Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

						A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	oliseum Auth	ority			
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only
	Barbara J. Parker, City Attor	nev/OAACA	Official			
	Designated Agency Contact (- Indian			
	3 3 7 1 1 1 1 1 1 1	- 5 5 5 5 5 5 5 6 5 5 5 5 5 5 5 5 5 5 5				
	Associate (Dhasas Nasashas	E			Amendment (Must pro	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	lde seletti en		Date of Original Filing: _	
_	(510) 238-3815	bparker@oa	ikiandcityatt	orney.org	Date of Original Filling.	(Month, Day, Year)
	Function or Event Inform					125.00
	Does the agency have a ticker		Yes 🛛 No		f Each Ticket/Pass \$	125.00
	Event Description Oakland A	's v. San Fran	ncisco Giant	s Date(s) <u>08</u>		
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Sou	rce
	Was ticket distribution made a	t the hehest	No 🖾 Va-	П и		
	of agency official?	Carlo Donost	No⊠ Yes	⊔ If yes:	Official's Name (La	ast, First)
-	Recipients					
	 Use Section A to identify the agency 	's department or	al. • Use Section C to identi	fy an outside organization		
1	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant t	
•						
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Yuen, Alan		2	If checking "Ceremonia	Other And Role" or "Other" describe below.	Income 🗌
				To provide incentive services to the Auth		employees that provide
				Ceremonial Role [Other I	Income 🗌
(Name of Outside Organia (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	o the agency's policy
	/erification have read and understand FPPC Regula	tions 18944.1 and	18942. I have vei	rified that the distribution set for	th above, is in accordance with	the requirements
	Bul II	(1)	Barbara J. F			
	Signature of Agency Head or Designee	/ feet	Print Name		Attorney/OAACA Offic	
			·······································	29) #	ine	(Month, Day. Year)
C	Comment:			F1		**

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1						
E	Agency Name				Date Stamp	California 802
(Dakland-Alameda County C	Coliseum Au	thority			roini
	Division, Department, or Reg	ion (If Applical	ble)			For Official Use Only
F	Barbara J. Parker, City Atto	rnev/OAAC/	A Official			
	Designated Agency Contact (415	-	
				*		
7	rea Code/Phone Number	E-mail			. Amendment (Must pr	ovide explanation in Part 3.)
	510) 238-3815		aklandcityatt	ornev ora	Date of Original Filing: _	
	Function or Event Infor	40	- amariaony an			(Month, Day, Year)
	oes the agency have a ticke		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	250.00
	(5) (5)		res 🔼 No			
Е	vent Description Kendrick L	Provide Title/Ex	planation	Date(s)	3 1 04 1 17	
т	:-!!/-\/D/\					
1	icket(s)/Pass(es) provided by	/ agency?	Yes 🗵 No	☐ If no:	Name of Sou	ırce
V	las ticket distribution made a	t the behest	No⊠ Yes	☐ If ves:		
	of agency official?				Official's Name (L	ast, First)
. F	Recipients					
0	Use Section A to identify the agency	's department o	r unit. • Use Sec	ction B to identify an individu	ıal. • Use Section C to identi	fy an outside organization.
P	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
-						
	Name of Individua		Number of			
В	Name of Individua (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
- 11	Name of Individua (Last. First) arker, Barbara J.	l	Ticket(s)/	To investigate the e		Income ☐
- 11	(Last, First)		Ticket(s)/ Pass(es)	To investigate the e sporting and other e	Other Other al Role" or "Other" describe below: officiencies of the operate ovents that occur at Co	Income ☐
115	arker, Barbara J.	zation	Ticket(s)/ Pass(es)	If checking "Ceremonia To investigate the e sporting and other e Ceremonial Role [If checking "Ceremonia	Other Other or "Other" describe below: officiencies of the operate ovents that occur at Co	Income In
P - C -	arker, Barbara J. Name of Outside Organia (include address and described)	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremonia To investigate the e sporting and other e Ceremonial Role [If checking "Ceremonia	Other And a control of the other and the control of the operation of the operation of the other and the control of the other and	Income In
P	arker, Barbara J. Name of Outside Organic (include address and description)	zation pription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia" To investigate the esporting and other esporting and other esporting are considered by the control of the checking "Ceremonia" Describe the publication of the control of the checking "Ceremonia"	Other And all Role" or "Other" describe below: officiencies of the operate vents that occur at Co Other Other all Role" or "Other" describe below: ic purpose made pursuant to	Income In
P	arker, Barbara J. Name of Outside Organia (include address and described)	zation pription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia" To investigate the esporting and other esporting and other esporting are considered by the control of the checking "Ceremonia" Describe the publication of the control of the checking "Ceremonia"	Other And all Role" or "Other" describe below: officiencies of the operate vents that occur at Co Other Other all Role" or "Other" describe below: ic purpose made pursuant to	Income In
P	arker, Barbara J. Name of Outside Organic (include address and description)	zation pription)	Number of Ticket(s)/ Pass(es)	To investigate the esporting and other esporting and other esporting and other esporting are considered by the sporting and other esporting and other esporting are considered by the sporting are considered by the spor	Other And all Role" or "Other" describe below: officiencies of the operate vents that occur at Co Other Other all Role" or "Other" describe below: ic purpose made pursuant to	Income In

4							
1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C	Coliseum Auth	nority			Form OUZ	
	Division, Department, or Regi	ion (If Applicabl	le)		1	For Official Use Only	
	Barbara J. Parker, City Attor	rney/OAACA	Official				
	Designated Agency Contact (1		
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 238-3815		aklandcityatto	orney.org	Date of Original Filing: _	(Month, Day, Year)	
-	Function or Event Infor			, ,		(Month, Day, Tear)	
	Does the agency have a ticker		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	120.00	
	5		Tes ZI NO				
E	Event Description	nt Description Green Day Concert Date(s) OS					
	Ticket(s)/Pass(es) provided by			□ If no:			
					Name of Sou	irce	
١	Was ticket distribution made a	t the behest	No ☒ Yes	☐ If yes:	Official's Name (L		
	of agency official?				Official's Name (L	ast, First)	
3.	Recipients						
	 Use Section A to identify the agency 	s department or		ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.	
1	A. Name of Agency, Departme	nt or Unit	Tronoctor.		olic purpose made pursuant to the agency's policy		
_	。		Pass(es)				
-			-				
-	Name of ladicities		Number of				
È	Name of Individua		Ticket(s)/ Pass(es)		Identify one of the following	ng:	
272				Ceremonial Role	Other 🛛	Income	
(Qian, Kent		2	If checking "Ceremoni	ial Role" or "Other" describe below:		
						employees that provide	
-				services to the Auth	nority		
				Ceremonial Role	Other Dial Role" or "Other" describe below:	Income	
				ii checking deremoni	arriole or other describe below.		
0	Name of Outside Organi	zation	Number of				
•	(include address and desc		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy	
-							
1	/erification						
	have read and understand FPPC Regula	ations 18944.1 and	l 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.	
	Bu O Pal		Barbara J. F		Attorney/OAACA Office		
_	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
						네는 아이 아니 생모이어 생겨 되는 것 같아.	

		HOROGI GOO	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Oakland-Alameda	County Coliseum	Authority			rollii • • —
Division, Departme	nt, or Region (If App	licable)			For Official Use Only
Barbara J. Parker	, City Attorney/OA	ACA Official			
Designated Agency			×		
Area Code/Phone N	lumber E-mail			Amendment (Must provi	de explanation in Part 3.)
(510) 238-3815	11	·@oaklandcityatt	orney.org	Date of Original Filing:	(Month Day Year)
2. Function or Eve	ent Information				(Worth, Day, Tear)
Does the agency ha	ave a ticket policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	150.00
Event Description _	KMEL Summer Jar		_	, 06 , 17	
Event Description _	Provide Tit.	le/Explanation	Date(s)		
Ticket(s)/Pass(es) p	provided by agency?	? Yes⊠ No	☐ If no:	Name of Source	
		100 🛅 110		Name of Source)
Was ticket distributi of agency official?	on made at the beh	est No 🗵 Yes	☐ If yes:	Official's Name (Last	C/D
				Official's Name (Last	, FIRST)
B. Recipients	fu the agency's departme	ont or unit allea So	ction B to identify an individu	al. • Use Section C to identify	
		Number of			
A. Name of Agend	y, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
			BURNON SEPTEMBER OF STREET	Management Committee (1975) - 1874 - 1974	
		Number of			
	of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following:	
		1 433(63)	Ceremonial Role	Other 🛛	Income
Bee, Maria		2	If checking "Ceremonia	al Role" or "Other" describe below:	
		-		es to City and County em	ployees that provide
			services to the Auth		
			Ceremonial Role If checking "Ceremonial	Other al Role" or "Other" describe below:	Income
			-		
	tside Organization	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to t	he agency's policy
(include addre	ess and description)	Pass(es)			
-					
Verification	EDDO D		The state of the s		
i nave read and understand	PPC Regulations 18944.			rth above, is in accordance with the	
Mou	San	Barbara J. F	, <u>5 187 1</u>	Attorney/OAACA Officia	
Signature of Agency Hea	iu or Designee	Print Name	?	Title	(Month, Day. Year)

1. Agency Name				Date Stamp	California Ong	
Oakland-Alameda County Co	oliseum Auth	ority			Form OUZ	
Division, Department, or Region					For Official Use Only	
Barbara J. Parker, City Attorr		Official				
Designated Agency Contact (N		Official				
z z z granou z ngome, z z muest (z .	amo, mo,					
Area Code/Phone Number	T !!			Amendment (Must pro	ovide explanation in Part 3.)	
	E-mail bporker@ee	klandaitvatt	ornov ora	Date of Original Filing: _		
· · · · · · · · · · · · · · · · · · ·	bparker@oa	Manuchyan	orney.org		(Month, Day, Year)	
2. Function or Event Inform			— FV-I	(F. L.T. L. UD	80.00	
Does the agency have a ticket	8 - 5	Yes 🗵 No		f Each Ticket/Pass \$		
Event Description Oakland A's	v. Baltimore	Orioles	Date(s)08	, 11 , 17		
,	Provide Title/Expl	anation				
Ticket(s)/Pass(es) provided by	agency?	Yes 🛛 No	☐ If no:	Name of Sour	rce.	
Was ticket distribution made at	the behest	No⊠ Yes	П к			
of agency official?	trio boricot	No 🔼 Yes	☐ If yes:	Official's Name (La	ast, First)	
. Recipients					THE RESERVE STATE OF THE STATE	
Use Section A to identify the agency's	department or i	unit. • Use Se	ction B to identify an individu	al. • Use Section C to identif	y an outside organization.	
A. Name of Agency, Department		Number of		olic purpose made pursuant to the agency's policy		
A Paragraph of the section		Ticket(s)/ Pass(es)	Describe the publ	ne purpose made pursuant t	o the agency's policy	
7						

B. Name of Individual		Number of Ticket(s)/		Identify one of the following	a:	
(Laat, 1801)	2014 116.46	Pass(es)				
Parker, Barbara J.			Ceremonial Role	Other X If Role" or "Other" describe below:	Income	
The standardour ▼ The back decision of the First		2	19	fficiencies of the opera	tions of the various	
			sporting and other e	vents that occur at Col	iseum Complex	
			Ceremonial Role	Other	Income	
			If checking *Ceremonia	I Role" or "Other" describe below:		
		No subsect of				
C , Name of Outside Organiza (include address and descri		Number of Ticket(s)/	Describe the publi	c purpose made pursuant to	the agency's policy	
V		Pass(es)				
9						
Verification						
I have read and understand FPPC Regulation	ons 18944.1 and	18942. I have vei	rified that the distribution set for	th above, is in accordance with t	he requirements.	
Joelan John		Barbara J. F	Parker City	Attorney/OAACA Offici	al 09/19/2017	
Signature of Agericy Head or Designee		Print Name	9	Title	(Month, Day, Year)	
Comment						

