accordance		
	with the requirements.		B 11"					
	Signature of Agency Head or Designe	1000000000	s Dobbiins Print Name		DACCA Commissioner	09.11.17 (month, day, year)		
	orginature of Agency Fread of Designe	F	That Name		Tide	(monur, 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 Date of Original Filing: . 510.383.4801 ChrisDOBBING LAW (2) yahoo, com (month, day, year) 2. Function or Event Information 00 00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: WWE SmackDown Date(s) \_\_09 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

#### 4. Verification

Comment:

verification			
I have read and understand FPPC Regu	lations 18944.1 and 18942. I hav	e verified that the distribution set forth al	oove, is in accordance
with the requirements.			
	Chris Dobbiins	OACCA Commissioner	09.11.17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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

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1. Agency Nam	16	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		evivitanium viitaav vyhte	**************************************	Date Stamp	California O O O
Oakland Alam		Coligarim Author	nrity			Date Stattib	Form $802$
Division, Depar	-		-	30m22** · · ·			For Official Use Only
Scott McKibbe  Designated Age							
Designated Age	oney contact (	(rvanie, ritié)			İ		
Area Cada Di	no Nico-L-	TE ma!!				Amendment (Must P	Provide Explanation in Part 3.)
Area Code/Pho	19ambyr sir	E-mail				Date 15 15	
510.383.4801	İ	smckibben1	@gmail.com			Date of Original Filing:	(month, day, year)
2. Function or	Event Infor	mation	AFRAMENT CONTROL OF CO		The state of the s	and the second s	
Does the agen			Yes⊠ No	, [] F	Face Value of F	Each Ticket/Pass \$ 30	05.55
_	•	· -	. UU EM 146	_			
Event Descript	uon: <u>Naider G</u>	Provide Til	tle/ Explanation	[	Date(s) <u>09</u> /.	11 11	
Ticket(s)/Pass(	'es) provided		•	,	lf no:		
					A	Name of Source	
Was ticket dist		at the behest	Yes⊠ No		lf yes: <u>McKibb</u> €	en,Scott  Official's Name (Last, First)	
of agency offi						ാനത്തെ s rvame (Last, First)	
3. Recipients	anning that the transfer of the state of the	AND ALL AND AND AND AND AND AND AND AND AND AND	WARREST INTERPRETATION OF TAXABLE STATES	#161/61 <u>-66</u> //	TO THE PROPERTY OF THE PROPERT	(Control of the Control of the Contr	
•	identify the agen	cy's department or	unit. • Use Sect	ion R to	identify an individ-	ual. • Use Section C to ident	ify an outside organization
- SE SECTION A 10	are agen	/ Karringut 01		mber			
A. Name	of Agency, Depar	rtment or Unit	of Tid	cket(s)/	Describe the	public purpose made purs	suant to the agency's policy
			Pa	sses			
В.	Name of Indiv (Last, First		of Tic	Number of Ticket(s)/		Identify one of the fo	ollowing:
	(LaSi, FIIS		Pa	sses			1
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			k).	mber			Commence Commence
	me of Outside Org ude address and o		of Tic	:ket(s)/	Describe the	public purpose made purs	suant to the agency's policy
Order Control of the			Pas	sses			•,
Taylor Family				2		portunities for commu	unity groups to utilize the
5555 Arroyo F		<del></del>			facility		
Livermore, CA	\ 94550	/					
Verification	1/1/1000						_
I have read and u	Inderstand FIFA	C Regulations	18944.1 and	18942.	I have verified th	nat the distribution set fo	orth above, is in accordance
with the requirem	TAW II	8	•				
	MINTE		acott McKibl		OAC	CCA Executive Assista	ant 09.08.17
Signature of Agent	w if ead ar Designer	ee	Print Name		-	Title	(month, day, year)
Comment:	<b>y</b>						

