Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Colisium Authority Eurm Division, Department, or Region (If Applicable) For Official Use Only Yui Hay Lee, Commissioner Designated Agency Contact (Nems, Tille) Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail (510) 836-6688 YuiHay@YHLA.net Date of Original Filling: . (Month, Day, Year) 2. Function or Event information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Date(s) Ticket(s)/Pass(es) provided by agency? Yes 🖾 No 🗀 Yui Hay Lee Official's Name (Last, First) Was ticket distribution made at the behest No 🗌 Yes 🖾 of agency official? 3. Recipients

A.	Name of Agency, Department or Unit	Number of Ticket(e)/ Pess(ee)	n B to Identify an individual. • the Section C to identify an outside organisation. Describe the public purpose made pursuant to the agency's policy
T-Tors-wishy	YUI HAY VEE COMMISSIONER	34.	+3
8,	Name of Individual (Leaf Fort)	Number of Ficket(s)/ Page(se)	tdentify one of the following:
			Ceremonial Role Other Describe below:
			Ceremonial Role Other Other Income Income Income Income
3 .	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pureuant to the agency's policy
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la ustes	cation		

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

Yui Hay Lee

OACCA Commissioner

Warriors Basketball

Yui Hay Lee

2 tickets per game

6	GSW	4.2.17	\$1100.00
9	GSW	4.4.17	\$1000.00
€	GSW	4.8.17	\$1200.00
0	GSW	4.10.17	\$1000.00
0	GSW	4.12.17	\$1200.00

Golden State Warriors Playoffs

\triangleright	Warriors v Trailblazers	4.16.17	\$5000.00
	Warriors v Trailblazers	4.19.17	\$5000.00

	Ceremonial Role Eve	dail has aid	ral/Dana Til	in bull and a		
	1. Agency Name	name of the state	Cal das D	surpurions	distribution of the control of the c	A Public Documen
	Oakland Alamede County	Callegian Arthur	de s		Dale Stahip	COLORE ON
	Division, Department, or Re	Elon (francis-shirt)	ny		_[TOTAL COLUMN
	Chris Dobbins, OACCA Co	emmlanianas				For Official Use Only
	Designated Aganoy Conlast	Allossioner				
	- 11 Promise Applied Collision	(гчагта, і ніе)				1
	Area Code/Phone Number	E-mail			Amendment Aust	Provide Explanation in Part 3.)
be	510,383,4801	chrisdobbina@	loaklandnel.co	." קדול	Date of Original Filing	
2	. Function or Event Infor	matlon		The state of the s	The state of the s	
	Does the agency have a tiel		/esΩ No∏	The Notes		 _
	Event Description: Warriors	basketball 2018	Season		Each TickeUPase \$ & LL_1 Ot	ting d
	Ticket(s)/Pass(es) provided I	Provide Tille/E by agenoy? Y	es 🖾 No 🗀			BACFILL
	Was ticket distribution made			lfno;	Name of Source	
	of agency official?	at the beliest N	as [] No [S]	If yes:	Official's Name (Last, First)	
					-maior a seama p. Hall Phall	
3.	Recipients - Use Section A to identify the ugency	'à department er unit	, · Use Section B	o Weatly on individua	d. * Un Section (* La Direct	Commence Com
	A. Name of Agency, Daparts	ment or Valt	Number of Ticket(s)/ Passed			ryan aulside anjanization. Want to the agency's policy
	Secretary Control of the Control of		****			
	B. Name of individual (Lest, First)	laf	Humber af Hokel(s)/ Passss		Identify one of the foll	awing:
	Dobblas, Chris		2 per	to investigate a	n Rele O other (2) Ceremental note-or other deach filiclencies of operallo is that occur at Colisc	
•			game	Ceremonia	Role O Ollin O Ceremanian ness or Omjet describ	
-	Hemo of Outside Organiz (include address and dese	ubijov) spijeji	Hümber of Tirkelfalf Passon	psecupative file bri	alle purpose made pursua	nt to the agency's policy
	All and the second seco					***
	KOTEN S CYCENTERSTRANSMINISTERSON MARKETTERSON MARKETTERS		- Children of his of the	the same of the sa	المالية المراجعة المر	and the second
	ification					The state of the s
	ification re read and understand FPPC Re Movequirements	ะยนไลไดกร 16944,1	and 18942. []	eve verified that th	e distribution set forth a	bove, is in uccordance
l hay With	re read and understand FPPC Re Miorequirements					
l hay With		Chris E	and 18942. [] Dobbins Vana		e distribution set forth a A Commissioner	Outober 2016

Warriors Basketball

Chris Dobbins

2 tickets per game

0	GSW	4.2.17	\$1100.00
•	GSW	4.4.17	\$1000.00
6	GSW	4.8.17	\$1200.00
6	GSW	4.10.17	\$1000.00
0	GSW	4,12,17	\$1200.00

Golden State Warriors Playoffs

Warriors v Trailblazers	4.16.17	\$5000.00
Warriors v Trailblazers	4.19.17	\$5000.00

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Collseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area CodelPhone Number 510.383,4801 Date of Original Filling; idelafuente2012@gmall.com (month, day, year) 2. Function or Event Information See extrache d Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes⊠ No 🗌 Event Description: Warriors Basketball 2016-17 Season Date(s) ___ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No If no: , Name of Source Was ticket distribution made at the behest Yes ☐ No 图 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 un outside organization, Mounder Name of Agency, Department or Unit of Ticket(s)/. Passes Describe the public purpose made pursuant to the agency's policy Number (Last, Eirst) Name of Individual of Ticket(s)/ Passes identily one of the following: Cercmaniel Role Other X De La Fuente, Ignacio If checking "Commonial Role" or "Other" describe below: to investigate the efficiencies of the operations of the 2 per various sporting and other events at Coliseum Complex Ceremonial Role Other ... Income 🔲 If checking "Ceremonial Role" or "Office game Name of Cutside Organization — (Include address and description) Nambor of Tickel(e)/ Passes Describe the public purpose made purguant to the agency's policy 4. Verification I have read and understand PPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the regulirements, Ignacio De La Fuente **OACCA Commissioner** 01.20.17 Print Name (month, day, year) Comment:

Warriors Basketball

Ignacio De La Fuente

2 tickets per game

₽	GSW	4.2.17	\$1100.00
6	GSW	4.4.17	\$1000.00
6	GSW	4.8.17	\$1200.00
8	GSW	4.10.17	\$1000.00
8	GSW	4.12.17	\$1200.00

Golden State Warriors Playoffs

	Warriors v Trailblazers	4.16.17	\$5000.00
\triangleright	Warriors v Trailblazers	4.19.17	\$5000.00

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 Sabrina B. Landreth Designated Agency Contact (Name, Title) 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 Face Value of Each Ticket/Pass \$ 1,100.00 Does the agency have a ticket policy? Yes 🖭 No 🖸 Date(s) 04 / 02 / Warriors Event Description: __ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No[.] If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☑ No □ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Jimenez, Tiffany Ceremonial Role Other _ If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide services to the Authority. Ceremonial Role Other _ Income _ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sabrina Landreth

Print Name

Signature of Agency Head or Designee

Comment: _

(month, day, year)

City Administrator

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 Sabrina B. Landreth Designated Agency Contact (Name, Title) City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-3301 SLandreth@oaklandnet.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No No Date(s) _ 04 / Event Description: ___ 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Unable to Use Ceremonial Role Other | If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide services to the Authority. 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 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 Landreth City Administrator Signature of Agency Head or Designee Print Name

Agency Report of:

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 Division, Department, or Region (if applicable) For Official Use Only Sabrina B. Landreth Designated Agency Contact (Name, Title) 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) __04__/ Event Description: _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes No L Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☑ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Passes Identify one of the following: (Last, First) Unable to Use Ceremonial Role Other 🗌 If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide services to the Authority. Ceremonial Role Other 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

th the requirements.			or po expression
	Sabrina Landreth	City Administrator	4124 17
Signature of Agency Head or Designee	Print Name	Tille	(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 Sabrina B. Landreth Designated Agency Contact (Name, Title) 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? Yes No Face Value of Each Ticket/Pass \$.. Date(s) __04__/ Event Description: ____ 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 В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Unable to Use Caremoniai Role Other | If checking "Ceremonial Role" or "Other" describe below; 2 To provide incentives to City employees that provide 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 Landreth City Administrator Off 24 17 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 Sabrina B. Landreth Designated Agency Contact (Name, Title) 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 \$ 1,000.00 Yes
No Date(s) __04 Warriors 04 , Event Description: _ Ticket(s)/Pass(es) provided by agency? Yes No L. If no: __ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest 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 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 Unable to Use Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide services to the Authority. 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 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 Landreth

Print Name

Signature of Agency Head or Designee

Comment: _

City Administrator

Tille

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 Sabrina B. Landreth Designated Agency Contact (Name, Title) City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-3301 SLandreth@oaklandnet.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 1,200.00 Event Description: Warriors Date(s) _04 / 08 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No If no: _ Name of Source Was ticket distribution made at the behest Yes No □ If yes: Landreth, Sabrina Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit 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 Morris, Yolanda Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina Landreth 1261 17 City Administrator Signature of Agency Head or Designee Print Name Title

Agency Report of:

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 Sabrina B. Landreth Designated Agency Contact (Name, Title) 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 Face Value of Each Ticket/Pass \$ 1,000.00 Does the agency have a ticket policy? Yes No [Date(s) _ 04 / Warriors 10 , Event Description: _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes M 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 Name of Agency, Department or Unit Α. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Flores, Herbert Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide services to the Authority. 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.	V	e	ri	ŤΪ	ca	ti	0	n	
	_			-			_		

have read and understand FPPC Regu ith the requirements.	lations 18944.1 and 18942. I have t	verified that the distribution set forth	above, is in accordance
	Sabrina Landreth	City Administrator	4 124 17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Sabrina B. Landreth Designated Agency Contact (Name, Title) 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 Face Value of Each Ticket/Pass \$ 1,200.00 Does the agency have a ticket policy? Yes
No Date(s) __04__/__12__/ Warriors Event Description: _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes No No Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes M 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Hall, Pamela Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide services to the Authority. Other 🗌 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes

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

with the requirements.	Sabrina Landreth	City Administrator	4124 17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California. Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Sabrina B. Landreth Designated Agency Contact (Name, Title) 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 🗓 Date(s) __04__/ Event Description: __ 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 В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Unable to Use Ceremonial Role Other 🔲

	C. Name of Outside Organization (Include address and description	n On)	Number of Ticket(s)/ Passes	Describe the public purpose made	le pursuant to the agency's	policy
Ā	Verification				TO THE RESIDENCE OF THE PROPERTY OF THE PROPER	
7.	I have read and understand FPPC Regulation with the requirements.	and the	1 and 18942. I I	have verified that the distribution City Administral	r	
	Signature of Agency Head or Designee	Prin	it Name	Title	(month, da	

Comment:

2

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

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

Authority.

Ceremonial Role

To provide incentives to City employees that provide services to the

Other

Income

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) Sabrina B. Landreth Designated Agency Contact (Name, Title) 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 🗔 06 , Event Description: ___ 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. 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 Unable to Use Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide 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. Ver	ifica	นบท

Comment: _

I have read and understand FPPC Regu	lations 18944.1 and 18942. I have v	erified that the distribution set forth a	ibove, is in accordance
with the requirements,			
and the same of th			
	Sabrina Landreth	City Administrator	0 1 / 17
Signature of Agency Head or Designee	Print Name	Tille	(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) Sabrina B. Landreth Designated Agency Contact (Name, Title) 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) 60 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🖭 No 🗔 Date(s) __04 / 14 , Event Description: __ 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 Α. Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ray, Cliff Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide 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 F	PPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth abou	re, is in accordance
with the requirements.					•
	_				

	Sabrina Landreth	City Administrator	0\$1761 17
Signature of Agency Head or Designae	Print Name	Tille	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California HOIM Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Sabrina B. Landreth Designated Agency Contact (Name, Title) 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 🗔 Date(s) _04 / 15 , Event Description: _ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No L Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ▶ No □ 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 Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Pachecho, Keith Ceremonial Role Other | If checking "Caremonial Role" or "Other" describe below; 2 To provide incentives to City employees that provide 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 C (include address and description) Passes

4.	Verification			
	I have read and understand FPPC Regulation with the requirements.	ations 18944.1 and 18942. I have t	verified that the distribution set forth	above, is in accordance
	The state of the s	Sabrina Landreth	City Administrator	0 <i>\$17G1</i> 17
	Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Sabrina B. Landreth Designated Agency Contact (Name, Title) City Administrator Amendment (Must Provide Explanation in Parl 3.) Area Code/Phone Number Date of Original Filling: 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 No 16 / Date(s)_ Event Description: _ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No L 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit Passes Number identify one of the following: Name of Individual of Ticket(s)/ (Last, First) Passes Income 🔲 Ceremonial Role Other Ha, Travis If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide services to the Authority, Other [Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification 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. City Administrator Sabrina Landreth (month, day, year) Print Name Signature of Agency Head or Designee

Comment: _

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (If applicable) Sabrina B. Landreth Designated Agency Contact (Name, Title) 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) 04 / 17 / Event Description: __ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: , Yes No No Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes
No Official's Name (Last, First) of agency official? Recipients Use Section A to identify the agency's department or unit.
 Use Section B to identify an individual.
 Use Section C to identify an outside organization. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number В.: Name of Individual Identify one of the following: of Tickel(s)/ (Last, First) Passes Gonzalez, David Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below; 2 To provide incentives to City employees that provide services to the Authority. Other 🔲 Ceremonial Role Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description)

4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina Landreth City Administrator 04/U / 17 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Sabrina B. Landreth Designated Agency Contact (Name, Title) 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 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes
No 18 / Event Description: _ Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 📵 No 🔝 If no: Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes 🕟 No 🗆 Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy

	Passes	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Duenas,Rudolfo	2	Ceremonial Role Other Income I
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
erification error		

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 Landreth	City Administrator	0\$1261 17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Commont:			

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) Sabrina B. Landreth Designated Agency Contact (Name, Title) 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) __04__/ 19 / Event Description: __ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No If no: Name of Source If yes: Landreth, Sabrina 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)/ Passes Number Name of Individual of Ticket(s)/ В. Identify one of the following: (Last, First) Passes Unable to Use Other 🔲 Income Ceremonial Role If chacking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide services to the Authority. Ceremonial Role Other 🔲 Income If checking "Ceramonial 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

Sabrina Landreth City Administrator 0 17 17
Signature of Agency Head-of-Designee Print Name Title (month, day, year)

Comment:

with the requirements.