20 5						
	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	Coliseum Aut	hority			roilli
Ī	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
	Barbara J. Parker, City Atto	rney/OAACA	Official			
Ī	Designated Agency Contact ((Name, Title)				
					Amandanant (M.)	
7	Area Code/Phone Number	E-mail			Amendment (Must pro	are to the court of the first out their way demonstrator — restaurable — references
	(510) 238-3815	bparker@o	aklandcityatto	orney:org	Date of Original Filing: _	(Month, Day, Year)
	Function or Event Infor	mation			te.	
	Does the agency have a ticke	t policy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$	60.00
F	Event Description Marvel Un	iverse		Date(s) 08	<u>, 11 , 17 </u>	, ,
L		Provide Title/Exp	olanation	Date(s)		
7	Ficket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of Sou	
			Inc		Name of Sou	rce
V	Nas ticket distribution made a of agency official?	it the behest	No 🛛 Yes	☐ If yes:	Official's Name (La	act First
	or agency official?				Official's Name (La	ast, riist)
	Recipients					
-	Use Section A to identify the agency		Number of			HEROTERIN CHARACTER SHIVE
1	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
-			1 400(00)			
-		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			_	
_	Name of the distance		Number of			
C	Name of Individua		Ticket(s)/ Pass(es)		Identify one of the following	g:
_				1.5	Other 🛛	Income [
L	_ogue, Jennifer		2		al Role" or "Other" describe below:	
		9		services to the Auth		employees that provide
				Ceremonial Role	Other In the Interior of the I	Income
C	Name of Outside Organi		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	o the agency's policy
- 163	" (include address and desc		Pass(es)			
	(include address and desc					
	erification					
		ations 18944.1 and	d 18942. I have vel	rified that the distribution set fo	th above, is in accordance with	the requirements.
	/erification	ations 18944.1 and	d 18942. I have vel Barbara J. F		th above, is in accordance with Attorney/OAACA Offic	

						711 010110 2000111011
١.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	Coliseum Auth	nority			Form OOZ
	Division, Department, or Reg	ion (If Applicabl	le)		1	For Official Use Only
	Barbara J. Parker, City Atto Designated Agency Contact		Official			
	Area Code/Phone Number	E-mail			Amendment (Must pre	ovide explanation in Part 3.)
	(510) 238-3815		aklandcityatto	ornev ora	Date of Original Filing: _	(Month, Day, Year)
_	Function or Event Infor		and raony and	omey.org		(Month, Day, Year)
	Does the agency have a ticke		VV Na	□ Face Value o	of Each Ticket/Pass \$	90.00
		650 (50)	Yes 🗵 No			
	Event Description Oakland A	Provide Title/Exp	planation		3 , 12 , 17	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	☐ If no:	Name of Sou	rce
	Was ticket distribution made a of agency official?	t the behest	No ⊠ Yes	☐ If yes:	Official's Name (L	ast First)
					Cincia o Hamo (2	
•	Recipients • Use Section A to identify the agency	/'e donartment or	ction B to identify an individu	ual . a Usa Saction C to identi	fy an outside organization	
	A. Name of Agency, Departme		Number of Ticket(s)/		olic purpose made pursuant	
9	B. Name of Individua	ıl	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Ferrell, Elizabeth			Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income
			2	To provide incentiv services to the Autl		employees that provide
0.5				Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income
	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	Verification					
1	have read and understand FPPC Regul	ations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.
- 5	Vantau Sant		Barbara J. F	Parker City	Attorney/OAACA Office	cial 09/19/2017
	Signature of Agency Head or Designee		Print Name	е	Title	(Month, Day, Year)
0:	~					
(Comment:					

١.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C	oliseum Auth	nority			Form OUZ	
	Division, Department, or Regi	ion (If Applicabl	e)			For Official Use Only	
	Barbara J. Parker, City Attor		Official				
	Designated Agency Contact (Name, Title)					
					Amendment /Must a	rovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)	
<u>)</u>	Function or Event Inform	mation				60.00	
	Does the agency have a ticker	t policy?	Yes 🗵 No	☐ Face Value of	of Each Ticket/Pass \$ _	60.00	
	Event Description Marvel Uni	iverse	·	Date(s)08	3 , 12 , 17		
		Provide Title/Exp	planation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of So	urce	
	Was ticket distribution made a	t the behest	No⊠ Yes				
	of agency official?		140 🖂 163	Li li yes	Official's Name (L	_ast, First)	
	Recipients						
•	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ident	tify an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy		
	B. Name of Individua		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ing:	
	Former Flice			Ceremonial Role	17-18-18-18-18-18-18-18-18-18-18-18-18-18-	Income	
	Ferran, Elias		2		nial Role" or "Other" describe below:	employees that provide	
				services to the Autl		employees that provide	
•				Ceremonial Role	Other	Income	
				If checking "Ceremon	nial Role" or "Other" describe below:		
•	Name of Outside Organi		Number of				
	C. Name of Outside Organi (include address and des		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy	
,		~	-				
	Verification					A COLUMN TO A COLU	
			1 100 1= 11	CON 1 14 1 14 14 14 14 14 14 14 14 14 14 14	를 잃었는 없는 이 없이 있는 것도 보고 있다.	\$1.5k B	
	have read and understand FPPC Regula	ations 18944.1 and					
		ations 18944.1 and	d 18942. I have ve Barbara J. F	Parker City	orth above, is in accordance with Attorney/OAACA Offin Title		

1.	Agency Name					California 802	
	Oakland-Alameda County C					For Official Use Only	
	Division, Department, or Reg	ion (If Applicable	9)				
	Barbara J. Parker, City Atto	rney/OAACA	Official				
	Designated Agency Contact				1		
	Area Code/Phone Number	E-mail			Amendment (Must prov	ride explanation in Part 3.)	
	(510) 238-3815	bparker@oa	klandcityatto	rney.org	Date of Original Filing:	(Month, Day, Year)	
2	Function or Event Infor	mation					
	Does the agency have a ticke		Yes⊠ No	Face Value of	of Each Ticket/Pass \$	80.00	
	Oakland A	\s v. Baltimor			3 , 13 , 17	j j	
	Event Description Oakland P	Provide Title/Exp		Date(s)			
	Ticket(s)/Pass(es) provided b	v agency?	Yes⊠ No	□ If no:	Name of Source		
	Ticket(3)/1 ass(cs) provided b	y agonoy.	IES M INO	2000 Well (1000) 100	Name of Source	ce	
	Was ticket distribution made a of agency official?	at the behest	No⊠ Yes	If yes:	Official's Name (La	st, First)	
3.	Recipients						
	Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identify	y an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant to	the agency's policy	
			Pass(es)				
	R Name of Individu	al	Number of		Heatify and of the following:		
	B. Name of Individu		Ticket(s)/ Pass(es)		Identify one of the following	9:	
				Ceremonial Role	Other X	Income	
	Salem-Boyd, Kathleen		2	N	nial Role" or "Other" describe below:	ampleyees that provide	
			1	services to the Aut	ves to City and County e hority	mployees that provide	
				Ceremonial Role	Other	Income	
				SECTION OF C	nial Role" or "Other" describe below:	3.00/2003/0003/0003	
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pul	blic purpose made pursuant to	o the agency's policy	
	(include address and des	scription)	Pass(es)				
4.	Verification						
	I have read and understand FPPC Regu	ılations 18944.1 an					
	Jacour Jan		Barbara J. I		y Attorney/OAACA Offic		
	Signature of Agency Head or Designed	9	Print Nam	e	Title	(Month, Day, Year)	
	Commont						
	Comment:						

1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C	Coliseum Auth	ority			Form OUZ	
	Division, Department, or Reg		1	For Official Use Only			
	Barbara J. Parker, City Atto	rnev/OAACA					
	Designated Agency Contact	167	Omolai		-		
	,						
	Area Code/Phone Number	l E-mail			Amendment (Must pro	vide explanation in Part 3.)	
	(510) 238-3815		aklandcityattor	ney.org	Date of Original Filing: _	(Month Day Year)	
2	Function or Event Infor	Samuel Annual Control of the Control	,	, 0		(month, bay, real)	
-	Does the agency have a ticke		Yes⊠ No [7 Face Value o	of Each Ticket/Pass \$	60.00	
	Manyal IIn		100 🖾 110 🖸	-	3 , 13 , 17		
	Event Description Marver on	Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided b	v agency?	Yes⊠ No [٦ If no:			
	Tionot(o)/1 doo(oo) provided a	y agoney.	163 M NOL		Name of Sour	rce	
	Was ticket distribution made a	at the behest	No⊠ Yes [If yes:	Official's Name (La	ast First)	
	of agency official?				Ometar 6 reame (Le	iot, r roty	
3.	Recipients • Use Section A to identify the agence	. In demandance to our	unit - Han Sonti	ion B to identify an individ	ual a Use Section C to identif	fy an outside organization	
			Number of				
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant t	o the agency's policy	
	with the second						
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the following:		
	(Last, rast)		Pass(es)	Communial Dala	Other 🕅	Income _	
	Meyers, Michelle				Other X nial Role" or "Other" describe below:	ilicome	
			2		es to City and County e	employees that provide	
				services to the Aut	hority		
				Ceremonial Role	Other	Income	
				іг спескіпд "Сегетог	nial Role" or "Other" describe below:		
	C. Name of Outside Organ	nization	Number of			a the account a disc	
	(include address and des		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant t	o the agency's policy	
1.	Verification						
	I have read and understand FPPC Regu	lations 18944.1 an	d 18942. I have veri	ified that the distribution set	forth above, is in accordance with	the requirements.	
	Garbant (she		Barbara J. P	arker City	y Attorney/OAACA Offic	cial 09/19/2017	
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
	5-5-62						
	Comment:						

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H	ru	IUI	16.		UL		CII	Ł

1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	oliseum Auth	ority			Form For Official Use Only
	Division, Department, or Regi	on (If Applicable	?)			For Official Ose Offiy
	Barbara J. Parker, City Attor		Official			
	Designated Agency Contact (Name, Litle)				
					Amendment (Must p	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Data (October Fillian)	
	(510) 238-3815	bparker@oa	klandcityatto	orney.org	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	mation				80.00
	Does the agency have a ticke		Yes⊠ No		of Each Ticket/Pass \$ _	
	Event Description Oakland A	's v. Kansas (City Royals	Date(s)08	3 15 17	
	Ticket(s)/Pass(es) provided by		Yes⊠ No	☐ If no:	Name of So	urce
	Was ticket distribution made a	t the behest	No⊠ Yes	☐ If you		
	of agency official?	it the beneat	NO M Tes	ш п yes	Official's Name (L	Last, First)
_	Recipients					
,.	Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	ber of et(s)/ Describe the public purpose made pursuant to the agency's police		
	B. Name of Individua	ıl	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ing:
	Hussein, Farrah		2	700 00 000 000 000 000 000 000 000 000	ial Role" or "Other" describe below: es to City and County	employees that provide
				Ceremonial Role	Other Dual Role" or "Other" describe below:	Income _
256	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Verification					
	Verification I have read and understand FPPC Regul	lations 18944.1 and	l 18942. I have ve	erified that the distribution set f	orth above, is in accordance wit	h the requirements.
		lations 18944.1 and	l 18942. I have ve Barbara J. I		orth above, is in accordance wit	