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

A Public Document

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1.	Agency Name				Date Stamp	California 202		
	Oakland Alameda County C	_				Form 904		
	Division, Department, or Reg	ion (if applicable)				For Official Use Only		
	Scott McKibben, OACCA Ex	xecutive Director						
	Designated Agency Contact	(Name, Title)						
		T			Amendment (Must Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail						
	510.383.4801	smckibben1@gm	ail.com		Date of Original Filing: _	(month, day, year)		
2.	Function or Event Infor	mation			and the second s	age for a comment of the comment of		
	Does the agency have a tick	ket policy? Yes	s⊠ No□ 「	Face Value of	Each Ticket/Pass \$ <u>30</u>	5.55		
	Event Description: Raider G			Date(s)09				
	Event Description,	Provide Title/ Exp	lanation	Jale(s)	· · · · · · · · · · · · · · · · · · ·			
	Ticket(s)/Pass(es) provided	by agency? Yes	s⊠ No□ I	f no:				
					Name of Source			
	Was ticket distribution made	e at the behest Yes	i□ No⊠ <sup>I</sup>	f yes:	Official's Name (Last, First)			
	of agency official?				. , ,			
3.	Recipients	nazananzanananananzanzanzanzanzanzanzanz		The state of the s	основного у по учествення в постану до <u>структу проде</u> ству по учеству по постанова в постанов у постанова в постан			
	• Use Section A to identify the agen	cy'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, Depa	irtment or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy		
						- management and a second		
					, , , , , , , , , , , , , , , , , , , ,			
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the fo	Mowing		
	(Last, Firs	st)	Passes					
	McKibben, Scott		1		onial Role 🔲 💮 Other 🗵			
			1	to investigate	ecking "Ceremonial Role" or "Other" describe below: ate the efficiencies of the operations of various			
						ur at Coliseum Complex		
				Cerem	onial Role Other	Income 🗌		
				If check	ing "Ceremonial Role" or "Other" desc	cribe below:		
		,						
	C. Name of Outside Or		Number of Ticket(s)/	Describe the	uant to the agency's policy			
	(include address and	description)	Passes					
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	<b>/</b>							
-			######################################					
٠ ١	/erification							
- /	have read and understand FPF vith the dauirements	PC Regulations 1894	4.1 and 18942.	I have verified ti	hat the distribution set for	rth above, is in accordance		
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_	XIMAIVIY		t McKibben	OA0	CCA Executive Assista			
	Signaturd of Abently Head or Designe	ee f	Print Name		Title	(month, day, year)		
	Comment:					:		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Sctt McKibben, Executive Director 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 smckibben1@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$  $\frac{90.00}{}$ Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: Oakland A's Game Date(s) \_\_09\_\_/ 23 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: \_\_\_ Name of Source If yes: McKibben,Scott Was ticket distribution made at the behest Yes ☒ No ☐ of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other 🔲 Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other  $\square$ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) **Passes** to promote the Coliseum Complex for use by the general **BB&T Insurance Services** 6 public and businesses to maximize revenues 4480 Willow Road Pleasanton, CA 94588

4. Verification	
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- /	have read and understar	na FPPC	Regulations	18944.1 an	d 18942. i	i have verified t	hat the distri	ibution set forth :	above, is ii	n accordance
Ċ	with the dequirements.	A a	Ū							
v	Nith the neguirements at 1	MAA								

Scott McKibben

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

09.6.17

**Executive Director** 

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
Agency Name     Oakland Alameda County Coliseum Authority	Date Stamp	California Form 802
Division, Department, or Region (if applicable)		For Official Use Only
Scott McKibben, OACCA Executive Director		
Designated Agency Contact (Name Title)		