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) Sabrina B. Landreth Designated Agency Contact (Name, Title) 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 [] Date(s) __04 20 Event Description: _ 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 В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Reves, Jorge Ceremonial Role Other 🗌 If checking "Ceremonial Role" or "Other" describe below; 2 To provide incentives to City employees that provide 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.	ve	rn	IC	au	Οľ	1

i nave read and understand FPPC	U Regulations 18944.1	i and 18942. I nave	verified that the distribution	on set torth above, is in	accordance
with the requirements.					
	and the second s				

	Saprina Lanurein	City Administrator	Up/ ad 17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Sabrina B. Landreth Designated Agency Contact (Name, Title) 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) 04 / 21 / Event Description: _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes
No L Name of Source If yes: Landreth, Sabrina 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 Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Number Name of Individual identify one of the following: of Ticket(s)/ (Last, First) Passos Unable to Use Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide services to the Authority. Other 🔲 Ceremonial Role 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 Landreth

Print Name

Signature of Agency Head or Designee

Comment:

City Administrator

Agency Report of:

C	eremonial Role Eve	nts and Ticket/F	(422 NI2011	มนแบบร	A	Public Document
1.	Agency Name	Agency Name			Date Stamp	california 802
	Oakland Alameda County	Coliseum Authority				Form OU4
	Division, Department, or Re	gion (if applicable)				For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact	(Name,Title)				
	City Administrator				[Amended 44.44 [Control Control Control
	Area Code/Phone Number	E-mail			☐ Amendment (wast)	rovide Explanation in Part 3.)
	510-238-3301	SLandreth@oaklar	ndnet.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Info	rmation				
	Does the agency have a tid	cket policy? Yes	■ No∟' F	ace Value of	Each Ticket/Pass \$	
	Event Description:A	N'S Provide Tille/ Expla	D	ate(s)	, 22 , 17	
	Ticket(s)/Pass(es) provided			no:		
			15	yes: Landret	Name of Source h. Sabrina	
	Was ticket distribution mad	le at the behest Yes	No 🗆 11	yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients • Use Section A to identify the age	ncy's department or unit.	Use Section B to ic	lentify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Dep	partment or Unit	Number of Ticket(s)/ Passes		e public purpose made pur	suant to the agency's policy
	R Name of Ind	ficial columns of the	Number			
	B. Name of Ind (Last, Fi	rangement to the control of the cont	of Ticket(s)/ Passes		Identify one of the fo	Mowing:
	Unable to Use		2	If check		
				Cerem	onial Role Other Ing "Ceremonial Role" or "Other" des	
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe the	s public purpose made purs	uant to the agency's policy
					The state of the s	
4.	Verification		20 D D D D D D D D D D D D D D D D D D D		The state of the s	And County
4.	Verification I have read and understand FF with the requirements.	PPC Regulations 18944.	1 and 18942. I	have verified ti	hat the distribution set fo	rth above, is in accordance
4.	I have read and understand FF	•	1 and 18942. I a Landreth	have verified ti	hat the distribution set fo City Administrator	rth above, is in accordance

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 Sabrina B. Landreth Designated Agency Contact (Name, Title) 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? Yes 🖲 No 🗀 Face Value of Each Ticket/Pass \$ 04 23 Event Description: __ Date(s)_ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No L 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,

	Number	dentify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Unable to Use	2	Ceremonial Role Other Income I
		Ceremonial Role Other Income Income Income Income
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
erification		

Sabrina Landreth

Print Name

Signature of Agency Head or Designee

Comment:

0岁161 17

(month, day, year)

City Administrator

Title

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) Sabrina B. Landreth Designated Agency Contact (Name, Title) 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 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 💽 No 🗀 Warriors 16 / Event Description: ___ Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes 💽 No 🗀 If no: . Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes No ... of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Orologas, Alexandra Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide services to the Authority. Ceremonial Role Other Income \square If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes

4.	Verification			
	I have read and understand FPPC Reg with the requirements.	ulations 18944.1 and 18942. I have	verified that the distribution set forth a	above, is in accordanc
		Sabrina Landreth	City Administrator	OB124 17
	Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Sabrina B. Landreth Designated Agency Contact (Name, Title) 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 🗋 Warriors 19 04 Event Description: _ 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 □ 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 Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Gaines, Chantal Ceremonial Role Other | If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide 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

Sabrina Landreth

Print Name

with the requirements.

Comment: _

Signature of Agency Head or Designee

0\$1261 17

(month, day, year)

City Administrator

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A Public Document

1. Agency Name				Date Stamp	California Q02
Oakland-Alameda County	/ Coliseum Aut		Form 602		
Division, Department, or R	egion (If Applicab		For Official Use Only		
Barbara J. Parker, City A	ttorney/OAACA	Official			
Designated Agency Contac					
Area Code/Phone Number	E-mail			Amendment (Must pro-	vide explanation in Part 3.)
(510) 238-3815	bparker@o	aklandcityatto	rney.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Info	ormation				
Does the agency have a tic	5	Yes⊠ No[-	f Each Ticket/Pass \$	
Event Description Warriors	v. Washingtor	Nizards	Date(s)4		
Ticket(s)/Pass(es) provided	by agency?	Yes 🗵 No [☐ If no:	Name of Source	ce
Was ticket distribution made of agency official?	e at the behest	No⊠ Yes[If yes:	Official's Name (Las	st, First)
3. Recipients					
 Use Section A to identify the age 	ncy's department or		tion B to identify an individu	al. • Use Section C to identify	an outside organization.
A. Name of Agency, Depart	ment or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy
B. Name of Individ	lual	Number of Ticket(s)/		Identify one of the following	:
()		Pass(es)	Ceremonial Role	Other X	Income
Starks, Howard		2	If checking "Ceremonia	nl Role" or "Other" describe below:	_
			To provide incentive services to the Auth	es to City and County er ority	mployees that provide
		2	Ceremonial Role [If checking "Ceremonia	Other In Other describe below.	Income
C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
(man)					
. Verification					
I have read and understand FPPC Reg	ulations 18944.1 and	l 18942. I have verifi	ied that the distribution set for	th above, is in accordance with th	e requirements.
Butanh (de	arke_	Barbara J. Pa	14	Attorney/OAACA Officia	
Signature of Agency Head or Designe	e	Print Name		Title	(Month Day Year)
Comment:					

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1	. Agency Name	alionum Aud	Date Stamp	California 802		
	Oakland-Alameda County C Division, Department, or Reg		For Official Use Only			
	Barbara J. Parker, City Atto Designated Agency Contact	rney/OAACA				
	1977/75/75/88/88/88/88		and the second s		Amendment (Must pro	lvide explanation in Part 3.)
	Area Code/Phone Number (510) 238-3815	E-mail bparker@o	aklandcityatto	rney.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	nation				(mom, buy, rour)
	Does the agency have a ticke	t policy?	Yes⊠ No[] Face Value o	of Each Ticket/Pass \$	1,000.00
	Event Description Warriors v	. Minnesota Provide Title/Exp	Timberwolves	Date(s)4		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No [] If no:	Name of Soun	ce
	Was ticket distribution made a of agency official?	t the behest	No⊠ Yes[If yes:	Official's Name (La	st, First)
3.	Recipients					
	Use Section A to identify the agency	THE TAXABLE PROPERTY OF THE PARTY OF THE PAR	unit. • Use Sect	ion B to identify an individu	ial. Use Section C to Identify	y an outside organization.
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
		- Adams - Adam				
	Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	3:
	Early, Shavonda				Other 🗵	Income
	Eury, Gravorida		2	•	es to City and County e	mployees that provide
			2	Ceremonial Role [Other describe helow.	Income [
	C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
		7.			· · · · · · · · · · · · · · · · · · ·	
	Verification					
,	have read and understand FPPC Regular	nons 16944 1 and				•
	Signature of Agency Head or Designee	M/Salaninaman	Barbara J. Pa	arker City	Attorney/OAACA Officia	al 04/07/2017 (Month, Day, Year)
(Comment:	N. N. N. N. P. N. W. T. W. W. T. W. W. T. W. W. T. W. W. T. W. W. T. W. W. T. W. W. T. W. W. T. W. W. T. W. W. T. W. W. T. W. W. T. W. W. T. W. W. T. W. W. T. W. W. W. T. W. W. T. W. W. T. W. W. T. W. W. W. T. W. W. W. T. W.				

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1	Agency Name				Date Stamp	California Q00
	Oakland-Alameda County C	oliseum Au		Form OUZ		
	Division, Department, or Regi	on (If Applical		For Official Use Only		
	Barbara J. Parker, City Attor	nov/OAAC/				
	Designated Agency Contact (4 Official			
	boolghated rigolloy bollate (rvame, mic)				
					Amendment (Must pro	vide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
FEIG	(510) 238-3815		oaklandcityatto	rney.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform					1,200.00
	Does the agency have a ticket		Yes 🗵 No [f Each Ticket/Pass \$	
	Event Description Warriors v.	New Orlea	ns Pelicans	Date(s)4		
		Provide Title/Ex	planation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🛛 No [If no:	Name of Source	
	Mar Calad Calada Cara					
	Was ticket distribution made at of agency official?	the behest	No ☒ Yes [If yes:	Official's Name (Las	d Firell
-			AND THE RESERVE OF THE PERSON		Official's Name (Las	it, Filst)
3.	Recipients	lo denedare d	11 C4	D. H. W		
	Use Section A to identify the agency		Number of			
	A. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
			Fass(es)			
	Marie de la companya		+			
	R Name of Individual		Number of			
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the following	:
				Ceremonial Role	Other 🛛	Income
	Parker, Barbara J.		2	If checking Ceremonia	Il Role" or "Other" describe below	
			2	To investigate the e	fficiencies of the operati	ons of the various
				sporting and other e	vents that occur at Coli	seum Complex
				Ceremonial Role		Income
			2	ii checking 'Geremonia	l Role" or "Other" describe below;	
	Name of Outside Organiz	olion	Number of			
	(include address and descr		Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
-			1 400(00)			
,			 			
-						
	/erification					
1	have read and understand FPPC Regulati	ons 18944.1 and	d 18942. I have verifi	ied that the distribution set for	th above, is in accordance with the	e requirements.
1	Janka Chit		Barbara J. Pa	rker City /	Attorney/OAACA Officia	04/10/2017
82	Signature of Agency Head or Designee	W2-5	Print Name		Title	(Month. Day, Year)
54						
(Comment:					

	mm		-		
A	Pub	lic	Doc	um	ent

1. Agency Name				Date Stamp	California 802
Oakland-Alameda County Co			Form 002		
Division, Department, or Region	on (If Applicabl		For Official Use Only		
Barbara J. Parker, City Attorn	ney/OAACA				
Designated Agency Contact (/		- 484			
Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform	nation				
Does the agency have a ticket	policy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$	1,200.00
Event Description Warriors v.	Los Angeles Provide Title/Exp	Lakers lanation	Date(s)4		
Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Source	ie .
Was ticket distribution made at of agency official?	the behest	No⊠ Yes	☐ If yes:	Official's Name (Las	st, First)
3. Recipients					
Use Section A to identify the agency's	s department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identify	an outside organization.
A. Name of Agency, Departmen	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy
B. Name of Individual		Number of Ticket(s)/		Identify one of the following	:
(Lost, First)		Pass(es)	nedov province F		
Smith, Jamie			Ceremonial Role L	Other 🗵	Income [
		2	To provide incentive services to the Auth	es to City and County er ority	mployees that provide
			Ceremonial Role	Other Dil Role" or Other describe below.	Income
		2			
C. Name of Outside Organiza		Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	the agency's policy
					-
. Verification					
I have read and understand FPPC Regulation	ons 18944.1 and	18942. I have ver	ified that the distribution set for	th above, is in accordance with th	e requirements.
(Olubra) Soul		Barbara J. P	arker City	Attorney/OAACA Officia	d 04/13/2017
Signature of Agency Head or Designee		Print Name		Title	(Month Day Year)
Comment:					