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	Agency Name				Date Stamp	California	802
	Oakland-Alameda County C	oliseum Auth	ority			Form	Hee Only
	Division, Department, or Regi	on (If Applicable)			For Official	Ose Only
	Barbara J. Parker, City Attor	mey/OAACA					
	Designated Agency Contact (Omolai				
	Designated Agency Contact (
	0 1 701	I =			Amendment (Must)	orovide explanation in	Part 3.)
	Area Code/Phone Number	E-mail	klandcityatto	orney ora	Date of Original Filing:	(Month, Day, Ye	
No.	(510) 238-3815		Manuchyanc	intey.org		(Month, Day, Ye	ar)
2.	Function or Event Infor			Easo Value o	of Each Ticket/Pass \$ _		305.55
	Does the agency have a ticke		Yes 🛛 No	 -			
	Event Description Oakland F	Raiders vs. Lo Provide Title/Exp		ams Date(s) 08	3 , 19 , 17		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of So	ource	
	Was ticket distribution made a of agency official?	at the behest	No ☒ Yes	☐ If yes:	Official's Name	(Last, First)	
3.	Recipients						
	Use Section A to identify the agence	y's department or		tion B to identify an individ	ual. • Use Section C to ider	ntify an outside orga	inization.
	A. Name of Agency, Department	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuan	t to the agency's p	olicy
	**						
	B. Name of Individua	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
		al de la companya de	Ticket(s)/ Pass(es)	Ceremonial Role			Income
	(Last, First)	al .	Ticket(s)/	If checking "Ceremon To investigate the	Other 🗵	erations of the v	arious
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the sporting and other Ceremonial Role	Other Ot	erations of the v	arious
	(Last, First)	nization	Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the sporting and other Ceremonial Role If checking "Ceremon	Other	erations of the v	various blex Income
	Parker, Barbara J. C. Name of Outside Organ (include address and des	nization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To investigate the sporting and other Ceremonial Role If checking "Ceremon	Other Ot	erations of the v	various blex Income
4.	Parker, Barbara J. C. Name of Outside Organ (include address and des	nization scription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the sporting and other Ceremonial Role If checking "Ceremon Describe the pul	Other Ot	erations of the vocaliseum Comp	various blex Income
4.	Parker, Barbara J. C. Name of Outside Organ (include address and des	nization scription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the sporting and other Ceremonial Role If checking "Ceremon Describe the pul	Other Ot	erations of the vocaliseum Compared to the agency's part to the agency's	various blex Income

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

Agency Name			Date Stamp	California Ong
Oakland-Alameda County Coliseum Autl	nority		100 maring and 100 ma	Form 8U2
Division, Department, or Region (If Applicab.			1	For Official Use Only
Barbara I Parker City Atternov/CAACA	Official			
Barbara J. Parker, City Attorney/OAACA Designated Agency Contact (Name, Title)	Unicial			
besignated Agency Contact (Name, Ittle)				
			Amendment (Must pro	vide explanation in Part 3.)
The state of the s	SEASON CONTROL			
	aklandcityatt	orney.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				80.00
Does the agency have a ticket policy?	Yes 🗵 No	14-1	of Each Ticket/Pass \$	80.00
Event Description Oakland A's v. Texas F		Date(s)08	25 17	
Provide Title/Exp	planation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗵 No	☐ If no:		
Most isket distribution made at the ball	9 9 mm 2000		Name of Source	ce
Was ticket distribution made at the behest of agency official?	No ⊠ Yes	☐ If yes:	Official's Name (La	st First)
			Cincia o Ivame (Ea	51, 1 11319
Recipients • Use Section A to identify the agency's department or	unit allea Sor	ction B to identify an individu	allea Santion C to identify	an outside expedienting
	Number of			
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ı.
E-1- M-1		Ceremonial Role	Other 🛛	Income
Forte, Mark	2	-=	al Role" or "Other" describe below:	0.20 PAS Str. 100 Pr
		I o provide incentive services to the Auth	es to City and County en	mployees that provide
	-		7	
		Ceremonial Role L	☐ Other ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Income
		ě.		
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	the agency's policy
	107			
The state of the s				
Verification	·			
Verification have read and understand FPPC Regulations 18944.1 and	18942. I have ver	rified that the distribution set for	th above, is in accordance with th	ne requirements.
	18942. I have ver Barbara J. P		th above, is in accordance with the	

1.	Agency Name				Date Stamp	California Ong
	Oakland-Alameda County C	Coliseum Autl	hority			Form OUZ
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
	Barbara J. Parker, City Atto	rnev/OAACA	Official			
	Designated Agency Contact (
	Area Code/Phone Number	E-mail			Amendment (Must pro	A (59)
	(510) 238-3815	-3815 bparker@oaklandcityattorney.org			Date of Original Filing: _	(Month Day Year)
2.	Function or Event Infor	mation				(Month, Day, Teal)
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	60.00
	Event Description Shreya Go	shal		Date(s)08	, 26 , 17	1
	Event Description	Provide Title/Exp	olanation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:		
	VAI Mark at a transfer of	THE TOTAL	essante de la companione de la companion	·	Name of Sour	ce
	Was ticket distribution made a of agency official?	it the benest	No ⊠ Yes	☐ If yes:	Official's Name (La	st First)
,					0.110.00 7.00.10 7.00	0.7.1100
9.0	Recipients • Use Section A to identify the agency	s department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identif	v an outside organization
	A. Name of Agency, Departme	THE PART OF THE PA	Number of		lic purpose made pursuant to	
			Ticket(s)/ Pass(es)	bescribe the publ	ne purpose made pursuant to	o the agency's policy
			Number of			
	B. Name of Individua		Ticket(s)/ Pass(es)		Identify one of the following	g:
				Ceremonial Role	Other 🛛	Income
	Jawandha, Hasmukhjit		2	57/4 HA CARCESCA	al Role" or "Other" describe below:	
			_	To provide incentive services to the Auth	es to City and County e	mployees that provide
1				Ceremonial Role		
					☐ Other ☐ of Role" or "Other" describe below:	Income
(Name of Outside Organiz		Number of Ticket(s)/	Describe the publi	c purpose made pursuant to	the agency's policy
-			Pass(es)		长德国的生态等共享	
	//: f: 4:					
	Verification have read and understand FPPC Regula	tions 18944 1 and	18942 have ver	rified that the distribution set for	th above is in accordance	
	Brailey 1 (mil			ar an in-term		
7	Signature of Agericy Head or Designee		Barbara J. F		Attorney/OAACA Officia	
			t reame		nue	(Month, Day, Year)
(Comment:					

Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title) Area Code/Phone Number (510) 238-3815 bparker@oaklandcityattorney.org hate of Original Filing: (100) 238-3815 bparker@oaklandcityattorney.org hate of Original Filing: (100) 238-3815 however a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 80.0 Event Description Oakland A's v. Texas Rangers Date(s) 08 / 27 / 17 Date(s) Pass(es) provided by agency? Yes No Fine Officials Name of Source Was ticket distribution made at the behest of agency official? 3. Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Pass(es) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Identify one of the following: Parker, Barbara J. 2 Ceremonial Role Other Sections of the various sporting and other events that occur at Coliseum Complex	4					The second secon	30 UNISC
Division, Department, or Region (#Applicables) Barbara J. Parker, City Attorney/OAACA Official	6.	Agency Name			Date Stamp	California Q 0 5	
Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Trile) Area Code/Phone Number [E-mail		Oakland-Alameda County C	Coliseum Aut	hority			Form OUZ
Designated Agency Contact (Name, Title) Area Code/Phone Number (1610) 238-3815 bparker@oaklandcityattomey.org Date of Original Filing: (Manth. Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes \(\) No \(\) Face Value of Each Ticket/Pass \(\) 80.0 Event Description Oakland A's V. Texas Rangers Provide Title-Explanation Ticket(s)/Pass(es) provided by agency? Yes \(\) No \(\) If no: Name of Source Was ticket distribution made at the behest No \(\) Yes \(\) No \(\) Yes \(\) No \(\) If no: Official Filing (Attain Name (Last, First)) 3. Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Parker, Barbara J. 2 Ceremonial Role \(\) Other \(\) Other \(\) Ceremonial Role \(\) Other \(\) Other \(\) Other \(\) Other \(\) Income #*Continual Role \(\) Other \(\) Othe		-		(7)		1	For Official Use Only
Designated Agency Contact (Name, Title) Area Code/Phone Number (100st provide explanation in Part 3) Date of Original Filling: (Manith, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes \(\) No Face Value of Each Ticket/Pass \(\) 80.0 Event Description Oakland A's V. Texas Rangers Date(s) 08 / 27 / 17 / / / / / / / / / / / / / / / / / /		Barbara J. Parker City Atto	rnev/OAACA				
Area Code/Phone Number (510) 238-3815 barker@oaklandcityattorney.org Date of Original Filling: (Month, Day, Year) 2. Function or Event Information Does the agency have at licket policy? Yes No Face Value of Each Ticket/Pass \$ 80.00 Event Description Oakland A's v. Texas Rangers Date(s) 08 27 17		NA 18		-			
Date of Original Filing:		boolghatou / igonoy bontable	rvamo, ridoj				
Date of Original Filing:		Average Contact (Discount of the Contact of the Con	(p= -1)			Amendment (Must p	rovide explanation in Part 3.)
2. Function or Event Information Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 80.0 Event Description Oakland A's v. Texas Rangers Provide TithetExplanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no:							
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 80.0 Event Description Oakland A's v. Texas Rangers Provide TitlerExplanation Ticket(s)/Pass(es) provided by agency? Yes No Fino: Name of Source 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 C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) B. Name of Individual Number of Ticket(s)/ Pass(es)				aklandcityatt	orney.org	Date of Original Filing:	(Month, Day, Year)
Event Description Oakland A's v. Texas Rangers Provide Tible-Explanation Ticket(s)/Pass(es) provided by agency? Yes \(\) No \(\) If no: Name of Source Was ticket distribution made at the behest of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)	2.						00.00
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no:		Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	80.00
Ticket(s)/Pass(es) provided by agency? Yes \ No \ If no: \ \ Name of Source Was ticket distribution made at the behest of agency official?		Event Description Oakland A	's v. Texas F	langers	Date(s) 08	3 , 27 , 17	1 1
Was ticket distribution made at the behest of agency official? No Yes:		The same states of the source and a second property of the same states	Provide Title/Exp	planation			
Was ticket distribution made at the behest of agency official? No Yes If yes:		Ticket(s)/Pass(es) provided by	/ agency?	Yes 🛛 No	☐ If no:		
Section A to identify the agency's department or unit. * 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 Number of Ticket(s)/ Pass(es)					_	Name of Sou	urce
3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)			t the behest	No ☒ Yes	☐ If yes:	0.00	
Name of Agency, Department or unit. Verification Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Parker, Barbara J. Number of Individual (last, Path) Ceremonial Role Other Income						Official's Name (L	.ast, First)
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)	3.	· ·					
B. Name of Individual (Last, Feet) Pass(es) Parker, Barbara J. Number of Ticket(s)/ Pass(es) Parker, Barbara J. Number of Ticket(s)/ Pass(es) Ceremonial Role Other Searche below To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Searche below To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Searche below To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Searche below To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Searche below Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Verification		Use Section A to identify the agency	's department or		ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
B. Name of Individual (Last, Freit) Parker, Barbara J. Ceremonial Role Other Income It checking *Ceremonial Role or *Other* describe below. To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income Income It checking *Ceremonial Role or *Other* describe below. Ceremonial Role Other Income		A. Name of Agency, Departme	nt or Unit	Ticket(s)/	Describe the put	lic purpose made pursuant	to the agency's policy
Parker, Barbara J. Ceremonial Role Other Income If checking "Ceremonial Role Other Income Income			SERVE AND DESCRIPTION	Pass(es)			
Parker, Barbara J. 2 Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Describe the public purpose made pursuant to the agency's policy Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy 1. Verification							
Parker, Barbara J. 2 If checking "Ceremonial Role" or "Other" describe below: To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s)' Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Nerification		D Namo of Individual					
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 Number of Ticket(s)/ Pass(es)				Ticket(s)/		Identify one of the following	ng:
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 Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)		(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremon. To investigate the e	Other al Role" or "Other" describe below: officiencies of the opera	Income Cations of the various
(include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Verification	11 9	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the e sporting and other	Other al Role" or "Other" describe below: officiencies of the operate ovents that occur at Co	Income Cations of the various
(include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Verification	11 8	(Last, First)		Ticket(s)/ Pass(es)	To investigate the esporting and other of Ceremonial Role	Other Other or "Other" describe below: officiencies of the operate ovents that occur at Other Other	Income Cations of the various
	3	Parker, Barbara J.		Ticket(s)/ Pass(es)	To investigate the esporting and other of Ceremonial Role	Other Other or "Other" describe below: officiencies of the operate ovents that occur at Other Other	Income Cations of the various
	3	(Last. First) Parker, Barbara J. Name of Outside Organiz	cation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To investigate the e sporting and other of Ceremonial Role If checking "Ceremonial	Other al Role" or "Other" describe below: officiencies of the operate ovents that occur at Co Other al Role" or "Other" describe below:	Income Cations of the various oliseum Complex
	3	(Last. First) Parker, Barbara J. Name of Outside Organiz	cation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To investigate the e sporting and other of Ceremonial Role If checking "Ceremonial	Other al Role" or "Other" describe below: officiencies of the operate ovents that occur at Co Other al Role" or "Other" describe below:	Income Cations of the various oliseum Complex
	3	(Last. First) Parker, Barbara J. Name of Outside Organiz	cation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To investigate the e sporting and other of Ceremonial Role If checking "Ceremonial	Other al Role" or "Other" describe below: officiencies of the operate ovents that occur at Co Other al Role" or "Other" describe below:	Income Cations of the various oliseum Complex
A / / / / / / / / / / / / / / / / / / /		Parker, Barbara J. Name of Outside Organiz (include address and desc	cation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To investigate the e sporting and other of Ceremonial Role If checking "Ceremonial	Other al Role" or "Other" describe below: officiencies of the operate ovents that occur at Co Other al Role" or "Other" describe below:	Income Cations of the various oliseum Complex
Rarbara I Parker	. 1	Parker, Barbara J. Name of Outside Organiz (include address and desc	eation ription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the esporting and other of the composition of the com	Other All all Role" or "Other" describe below: officiencies of the operate events that occur at Color all Role" or "Other" describe below: or "Other" describe below:	Income ations of the various oliseum Complex Income
Signature of Agency Head or Designee Print Name	. 1	Parker, Barbara J. Name of Outside Organiz (include address and desc	eation ription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the esporting and other of the composition of the com	Other al Role" or "Other" describe below: officiencies of the operate events that occur at Co Other al Role" or "Other" describe below: ic purpose made pursuant to	Income In
Title Month Day Your	. 1	Parker, Barbara J. Name of Outside Organiz (include address and desc (include address and desc description) have read and understand FRPC Regulated the control of the con	eation ription)	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 18942. I have ver	If checking "Ceremon To investigate the exporting and other of sporting and other of the common term of the	Other And all Role" or "Other" describe below: officiencies of the operative that occur at Company of the operative that occur at Company of the operative that occur at Company of the operation of the operatio	Income cations of the various pliseum Complex Income complex o the agency's policy the requirements. ial 09/19/2017
A coordance with the requirements.	3	(Last, First)		Ticket(s)/ Pass(es)	To investigate the esporting and other of Ceremonial Role	Other Other or "Other" describe below: officiencies of the operate ovents that occur at Other Other	Income ations of the various oliseum Complex
(month, bay, real)	1. \	Parker, Barbara J. Name of Outside Organiz (include address and desc	eation ription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To investigate the exporting and other of sporting and other of the common term of the	Other al Role" or "Other" describe below: officiencies of the operate events that occur at Co Other al Role" or "Other" describe below: ic purpose made pursuant to	Income [ations of the various oliseum Complex Income [the agency's policy Income [Income