Oakland Alameda County	Collseum Authority				
Division, Department, or Region (if applicable)				For Official Use Only	
Scott McKibben, OACCA I	Executive Director				
Designated Agency Contac	t (Name, Title)				
Area Code/Phone Number	E-mail			Amendment (Must Prov	ide Explanation in Part 3.)
510.383.4801				Date of Original Filing:(month, day, year)	
2. Function or Event Info	rmation				
Does the agency have a ti	cket policy? Yes	⊠ No 🔲 🏻	Face Value of	Each Ticket/Pass \$ 90.0	0
Event Description: Oaklan		i	Date(s)09		
Ticket(s)/Pass(es) provided			f no:	Name of Source	
Was ticket distribution mad	le at the hehest Voc	w	f yes: McKibbe	en, Scott	
of agency official?	re at the benest Tes	⊠ No 🔲 「	, you	Official's Name (Last, First)	
B. Recipients  • Use Section A to identify the ago	ency's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to identify	an outside organization.
Δ Name of Agency, Dej	partment or Unit	Number of Ticket(s)/	Describe the	e public purpose made pursua	int to the agency's policy
		Passes			- The discussion of the control of t
					· · · · · · · · · · · · · · · · · · ·
B. Name of Inc.		Number of Ticket(s)/		Identify one of the follo	wing:
(Last, F	irst)	Passes			
				onial Role	Income e below:
		4	1	•	
<u> </u>			Corom	onial Role Other O	
				ing "Ceremonial Role" or "Other" describ	Income e below:
C. Name of Outside (		Number of Ticket(s)/ Passes	Describe the	public purpose made pursua	nt to the agency's policy
Leukemia & Lymphoma S	ociety		to provide on	portunities to community	/ aroups to utilize the
1390 Market Street		4	facility	,	0. 2-po to dimeo 110
San Francisco, CA 94102					
Vavišiaatiau	7				
. Verification	Ano name san anna	4 4 400 40	, , , , , , , , , , , , , , , , , , ,		
I have read and understand Fi with the requirements (	THE Regulations 18944.	л and 18942.	ı nave verified tl	nat the distribution set forth	above, is in accordance
( ) ANDWAY!	0	MalZibt	<b>6</b> * *	2045	a# - :-
Signature of Agenty Head/o Desig		McKibben int Name	OA	CCA Executive Director	08.9.17
				THO	(month, day, year)
Comment:					

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

A Public Document

1. Agency Name			Date Stamp	California Q02
Oakland Alameda County Colisium Authority				Form OUZ
Division, Department, or Region (If Applicable	9)			For Official Use Only
Yui Hay Lee, Commissioner				
Designated Agency Contact (Name, Tille)		18 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -		
				1
Area Code/Phone Number   E-mail			Amendment (Must pr	ovide explanation in Part 3.)
(510 836-6688 x 10) YuiHay@YHLA.net			Date of Original Filing: _	(Monih, Day, Year)
2. Function or Event Information	/	WHEN GOVERNMENT WITH THE PARKET PROPERTY.		20555
Does the agency have a ticket policy?	Yes V No	Face Value o	f Each Ticket/Pass \$	305
Event Description Provide Tille/Expl	SPM analion	35 Date(s)	FE ATTA	ated,
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no:	Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No ☐ Yes	☐ If yes:	Official's Name (L.	ast, First)
Recipients     Use Section A to Identify the agency's department or a section A to Identify the agency's department or a section A to Identify the agency is department or a section A to Identify the agency is department or a section A to Identify the agency is department or a section A to Identify the agency is department or a section A to Identify the agency is department or a section A to Identify the agency is department or a section A to Identify the agency is department or a section A to Identify the agency is department or a section A to Identify the agency is department or a section A to Identify the agency is department or a section A to Identify the agency is department or a section A to Identify the Agency is a section A to Ident	unit alise Sec	tion B to Identify an include	al. • Use Section C to identi	
	Number of			
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant f	to the agency's policy
Yui Hay Lee, Commissioner	6	#3		
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	ıg:
		Ceremonial Role L		Income 🗌
		Ceremonial Role [	Other	Income []
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	o the agency's policy
				***************************************
4. Verification	escape mano a superior			
I have lead end undersignd FPPC Regulations 18944.1 and				the requirements.
	Hay Lee	OAC	CCA Commission	9/8/17
Shnallire N Agesty Head or Designee	Print Name		Tille	(Month) Day, Year
Somment:				EBBC Form 902 (4/42)

#### Oakland Raiders September 2017

Yui Hay Lee

• Raiders v New York 9.17.17 (2) tickets \$305.55

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-3301 **Date of Original Filing:** slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: A's Date(s) \_ 09 / 26 / Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Landreth, Sabrina Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Nervis, Gerald Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below: 1 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other Income \_\_ If checking "Ceremonial Role" or "Other" describe below: Number. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator 10/20/2017

Print Name

Signature of Agency Head or Designee

Comment:

(month, day, year)

Title