A Public Document

1	. Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	Coliseum Aut		Form OU2		
	Division, Department, or Reg	ion (If Applical	-	For Official Use Only		
	Barbara J. Parker, City Attor					
	Designated Agency Contact (The state of the s	TOMORE		_	
		,				
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(510) 238-3815		aklandcityat	torney ora	Date of Original Filing:	
5	Function or Event Inform		amaridonyat	torney.org		(Month, Day, Year)
for 1	Does the agency have a ticket		Vac 🔽 Na	- □ Face Value	of Each Ticket/Pass \$	5,000.00
			Yes X No	0.37 - 20		
	Event Description Warriors v	Provide Title/Ex	planation	Date(s)	4 , 19 , 17	
	Ticket(s)/Pass(es) provided by					
	Ticket(s)/i ass(es) provided by	agency?	Yes 🗵 No	і і і і і і і і і і і і і і і і і і і	Name of Source	ce
	Was ticket distribution made at	the behest	No X Yes	If yes:		
	of agency official?			, , , , , , , , , , , , , , , , , , , ,	Official's Name (Las	st, First)
3.	Recipients					
	Use Section A to identify the agency	's department or		ction B to identify an individ	ual. • Use Section C to identify	an outside organization.
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to	the agency's policy
	1000					1
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	:
			7 435(55)	Ceremonial Role	Other X	Income
	Harris, Veronica			The same of the sa	ial Role" or "Other" describe below	income L_
			2	To provide incentive services to the Auth	es to City and County er nority	nployees that provide
				Ceremonial Role	Other	Income
			2	If checking "Ceremoni	al Role" or "Other" describe below:	
	O News (Out-14 Out		Number of			
	 Name of Outside Organization (include address and descr 		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
			1 433(63)			
3						
1 1	/erification					
	Veτπιτατίση have read and understand FPPC Regulab	ons 18944 1 and	18942. I have ver	ified that the distribution set for	rth above is in accordance with the	a requirements
	2 1/2					
-	Signature of Agency Head or Designee		Barbara J. P		Attorney/OAACA Officia	the same of the sa
			, ma riding		Title	(Month. Day, Year)
(Comment:					

I. Agency Name				A Public Document
Oakland Alameda County Coliseum Auth Division, Department, or Region (II Applicabl Scott Haggerly, OACCA Commissioner Designated Agency Contact (Name, Title)	gan et alle et	Date Stamp	For Oldclel Use Only	
Area Code/Phone Number E-mail	erson@acgov.	org	Date of Original Filing;	icovide explanation in Part 3.) (Gentli, Day, Year)
Function or Event Information Does the agency have a tickel policy? Event Description Provide Title/Expl Ticket(s)/Pass(es) provided by agency? Was tickel distribution made at the behest of agency official?	Yes ⊠ No ☐ I (I (I (I (I (I (I (I (Date(s)	f Each Ticket/Pass \$	
Recipients • Use Section A to Identify the agency's department or A A. Name of Agency, Department or Unit	unit. » Use Sectle Number of Ticke((s))		al. • Use Section C to Ident	
*	Pass(de)		sight of facilities or o	
B. Kame of Individual	Number of Ticket(s)/ Pass(os)		Identify one of the followi	ng:
Stacky McGrank		event in o	attendance at a co order to maximize po for concession and	otential county
,		Coremonial Role Heliophing "Commercial	Olher D	Інсовію 🗌
C. Name of Oalside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant	to the agency's policy
		To Reward a school or Rs contributions to th	r nonprofit organization e community.	for
Verification Usere read and impossional reportage phone 18944.1 and L Spectrum of read and reportage provides to the contract of the contract	16342. I heve veille: ee Ann Ferger Phat Menn	1.50	ili above, is in assaidanse with upervisors Assistant nive	too requirements. (Mfath, Ony, Keen)

Agency Report of: Ceremonial Role Events and T	icket/Pass	: Distributions		A Public Document
Agency Name Oakiand Alameda County Coliseum Au Division, Department, or Region (If Applica Scott Haggerly, OACCA Commissioner	lhority blaj	no distribution for the second	Oate Stamp	For Olaclei Use Only
Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail	gerson@acgo	y.org	Amendment (Ates)	(Menth, Day Year)
2. Function or Event Information Does the agency have a ticket policy? Event Description Provide Tillofes Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?	Yes⊠ No plahalion Yes⊠ No No⊡ Yes	Date(s)	f Each Ticket/Pass \$	5,000
3. Recipients • Use Section A to identify the agency's department of A. Name of Agency, Department or Unit	Number of		al. • Usa Saction C to Idea	
,	Ticke(s) Pass(se)	To obtain overs	ight of facilities or / funding or suppor	events that have
B. Hame of Individual per For	Humber of Ticket(s)/ Pass(os)		Identify one of the fellowi	ng:
Derek tidy	1	event in o	attendance at a coorder to maximize pr for concession and	otential county
		Coremontal Rola Makesking Ceremonta	Other : Grant describe helevi.	Cinasin
C. Name of Outside Organization (include address and description)	Humber of Tickel(s)/ Pass(es)	Describe the publi	c purpose made pursuant	to the agency's policy
		To Reward a school or Its contributions to th	nonprofit organization e community.	for
. Verification There read end indessional RPPC Regulations 16944.1 end Segment of Applications there or the Segment	I 18342. I have vari Lee Ann Ferg Past thesa		h abore, is in ascerdance with upervisors Assistant ma	too requirements.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (If applicable) For Official Use Only Christin Hill, OACCA Commissioner Designated Agency Contact (Name, Trie) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510.383,4801 christin.hill@gmail.com Date of Original Filing; (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes No ☐ Face Value of Each Ticket/Pass \$ 5000.00 Event Description: Warriors Basketball / Playoffs Date(s) __04__/_ 19 , 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 C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(a)/ B. Hame of Individual Identify one of the following: (Last, First) Passes Hill, Christin Ceremoniai Role 🔲 Other 🗵 to investigate the efficiencies of the operations of various 2 sporting and other events that occur at Coliseum Complex Ceremonial Role Other 🔲 Income [If checking "Ceremonial Role" or "Other" describe belo Name of Outside Organization (include address and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance Christin Hill OACCA Commissioner 04.14.17 Print Name Title (month, day, year) Comment:

Agency Report of: Ceremonial Role Even	te and Tietesth	Dace Diet	ributiono		In day to
1. Agency Name	to cited 1100/GW	r das Dist	HOUROUS	1	Public Document
Oakland Alameda County C	oliseum Authority			Date Stamp	Germanie (8)(0)/2)
Division, Department, or Regi					For Official Use Only
Scott McKibben, OACCA Ex	eculive Director				
Designated Agency Contact (
				□ Amendment atout	roylde Explanation in Part 3.)
Area Code/Phone Number	E-mall		Andrew Andrews	[] Amendment (s)us(P	rozige Explanation in Parl 3.)
510,383,4801	smckibben1@gma	ail.com		Date of Original Filing:	(month, day, year)
2. Function or Event Inform	กลขีงท				. 1
Does the agency have a tick	el policy? Yes	☑ No□	Face Value of I	Each Tickel/Pass §	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Event Description: Warriors	2016 Season		Dale(s)/	-11-6 Her	Wall .
	Provide Title/ Expl	malion			
Tickel(s)/Pass(es) provided b	by agency? Yes	⊠ No∐	If no:	Hame of Source	
Was ticket distribution made	at the behest Yes	L No K	lí yes:,		
of agency official?		= 5		Official's Name (Lest, First)	
. Recipients				·	
· Use Section A to identify the agency	's department or unit.	Use Section B to	identify an individu	ial, • Use Section C to identi	fy an outside organization.
/ Hame of Agency, Depart		Number of Ticket(s)/	1		
71		Passes	. Observes the	Trubic burbose made purs	want to the agency's policy
Name of Individ	lual	Duniber		11 22 21 2	
(Lusi, First)		of Tickel(s)/ Passes		Identify one of the fo	llowing:
McKibben, Scott		Sel.		nial Role Other 🔀	Incomo 🗌
		ottoched	To investigate	g Command Rate of Other dece the efficiencies of the	e operations of various
			sporting and o	other events that occu	r al Coliseum Complex
				nial Rule 🔲 — Other 🔲 J'Orientothil Role (er Other) desc	Income 🗍
(). Hame of Outside Orga		Humber of Ticket(s)/	Describe that	nublic measur made succe	rant to the agency's policy
(include address and de	scription)	Passes	CESCINIS INC	rauna parpose made parsi	алсто те аделсу в ропсу
	1				
Verification					
J have read and understand FRAG	Bugulalions 18944	l and 18942. I	have verified tha	al the distribution set for	h above, is in accordance
with the regilicements	1 11		1111	The state of the s	, modes, is in accordance
<u> </u>		#cKibben	OAC	CA Executive Director	
V Signalum Wed and Will fir passans (7	Prin	I Flame		Title	(usaul), day yaari
Comment:					

Warriors Basketball

Scott McKibben

4 tickets per game

0	GSW	4.2.17	\$1100.00
•	GSW	4.4.17	\$1000.00
•	GSW	4.8.17	\$1200.00
8	GSW	4.10.17	\$1000.00
0	GSW	4.12.17	\$1200.00

Golden State Warriors Playoffs

	Warriors v Trailblazers	4.16.17	\$5000.00
Þ	Warriors v Trailblazers	4.19.17	\$5000.00

Oakland-Alameda Coul Division, Department, or Susan S. Muranishi, Co Designated Agency Cont Area Code/Phone Number 510-272-3862 Function or Event in Does the agency have a televent Description Golder Ticket(s)/Pass(es) provide Was ticket distribution mand of agency official?	Region (If Application) punty Administration act (Name, Title) pr E-mail	tor, Alameda tor, Alameda tinistrator@a Yes ⊠ N	acgov.org o	Date Stamp Amendment (Must port of Original Filing:) Date of Original Filing:	
Susan S. Muranishi, Co Designated Agency Conf Area Code/Phone Number 510-272-3862 Function or Event In Does the agency have a t Event Description Golder Ticket(s)/Pass(es) provide	Region (If Application) punty Administration act (Name, Title) pr E-mail	tor, Alameda tor, Alameda tinistrator@a Yes ⊠ N	acgov.org o	Date of Original Filing: .	For Official Use Only rovide explanation in Part 3.) (Month, Day, Year)
Susan S. Muranishi, Co Designated Agency Conf Area Code/Phone Number 510-272-3862 Function or Event in Does the agency have a t Event Description Golder Ticket(s)/Pass(es) provide Was ticket distribution made	er E-mail countyadm formation ficket policy? Provide TitleEx	tor, Alameda sinistrator@a	acgov.org o	Date of Original Filing: .	rovide explanation in Part 3.) (Month, Day, Year)
Area Code/Phone Number 510-272-3862 Function or Event in Does the agency have a true Event Description Golder Ticket(s)/Pass(es) provide Was ticket distribution made	er E-mail countyadm formation icket policy? Totale Warriors Provide Title/Expended by agency?	iinistrator@a Yes ⊠ N	acgov.org o	Date of Original Filing: .	(Month, Day, Year)
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510-272-3862 Function or Event in Does the agency have a teleprotection Golder Ticket(s)/Pass(es) provide Was ticket distribution made	countyadm formation cicket policy? State Warriors Provide TitleExt ad by agency?	Yes⊠ N	o ☐ Face Value o	Date of Original Filing: .	(Month, Day, Year)
510-272-3862 Function or Event in Does the agency have a teleprotection Golder Ticket(s)/Pass(es) provide Was ticket distribution made	countyadm formation cicket policy? State Warriors Provide TitleExt ad by agency?	Yes⊠ N	o ☐ Face Value o	Date of Original Filing: .	(Month, Day, Year)
Function or Event in Does the agency have a t Event Description Golder Ticket(s)/Pass(es) provide Was ticket distribution made	formation licket policy? In State Warriors Provide Title/Exp and by agency?	Yes⊠ N	o ☐ Face Value o	Date of Original Filing: .	(Month, Day, Year)
Does the agency have a t Event Description Golder Ticket(s)/Pass(es) provide Was ticket distribution made	formation licket policy? In State Warriors Provide Title/Exp and by agency?	Yes⊠ N	o ☐ Face Value o		
Does the agency have a t Event Description Golder Ticket(s)/Pass(es) provide Was ticket distribution made	icket policy? State Warriors Provide Title/Exp ad by agency?	Yes ⊠ N Basketbali planation			
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Ticket(s)/Pass(es) provide Was ticket distribution made	ed by agency?	planation	Date(s)		
Ticket(s)/Pass(es) provide Was ticket distribution made	ed by agency?	pianagoți		, 02 , 17	04 , 04 , 17
Was ticket distribution mad			,,		
Was ticket distribution man		Yes 🗵 No	o 🔲 🌐 If no:		
of agency official?	in at the hehoet	11 mm v	_	Name of Sou	rce
	or tite boilest	No 🗵 Yes	s□ If yes;	Official's Name (Le	
Recipients	· <u> </u>			Official's Name (Le	st, First)
Use Section A to Identify the sec	Biitu's desertment es				
Use Section A to identify the ag Name of Agency, Danage	and a debut attest of	Number of	oction S to identify an individu	al. • Lies Section C to identif	y an outside organization,
A. Name of Agency, Depar	twent or DNR	Ticket(s)/ Pass(as)	Describe the publ	le purpose made purevent to	the agency's policy
County Administrator's O	office	- ruse(as)	<u> </u>	<u> </u>	
	ANGE.	2/ea	the public as to accounty	employee for his or he urage staff developme	r exemplary service to
B. Name of Indivi (leat, First)	qual	Number of Ticket(s)/ Pass(as)		Identify one of the following	ļ:
			Ceremoniai Roje [if checking *Ceremoniai	J Other □ Role* or *Other* describe behaw:	Іпсоте 🗖
			Ceromonial Role	Other C	Income
Name of Outside Orga (include address and de	enization escription)	Number of Ticket(a)/ Pass(es)	Describe the public	burpose made pursuant to 1	ite agency's policy
erification ave read and understand FPFC Regi	Kan Kan Su	8942. I have veril Isan S. Mura		above, is in accordance with the bunty Administrator	requirements.
Signature of Agoncy Head or Dosignes	4 /	Print Name	No.	Title	(Month, Day, Year)