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: _ slandreth@oaklandnet.com 510-238-3301 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 08 / 01 / Event Description: A's Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X **UNABLE TO USE** If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. 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.								a					
	-	-	-	-	-	•	_		_	•	_	•	•

Signature of Agency Head or Designee

VOIMOGGOM			
I have read and understand FPPC Regu	llations 18944.1 and 18942. I have v	erified that the distribution set forth	above, is in accordance
with the requirements.			
	Sabrina B. Landreth	City Administrator	08 1241 2017

Comment:

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: ED SHEERAN Date(s) __08__/ 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 A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other X BEDFORD, SARA If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:

Passes

Number

of Ticket(s)/

- 46	W 1				
4.	\ A	OI	F 6 T 1	001	ion
-0-	v	CI		Cal	IIOII

Name of Outside Organization

(include address and description)

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

	Sabrina B. Landreth	City Administrator	08/24/2017
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment			

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

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

	8	Sabrina B. Landreth	City Administrator	08/2//2017
Signature of Agency Hea	d or Designee	Print Name	Title	(month, day, year,

Comment: _____

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: BANDA 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 A. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X UNABLE TO USE If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Income Ceremonial Role Other ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. City Administrator 08/ /2017 Sabrina B. Landreth Signature of Agency Head or Designee Print Name (month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Green Day Date(s) __08__/ 05 / 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 Name of Agency, Department or Unit A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Income Ceremonial Role Simon, Donald If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator Print Name Signature of Agency Head or Designee

Comment: __

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information 15009 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: KMEL SUMMER JAM 06 / Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Other X Ceremonial Role Income HALEY, APRIL If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ 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. Sabrina B. Landreth City Administrator 08/2 /2017

Print Name

Signature of Agency Head or Designee

Comment:

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 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 □ Event Description: A's 80 Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients Use Section A to identify the agency's department or unit.
 Use Section B to identify an individual.
 Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X McIntyre, Willie If checking "Ceremonial Role" or "Other" describe below. 2 To provide incentives to City employees that provides services to the Authority. Other _ Income _ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

with the requirements.

Sabrina B. Landreth

City Administrator

088 /2017

Signature of Agency Head or Designee Print Name Title

Comment: _____

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 Date of Original Filing: . slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ _ Event Description: A's Date(s) __08__/ 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 A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income ___ ROMO, ROSALIA If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** Verification

 vermeation	
I have read and understand FPPC Regulations 18944 1 and 18942	I have verified that the distribution set forth a

with the requirements.

18	Sabrina B. Landreth	City Administrator	08 7 4 2017
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes ⊠ No □ Date(s) 08 / 11 / Event Description: A's Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ 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 B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income Ratcliff, Rosland If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification

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

	Sabrina B. Landreth	City Administrator	08/2 1/2017
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: slandreth@oaklandnet.com 510-238-3301 (month, day, year) 6000 2. Function or Event Information Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: MARVEL UNIVERSE Date(s) 08 / 11 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) **Passes** Other X Ceremonial Role TURNER, PHYLISS If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (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. City Administrator Sabrina B. Landreth Print Name Signature of Agency Head or Designee

Agency Report of:

Comment: _

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No □ Event Description: MARVEL UNIVERSE Date(s) __08__/_ 12 / 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 A. of Ticket(s)/ Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income **UNABLE TO USE** If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

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

Sabrina B. Landreth

Signature of Agency Head or Design≽e	Print Name	Title	(month, day, year)
Comment:			
Comment.			

08 /27/ 2017

City Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes ⊠ No □ Date(s) <u>08</u> <u>/</u> 12 / Event Description: A's Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: __ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ⋈ No □ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Income **UNABLE TO USE** If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4. Verification

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

Signature of Agency Head or Designee

Sabrina B. Landreth

City Administrator

08/ **24**/2017

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 510-238-3301 slandreth@oaklandnet.com (month, day, year) 8000 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes ⊠ No □ Date(s) 08 / 13 / 17 Event Description: A's Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: ___ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients Use Section A to identify the agency's department or unit.
 Use Section B to identify an individual.
 Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X WARREN, KATRINA If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification

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

8	Sabrina B. Landreth	City Administrator	08 / / / 2017
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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1.	Agency Name	⊗			Date Stamp	California Q02	
Oakland Alameda County Coliseum Authority						Form OUZ	
Division, Department, or Region (if applicable)					1	For Official Use Only	
	Office of the City Administra	tor					
	Designated Agency Contact (Name,Title)			1		
	Sabrina B. Landreth, City Ad	dministrator				11.5 (
	Area Code/Phone Number	E-mail			. Amenament (Must Pro	ovide Explanation in Part 3.)	
	510-238-3301	slandreth@oaklan	dnet.com		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Inform	nation			Di Caranta	1000	
	Does the agency have a tick	et policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$	6000	
	Event Description: MARVEL	. UNIVERSE		Date(s)08	, 13 , 17		
	Tielcot(e)/Dece/ce) provided	Provide Title/Expl		.	*		
	Ticket(s)/Pass(es) provided	by agency? Yes		f no:	Name of Source	_	
	Was ticket distribution made	at the behest Yes	⊠ No□ I	f yes: Landret	h, Sabrina		
	of agency official?	100		ERCON.	Official's Name (Last, First)		
5.	Recipients	3.4	. II. O .: -		· · · · · · · · · · · · · · · · · · ·		
	• Use Section A to identify the agen-	cy's department or unit.		identify an individ	ual. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy	
					2		
			-				
				10			
			Number				
	B. Name of Indiv (Last, Firs		of Ticket(s)/ Passes		Identify one of the fo	lowing:	
	UNABLE TO USE		2	Ceremonial Role Other M Income If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provides services to the Authority.			
				Cerem	onial Role Other ing "Ceremonial Role" or "Other" desc	Income In	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy	
. ,	Verification						
	I have read and understand FPI with the requirements.	Regulations 18944	1.1 and 18942.	have verified th	hat the distribution set for	th above, is in accordance	
		Cabrin	a B. Landreth		City Administrator	00/21/0047	
-	Signature of Agency Head or Designe		rint Name		City Administrator	08 / 29 2017 (month, day, year)	
	5,	•			1140	(month, day, year)	
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Date(s) 08 / 15 / Event Description: A's Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ 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)/ Identify one of the following: (Last, First) Passes Other X Ceremonial Role Income Young, Verbin If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy C. (include address and description)

4. Verification

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

		5 - 17	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Sabrina B. Landreth

City Administrator

08/21/2017

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) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A'S Provide Title/ Explanation If no: _ Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual B. of Ticket(s)/ (Last, First) **Passes** Other X Ceremonial Role **UNABLE TO USE** If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Other Income ___ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization 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. City Administrator Sabrina B. Landreth 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 Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: RAIDERS Date(s) 08 / 19 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X HAYES, GIL If checking "Ceremonial Role" or "Other" describe below 2 To provide incentives to City employees that provides services to the Authority. Other _ Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ 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. Sabrina B. Landreth City Administrator Print Name Signature of Agency Head or Designee

Comment: _

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 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) __08__/ Event Description: A'S 25 / Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X COOLEY, DEDRA Income If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number 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

l have read and underst	and FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth	above, is in acc	ordance
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Signature of Agency	Head or I	Designee	

Sabrina B. Landreth

City Administrator

08/2/2017

Comment: _____

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) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: slandreth@oaklandnet.com 510-238-3301 (month, day, year) (000° 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: SHREYA GOSHAL Provide Title/ Explanation If no: _ Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Income Other X Ceremonial Role SHUPE, DENA If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization 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. City Administrator Sabrina B. Landreth **Print Name** Signature of Agency Head or Designee

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 Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes ⊠ No □ Event Description: A'S Date(s) 08 / 27 / 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 A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X STALLER, CHRIS Income If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other _ Income ___ If checking "Ceremonial Role" or "Other" describe below: Number 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 understa	and FPPC Regulations	18944.1 and 18942	2. I have verified that the	distribution set forth	above, is in accordance
with the requirements.					