Agency Report of:

Function or Event Information Does the agency have a ticket policy? Event Description Golden State Warriors Provide TitleEx Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients	tor, Alameda hinistrator@a Yes N Basketball planation Yes N No Yes	Amendment (Must provide explanation in Part 3.) acgov.org Date of Original Filling: (Month, Day, Year) Io Face Value of Each Ticket/Pass \$
Susan S. Muranishi, County Administra Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail 510-272-3862 Function or Event Information Does the agency have a ticket policy? Event Description Golden State Warriors Provide Titler Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or Unit Name of Agency, Department or Unit	tor, Alameda inistrator@a Yes No Basketball planation Yes No No Yes runit • Use Sc Number of Ticket(s)	Amendment (Must provide explanation in Part 3.) acgov.org
Area Code/Phone Number 510-272-3862 Function or Event Information Does the agency have a ticket policy? Event Description Golden State Warriors Provide Title/Ex Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department of the section A to identify the agency's department or Unit Name of Agency, Department or Unit	Yes No Yes No Yes No No Yes No No Yes	Amendment (Must provide explanation in Part 3., acgov.org Date of Original Filling: (Month, Day, Year) Io Face Value of Each Ticket/Pass \$
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Vee Section A to identify the agency's department of A. Name of Agency, Department or Unit	Ticket(e)/	
A. Name of Agency, Department or Unit Name of Individual	Ticket(e)/	
Name of individual	Ticket(e)/	Describe the public purpose made pursuant to the agency's policy
	1	
	Number of Ticket(s)/	identify one of the following:
	Pase(ca)	
ki Nakao		Ceremonial Role
	2	to reward a County employee for his or her exemplant services
		the public or to encourage staff development
		Ceremonial Role Other Other
		if checking "Ceremonial Role" or "Other" clascribe below:
Name of Outside Organization	Number of	
(include address and description)	Ticket(e)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

Agency Report of:

4.

Oakland-Alameda County Colliseur Authority Division, Department, or Region (#Applicable) Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contract (Name, Tille) Area Code/Phone Number	1. Agency Name				A Public Docume
Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail	Oakland-Alameda County Colise	um Authority		Date Stamp	Catifornia 802
Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Trite) Area Code/Phone Number E-mail	Division, Department, or Region (f Applicable)			For Official Use Only
Anse Codal/Phone Number E-mail					
Area Coda/Phone Number E-mail County administrator@acgov.org Date of Original Filings: (Month, Day, Year) Date	Designated Agency Contact (Name	innstrator, Alameda .Title)	County	_	
Date of Original Filling: County administrator @aogov.org Date of Original Filling: (Month. Day Yeard	_ _	,			
Date of Original Filling: County administrator@aogov.org	Area Code/Phone Number 15 m.	né!	Man, and an	Amendment (Must	Omvide Avalenation in Dod 5 \
Does the agency have a ticket policy? Yes 🗵 No 🗆 Face Value of Each Ticket/Pass \$ 200 at Color State Warriors Basketball Provider Tilbures/planation Ticket(s)/Pass(es) provided by agency? Yes 🗵 No 🗀 If no:	MAR Alma		10001/ 44-		
Does the agency have a ticket policy? Yes 🗵 No 🗌 Face Value of Each Ticket/Pass \$ 200 at Color State Warriors Basketball Provider Tile/Replanation Ticket(s)/Pass(es) provided by agency? Yes 🗵 No 🖺 If no:	400		rcfov.orð	Date of Original Filing:	(Manth, Day, Year)
Event Description Golden State Warriors Basketball Provide TilleExplanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source Was ticket distribution made at the beheat of agency official? No Yes If yes: Official? Name of Source Was ticket distribution made at the beheat of agency official? Recipients • Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit. Name of Individual (see Field) Pass(as) Describe the public purpose made pursuant to the agency's policy Pass(as) Ceremonial Role Oner Name of the following: Identify one of the following: Identify one of the following: Identify one of the following: Income Inc		_	5 5 7		
Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source Was ticket distribution made at the behast of agency official? Recipients * Use Section A to Identify the agency's department or unit. * Use Section B to Identify an individual. * Use Section C to Identify an outside organization. * A. Name of Agency, Department or Unit. * Number of Ticket(sy) Pass(es) Pass(es) Department to the agency's policy Pass(es) Department or Unit Department Departme	•	- 100 100 141			ac acrac ac
Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source Was ticket distribution made at the behest of agency official? No New Yes If yes: Officials Name (Last, First) Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual Number of Ticket(s) Pass(es) Identify one of the following: Pass(es) Identify one of the following:	Event Description Colden State VV	e Title/Explanation	Date(s)	19 , 17	05 , 02 , 17
Value Section Market of Individual Name of Ind					
Was Licker distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit. Number of Tabaday Passe(as) B. Name of individual [Low, Feet) Passe(as) Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the officiencies of the operations of the various sporting and other events that occur at the Colliseum Complex Coremonlat Role Other Income Incom	·	100 22 140	o∐ If no:	Name of So	urica
Recipients - Use Section A to Identify the agency's department or unit. - Use Section A to Identify the agency's department or unit. - Use Section A to Identify the agency's department or unit. - Use Section A to Identify the agency's department or unit. - Use Section A to Identify an individual. - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuan	Was ticket distribution made at the b	ehest No 🖾 Yes			
* Use Section A to Identify the agency's department or unit. A. Name of Agency, Department or Unit Number of Televicity Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Coronanial Role Other (Income the officiencies of the operations of the various sporting and other events that occur at the Colliseum Complex Coronanial Role Other (Income the description) Describe the public purpose made pursuant to the agency's policy Coronanial Role Other (Income the description) Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency Describe the public purpose made pursuant to the agency Describe the public purpose made pursuant to the agency Describe the public purpose made pursuant to the agency Describe the public purpose made pursuant to the agency Describe the public purpose made pursuant to the agency Describe the public purpose made pursuant to the agency	or agency official?		п усо.	Official's Numo (l	est, First)
A. Name of Agency, Department or Unit Telebet(s)					
A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy	- use section A to identify the agency's depa	rtment or unit. • Use So	iction B to identify an individu	al. • Usa Section C to ident	ify an outside organization.
Susan S. Muranishi 2/ea Ceremonial Role Other Image: Income If cheeding 'Corumonial Role' or 'Other describe below: to investigate the efficiencies of the operations of the various sporting and other events that occur at the Colliseum Complex Coremonial Role Other Image: Income If checking 'Coromonial Role' or 'Other' describe below: Coremonial Role Other Image: Income If checking 'Coromonial Role' or 'Other' describe below: Coremonial Role Other Image: Income If checking 'Coromonial Role' or 'Other' describe below: Coremonial Role Other Image: Income If checking 'Coromonial Role' or 'Other' describe below: Coremonial Role Other Image: Income If checking 'Coromonial Role' or 'Other' describe below: Coremonial Role Other Image: Income If checking 'Coromonial Role' or 'Other' describe below: Coremonial Role Other Image: Income If checking 'Coromonial Role' or 'Other' describe below: Coremonial Role Other Image: Income If checking 'Coromonial Role' or 'Other' describe below: Coremonial Role Other Image: Income If checking 'Coromonial Role' or 'Other' describe below: Coremonial Role Other Image: Income If checking 'Coromonial Role' or 'Other' describe below: Coremonial Role Other Image: Income If checking 'Coromonial Role' or 'Other' describe below: Income If checking 'Coromonial Role Image: Income	A. Name of Agency, Dapartment or U	nit Rumber of Ticket(s)	I .		
Susan S. Muranishi Pass(es) Inchet(gs) Identify one of the following:					
Susan S. Muranishi Pase(es) Inchet(es) Income Inchet(es) Other Income					
Susan S. Muranishi Pase(es) Inchet(es) Income Inchet(es) Other Income					· · · · · · · · · · · · · · · · · · ·
Susan S. Muranishi Pass(es) Inchet(gs) Identify one of the following:	-				
Susan S. Muranishi 2/ea Ceromonial Role Other		Ticket(a)/	'	Identify one of the follows:	
2/ea If checking "Cerumanial Role" or "Other describe below: to Investigate the efficiencies of the operations of the various sporting and other events that occur at the Coliseum Complex		Pass(es)			181
to Investigate the efficiencies of the operations of the various sporting and other events that occur at the Collseum Complex Coremonial Role Other Other Income	Susan S. Muranishi	<u> </u>			Income 🔲
Coremonial Role Other Income Coremonial Role Other Income Inco		2/ea			ions of the verious
Coremonial Role Other Income If checking "Ceromonial Role" or "Other" describe below: Name of Outside Organization (Include address and description) Ticket(a)/ Pass(es) Pass(es) Describe the public purpose made pursuant to the agency's policy Perification (ave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Susan S. Muranishi County Administrator			sporting and other e	vents that occur at the	Coliseum Complex
Name of Outside Organization (Include address and description) Pass(as) Describe the public purpose made pursuant to the agency's policy Pass(as) Perification Reversed and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Susan S. Muranishi County Administrator		1	Coremonial Role	Other 🔲	
(Include address and description) Tickst(a)/ Pass(as) Describe the public purpose made pursuant to the agency's policy /erification nave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Susan S. Muranishi County Administrator			if checking "Caromoniai ,	Role" or "Other" describe below:	
(Include address and description) Tickst(a)/ Pass(as) Describe the public purpose made pursuant to the agency's policy /erification nave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Susan S. Muranishi County Administrator					
(Include address and description) Tickst(a) Pass(as) Perification have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Susan S. Muranishi County Administrator	C. Name of Outside Organization			<u> </u>	· ()
Susan S. Muranishi County Administrator	(Include address and description)		Describe the public	purpose made pursuant to	the agency's policy
Susan S. Muranishi County Administrator					
Susan S. Muranishi County Administrator	1900				
Susan S. Muranishi County Administrator					
Susan S. Muranishi County Administrator					
Signature or Regular Head or Designee Susan S. Muranishi County Administrator	/erification				
Signature of Aggy by Head or Designee Susan S. Muranishi County Administrator	nave read and undersland FPPC Regulations 1894	14.1 and 18942. I have veri	fied that the distribution set forth	above, is in accordance with it	ha nanulramento
Signature of Egylky Head or Designes	Fran muranicai/2				·····
Tille (Month, Day, Yenr)	Signature of Agglicy Head or Designee	Print Name		Title	MANATO Para Vane

Agency Report of:
Ceremonial Role Events and Ticket/Pa

1	1. Agency Name				Date Stemp	A Public Docume
	Oakland-Alameda County	Coliseum Au	thority			Galifornia 802
	Division, Department, or Rec	on (If Applica	bie)		-	For Official Use Only
	Susan S. Muranishi, Count	/ Administra	tor. Alameda	a County		
	Designated Agency Contact	(Name, Title)		a COLLICKY	4	
	Area Code/Phone Number	E-mall			Amondment (Must	provide explanation in Part 3.)
	510-272-3862	countyadm	inistrator@a	icgov.org	Date of Original Filing:	
)	. Function or Event Infor	nation		<u> </u>		(Month, Day, Year)
	Does the agency have a ticke	t policy?	Yes 🗵 N	n ☐ Face Value o	of Each Ticket/Pass \$	Duattach
	Event Description Golden Sta	ate Warriors	Basketball			VI WOT
		Provide Title/Ex	planetion	Date(s)	, 10 , 17	
	Ticket(s)/Pass(es) provided by	agency?	Yes 🛛 No	√□ lf no:	i	
		-		77 57-40	Namo of So	игсе
	Was ticket distribution made a of agency official?	ine behest	No 🔀 Yes	i□ If yes:	Official's Name (i	
_	Recipients				Official's Name (ast, First)
•		s department or	unit - a tipo Sa	mathematical and the second		
	Vee Section A to identify the agency Name of Agency, Department	t or Unit	Number of Ticket(s) Pass(es)		ai. • Use Section C to Identic C purpose made pursuant	
	County Administrator's Office		2	To reward a County	employee for ble or h	er exemplary service to
٠			 _	the public or to enco	urage staff developm	ent
	B. Name of individual		Number of Ticket(s)/ Pass(cs)		identify one of the following	g;
		•		Ceremonial Role [If chacking 'Coremonial	Other 🛭 Rolo" or "Other" doscribe bulow:	locome
***				Ceremonial Role	Other	income 🔲
C	Name of Outside Organiza (Include address and descri	tion otion)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
	erification		Pags(os)			
/i	······································			eu uwr rne aismbulion set forth	ubove, is in accordance with th	la requirements.
/i	ave road and understand FPPC Regulation		ısan S. Mura		unty Administrator	

Warriors Basketball

Susan Muranishi

2 tickets per game

•	GSW	4.2.17	\$1100.00
•	GSW	4.4.17	\$1000.00
8	GSW	4.8.17	\$1200.00
•	GSW	4.10.17	\$1000.00
	GSW	4.12.17	\$1200.00

Golden State Warriors Playoffs

\$5000.00 \$5000.00

Warriors v Trailblazers	4.16.17
Warriors v Trailblazers	4.19.17

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510.383.4801 Date of Original Filing: idelafuente2012@gmail.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: Oakland A's Baseball Season 2017 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 🗵 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 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 [De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" 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 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

Ignacio De La Fuente

Print Name

with the reguirements.

Comment:

Mgnature of Agency Head or Designee

Title (month, day, year)

OACCA Commissioner

3.31.17

Ignacio De La Fuente

Oakland A's

(2) tickets per game

6	A's v Giants	April 1, 2017	\$80.00
6	A's v LAA	April 3, 2017	\$100.00
6	A's v LAA	April 4, 2017	\$80.00
•	A's v LAA	April 5, 2017	\$80.00
ø	A's v Astros	April 14, 2017	\$80.00
0	A's v Astros	April 15, 2017	\$80.00
6	A's v Astros	April 16, 2017	\$80.00
8	A's v Rangers	April 17, 2017	\$80.00
0	A's v Rangers	April 18, 2017	\$80.00
0	A's v Rangers	April 19, 2017	\$80.00
0	A's v Mariners	April 20, 2017	\$80.00
9	A's v Mariners	April 21, 2017	\$80.00
0	A's v Mariners	April 22, 2017	\$80.00
0	A's v Mariners	April 23, 2017	\$90.00

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) 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 chrisdobbinslaw@yahoo.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: Oakland A's Baseball Season 2017 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 ☒ 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)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ Passes (Last, First) Ceremonial Role Other X Dobbins, Chris If checking "Ceremonial Role" or "Other" 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Christopher Dobbins

Print Name

Signature of Agency Head or Designee

Comment: _

FPPC Form 802 (2/2016)

3.31.17

(month, day, year)

OACCA Commissioner

Title

Chris Dobbins

Oakland A's

(2) tickets per game

0	A's v Giants	April 1, 2017	\$80.00
0	A's v LAA	April 3, 2017	\$100.00
6	A's v LAA	April 4, 2017	\$80.00
e	A's v LAA	April 5, 2017	\$80.00
0	A's v Astros	April 14, 2017	\$80.00
ø	A's v Astros	April 15, 2017	\$80.00
8	A's v Astros	April 16, 2017	\$80.00
0	A's v Rangers	April 17, 2017	\$80.00
ø	A's v Rangers	Apríl 18, 2017	\$80.00
6	A's v Rangers	April 19, 2017	\$80.00
0	A's v Mariners	April 20, 2017	\$80.00
6	A's v Mariners	April 21, 2017	\$80.00
0	A's v Mariners	April 22, 2017	\$80.00
6	A's v Mariners	April 23, 2017	\$90.00

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m		463		LUCUITE	2.

1	Agency Name				Date Stamp	California OOO	
•	Oakland-Alameda County C	Coliseum Aut	hority		_ 515 515(1)6	Form 802	
	Division, Department, or Reg		1.7			For Official Use Only	
	Barbara J. Parker, City Atto	The state of the s	Official	444			
	Designated Agency Contact (Name, Title)					
			D Amendment (M.)	1 1 2 2 2 1 2 1			
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 238-3815	bparker@o	aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation					
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	80.00	
	Cuart Description Oakland A	's v. San Fra	ncisco Giants	3 4	, 1 , 17	(2) 2d	
	Event Description Oakland A	Provide Title/Ex	planation	Date(s)			
	Ticket(s)/Pass(es) provided by		Yes⊠ No				
	rionet(o)/r add(ed) provided by	agonoy:	res 🔼 No		Name of Source	re	
	Was ticket distribution made a	t the behest	No ⊠ Yes	If yes:	Official's Name (Las		
	of agency official?			Max. ▼ 10,00000 1000000000000000000000000000	Official's Name (Las	st. First)	
3.	Recipients						
	Use Section A to identify the agency	's department o		tion B to identify an individu	al. • Use Section C to identify	an outside organization.	
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy		
	New York Control of the Control of t						
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Ficket(s)/ Identify one of the following			
	0:11 11			Ceremonial Role		Income [
	Gill, Harveen		2	To provide incentive	al Role" or "Other" describe below es to City and County er	nployees that provide	
				services to the Authority			
			2		Other describe below.	Income	
9	Name of Outside Organiz		Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	the agency's policy	
2							
	Verification	tions 18944.1 and	l 18942. I have veri	fied that the distribution set for	th above, is in accordance with th	e requirements.	
	have read and understand FPPC Regula						
	have read and understand FPPC Regula. Signature of Agency Head or Designee		Barbara J. P.	arker City	Attorney/OAACA Officia	04/07/2017	

A	F3 L. !	:-	Descusa
A	Fub!	IC.	Document

1. Agency Name		Date Stamp	California 202			
Oakland-Alameda Co	ounty Coliseum Auth	nority			Form OUZ	
Division, Department,	or Region (If Applicable	e)			For Official Use Only	
Barbara J. Parker, Ci	tv Attornev/OAACA	Official				
Designated Agency Co		- Tilolai				
	,					
Area Code/Phone Num	nber E-mail			Amendment (Must provide explanation in Part 3.)		
(510) 238-3815	bparker@oa	orney.org	Date of Original Filing:	(Month, Day, Year)		
2. Function or Event					(World, Day, Year)	
Does the agency have		Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	100.00	
Event Description Oak	land A's v. Los Ang			, 3 , 17	F 1	
Event Description Oak	Provide Title/Exp	lanation	Date(s)			
Ticket(s)/Pass(es) prov	rided by agency?	Yes⊠ No	☐ If no:	Name of Source		
Was ticket distribution r of agency official?	nade at the behest	No ☒ Yes	☐ If yes:	Official's Name (Las	st First)	
				Cinciaro Name (Las		
 Recipients Use Section A to identify th 	e agency's department or	al. • Use Section C to identify	v an outside organization			
A. Name of Agency, De		Number of				
A. Name of Agency, Di	epartment of Onit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy	
Principles of the Principles o	The state of the s					
		Number of			· · · · · · · · · · · · · · · · · · ·	
B. Name of Ir		Ticket(s)/ Pass(es)		Identify one of the following	j:	
		rass(es)	Ceremonial Role	Other X	Income [
Forte, Mark		0	A CONTROL OF THE PARTY OF THE P	al Role" or "Other" describe below:	moone _	
		2		es to City and County er	mployees that provide	
		-	services to the Auth			
			Ceremonial Role If checking "Ceremonia	Other D	Income	
		2	•			
C. Name of Outside		Number of Ticket(s)/	Describe the publi	ic purpose made pursuant to	the agency's policy	
(include address a	and description)	Pass(es)		o purpose made pursuant to	the agency's poncy	
. Verification						
I have read and understand FPP)			th above, is in accordance with th	ne requirements.	
, Janes J.		Barbara J. P		Attorney/OAACA Officia	al 04/07/2017	
Signature of Agendy Head or L	Jesignee	Print Name		Title	(Month. Day, Year)	
Comment:						

1	. Agency Name				Dale Stamp	
	Oakland-Alameda County C	Coliseum Aut	Date Startip	California 802		
	Division, Department, or Reg					For Official Use Only
	Barbara J. Parker, City Attor					
	Designated Agency Contact (Official	WATER CONTROL OF THE PARTY OF T		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Area Code/Phone Number	E-mail		100000000000000000000000000000000000000	Amendment (Must pro	ovide explanation in Part 3.)
	(510) 238-3815		aklandcityatt	orney ora	Date of Original Filing: _	
2	Function or Event Inform	<u> </u>	amanaonyan	omey.org		(Month, Day, Year)
400	Does the agency have a ticket		Yes⊠ No	. Ti Eace Value o	of Each Ticket/Pass \$	80.00
	Event Description Oakland A					
	Event Description	Provide Title/Exp	planation	Date(s)	4 17	And the state of t
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	□ If no		
		-	162 🔽 1/0	[II \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Name of Sour	CO
	Was ticket distribution made at of agency official?	t the behest	No 🛛 Yes	☐ If yes:	Official's Name (La	VAI2-10-7111-11-11-11-11-11-11-11-11-11-11-11-1
1000000					Official's Name (La	st. First)
3.	Recipients	lo danament				
	• Use Section A to identify the agency		Number of			
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
			MONTO CONTROL OF			The state of the s
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following	
	1	01	Pass(es)	www.		
	Katz, Alex			Ceremonial Role [If checking : Ceremonia	Other 🗵	Income [_]
			2	To provide incentives to City and County employees that provide		
				services to the Auth	ority	
				Ceremonial Role		Income 🔲
			2	ir checking "Ceremonia	l Role" or "Other" describe below	
	C. Name of Outside Organiza		Number of			- P Variable grant and the same of the sam
_	(include address and descr	iption)	Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
		-				
			1 1			
•		was the same of th				
•						
	/erification			Notes the lateral section of the lateral sect		
	√erification have read and understand FPPC Regulation	ons 18944 1 and	18942. I have veri	fied that the distribution set fort	h above, is in accordance with th	e fequirements
			18942. I have veri Barbara J. Pa		h above, is in accordance with th Attorney/OAACA Officia	

1	. Agency Name		Date Stamp California QQQ				
	Oakland-Alameda County C	Coliseum Au	thority		**	Form OUZ	
	Division, Department, or Reg	ion (If Applical	ble)		-	For Official Use Only	
	Barbara J. Parker, City Atto	rnev/OAAC	A Official				
	Designated Agency Contact	- 3	4 Official		-		
	J,	,,,,,,,,					
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)	
	(510) 238-3815	CONTRACTOR	aklandcityatto	rnev ora	Date of Original Filing:		
2	Function or Event Infor	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED AND ADDRESS	anandonyano	miley.org		(Month, Day, Year)	
la,	Does the agency have a ticke		V [7] N-1	T Face Value o	of Each Ticket/Pass \$	80.00	
		A 180	Yes 🗵 No [
	Event Description Oakland A	geles Angels planation	Date(s)4				
	Tielest/a\/Dasa/as\		17000 1 DO				
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗵 No [No If no:			
	Was ticket distribution made a	t the behest	No ⊠ Yes [
	of agency official?		🗀		Official's Name (Las	st, First)	
3.	Recipients						
	 Use Section A to identify the agency 	's department o	r unit. • Use Sect	ion B to identify an individu	al. • Use Section C to identify	an outside organization.	
	A. Name of Agency, Departmen	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to	the agency's policy		
			Pass(es)				
	D	Number of					
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the following:		
			1 233(03)	Ceremonial Role	Other 🛛	Income	
	Orgain, Sharon		2	PROCESSOR SERVICE SERV	al Role" or "Other" describe below	meome [
			2	To provide incentives to City and County employees that provide			
				services to the Auth			
			1 1	Ceremonial Role	Other Differ describe below.	Income	
			2	" Checking Ceremonia	r Note of Other describe below.		
	Name of Outside Organiz	ation	Number of				
3	(include address and descr	ription)	Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy	
			1 1				

			1 1				
4. 1	Verification						
	have read and understand FPPC Regulati	ions 18944.1 and	l 18942. I have verifi	ied that the distribution set fort	th above, is in accordance with the	e requirements.	
	The I tal		Barbara J. Pa		Attorney/OAACA Officia		
**	Signature of Agericy Head or Designee		Print Name	Oity 7	Tille	04/07/2017 (Month. Day, Year)	
						parame buy, 16ar)	
(Comment:						

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M	r	JD.	ИC	LO	CI.	m	e	Πŧ

I. Agency Name	initial desiration de la company de la compa		Date Stamp	California 802	
Oakland-Alameda County		-	XXXXX		For Official Use Only
Division, Department, or Re	gion (If Applicabl	(e)			To Official Ose Offiy
Barbara J. Parker, City Att	orney/OAACA	Official			
Designated Agency Contac	t (Name, Title)				
					ikkalaksiyasuun yuun muun minastii kalaksi kasaan kasaan kasaan kasaan kasaan kasaan kasaan kasaan kasaan kasa
Area Code/Phone Number	E-mail	***************************************		Amendment (Must provide	•
(510) 238-3815	bparker@oa	aklandcityatt	orney.org	Date of Original Filing:	Ionth, Day, Year)
. Function or Event Info	rmation				
Does the agency have a tick	et policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	80.00
Event Description Oakland	A's v. Houston	Astros	Data(c) 4	14 17	, ,
Event Description	Provide Title/Exp	lanation	Date(s)	AND THE PROPERTY OF THE PROPER	
Ticket(s)/Pass(es) provided	by agency?	Yes⊠ No	☐ If no:	Name of Source	
		700 🖂 710	_	Name of Source	
Was ticket distribution made of agency official?	at the behest	No 🛛 Yes	☐ If yes:	Official's Name (Last, F	(Irof)
				Official's IVame (Last, F	1751) oodumaattiineettiteisissiineeniminineenimineenimineenimineenimineenimineenimineenimineenimineenimineenimineeni
. Recipients		"			
Use Section A to identify the ager	***************************************	Number of	ction B to identify an individu	ual. • Use Section C to identify an	outside organization.
A. Name of Agency, Departm	Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy		
The state of the s				- The state of the	WHAT I THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF TH
		_			
B. Name of Individ	ıaí	Number of			
Lost, First)	WY-70-2000	Ticket(s)/ Pass(es)	CONTROL COM COMMAND AND AND AND AND AND AND AND AND AND	Identify one of the following:	
Davisar Davisara I			Ceremonial Role		Income
Parker, Barbara J.		2		ial Role" or "Other" describe below	
				efficiencies of the operatior events that occur at Colise	
Committee M. M. L. Committee Committ		1	Ceremonial Role		Income _
			· ·	al Role" or "Other" describe below.	moone _
		2			
**************************************	·····				
C. Name of Outside Orga		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to the	agency's policy
(include address and de	scription)	Pass(es)		**************************************	
Accordance to the contract of	A STATE OF THE STA				
				-	
Verification	TOTAL				
I have read and understand FPPC Regi	ılations 18944.1 and	18942. I have ve	nified that the distribution set fo	orth above, is in accordance with the re	equirements
Land Jan Harris		Barbara J. F	Parker City	Attorney/OAACA Official	04/14/2017
Signature of Agency Head or Designe)	Print Name	9	Trile	(Month Day, Year)
^					
Comment:					