	Sabrina B. Landreth	City Administrator	08/7//2017
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name <u>California</u> Date Stamp Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 Date of Original Filing: slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ __ Yes ⊠ No □ Event Description: RAIDERS Date(s) 08 / 31 / Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes FELICIANO, LOU Ceremonial Role Other X Income ___ If checking "Ceremonial Role" or "Other" describe below. 2 To provide incentives to City employees that provides services to the Authority. Other \square Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

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with the regulationions.					

	Sabrina B. Landreth	City Administrator	08/74/2017
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions	A Public Documen
1. Agency Name	
Alameda County OACCA	California 802
Division, Department, or Region (if Applicable)	For Oilidal Use Only
Designated Agency Contact (Name, Title)	
Lee Ann Fergerson, Supervisor's Assistant	Amendment (Must provide explenation in Part 3.)
Area Code/Phone Number E-mail	Date of Original Filing:
(510) 272-6691 leeann.fergerson@acgov.org	(Manth, Day, Year)
Door the grapes have a field self- 0	of Each Ticket/Pass \$ 4 40000
Ed Character C	(2.17
Event Description Provide Title/Explanation Date(s)	
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no:	SW
Was tisked distribution made at the behavior	Name of Source meda County Supervisor Scott Haggerty, D 1
of agency official?	Official's Name (Last, First)
3. Recipients	
Use Section A to identify the agency's department or unit. Oue Section B to identify en individu Number of Agency (Department on Unit (Mickeley)) Pecciliante published (Mickeley) The Control of Cont	oi. • Obo Section C to Identify an outside organization. Us purpose manufacturing its unit agoncy's policy.
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B ANAMEDIAL SERVICE SE	dentily order the following:
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	community volunteer for his or her service to the public
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if checking "Coremoniz.	I Raio" or "Othar" describe below:
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Ceremonial Role Events an	d Ticket/Pass	Distributions		A Public Document
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Scott Haggerty, OACCA Commiss	ioner	(•?		
Designated Agency Contact (Neme, T			1	
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Area Code/Phone Number E-mail			Amendment (Mast	provide explanation in Part 3.)
	n.fergerson@acgo	v.org	Date of Original Filing	(Monlh, Day, Year)
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3. Recipients	Mary Mary	STREET,	ACLEUM WORKSTON THE STREET	had deep man and the state of t
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B. Name of Individual	Number of Ticket(a)/ Pass(as)		Identify one of the follow	
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I have send and understand FPPC Regulations 10				
Mulling XI	Lee Ann Fe		Supervisors Assista	(Mgath, Day, Year)
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Lee Ann Fergerson, Super, Area Code/Phone Number	THE R. P. LEWIS CO., LANSING, MICH.	sistant				
(510) 272-6691	E-mail			— ∐ Aπ	endment (Must pro	vide explanation In Part 3.)
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C.	Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pul	nlic purpose made pursuan	to the agency's policy
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1-/	Significa al Agency Hisati or Dazignad	Pint Nama		File	(Month, Day, Year)

FPPC Form 802 (4/12)
FPPC Toll-Free Helptine: 066/ASK-FPPC (866/275-7772)

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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) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: idelafuente2012@gmail.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No□ Event Description: Kendrick Lamar Concert Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization, Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: of Ticket(s)/ В. (Last, First) **Passes** Other 🗵 Ceremonial Role Income De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex 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

Verification

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

Ignacio De La Fuente OACCA Commissioner 07.28.17

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

Comment:

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	* Use Section A to identify the agency's department or unit. * A. Name of Agency, Department or Unit		Use Section B to Number of Ticket(s)/ Passes			entify an outside organization.
						and the state of t
onominani nominani nominani	Name of Ind	ividual	Number of Ticket(s)		Identify one of the	e following:
	Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	
			of Ticket(s)/	to investigat	nonial Role Other king "Ceremonial Role" or "Other" te the efficiencies of	Income [describe below: the operations of various
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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510.383.4801 idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 150.00 Does the agency have a ticket policy? Yes⊠ No 🔲 Event Description: KMEL Summer Jam Date(s) ________/ 06 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes⊠ No 🗆 Name of Source If yes: Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes Other X Ceremonial Role Income . De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other ___ Income ... If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 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 OACCA Commissioner 07.28.17

Frint Name Title (month, day, year)

Comment:

with the regulirements

	Agency Name				Date Stamp Ca	lifornia 👩 🔿 🔿
	Oakland Alameda County C	Coliseum Authority		lifornia 802 Form		
ī	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Ignacio De La Fuente, OAC	CA Commissioner				
Ĩ	Designated Agency Contact	(Name,Title)	yayan angan ayan ayan manayan kayan mili iyan adiyaliya ka kayalan	lek artik de proken er et til klade som hede til till som hede som et i addisse se til addisse se til addisse s		
					Amendment (Must Provide Ex	(planation in Part 3.)
7	Area Code/Phone Number	E-mail				,
	510.383.4801	idelafuente2012@g	gmail.com		Date of Original Filing:	th, day, year)
)	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy? Yes	⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$ 60.00	
	Event Description: Marvel L	Jniverse			<u>, 11 , 17 08</u>	, 12 , 17
	Event Description.	Provide Title/ Expla	nation			uf imadiministraturistratuf imateritationitationit
•	Ticket(s)/Pass(es) provided	by agency? Yes	X No □	f no:	Name of Source	SANIO NA SIESTE DE PROTECCIONES CHINADORIS.
,	Mes tiekst distribution mode	at the hebest of		f yes:		
	Was ticket distribution made of agency official?	e at the benest Yes	_INO⊠ "	1 y c 3	Official's Name (Last, First)	Constitution (Constitution Constitution Constitution Constitution Constitution Constitution Constitution Const
	or agency officials.	ensumme ensemblem kalle ka	WAR CHICKEN TO THE TOTAL CONTROL OF THE TOTAL CONTR	andrawyzaucen-gerenkouranneur-konstrukturen	DOZINSKI KANI KANI KANI KODIBOG DI SIMMA KIZIMAN KIZIMAN KIZIMAN KIZIMA KURUKUTUM ARAN MANI KIZIMAN KANI KIZIM	ERSZHARUSUHARHIJINOMO ISSUUNOSSAUJOHARHISAMIKUU JAJUSEPARUSUHARUSUKA
3.	Recipients • Use Section A to identify the ager	ncy's department or unit.	Use Section B to	identify an Individ	lual. • Use Section C to identify an o	ıtside organization.
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to	the agency's policy
	B. Name of Indi	ividual	Number of Ticket(s)/		Identify one of the following	1:
	(Last, Fir		Passes		identity one of the following	S
	De La Fuente, Ignacio		2per	to investigat	nonial Role \(\bigcirc\) Other \(\bigcirc\) king "Ceremonial Role" or "Other" describe belo te the efficiencies of the oper tother events that occur at O	ations of various
			day		nonial Rote Other Other king "Ceremonial Role" or "Other" describe belo	Income (
			,	1		
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to	the agency's policy
			Number of Ticket(s)/	Describe th	e public purpose made pursuant to	the agency's policy
	Verification	description)	Number of Ticket(s)/ Passes			
i	Verification	description)	Number of Ticket(s)/ Passes		that the distribution set forth abo	

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

1.	Agency Name		14		<u> Kithini kahraki midani mponionnion (mponiong zamen-ra</u>	Date Stamp	California 802
	Oakland Alameda County C			1-20-6-514 (TO-45-10-7-15-10-7-16-1-1-16-1-16-1-16-1-16-1-16-1-16			For Official Use Only
	Division, Department, or Reg	, , , ,					7 Of Official Case Office
	Ignacio De La Fuente, OAC		oner				
	Designated Agency Contact	(Name, Title)				seens memazammanassoormoomsoomsoomsoomsoomsoomsoomsoomsoo	
	Area Code/Phone Number	E-mail				Amendment (Must P	rovide Explanation in Part 3.)
	510.383.4801	idelafuente2	012@gi	mail.com		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	HANNO HANNO HANNA HANNO HA	entanine equinom de competit de conserva en m				
	Does the agency have a ticl	ket policy?	Yes 🗵	No□ F	ace Value of	Each Ticket/Pass \$ 60	0.00
	Event Description: Marvel U	Jniverse				, 13 , 17	, ,
	L Control of Control o	Provide Ti	tle/ Explana	ation			and the second s
	Ticket(s)/Pass(es) provided	by agency?	Yes 🛭	I No □ I	f no:	Name of Source	COMMISSIONER MANUSCRIPT COMMISSION OF THE PROPERTY OF THE PROP
	Was ticket distribution made	at the behest	Ves □			Official's Name (Last, First)	
	of agency official?		103	1 MOET	•	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	cy's department o	unit. • U	Se Section B to	identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	ertment or Unit		of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	No. and the second seco						
	B. Name of Indi (Last, Fire			Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	De La Fuente, Ignacio			2	If check to investigate		
						onial Rote Other of "Other" des	
		C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy
	MANAGEMENT OF THE PROPERTY OF						
4.	Verification		L				
	I have read and understand FP with the requirements.	PG Regulations	18944.1	and 18942.	l have verified t	hat the distribution set fo	rth above, is in accordance
	Skingstiffeld Agents Head of Design			e La Fuente		OACCA Commissioner	
	Statistical event Affaults Head of Presidu	ee	Hill	is ivairie		Hue	(month, day, year)
	Comment:	ungan mananan		11×4	THE CONTRACT AND THE CO	- 2000 di dikini 2014 di indikana makani kana kana kana kana kana kana kana	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Eolim Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) 2 3,

7	Area Code/Phone Number	TE-mail			Amendment (Must Pr	ovide Explanation in Part 3.)
MINISTRA	510.383.4801	idelafuente2012@g	gmail.com		Date of Original Filing: _	(month, day, year)
•	Function or Event Infor	mation	NOT CHARLES ON THE CONTRACT OF			
	Does the agency have a ticl	ket policy? Yes [⊠ No □ F	ace Value of I	Each Ticket/Pass \$ 60	.00
1	Event Description: Shreya	Provide Title/ Explar	<u> </u>	Date(s)08/	26 / 17	
	Ticket(s)/Pass(es) provided			f no:	Name of Source	
1	Was ticket distribution made of agency official?	at the behest Yes [f yes:		nenunga daga daga daga daga daga daga daga d
p	Recipients • Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
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			FOR COLUMN TO THE PARTY OF THE	De Carlos Company (Company Company Com		
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fol	llowing:
	De La Fuente, Ignacio		2	If checkii to investigate	onial Role Other Song "Ceremonial Role" or "Other" description of the efficiencies of the other events that occu	Income Income or
				Ceremo	onial Role Other Ong "Ceremonial Role" or "Other" descri	Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	uant to the agency's policy
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٧	erification					
l l	have read and understand FPF ith the requirements.	PRegulations 18944.1	1 and 18942. I	have verified th	at the distribution set fort	th above, is in accordance
beladele	Sheep to a post of post of post-	Difference and the second seco	e La Fuente	0/	ACCA Commissioner	07.28.17
	Somethic of Agenoy Head of Designe	⇒ Pfin	nt Name		Title	(month, day, year)
(Comment [,]					