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Towns.						
1.	Agency Name		Date Stamp	California 802		
	Oakland-Alameda County C	Coliseum Au	thority			Eoiw AVA
	Division, Department, or Reg	ion (If Applical	ole)			For Official Use Only
	Barbara J. Parker, City Atto	rnev/OAAC/	∆ Official			
	Designated Agency Contact	-	_			
	Designated Agency Contact	(rvamo, rino)				
	AND RESTORMED TO SERVICE AND S		. ,	1014	Amendment (Must provi	ide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Data of Original Eilings	
4000000	(510) 238-3815		aklandcityatto	rney.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				80.00
	Does the agency have a ticke	t policy?	Yes⊠ No[Tace Value	of Each Ticket/Pass \$	80.00
	Event Description Oakland A	\'s v. Housto	n Astros	Date(s)4	15 17	1 1
		Provide Title/Ex	planation		And the state of t	TPEROPOSE PROPOSE PROP
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No[] If no:	Name of Source	
	Was ticket distribution made a of agency official?	at the behest	No ⊠ Yes [If yes:	Official's Name (Last) Eigh
					Official S Name (Cast	, F(18()
3.	Recipients					
	■ Use Section A to identify the agency	y's department o	Number of	ion B to identify an individ	ual. • Use Section C to identify	an outside organization.
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/	Describe the put	blic purpose made pursuant to	the agency's policy
	particular designation of the second		Pass(es)	MARKET AND THE PROPERTY OF THE		African Artifacture (AV - Income of AVA - Inco
	geldy.		Number of			
	Name of Individua	31	Ticket(s)/ Pass(es)		Identify one of the following:	
	And the second s			Ceremonial Role	Other 🛛	Income []
	Allen, Jason			If checking *Ceremon	nial Role" or "Other" describe helow	****
			2	To provide incentives to City and County employees that prov		
				services to the Aut	hority	
				Ceremonial Rote		Income
			2	it checking "Ceremon	Hall Role" er "Other" describe below	
	A Name of October 1 of October 1		Number of			WHAT AND THE TOTAL PROPERTY OF THE PROPERTY OF
	 Name of Outside Organi (include address and desc 		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to t	he agency's policy
•					7707771111 - 1447-1447-1447-1447-1447-1447-	
one of the second						
	Verification	-Kana 4004: -	artonan ito iii	Control of the state of the sta		
1	have read and understand FPPG Regula	auons 18944.1 an				·
		/ ·	Barbara J. Pa	arker City	Attorney/OAACA Officia	04/14/2017
	Signature of Agency Head or Designee		Print Name		Title	(Month Day Year)
	Commant					
1	Comment:	hrampagash Alexander and Alexander				17 N N C N N N N N N N N N N N N N N N N

1	. Agency Name Oakland-Alameda County C	Coliseum Au		Date Slamp	California 802 Form			
	Division, Department, or Reg Barbara J. Parker, City Attor Designated Agency Contact (rney/OAAC/				For Official Use Only		
	Area Code/Phone Number	E-mail		, , , , , , , , , , , , , , , , , , , ,	Amendment (Must provide explanation in Pad 3.)			
	(510) 238-3815	bparker@c	aklandcityatt	orney.org	Date of Original Filing: _	(Month. Day, Year)		
2.	Function or Event Inform	mation						
	Does the agency have a ticket Event Description Oakland A	•	Yes⊠ No n Astros		of Each Ticket/Pass \$			
	Tickel(s)/Pass(es) provided by		Yes 🛛 No	If no;	Name of Sour	СЕ		
	Was ticket distribution made a of agency official?	t the behest	No⊠ Yes	☐ If yes:	Official's Name (La	st, 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								
	A. Name of Agency, Departmen		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant to			
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following	31:			
	Richardson, Ryan		Pass(es)	Ceremonial Role [Income		
			2	To provide incentive services to the Auth	es to City and County election	mployees that provide		
			2	Ceremonial Role [If checking "Ceremonia	Other Ditler' describe below.	Income 🔲		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
		distribution and the second and the						
	Verification have read and understand FPPC Regulation	ions 18944.1 and	l 18942. I have ven	ified that the distribution set for	th above, is in accordance with th	pe requirements		
	Signature of Agency Head or Designee		Barbara J. P	arker City	Attorney/OAACA Officia			
(Comment:					goona Day, Ivag		

1	. Agency Name			410	Date Stamp	California (e) (a)	
	Oakland-Alameda County C	Coliseum Aut	hority			Form 802	
	Division, Department, or Reg	ion (If Applicab	ole)		1	For Official Use Only	
	Barbara J. Parker, City Atto	rnev/OAACA	A Official				
	Designated Agency Contact (-	***************************************				
	Area Code/Phone Number	IE-mail	ACCUPATION OF THE PARTY OF THE	***************************************	Amendment (Must p	rovide explanation in Part 3.)	
	(510) 238-3815	bparker@o	aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	mation				(MORII, Day, Teal)	
	Does the agency have a ticke	t policy?	Yes⊠ Nol	Face Value o	of Each Ticket/Pass \$	5,000.00	
	Event Description Warriors v	Trailblazers	/Playoffs Gam	ne A Date(s)04	16 , 17	MINISTER AND STREET STREET, STREET STREET, STR	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No[ff no:	Name of So	исе	
	Was ticket distribution made a of agency official?	t the behest	No⊠ Yes[☐ If yes:	Official's Name (L	act Firels	
~					Oncors warne (L	ast, Fust)	
3.	Recipients • Use Section A to identify the agency	's department or	runit. • Use Sect	tion B to identify an individu	ral allsa Saction C to ident	lhe an outside ogganization	
	A. Name of Agency, Departmen	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following:		
	Parker, Barbara J.			Ceremonial Role [Other A	Income [
			2	To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex			
			2	Ceremonial Role [If checking *Geremonia	Other Dilater describe below:	Income [
(Name of Outside Organiz (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant t	o the agency's policy	
					The state of the s		
-							
	Verification have read and understand FPPC Regulat	ions 18944.1 and	18942. I have verifi	ned that the distribution set for	th above is in accordance with	the requirements	
	Verification have read and understand FPPC Regulat		18942. I have verifi Barbara J, Pa		th above, is in accordance with Attorney/OAACA Offic		

92 7							
1	. Agency Name		Date Stamp	California OAS			
	Oakland-Alameda County (Coliseum Aut			Form 802		
	Division, Department, or Reg					For Official Use Only	
	Barbara J. Parker, City Atto	rnev/OAAC/	A Official				
	Designated Agency Contact		· · · · · · · · · · · · · · · · · · ·		-		
	Area Code/Phone Number	E-mail			Amendment (Must prov	vide explanation in Part 3.)	
	(510) 238-3815	bparker@c	aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	7.07	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	80.00	
	Event Description Oakland A	's v. Texas F	Rangers planation	Date(s)4			
	Ticket(s)/Pass(es) provided b	y agency?	Yes⊠ No[If no:	Name of Source	e	
	Was ticket distribution made a	t the behest	No⊠ Yes[
	of agency official?		,		Official's Name (Las	t, First)	
3.	Recipients						
	Use Section A to identify the agency	r's department o		tion B to identify an individu	al. • Use Section C to identify	an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy	
	B. Name of Individua	Number of Ticket(s)/ Pass(es)	Identify one of the following:				
	Ortiz, Celso			Section reconstruction in the section is	Other 🔀	Income	
			2	To provide incentives to City and County employees that provide services to the Authority			
				Ceremonial Role	ial Role Other Incom y "Ceremonial Role" or "Other" describe below.		
	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			
•					2		
	Verification	No.					
1	have read and understand FPPC Regula				th above, is in accordance with the	e requirements.	
	Carl Jo Dan	<u> </u>	Barbara J. Pa	arker City	Attorney/OAACA Officia	04/14/2017	
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
(Comment:	-					

1.	Agency Name			Date Stamp	California 802	
	Oakland-Alameda County C			MANAGE & & & & & & & & & & & & & & & & & & &		For Official Use Only
	Division, Department, or Reg	ion (If Applicabl		,		
	Barbara J. Parker, City Atto	rney/OAACA	Official		-	
	Designated Agency Contact	(Name, Title)			7	
					. Amendment (Must provide	de evolunation in Part ? I
	Area Code/Phone Number	E-mail	14		NAME:	de explanation ni r an 3.)
	(510) 238-3815	bparker@o	rney.org	Date of Original Filing:	(Month. Day, Year)	
2.	Function or Event Infor	mation		MI CONTRACTOR OF THE CONTRACTO	Charles And All Control of Contro	90.00
	Does the agency have a ticke		Yes 🛛 No 🏻	Tace Value o	of Each Ticket/Pass \$	80.00
	Event Description Oakland A	N's v. Texas F Provide Tille/Exp	langers olanation	Date(s)4		AND THE PROPERTY AND TH
	Ticket(s)/Pass(es) provided b	y agency?	Yes⊠ No[] If no:	Name of Source	>
	Was ticket distribution made a of agency official?	at the behest	No⊠ Yes [If yes:	Official's Name (Last	, First)
3.	Recipients	THE STATE OF THE S	**************************************			
	• Use Section A to Identify the agenc	y's department or	runit. • Use Sect	ion B to identify an Individe	ual. • Use Section C to identify	an outside organization.
	A, Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
	P. Name of Individue	Number of Ticket(s)/ Pass(es)		Identify one of the following:		
	hall the same of t	······································		Ceremonial Role		Income
	Yuen, Alan		2		ial Role" or "Other" describe below es to City and County en nority	nployees that provide
			2	Ceremonial Role If checking "Ceremon	Other Dial Role" or Other describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to t	the agency's policy
	Verification I have read and understand FPPC Regul	alions 18944 1 and	d 18942. I have veri	fied that the distribution set to	orth above, is in accordance with the	e requirements.
	A STATE OF THE STA	C.,	Barbara J. Pa	arker Citv	Attorney/OAACA Officia	ıl 04/14/2017
	Signature of Agency Head or Designee	4.E.C.	Print Name	Substitution of the second of	Title	(Month. Day, Year)
	Commont:					
	Comment:					

Oakland-Alameda County Coliseum Authority Division, Department, or Region (#Applicable) Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title) Area Code/Phone Number (510) 238-3815	Original Filing: Cket/Pass \$ / 17 Name of Source Official's Name (Last	e t, First) an outside organization.
Division, Department, or Region (If Applicable) Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title) Area Code/Phone Number	Original Filing: Cket/Pass \$ / 17 Name of Source Official's Name (Last	Form For Official Use Only ide explanation in Part 3.) (Month, Day, Year) 80.00 /
Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title) Area Code/Phone Number (510) 238-3815 Date of Comparison or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket Description Oakland A's v. Texas Rangers Date(s) 4 19 Event Description Oakland A's v. Texas Rangers Date(s) 4 19 Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section A to identify the agency's department or Unit Oricket(s)/Pass(es) B. Name of Individual Number of Ticket(s)/Pass(es) Name of Agency, Department or Unit Oricket(s)/Pass(es) Number of Ticket(s)/Pass(es) Ceremonial Role Othe If Checking **Coremonial Role** or	Original Filing: Cket/Pass \$ / 17 Name of Source Official's Name (Last	(Month, Day, Year) 80.00 J I, First) an outside organization.
Area Code/Phone Number (510) 238-3815 bparker@oaklandcityattorney.org Date of Comment of Code (510) 238-3815 bparker@oaklandcityattorney.org Date of Code (510) 238-3815 bparker@oaklandcityattorney.org Date of Code (510) 238-3815 bparker@oaklandcityattorney.org Date of Code (510) 238-3815	Original Filing: Cket/Pass \$ / 17 Name of Source Official's Name (Last	(Month, Day, Year) 80.00 / / /
Area Code/Phone Number (510) 238-3815 bparker@oaklandcityattorney.org Date of Comment of Code (510) 238-3815 bparker@oaklandcityattorney.org Date of Code (510) 238-3815 bparker@oaklandcityattorney.org Date of Code (510) 238-3815 bparker@oaklandcityattorney.org Date of Code (510) 238-3815	Original Filing: Cket/Pass \$ / 17 Name of Source Official's Name (Last	(Month, Day, Year) 80.00 / / /
Area Code/Phone Number (510) 238-3815 bparker@oaklandcityattorney.org Date of Comparison or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket Event Description Oakland A's v. Texas Rangers Date(s) 4	Original Filing: Cket/Pass \$ / 17 Name of Source Official's Name (Last	(Month, Day, Year) 80.00 / / /
Date of Comparison Date of Comparison	Original Filing: Cket/Pass \$ / 17 Name of Source Official's Name (Last	(Month, Day, Year) 80.00 / / /
Date of Comparison Date of Comparison	Name of Source Official's Name (Last	80.00 / / / e t, First) an outside organization.
Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket agency have a ticket policy? Yes No Face Value of Each Ticket (s) Pass(es) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section A to identify the agency of Ticket(s)/Pass(es) A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose Pass(es) Ferrel, Elizabeth	Name of Source Official's Name (Last	80.00 / / / e t, First) an outside organization.
Does the agency have a ticket policy? Yes No Face Value of Each Ticket (s) Pass(es) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Pass(es) Number of Ticket(s)/Pass(es) Describe the public purpose Pass(es) Ferrel, Elizabeth	Name of Source Official's Name (Last	e t, First) an outside organization.
Event Description Oakland A's v. Texas Rangers Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Pass(es) Describe the public purpose Pass(es) B. Name of Individual (Last. First) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Ceremonial Role Othe If Checking **Ceremonial Role** or **Othe** Ceremonial Role** Othe If Checking **Ceremonial Role** or **Othe** Ceremonial Role** Othe If Checking **Ceremonial Role** or **Othe** Oakland A's v. Texas Rangers Date(s) 4	Name of Source Official's Name (Last	e t, First) an outside organization.
Ticket(s)/Pass(es) provided by agency? Yes No If no: Was ticket distribution made at the behest No Yes If yes: of agency official? Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Pass(es) B. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Ceremonial Role Othe Michecking **Ceremonial Role** or Othe Michecking ***Ceremonial Role** or Othe Michecking **Cere	Name of Source Official's Name (Lasi Section C to identify	e t, First) an outside organization.
Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use S A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)	Name of Source Official's Name (Last	t, First) an outside organization.
Pecipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Pass(es) B. Name of Individual (Last. First) Number of Ticket(s)/ Pass(es) Ceremonial Role Other of Other Michael Coremonial Role or Other Mich	Official's Name (Lasi	t, First) an outside organization.
Pecipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Pass(es) B. Name of Individual (Last. First) Number of Ticket(s)/ Pass(es) Ceremonial Role Other of Other Michael Coremonial Role or Other Mich	Section C to identify	an outside organization.
Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Name of Individual (Lest. First) Perrel, Elizabeth Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Othe Michael Ceremonial Role Othe		
Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Name of Individual (Lest. First) Perrel, Elizabeth Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Othe Michael Ceremonial Role Othe		
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose		
B. Name of Individual (Last. First) Ferrel, Elizabeth Number of Ticket(s)/Pass(es) Ceremonial Role Othe		
Ferrel, Elizabeth Ceremonial Role Othe		
Ferrel, Elizabeth If checking "Ceremonial Role" or "Olihe	ne of the following:	
		Income 🗌
To provide incentives to City services to the Authority	and County em	ployees that provide
Ceremonial Role Othe If checking "Ceremonial Role" or "Othe 2	er er describe below.	Income 🗌
Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose in	made pursuant to t	he agency's policy
/erification		
have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in	n accordance with the	requirements
	OAACA Official	
Signature of American Market Conference of American Conference of Am	itle	(Month. Day, Year)

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	. Agency Name				Date Stamp	California Ono
	Oakland-Alameda County Coli	**	Form OUZ			
	Division, Department, or Region		For Official Use Only			
	Barbara J. Parker, City Attorne					
	Designated Agency Contact (Na					
	and grant and grant gran	,,,,,,,,				
	Avec Code/Dhone Number 15	11			Amendment (Must pro	vide explanation in Part 3.)
		mail	alden deitwetterness ave		Date of Original Filing:	
top:		(510) 238-3815 bparker@oaklandcityattorney.org				(Month, Day, Year)
2.	Function or Event Informa					80.00
	Does the agency have a ticket po	, , , , , ,	No No		f Each Ticket/Pass \$	
	Event Description Oakland A's v	 Seattle Marir ovide Title/Explanation 	ners	Date(s)4		
	Ticket(s)/Pass(es) provided by a	gency? Yes	⊠ No[☐ If no:	Name of Source	ce
	Was ticket distribution made at the of agency official?	ne behest No	⊠ Yes	☐ If yes:	Official's Name (Las	st, First)
2	Recipients		and the same			
υ.	Use Section A to identify the agency's d	lepartment or unit.	Use Sec	tion B to identify an individu	al. • Use Section C to identify	an outside organization
	A. Name of Agency, Department of	Ni Ni	umber of			
	name of Agency, Department C		icket(s)/ 'ass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
	B. Name of Individual	T	imber of icket(s)/ lass(es)		Identify one of the following	j:
	Johnson Tingo			Ceremonial Role		Income
	Johnson, Tiago		0	To provide incentives to City and County employees that services to the Authority		
			2	To provide incentive services to the Auth	s to City and County er ority	nployees that provide
			2	services to the Auth	ority	mployees that provide
199	C, Name of Outside Organizati (include address and descript	ion\ Ti	2 imber of cket(s)/	Services to the Auth Ceremonial Role [If checking "Ceremonia	Ority Other	Income [
	C, Name of Outside Organizati (include address and descript	ion\ Ti	2	Services to the Auth Ceremonial Role [If checking "Ceremonia	Ority Other Role" or "Other" describe below:	Income [
4.	(include address and descript	ion) Ti	2 Imber of cket(s)/ ass(es)	Ceremonial Role Curemonial Role Curemonial Role Curemonial Role Curemonial Communication Ceremonia	Ority Other I Role" or "Other" describe below c purpose made pursuant to	Income
4.	(include address and descript	5 18944.1 and 18942	2 Imber of cket(s)/ ass(es)	Ceremonial Role C If checking "Ceremonial Describe the publified that the distribution set for	Ority Other I Role" or "Other" describe below c purpose made pursuant to	Income In

1	. Agency Name			Date Stamp	Galifornia (0) (1) (2)
	Oakland-Alameda County Coliseum Au	uthority		,	Form 602
	Division, Department, or Region (If Applica		For Official Use Only		
	Barbara J. Parker, City Attorney/OAAC				
	Designated Agency Contact (Name, Title)	4			
	Area Code/Phone Number E-mail			Amendment (Must pro	vide explanation in Part 3.)
		oaklandcityatto	ornev ora	Date of Original Filing:	
2	Function or Event Information	- Carrier Gory	on you		(Month, Day, Year)
	Does the agency have a ticket policy?	Yes⊠ No	□ Face Value o	of Each Ticket/Pass \$	80.00
	, ,				
	Event Description Oakland A's v. Seattle	xplanation	Date(s)		
	Ticket(s)/Pass(es) provided by agency?		T If no:		
	monon(o)/1 soo(co) provided by agency :	Yes⊠ No.		Name of Source	ce
	Was ticket distribution made at the behest	No ⊠ Yes			
***************************************	of agency official?		Marine Communication Communica	Official's Name (Las	ol, First)
3.	Recipients				
	Use Section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency are sectio	or unit. • Use Sec. Number of	lion B to identify an individu	ral. • Use Section C to identify	an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy
					- CONTRACTOR - CON
	THE RESERVE OF THE PERSON OF T				
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following	######################################
	(East. Fust)	Pass(es)		rectary one of the following	
	Parker, Barbara J.		Ceremonial Role	Other X	Income 🔲
	,	2		fficiencies of the operati	one of the various
			sporting and other e	vents that occur at Coli	seum Complex
			Ceremonial Role	Other _	Income []
		2	If checking "Ceremonia	l Role" or "Other" describe trelow.	
-	Name of Outside Organization	Number of			
ę	(include address and description)	Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
_			, , , , , , , , , , , , , , , , , , , ,		
1	Verification				
	have read and undersland FPPC Regulations 18944.1 and	d 18942. I have verifi	ied that the distribution set fort	th above, is in accordance with the	e requirements.
		Barbara J. Pa		Attorney/OAACA Officia	
***	Signature of Agency Head or Designee	Print Name	AND THE PROPERTY STATES AND TH	Title	(Month. Day. Year)
_	.				-
C	Comment:	TO SECURITION OF THE PROPERTY			

-	. Agency Name					711 dalle Bocalliel
- 1			Date Stamp	California 802		
	Oakland-Alameda County Co		Form 002			
	Division, Department, or Region	1	For Official Use Only			
	Barbara J. Parker, City Attorr					
	Designated Agency Contact (A		-			
	Area Code/Phone Number I	T mail			Amendment (Must pro	ovide explanation in Part 3.)
					,	
ton		(510) 238-3815 bparker@oaklandcityattorney.org		orney.org	Date of Original Filing: _	(Month, Day, Year)
2		n or Event Information				
	Does the agency have a ticket	policy?	Yes 🛛 No	☐ Face Value o	f Each Ticket/Pass \$	90.00
	Event Description Oakland A's	v. Seattle	Mariners	Dato(s) 4	, 22 , 17	ž a
	,	Provide Title/Ex	planation	Date(s)		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🛛 No	□ If no:		
			100 🖾 110		Name of Sour	се
	Was ticket distribution made at	the behest	No 🗵 Yes	☐ If yes:		
	of agency official?			•	Official's Name (La	st, First)
3.	Recipients					
	Use Section A to identify the agency's	department or	al. • Use Section C to identify	y an outside organization.		
	A. Name of Agency, Department		Number of Ticket(s)/			
			Pass(es)		olic purpose made pursuant to the agency's policy	
	B. Name of Individual		Number of Ticket(s)/	Identify one of the following:		
	(Lest First)		Pass(es)		Identify one of the following	j:
	Dolgadilla Criathian Isaa			Ceremonial Role		Income [
	Delgadillo, Cristhian Jose		2		Role" or "Other" describe below:	100000000 10000 10000
				To provide incentives services to the Author	s to City and County er	nployees that provide
			-			
				Ceremonial Role		Income
			2	ii checking Ceremoniai	Role" or "Other" describe below.	
-	Name of Outside Organizat	ion	Number of			
1	(include address and descrip		Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
-			1 200(00)			
-						
	/erification					
11	nave read and understand FPPC Regulation	s 18944.1 and	18942. I have verifi	ied that the distribution set forth	above, is in accordance with the	e requirements.
	and Week		Barbara J. Pa		ttorney/OAACA Officia	
-	Signature of Agency Head or Designee		Print Name		Tille	(Month, Day, Year)
					1607	(month, Day, Year)
C	omment:					

1.	Agency Name				Date Stamp	California 802
Oakland-Alameda County Coliseum Authority						Form For Official Use Only
	Division, Department, or Reg		Por Official Ose Offiy			
	Barbara J. Parker, City Atto					
	Designated Agency Contact (
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(510) 238-3815 bparker@oaklandcityattorney.org			Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Inform	unction or Event Information				00.00
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$	90.00
	Event Description Oakland A	's v. Seattle Provide Title/Ex	Mariners planation	Date(s)4	23 , 17	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🛛 No	☐ If no:	Name of Sour	ce
	Was ticket distribution made a	t the behest	No ⊠ Yes	☐ If ves:		
	of agency official?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Official's Name (La	st, First)
3.	Recipients					
	• Use Section A to identify the agency	's department o	r unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to identify	y an outside organization.
	A, Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant to	o the agency's policy
	B. Name of Individual	ı	Number of Ticket(s)/		Identify one of the following	n:
	B. Name of Individual	l	Number of Ticket(s)/ Pass(es)		Identify one of the following	
	(Last, First)		Ticket(s)/	Ceremonial Role	Other 🗵	
	B. Name of Individual (Lost, First) Granda, Melosa		Ticket(s)/	If checking *Ceremon	Other isl Role' or "Other' describe below es to City and County e	Income
	(Last, First)		Ticket(s)/ Pass(es)	If checking *Ceremon To provide incentiv	Other ial Role' or "Other' describe belowed to City and County elemonity	Income [
	(Last, First)		Ticket(s)/ Pass(es)	To provide incentive services to the Authors Ceremonial Role	Other ial Role or "Other describe below es to City and County en	Income [
	(Last, First)	zation	Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentiv services to the Auti Ceremonial Role If checking "Ceremon	Other isl Role' or "Other describe below es to City and County enority Other	mployees that provide
	Granda, Melosa Name of Outside Organiz	zation	Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To provide incentiv services to the Auti Ceremonial Role If checking "Ceremon	Other	mployees that provide
	Granda, Melosa C. Name of Outside Organiz (include address and desc	zation ription)	Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentiv services to the Autl Ceremonial Role If checking "Ceremon Describe the pub	Other	Income mployees that provide Income the agency's policy
	Granda, Melosa Name of Outside Organiz (include address and desc	zation ription)	Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentiv services to the Autl Ceremonial Role If checking "Ceremon Describe the pub	Other	Income mployees that provide Income the agency's policy
	Granda, Melosa C. Name of Outside Organiz (include address and desc	zation ription)	Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentiv services to the Auti Ceremonial Role If checking "Ceremon Describe the pub	Other	Income mployees that provide Income the agency's policy