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eremoniai Kole Events and 11	CKeVPass	Distributions		A Public Document
Agency Name		OF THE REAL PROPERTY OF THE PR	Date Stamp	California 802
Oakland-Alameda County Coliseum Aut	thority			
Division, Department, or Region (If Applicati		For Official Use Only		
Susan S. Muranishi, County Administrati	tor. Alameda (County		
Designated Agency Contact (Name, Title)	1			
		(L) QUERMANUM AND		
Area Code/Phone Number E-mail		A1************************************	I —	t provide explanation in Part 3.)
510-272-3862 countyadm	Date of Original Filing	Month Cay Voor		
Function or Event Information				(Wallin, Day, Tabl)
Does the agency have a ticket policy?	Yes 🗵 No	T Face Value	of Each Ticket/Pass \$	· · · · · · · · · · · · · · · · · · ·
		NAME OF TAXABLE PARTY.	8 , 19 , 17	- I was a superior and a superior an
Event Description Raiders Football Game	(planation	Date(s)	A PORTUGUE AND	
Ticket(s)/Pass(es) provided by agency?		m If on		
Ticket(s)/Fasa(cs) provided by agency (Yes 🗵 No	16110.	Name of :	Source
Was ticket distribution made at the behest	No X Yes	☐ If yes:	Official's Name	
of agency official?		A	Official's Name	: (I_asi, First)
Recipients				
■ Use Section A to Identify the agency's department of	or unit. A Use Sec Number of	tion B to Identify an individ	dual. • Use Section C to ide	entify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant to the agency's policy	
	L449(b3)		Managara and the same of the s	
- LEVER EGGS WATER DATA AND LOCAL PROPERTY OF THE PROPERTY OF				
B. Name of Individual	Number of	, , , , , , , , , , , , , , , , , , ,	Identify and of the follo	wine.
(Losi, First)	Ticket(s)/ Pass(es)		techniy and or the teste	entered.
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		services to the Au		CitibioAcca mar broside
and the second s		Ceremonial Role	Olher 🔲	income
		,	oniul Role" in "Ollier" describe belov	W.
CHARLEST THE THE THE THE THE THE THE THE THE TH			Politikasia. 20	NAS CARACHE SIGNATURE CONTROL OF THE
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/	Doscribe the pu	blic purpose mado pursua	nt to the agency's policy
Augusta and and and and and and and and and an	Pass(es)			4.0002222
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Verification	ad appeal them	will all that the distribution	forth about to in considerate	with the consumerants
I have read and understand FPPC Regulations 18944.1 a				
Signatura anggancy Head or Dusignue	Susan S. Mu		County Administrate	OF (Month, Dig. Year)
Signature of Agency Head or Dasignae	erna wam	u .	17412	(mona. Sag. 1991)
Comment:	000000000000000000000000000000000000000		20.55k 19.71 19.21	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California Form Division, Department, or Region (If Applicable) For Official Use Only BOM PROPERTY OF Commissioner Designated Agency Contact (Name, Title) Anna Gee Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail 510-891-5585 anna.gee@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 \$ Yes X No **Event Description** Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No X If yes: Miley, Nate Was ticket distribution made at the behest No Yes X of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual B. Ticket(s)/ Identify one of the following: Pass(es) Ceremonial Role Other 🔼 Chu, Jordan Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other describe below. Number of Ticket(s)/ Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

Verification I have read and understand PPC Regulations 189	44.1 and 18942. I have verified that the dis Anna Gee	tribution set forth above, is in accordance with the r	requirements, 8/3/17
Signature of Agency Aged in Bosones	Print Name	Title	(Month, Day, Year)
Comment:		FPPC Toll-Free Helpline: 866/A	FPPC Form 802 (4/12) SK-FPPC (866/275-7772)

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

1	. Agency Name			Date Stamp	California OOO
	Oakland Alameda County Coli	sium Author:	ity		Form OUZ
	Division, Department, or Region (If Applicable	le)			For Official Use Only
	Yui Hay Lee, Commissioner				
	Designated Agency Contact (Name, Title)	an er er mak er per fra Amelika fra fra fra fra per f		ĺ	
	Area Code/Phone Number E-mail			. Amendment (Must pro	ovide explanation in Part 3.)
	(510 836-6688 x 10) YuiH	ay@YHLA.net		Date of Original Filing: _	(Month, Day, Year)
2	. Function or Event Information				(Month, Day, Tear)
	Does the agency have a ticket policy?	Yes□ No□	Face Value o	f Each Ticket/Pass \$	
	Event Description MARVEL UNI	VERSE	_ Date(s) 8	12, 70	8,13,17
	LIVE Provide Title/Exp			DAYSHOWOH	
	Ticket(s)/Pass(es) provided by agency?	Yes ☐ No ☐	If no:		' /
	Was ticket distribution made at the behest			Name of Soul	rce
	of agency official?	No ☐ Yes ☐	If yes:	Official's Name (La	ast, First)
2	Recipients				
٥.	Use Section A to identify the agency's department or	unit Use Section i	B to identify an individu	al. • Use Section C to identif	v an outside organization.
	A. Name of Agency, Department or Unit	Number of		lic purpose made pursuant t	
		Ticket(s)/ Pass(es)	Doscride the publ	no purpose made pursuant t	o the agency's policy
	Yui Hay Lee, Commissioner	Co	#3		
	Ph	Number of			
	B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following	g:
			Ceremonial Role	Other 🗌	Income 🗌
			If checking "Ceremonia	al Role" or "Other" describe below:	
		1 1			
		 	Ceremonial Role	Other	Income []
				al Role" or "Other" describe below:	MOONIS L.
	AND THE PARTY OF T	Number of			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	the agency's policy
4.	Verification	And the second second			
,	have lead and understand RPPC Regulations 18944.1 and	18942. I have verified ti			he requirements.
		Hay Lee	OAC	CCA Commission	817/17
	Signature of Agricus Helad or Designee	Print Name)	Title	(Month, Day, Year)
	Comment: Down Suc	in our	5, 113	oo am or	3:00 pm.
			FF	PPC Toll-Free Helpline: 866	FPPC Form 802 (4/12) 6/ASK-FPPC (866/275-7772)

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

1. Agency Name			Date Stamp	California 802
Oakland Alameda County Coliseum Authority				TO THE STATE OF TH
Division, Department, or Region (if applicable)				For Official Use Only
Scott McKibben, OACCA Executive Director				
Designated Agency Contact (Name, Title)				
			Amendment (Musi	t Provide Explanation in Part 3.)
Area Code/Phone Number E-mail				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
510.383.4801 smckibben1@@gn	nail.com		Date of Original Filing	g:(month, day, year)
2. Function or Event Information				
Does the agency have a ticket policy? Yes [⊠ No□ F	ace Value of I	Each Ticket/Pass \$.	125.00
Event Description: A's v Giants Provide Title/ Explain	nation	ate(s)	, 01 , 17	
		no:	Name of Source	
Was ticket distribution made at the behest Yes [of agency official?	□ No⊠ ^{If}	yes:	Official's Name (Last, Firs	<i>t</i>)
3. Recipients • Use Section A to identify the agency's department or unit.	Use Section B to i	dentify an individ	lual. • Use Section C to ide	entify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	
McKibben, Scott	4	to promote t	nonial Role Other Other wing "Ceremonial Role" or "Other" he coliseum comple: usinesses to maxim	describe below: x by use of the general
			nonial Role Other Other	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	oursuant to the agency's policy
4. Verification (have read and understand HPRC Regulations 18944 with the reducements)	1.1 and 18942.	I have verified t	that the distribution sei	t forth above, is in accordance
Scott	McKibben rint Name	OA	ACCA Executive Dire	ector 07.07.17 (month, day, year)
Comment:				

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

1.	Agency Name				et paggimen y filo illim mi ayumuwa mimuu kan ilma yikadi	Date Stamp	California 802		
	Oakland Alameda County C						Form For Official Use Only		
	Division, Department, or Reg		•				r or official use only		
	Scott McKibben,OACCA Ex		or	· ·					
	Designated Agency Contact ((Name, Title)							
	Area Code/Phone Number	E-mail		and the second s	· · · · · · · · · · · · · · · · · · ·	Amendment (Must I	Provide Explanation in Part 3.)		
	510.383.4801	smckibben1	@gmai	l.com		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation	35005346 <u>01 30004 00004</u>						
	Does the agency have a tick	et policy?	Yes [₫ No 🗆 F	ace Value of	Each Ticket/Pass $\frac{3}{2}$	105.55		
	Event Description: Oakland	Raiders	144-14-144-144-14-14-14-14-14-14-14-14-1			<u>, 19 _/ 17</u>			
		Provide T	itle/ Explan	ation					
	Ticket(s)/Pass(es) provided	by agency?	Yes [] No 🛛 If	no:	Name of Source			
	Was ticket distribution made	at the behes	t Yes[Official's Name (Last, First)			
	of agency official?		1002	2 140 [23		Official's Name (Last, First)			
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depa		runit. • \	Use Section B to i Number of Ticket(s)/ Passes			ntify an outside organization.		
	B. Name of India	vidual	**************************************	Number of Ticket(s)/		Identify one of the	following:		
	(Last, Firs	st)		Passes		TO THE PROPERTY OF THE PROPERT	· · · · · · · · · · · · · · · · · · ·		
	McKibben, Scott			8	If check to investigate	nonial Role Other Melonial Role" or "Other" describe below: the the efficiencies of the operations of various to other events that occur at Coliseum Complex			
				4 per gam	1	onial Role Other I			
	C. Name of Outside Or (include address and			Number of Ticket(s)/ Passes	Describe the	e public purpose made pui	rsuant to the agency's policy		
		nama aman na na hara a dina hakita mini da ar AAC at Ar GOM (1988) PR					West distribution of the later control to the contr		
######################################	Verification /				•				
	I have read and understand FPI with the requirements.	PC Regulations			have verified t				
	Signature of Agency Mead or Designe	20		VicKibben		Executive Director	08.15.17 (month, day, year)		
	Comment:				TJANISTON TOS SETTA AND SETTA SE				

Role Events and		
	and the state of t	

1. Agency Name				Date Stamp	California 802		
Oakland Alameda County C					Form OUA For Official Use Only		
Division, Department, or Regi					f of Official Ose Offig		
Scott McKibben, OACCA Ex							
Designated Agency Contact (Name,Title)						
Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)		
510.383.4801	smckibben1@gmail	.com		Date of Original Filing	(month, day, year)		
2. Function or Event Infor	mation						
Does the agency have a tick		₫ No 🗆 F	ace Value of	Each Ticket/Pass \$ ⁸	30.00		
	-			, 16 , 17			
Event Description: Oakland	Provide Title/ Explan	ation	oate(s)	<u> </u>			
Ticket(s)/Pass(es) provided	by agency? Yes ∑	I No □ If	no:	Name of Source			
			yes: McKibb	Name of Source en Scott			
Was ticket distribution made	at the behest Yes	No □ I	yes: marting	Official's Name (Last, First,)		
of agency official?							
3. Recipients • Use Section A to identify the agen	cy's department or unit.	Use Section B to i					
A. Name of Agency, Depa	urtment or Unit	Number of Ticket(s)/ Passes			ırsuant to the agency's policy		
B. Name of Indi (Last, Fir.	vidual st)	Number of Ticket(s)/ Passes		ldentify one of the	following:		
Serowsky, Terri & Joel		4	to promote t	eremonial Role Other I Income checking "Ceremonial Role" or "Other" describe below: te the Coliseum Complex for use by the general d businesses to maximize revenues			
				nonial Role			
C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th		irsuant to the agency's policy		
4. Verification	200000000000000000000000000000000000000				and the second s		
I have read and understand FF	PC Regulations 18944.	1 and 18942.	I have verified i	that the distribution set	forth above, is in accordance		
with the requirements							
A MAHAMAN.	A Scott	McKibben		Executive Director	8.14.17		
VSignature of Agency Mead or Design	7,1-	int Name		Title	(month, day, year)		
Comment:							