1. A	mamare Manes					
	Igency Name				Date Stamp	California 802
	Dakland-Alameda County C		1 Olini			
Di	ivision, Department, or Reg	ion (If Applicab	1	For Official Use Only		
В	arbara J. Parker, City Atto	rney/OAACA	Official			
	esignated Agency Contact (V 9-0-0-0-0-1-1-0-0-0-0-0-0-0-0-0-0-0-0-0-		-	
Ar	rea Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	510) 238-3815		aklandcityatt	orney ora	Date of Original Filing:	
	unction or Event Inform		amanaonyan	orney.org	, , , , , , , , , , , , , , , , , , ,	(Month, Day, Year)
	pes the agency have a ticket		Van 🗆 Na	□ Face Value s	f Fach Tisket/Dara &	200.00
			Yes 🗌 No		f Each Ticket/Pass \$,
Ev	rent Description Chance the	Provide Title/Exp	Janalian	Date(s)	2617	
277	1 1/ 1/5	•				
HC	cket(s)/Pass(es) provided by	agency?	Yes 🛛 No	☐ If no:	Name of Soul	rce .
Wa	as ticket distribution made a	the behest	No ⊠ Yes	П If		
	f agency official?		140 🖂 162	☐ If yes:	Official's Name (La	ast, First)
. Re	ecipients					
	se Section A to identify the agency	's department or	unit. 6 Use Sec	ction B to identify an individu	al. • Use Section C to identif	y an outside organization.
A.			Number of Ticket(s)/ Pass(es)		ic purpose made pursuant to	
B.	Name of Individual		Name & and a f			
-	(Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
Par	rker, Barbara J.		Ticket(s)/	To investigate the e	Other Role" or "Other describe below" fficiencies of the operati	Income [
Par	(Last, First)		Ticket(s)/ Pass(es)	To investigate the e sporting and other e	Other Other Other Other Other describe below officiencies of the operativents that occur at Col	Income [
Pai	(Last, First)		Ticket(s)/ Pass(es)	To investigate the e sporting and other e	Other Role" or "Other describe below" fficiencies of the operativents that occur at Col	Income Litions of the various iseum Complex
Par	(Last, First)		Ticket(s)/ Pass(es)	It checking "Ceremonia To investigate the e sporting and other e Ceremonial Role If checking "Ceremonia	Other Other Other Other Other describe below officiencies of the operativents that occur at Col	Income tions of the various iseum Complex
	rker, Barbara J. Name of Outside Organiza		Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	It checking "Ceremonia To investigate the e sporting and other e Ceremonial Role If checking "Ceremonia	Other Describe below: Officiencies of the operativents that occur at Col Other Describe below.	Income tions of the various iseum Complex
C.	rker, Barbara J. Name of Outside Organiza (include address and descr	iption)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	It checking "Ceremonia" To investigate the esporting and other esp	Other Describe below: If Role: or "Other describe below: Ifficiencies of the operativents that occur at Col Other Describe below. Courage purpose made pursuant to	Income tions of the various iseum Complex Income the agency's policy
C.	(last First) rker, Barbara J. Name of Outside Organiza (include address and descr	ons 18944.1 and	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia" To investigate the esporting and other esp	Other Describe below: If Role: or "Other describe below: Ifficiencies of the operativents that occur at Col Other Describe below. Courage purpose made pursuant to	Income tions of the various iseum Complex Income the agency's policy
C.	rker, Barbara J. Name of Outside Organiza (include address and descr	ons 18944.1 and	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	It checking "Ceremonia" To investigate the e sporting and other e Ceremonial Role [If checking "Ceremonia Describe the public public in the character of the public in the character of	Other Describe below: If Role: or "Other describe below: Ifficiencies of the operativents that occur at Col Other Describe below. Courage purpose made pursuant to	itions of the various iseum Complex Income the agency's policy

1	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C		Form 002			
	Division, Department, or Reg		For Official Use Only			
	Barbara J. Parker, City Atto					
	Designated Agency Contact (-	-	E		
	Area Code/Phone Number	E-mail			Amendment (Must prov	vide explanation in Part 3.)
	(510) 238-3815	Total MacAllinates	aklandcityatto	ornev ora	Date of Original Filing:	
2	Function or Event Inform		arriar raony att	omoy.org		(Month, Day, Year)
die	Does the agency have a ticket		Vac 🖂 Na	□ Face Value o	of Each Ticket/Pass \$	200.00
		77 SEX	Yes No	,		
	Event Description Julion Alva	Provide Title/Exp	Janatian	Date(s)		
			лапации			
	Ticket(s)/Pass(es) provided by	agency?	Yes 📝 No	☐ If no:	Name of Source	ce .
	Was ticket distribution made a	t the behest	No V Voc			
	of agency official?	t the benest	No 🔀 Yes	□ If yes:	Official's Name (Las	st, First)
3	Recipients					
0.	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identify	an outside organization
	A. Name of Agency, Departmen		Number of			
	Maine of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy
	William Control of the Control of th					
	B. Name of Individual		Number of			
	(Last, Fust)		Ticket(s)/ Pass(es)		Identify one of the following	
	0.11 0.1			Ceremonial Role	Other 🗵	Income
	Ortiz, Celso		2		al Role" or "Other" describe below	
			_	To provide incentive services to the Auth	es to City and County en	nployees that provide
			4			
				Ceremonial Role	Other In Oth	Income
				, crossing solutions	article of child describe below.	
	Name of Outside Organiz	ation	Number of	200		
	(include address and descr		Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
19						
4	to althought and					
	Verification have read and understand FPPC Regulati	ions 18944 1 and	18042 hous you	find that the distribution and for	th above their resources are	
	A 1 (L)					
	Signatural of Agency Hand - Day		Barbara J. P.	arker City	Attorney/OAACA Officia	05/05/2017
	Signature of Agency Head or Designee		Print Name		Tille	(Month Day Year)
(Comment:					

Agency Report of:

Ceremonial Role Events an	d Ticket/Pass D	istributions		A Public Document
I. Agency Name	A Commission of the Commission	and the second s	Dale Stamp	California 802
Oakland-Alameda County Coliseus	m Authority			1000
Division, Department, or Region (If A	pplicable)		1	For Official Use Only
Susan S. Muranishi, County Admir	nistrator, Alameda Cou	ıntv		
Designated Agency Contact (Name, Ti			4	
			Milliant and according	
Area Code/Phone Number E-mail	A Alexander of the Control of the Co		Amondment (Musi	provide explanation in Part 3)
· · · · · · · · · · · · · · · · · · ·	:yadministrator@acgo	v.org	Date of Original Filing:	(Monli), Qay, Yaari
2. Function or Event Information	Maria e morris manufaci del distribuio del compressione d	<u> </u>	A CONTRACTOR OF THE PROPERTY O	1760007, February
Does the agency have a ticket policy		Face Value o	of Each Ticket/Pass \$ _	1200 -
Event Description Golden State Wa	rriors Baskelball	Data(s) 04	08 , 17	, ,
Event Description Provide	Title/Explanation	Date(s)		
Ticket(s)/Pass(es) provided by agend	y? Yes⊠ No□	If no:	Name of St	
			Name of S	ource
Was licket distribution made at the be of agency official?	shest No 🗵 Yes 🗌	If yes:	Official's Name	(La\$l, Fbzl)
_	and is a second control of the second contro			Travit to - it
 Recipients Use Section A to Identify the agency's depart 	traverior unit after Spetime	. R en klentifi: za individ:	ual - e Lise Saction C to iden	ntify att outside organization
goratra transfer and the second secon	Number of	A STATE OF THE PARTY OF THE PAR	olic purpose made pursuan	
A. Name of Agency, Department or Un	# Ticket(s)/ Pass(us)	ունջըներն գլե երեր	inc britboan made britanan	r to the agency a policy
ACCO CID				A 200 A
				A supersual leaves
- A - Marian				
Name of (ndividual (Lau, Phz)	Number of Ticket(s)/		Identify one of the follow	ring:
)	Past(63)	Ceremonist Role	□ Other □	Insoma []
NOT USED			jaj Rola" or "Cilivis" dascribe balow.	unvelle fort
				·
The second secon		- Constant of the Constant of	Control of the Contro	
·		Coremonial Role	Other	Incomo 🔲
		и спасылд цанияли	arright of solder besolde selony.	
C Name of Outside Organization	Number of	Panadika tha mah	the consider tanda province	the the economic reliev
(luctude address and description)	Ticket(s)/ Pass(os)	Describo die hab	lic purpose made purauan	r ro and addition a bound
				(I Dell's 4 marks)
. Verification				A STATE OF THE PARTY OF THE PAR
I have read and understand APPC Regulations 189	344.1 and 18942. I have verified	i that the distribution set fo	orth above, is in accordance wi	th the requirements.
Swan Drugersh	Susan S. Murar	ishi	County Administrator	<u> 48/17 </u>
Signature of Aliano) Read of Dasignen	Print Manne		fule	RMorth, Day, Youri
	-			
Comment:	The state of the s	TO THE PROPERTY OF THE PARTY OF		FPPC Form 802 (4/12)
		ŧ	PPC Toll-Free Helpline: I	866/ASK-FPPC (866/275-7772)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name Date Slamp California Oakland Alameda County Coliseum Authority Farm Division, Department, or Region (if applicable) For Official Use Only Christin Hill, OACCA Commissioner Designated Agency Contact (Name, Title) Area Code/Phone Number Amondment (Must Provide Explanation in Parl 3.) 510.383.4801 Date of Original Filing: . christin.hill@gmail.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Event Description: Warriors Basketball Date(s) 04 / 12 / Provide Tide/ 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. Mame of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(e)/ Passes Mumber В. Name of Individual Of Ticket(s)/ identify one of the following: (Last First) Hill, Christin Coremonial Rola Oliver 🔀 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 Collseum Complex Caremonial Rolo 🔲 Other 🔲 If checking "Ceromorasi Role" or "Other" describe below. Name of Outside Organization Humber C. of Tickettsy Peters Osscribe the public purpose made pursuant to the agency's policy (bickule 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. Christin Hill OACCA Commissioner 04.14.17 Print Marner (month, day, year) Comment

C	eremonial Role Even	its and Ticket/I	Pass Distr	ibutions	/-	A Public Document
1.	Agency Name				Date Stamp	1 6 %
	Oakland-Alameda County (Form 802	
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	County Counsel					
	Designated Agency Contact	(Name, Title)				
	Donna R. Ziegler		188		Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				гточие Ехріанаціон ін Раң 3.)
Maure	510-272-6700	donna.ziegler@ac	gov.org		Date of Original Filing	(month, day, year)
2.	Function or Event Information	mation				
	Does the agency have a tick	ket policy? Yes	⊠ No □	ace Value of I	Each Ticket/Pass \$ _1	,000
	Event Description: Warriors	vs Minnesota		Date(s)04		
	Ticket(s)/Pass(es) provided	Provide Title/ Expla	anation	2		
	ricket(s)/Fass(es) provided	by agency? Yes		f no:	Name of Source	
	Was ticket distribution made	at the behest Yes	⊠ No□ I	f yes: Ziegler,		
	of agency official?				Official's Name (Last, First)	
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 iden	tify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose made pu	rsuant to the agency's policy
	No.					
			Number			
	B. Name of Indiv		of Ticket(s)/ Passes		Identify one of the I	following:
				Properties and the second seco	onial Role Other on "Other" de	Income
					onial Role Other on "Other" de	Illoonio L
	C. Name of Outside Org		Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
	Educational Advancement F 5656 South Stony Island Av		4	To promote the public and bu	ne Coliseum Complex sinesses to maximize	x for use by the general e revenues
V	/erification					
/ N	have read and understand FPP vith the requirements.	C Regulations 18944.	1 and 18942. I	have verified th	at the distribution set fo	orth above, is in accordance
	A Juster	— Donna	R. Ziegler		County Counsel	2/47/0047
-	Signature of Agency Head or Designee		nt Name		Title	3/17/2017 (month, day, year)
(nd co-hosted b		(month, day, year) ommunity organizations

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 County Counsel Designated Agency Contact (Name, Title) Donna Ziegler Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-272-6700 donna.ziegler@acgov.org Date of Original Filing: . (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 200.00 Yes ⊠ No 🗆 Event Description: Chance the Rapper Concert Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ Name of Source If yes: Donna Ziegler Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Branch, Devin Ceremonial Role Other X Income | If checking "Ceremonial Role" or "Other" describe below: 2 To promote the Coliseum Complex for use by the general public and businesses to maximize revenue 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 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. Donna R. Ziegler County Counsel Signature of Agency Head or Designee Print Name

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.cm (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 200.00 Event Description: Chance Concert Date(s) 04 / 26 / Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No No 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 B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Dobbins, Chris Other X Income _ If checking "Ceremonial Role" or "Other" describe below: 2 to investigate 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 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 Signature of Agency Head or Designee Print Name

Comment: _

(month, day, year)

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 chrisdobbinslaw@yahoo.cm Date of Original Filing: (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 200.00 Does the agency have a ticket policy? Yes X No T Event Description: Julion Avarez Date(s) __04__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: __ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Dobbins, Chris Other X Income If checking "Ceremonial Role" or "Other" describe below. 2 to investigate 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 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 FPPC Regulations with the requirements.	18944.1 and 18942.	I have verified that the distribution set forth above, is in accordance
	Chris Dobbins	OACCA Commissioner

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

OACCA Commissioner