~	-	•							
Cere	mon	ial	Role	Events	and	Ticket	/Pass	Distri	butions

1.	Agency Name			ns de militaren de la comunitat de la la comunitat de la comunitat de la comunitat de la comunitat de la comun	Date Stamp	California 202
	Oakland Alameda County C	Coliseum Authority				Form OU2
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Scott McKibben, OACCA Ex	xecutive Director				
	Designated Agency Contact	(Name,Title)				
			A-100-00:00		Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Fillings	
	510.383.4801	smckibben1@gma	ail.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy? Yes	⊠ No ☐ F	ace Value of	Each Ticket/Pass \$ ⁸	0.00
	Event Description: Oakland	A's	F	Date(s)09	<u>, 05 , 17 </u>	1 1
		Provide Title/Expl	anation	20.0(0)	· 	
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □	f n o:	Name of Source	
	Was ticket distribution made	e at the behest. Voc	N No I	f yes: McKibb	en, Scott	
	of agency official?	out the bollook les	ы моп	,	Official's Name (Last, First)	
Water to the last						
3.	•		** 6 **.			
	• Use Section A to identify the agen			identity an individ	lual. • Use Section C to iden	tity an outside organization.
	A. Name of Agency, Depa		Number of Ticket(s)/	Describe th	e public purpose made pui	rsuant to the agency's policy
			Passes	1		Commence of the Commence of th
	B. Name of Indi	ividual	Number		Identify one of the	following
	(Last, Fir	and the second of the second o	of Ticket(s)/ Passes		identity one of the)	onownig.
				1	nonial Role 🔲 Other 🖺	
				If checi	king "Ceremonial Role" or "Other" de	scribe below:
						The state of the s
					nonial Role Other Other Other C	-
				, 5,,55	ang derementatives or early de	
			Number			en waren beer en en hag zoen en Waren en en de e
	C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made pui	rsuant to the agency's policy
	Leukemia & Lymphoma So	nciety		to provide o	oportunities to commu	unity groups to utilize the
	1390 Market Street	ooloty	4	facility		
	San Francisco, CA 94102			Ì		
	1					_
4.	Verification \(\square\)					
		PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set f	orth above, is in accordance
	with the requirements.					
			t McKibben	OA	CCA Executive Direc	
	Signature of Ade Nov (1994) of Design	iee	Print Name		Title	(month, day, year)
	Comment:				COLOR	

	-								
Cere	monia	al R	ole	Events	and	Ticket/	Pass	Distri	ibutions
Mugani programma	tananga tananga tan		.,.,,			XX		and the second second	

1. Agency Name			Date Stamp	California OAO	
Oakland Alameda County Coliseum Authority				Form OUA	
Division, Department, or Region (if applicable)				For Official Use Only	
Scott McKibben, OACCA Executive Director					
Designated Agency Contact (Name, Title)					
			Amendment (Must I	Provide Explanation in Part 3.)	
Area Code/Phone Number E-mail				· · · · · · · · · · · · · · · · · · ·	
510.383.4801 smckibben1@gma	il.com		Date of Original Filing:	(month, day, year)	
2. Function or Event Information	William Control				
Does the agency have a ticket policy? Yes [⊠ No□ F	ace Value of	Each Ticket/Pass \$ $\frac{4}{}$	00.00	
Event Description: Ed Sheeran Concert			, 02 , 17		
Provide Title/ Explai	nation	Jaie(s)			
Ticket(s)/Pass(es) provided by agency? Yes [⊠ No 🗆 🛚 II	f no:	Name of Source		
Mas tisket distribution made at the hebest very					
Was ticket distribution made at the behest Yes [of agency official?	_INo⊠ "	ı yes	Official's Name (Last, First)		
of agency officials					
B. Recipients					
• Use Section A to identify the agency's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to iden	tify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pui	suant to the agency's policy	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the I	following:	
McKibben, Scott	_	Ceremonial Role Other I Ind			
	4	to promote the	he Coliseum complex for use by the general		
			usinesses to maximiz		
			onial Role DOTher fing "Ceremonial Role" or "Other" de		
Name of Outside Organization	Number				
C. (include address and description)	of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy	
			· · · · · · · · · · · · · · · · · · ·		
. Verification			THE PROPERTY OF THE PROPERTY O	- PHILORESIA COLOR	
Lhave read and understand Epple Regulations 18944.	.1 and 18942. I	l have verified tl	hat the distribution set fo	orth above, is in accordance	
with the requiremental F					
	McKibben	OA	CCA Executive Direct	tor 07.24.17	
Gighaltire of Agend Head of Designee Pri	int 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) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 chrisdobbinslaw@yahoo.cm (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 400.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Ed Sheeran Date(s) __08__/ 02 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number 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)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex 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

Chris Dobbins

Print Name

with the requirements

Comment:

Signature of Agency Head or Designee

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

07.28.17

(month, day, year)

OACCA Commissioner

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) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . chrisdobbinslaw@yahoo.cm (month, day, year) 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 250.00 Does the agency have a ticket policy? Yes X No Event Description: Kendrick Lamar Concert Date(s) __08 Provide Title/ Explanation If no: _ Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) Passes Other X Income Ceremonial Role If checking "Ceremonial Role" or "Olher" describe below: Dobbins, Chris to investigate the efficiencies of the operations of various 2 sporting and other events that occur at Coliseum Complex Other Income _ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization 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. 07.28.17 **OACCA Commissioner** Chris Dobbins Title (month, day, year) Print Name Signature of Agency Head or Designee

Comment: _

Comment: _

	gency Report of: eremonial Role Even	ts and Ticket/F	Pass Distr	ibutions	Δ	Public Document
	Agency Name Oakland Alameda County C Division, Department, or Reg	Coliseum Authority			Date Stamp	California 802 Form 801
	Chris Dobbins, OACCA Cor Designated Agency Contact		-		-	
	Area Code/Phone Number	E-mail	Amendment (Must F	Provide Explanation in Part 3.)		
De ma	510.383.4801	chrisdobbinslaw@	yahoo.cm		Date of Original Filing:	(month, day, year)
2.	Function or Event Information Does the agency have a tick Event Description: Banda Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?	Provide Title/ Explaid by agency? Yes	nation	Face Value of Date(s) f no: f yes:		50.00
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depart	7 10 10 10 10 10 10 10 10 10 10 10 10 10	Use Section B to Number of Ticket(s)/ Passes	1		ify an outside organization. suant to the agency's policy
	B. Name of Indiv	vidual	Number			
	Dobbins, Chris		of Ticket(s)/ Passes	Ceremonial Role Other M Income		
			Cerem	onial Role Other Ing "Ceremonial Role" or "Other" des	Income	
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant to the agency's policy		
	Verification I have read and understand FPF	C Regulations 18944	1 and 18942	have verified #	nat the distribution set for	rth above is in accordance
	with the requirements.		Dobbins		ACCA Commissioner	07.28.17
	Signature of Agency Head or Designe	e Pri	nt Name		Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: chrisdobbinslaw@yahoo.cm (month, day, year) 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: KMEL Summer Jam Date(s) __08 06 Provide Title/ Explanation Yes ⊠ No □ If no: _ Ticket(s)/Pass(es) provided by agency? Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) Passes Other X Income Ceremonial Role Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization 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,

Chris Dobbins

Print Name

Signature of Agency Head or Designee

Comment: _

07.28.17

(month, day, year)

OACCA Commissioner

Title

Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
Oakland Alameda County Coliseum Authority
Division, Department, or Region (if applicable)

A Public Document
California 802
For Official Use Only

	Oakland Alameda County C	oliseum Authorit			Form OUZ		
	Division, Department, or Regi	on (if applicable)				For Official Use Only	
	Chris Dobbins, OACCA Con						
	Designated Agency Contact (Name,Title)					
	A C 1 PM At 1	E mall			Amendment (Must Pro	ovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail	0		Date of Original Filing:		
	510.383.4801	chrisdobbinslav	w@yanoo.cm			(month, day, year)	
2.	Function or Event Inform	mation			60	00	
	Does the agency have a tick				Each Ticket/Pass \$ 60.		
	Event Description: Marvel U	niverse	Date(s)08	<u>, 11 , 17 </u>	08 , 12 , 17		
		Provide Title/	If no:				
	Ticket(s)/Pass(es) provided	by agency?	Yes⊠ No□	II 110	Name of Source		
	Was ticket distribution made	at the behest	Yes□ No⊠	If yes:	Official's Name (Last, First)		
	of agency official?						
3	Recipients						
Ø a	• Use Section A to identify the agen	cy's department or ur	nit. • Use Section B to	identify an individ	lual. • Use Section C to identif	fy an outside organization.	
	A Name of Assess Page		Number of Ticket(s)/	1	e public purpose made purs		
	A. Name of Agency, Depa		Passes				
	R Name of Indi	vidual	Number		Identify one of the fol	llowing:	
	B. Name of Indi (Last, Fire		of Ticket(s)/ Passes	identity one of the following.			
	Dobbins, Chris				nonial Role Other X	Income I	
	and resident search (Service Co.)		2per	If checking "Ceremonial Role" or "Other" describe below: to investigate the efficiencies of the operations of various			
						r at Coliseum Complex	
			day		nonial Role Other Other Marking "Ceremonial Role" or "Other" desc	Income	
			l				
	Name of Outside O	rganization	Number of Ticket/sV	Describe th	ne public purpose made purs	uant to the agency's policy	
	C. (include address and		of Ticket(s)/ Passes	20001100 11	- Pasis baikass inage hito		
4	Verification						
/	Verification I have read and understand FF	PC Regulations 1	8944.1 and 18942	. I have verified	that the distribution set for	rth above, is in accordance	
	with the requirements.	. J		1900 to the second		nervisia kalini ku men s alah sebelah ki ki seperbahan 1997 dan 1997 dan 1997 dan 1997 dan 1997 dan 1997 dan 1997	
	(X)		Chris Dobbins	(OACCA Commissioner	07.28.17	
	Signature of Agency Head or Design	nee	Print Name		Title	(month, day, year)	
	Comment:						
					The second secon		

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510.383.4801 chrisdobbinslaw@yahoo.cm (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 60.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Marvel Universe Date(s) __08__/ 13 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: __ Yes ☑ No ☐ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit 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 Other X Dobbins, Chris Income If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

Comment:

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

	Chris Dobbins	OACCA Commissioner	07.28,17
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 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? Face Value of Each Ticket/Pass \$ 60.00 Yes⊠ No□ Event Description: Shreya Date(s) 08 / 26 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients Use Section A to identify the agency's department or unit.
 Use Section B to identify an individual.
 Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Dobbins, Chris Ceremonial Role Other X Income ___ If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other _ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification

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

Signature of Agency Head or Designee

Comment:

Chris Dobbins

OACCA Commissioner

07.28.17

of Agency Head or Designee Print Name

Title

(month, day, year)

	gency Report of: eremonial Role Even	its and Ticket/P	ass Distr	ibutions	A	Public Document
1.	Agency Name		commonwant and common		Date Stamp	California O O O
	•	Dakland Alameda County Coliseum Authority				Form 802
	Division, Department, or Reg	ion (if applicable)		overeconstruction.	<u>-</u>	For Official Use Only
	Chris Dobbins, OACCA Cor					
	Designated Agency Contact	(Name, Title)		THE PARTY OF THE P		
					FI Average only (15)	
	Area Code/Phone Number	[E-mail	CONDECTION OF THE PROPERTY OF	77.77	Amendment (wast F	Provide Explanation in Part 3.)
	510.383.4801	chrisdobbinslaw@	yahooo.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation	periode and periode property and the constraint and an arrange	TOTAZZIEZI II INDIONIA HAZDIONI KONKANIET MESIE IS		
	Does the agency have a tici	ket policy? Yes l	⊠ No □ F	ace Value of	Each Ticket/Pass \$ 30	05.55
	Event Description: Oakland	Raiders 2017 Seaso	on	Date(s)	<i></i>	
	T - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Provide Title/ Expla		r		
	Ticket(s)/Pass(es) provided	by agency? Yes !	□ No 🗵 I	r no:	Name of Source	Direction Association and the engagement of the property of the second o
	Was ticket distribution made of agency official?	e at the behest Yes [□ No⊠ ^{II}	f yes:	Official's Name (Last, First)	Medithida ita ana airin a ana ana ana ana ana ana ana ana ana
3.	Recipients • Use Section A to identify the agen	ncy's department or unit. •	Use Section B to i	identify an individ	lual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	MARKET CORPORATION AND AND AND AND AND AND AND AND AND AN			The state of the s		
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	Dobbins, Chris		2	to investigat		
				t .	nonial Role Other of "Other" des	· · · · · · · · · · · · · · · · · · ·
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
			I	F		

4. Verification

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

Chris Dobbins

Signature of Adency Liedu of Design	Giles	r intervante		THE	(monin, day, year)
Comment:					
Oommone			·····		

08.15.17

OACCA Commissioner

OAKLAND RAIDERS

August 2017

Chris Dobbins

(2) tickets

- Raiders v Rams
- Raiders v Seahawks (2) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510.383.4801 Idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 305.55 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Oakland Raiders 2017 Season Date(s) ____/__ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s) **Passes** Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Income De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other 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

Ígnacio De La Fuente

Print Name

with the requirements.

Comment:

Signature of Agency Head or Designee

08.15.17

(month, day, year)

OACCA Commissioner

Title

OAKLAND RAIDERS

August 2017

Ignacio De La Fuente

Raiders v Rams

(2) tickets

• Raiders v Seahawks

(2) tickets

<u>C</u>

C	eremonial Role Even	ts and Ticket/F	ass Distr	ibutions		A Public Document
1.	Agency Name			Date Stamp	California 302	
	Oakland Alameda County C	•			_	For Official Use Only
	Division, Department, or Reg					r di Ontolai ose enily
	Christopher Dobbins, OACO Designated Agency Contact					
	Designated Agency Contact	(Norna, race)			MESS	Company of the Compan
	Area Code/Phone Number	E-mail			Amendment (Mus	t Provide Explanation in Part 3.)
	510.383.4801	chrisdobblnslaw@	yahoo.com		Date of Original Filing	g:(month, day, year)
)	Function or Event Infor	mation				The state of the s
	Does the agency have a tick			ace Value of	Each Ticket/Pass \$.	see attached
	Event Description: Oakland	A's Baseball Seaso	1 2017) Date(s)	JJ	
	Ticket(s)/Pass(es) provided	Provide Title/Expla		f no:		
	, , , , , , , , , , , , , , , , , , , ,		_		Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes [f yes:	Olficial's Nome (Last, Firs	st)
3.	Recipients · Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an Indivi	dual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe (I	he public purpose made p	oursuant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/ Passes		identify one of the	e following:
	Dobbins,Chris			to promote t	nonial Role	describe below: Ex for use by the general
					monial Role Other king "Ceremonial Role" or "Other"	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
732 V2 2		The Designation of the State of				A COMMITTEE OF THE PROPERTY OF
j	/erification haγe read and undersland FPI with the requirements.	PC Regulations 18944.	1 and 18942. I	have verified	that the distribution set	forth above, is in accordance
	puntile regulariterits.	Christop	her Dobbins	(DACCA Commission	er 3.31.17
- (-	Cinchura of Apanati Board or Daniana	n Dei	of Mame		Title	/month day youd

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

Oakland A's

August 2017

Ignacio De La Fuente

9	A's v Giants	8.1.17	(2) tickets	\$125.00
6	A's v Mariners	8.8.17	(4) tickets	\$80.00
6	A's v Baltimore	8.10.17	(4) tickets	\$80.00
0	A's v Baltimore	8.11.17	(4) tickets	\$80.00
0	A's v Baltimore	8.12.17	(4) tickets	\$90.00
0	A's v Baltimore	8.13.17	(4) tickets	\$80.00
•	A's v Royals	8.15.17	(4) tickets	\$80.00
•	A's v Royals	8.16.17	(4) tickets	\$80.00
0	A's v Rangers	8.25.17	(4) tickets	\$80.00
6	A's v Rangers	8.27.17	(4) tickets	\$80.00

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California (2) 1. Agency Name Date Stamp Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Parl 3.) Area Code/Phone Number 510.383,4801 idelafuente2012@gmail.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 \$ see attached Yes⊠ No□ Event Description: Oakland A's Baseball Season 2017 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ 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 Α. of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes De La Fuente, Ignacio Ceremonial Role Other 🛛 Income [If chacking "Ceremonial Role" or "Other" describe below: to promote the Collseum 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 C. of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification

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 regulariments.

Ignacio De La Fuente OACCA Commissioner 3.31.17

Signature of Agency Read-of Designee Print Name Title (month, day, year)

Comment:

Oakland A's

August 2017

Chris Dobbins

8	A's v Giants	8.1.17	(2) tickets	\$125.00
•	A's v Mariners	8.8.17	(4) tickets	\$80.00
8	A's v Baltimore	8.10.17	(4) tickets	\$80.00
8	A's v Baltimore	8.11.17	(4) tickets	\$80.00
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•	A's v Baltimore	8.13.17	(4) tickets	\$80.00
•	A's v Royals	8.15.17	(4) tickets	\$80.00
•	A's v Royals	8.16.17	(4) tickets	\$80.00
8	A's v Rangers	8.25.17	(4) tickets	\$80.00
8	A's v Rangers	8.27.17	(4) tickets	\$80.00

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Λm	ency Report of:					S. S	
Ce	remonial Role Event	ts and Ticket/Pa	ass Distril	outions		A Public Docum	nenť
	Agency Name				Dale Slamp	elione o	
	Oakland Alameda COunty C	Coliseum Authority		÷	5.5	, kom O	(U/Z
· ī	Olvision, Department, or Regi	lon (if applicable)			, 1986 1987 1987	For Official Use O	inly
	Finance Department, City of				- 87 9 7	* 	
	Designated Agency Contact (
	Katano Kasaine, Finance Di				Amendment (dust	Frovide Explenation In Part	3.)
I	Area CodelPhone Number	E-mail					
	510-238-2989	kkasaine@oaklandr	ret.com		Date of Original Filing	(month, day, year)	
2.	Function or Event Infon	mation			14. (1 - 3	1/0000	
	Does the agency have a ticl		J No∏ F	ace Value of	Each Tickel/Pass \$ _	700	<u> </u>
	Event Description: Ed Shee	ran '	D	ate(s) <u>8</u>	<u>, 2 , 17 </u>		
		Provida Titlef Explan	เฉชือก				
	Ticket(s)/Pass(es) provided	by agency? Yes L	□ No □ If	по:	Name of Source		
	Was ticket distribution made	at the behest Yes [J No∏ . If	yes:	Official's Name (Last, Firs		
	of agency official?				Ulticial's Name (Last, First	V	
3.	Recipients			-			
J.	* Use Section A to identify the ager	acy's department or unit.	Use Section B to J	dentify an Individ	iual. • Use Section C to Ide	ntify an outside organizat	ion.
					a public purpose made p		
	A. Name of Agency, Dep	artment or Unit	Number (1 of Ticket(s)/ Passes	. Describe (na public purpose mada p	ursuant to the agency s	Jolicy .
		* * * * * * * * * * * * * * * * * * * *	Number		3.		
	Hama of Ind	(Ividual	Number of Tickel(e) Passes		Identify one of the	e fallowing:	
			17. ######	Care	monial Role Other	Π μ	ncome
	Kasaine, Katano	•	2	if chec	Nog "Geremanisi Role" or "Other"	describe below:	
			_	provide	ncentives to City and	County employees	III di
			-		monial Rolo 🔲 Other		исашь 🗌
				II che	sking "Ceremonial Role" or "Other"	dascriba below:	
	. ,						i
	C. Nome of Outside C		intumber of Ticket(a)	Describe t	ho public purposa made þ	pursuant to the agency's	policy
	(illianda adelesa in	in gesetthfrou) 100 4 111	Pasaas	. # *) 's 's	• • -	1 · · · · · · · · · · · · · · · · · · ·	
		* 10					
•	,				•		
4.	Verification			1	· January · Janu		
••	I have read and understand F	PPC Regulations 18944	1.1 and 18942.	l have verified	that the distribution se	t forth above, Is in acc	ordance
	with the requirements.						٠.
	Kohn fra		no Kasaine		Finance Director	8/24/	
	Signature of Agency Head or Desig	jnce P	rint Namo		Title	(month, de	ıy, yesr)
	Comment:			•		•	i

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette McElhaney, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 Imcelhaney@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 150.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: KMEL Summer Jam Date(s) ____08 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes⊠ No □ Name of Source If yes: _ Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A: Passes Number Identify one of the following:

of Ticket(s)/

Passes

2

Number

of Ticket(s)/

Passes

facility

Ceremonial Role

Ceremonial Role

Other 🔲

Other X

to provide opportunities to community groups to utilize the

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

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

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

Name of Individual

(Last, First)

Name of Outside Organization

(include address and description)

В.

C.

McElhaney, Lynette

4. Verification			
I have read and understand FPPC Regulativith the requirements.	ions 18944.1 and 18942. I have	verified that the distribution set forth a	bove, is in accordance
	Lynette McElhaney	OACCA Commissioner	August 2017
Synttl Melhany Eignature of Agency Head or Designee R. S.	Print Name	Title	(month, day, year)
Comment:			

Income ___

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

Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
I. Agency Name	Date Stamp	California 802
Oakland Alameda County Coliseum Authority		201111 CACA
Division, Department, or Region (if applicable)		For Official Use Only

Oakland Alameda County Coliseum Authority				FORM CAS
Division, Department, or Region (if applicable)				For Official Use Only
Christin Hill , OACCA Commissioner				
Designated Agency Contact (Name, Title)				
			Amendment (Must Prov	ride Explanation in Part 3.)
Area Code/Phone Number E-mail			Date of October 1915	
510.383.4801 christin.hill@gmail	.com		Date of Original Filing:	(month, day, year)
. Function or Event Information				
Does the agency have a ticket policy? Yes	⊠ No □ F	Face Value of E	Each Ticket/Pass \$ <u>60.0</u>)0
Event Description: Marvel Universe		Date(s)/		1 1
Provide Title/ Expla	anation	Jale(s)		
Ticket(s)/Pass(es) provided by agency? Yes	⊠ No 🗆 🛚 I	f no:	Name of Source	
Man finish distribution made of the behoot w	PSZ 1.1 P== 1	f yes:		
Was ticket distribution made at the behest Yes of agency official?	図 No□ '	1 yes	Official's Name (Last, First)	
of agency officials				
. Recipients				
• Use Section A to identify the agency's department or unit.	• Use Section B to	identify an individ	ual. • Use Section C to identify	an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the	e public purpose made pursu	ant to the agency's policy
	Passes			

	Number	ia <mark>kirjeri era barana ineral</mark> iera		
B. Name of Individual (Last, First)	of Ticket(s)/		Identify one of the foll	owing:
And the second s	1 43363	Cerem	onial Role Other	Income [
			ring "Ceremonial Role" or "Other" descri	
Hill, Christin		Cerem	onial Role Other 🗵	Income
Tilli, Critistiff	4	If check	ing "Ceremonial Role" or "Other" descri portunities to communit	ibe below:
		facility	portunities to community	ly groups to duize the
Name of Outside Organization	Number of Ticket(s)/	Describe the	e public purpose made pursu	ant to the agency's policy
C. (include address and description)	Passes			
. Verification				
I have read and understand FPPC Regulations 1894	4.1 and 18942.	I have verified t	hat the distribution set fort	h above, is in accordance
with the requirements.				
	nristin Hill		DACCA Commissioner	August 2017
Signature of Agency Head or Designée	Print Name		Title	(month, day, year)
Comment:				