Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Christopher Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510.383.4801 Date of Original Filing: . chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ see attached Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Oakland A's Baseball Season 2017 Date(s) ____/___ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of individual B. of Ticket(s)/ Passes Identify one of the following: (Last, First) Ceremonial Role Other X Income Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum Complex for use by the general public an businesses to maximize revenues Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:

I have read and understand FPPC Regul	ations 18944.1 and 18942. I have	verified that the distribution set forth at	oove, is in accordance
Annual Control of the	Christopher Dobbins	OACCA Commissioner	3.31.17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Number

of Ticket(s)/

Passes

Comment:

C.

4. Verification

Name of Outside Organization

(include address and description)

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

Chris Dobbins

Oakland A's

July 2017

•	A's v Atlanta	July 2, 2017	(4) tickets	\$90.00
•	A's v CWS	July 3, 2017	(4) tickets	\$90.00
•	A's v CWS	July 4, 2017	(4) tickets	\$90.00
8	A's v CWS	July 5, 2017	(4) tickets	\$80.00
•	A's v CLE	July 14, 2017	(4) tickets	\$80.00
•	A's v CLE	July 15, 2017	(4) tickets	\$90.00
•	A's v TB	July 17, 2017	(4) tickets	\$80.00
•	A's v TB	July 18, 2017	(4) tickets	\$80.00
•	A's v MINN	July 28, 2017	(4) tickets	\$80.00
•	A's v MINN	July 29, 2017	(4) tickets	\$90.00
•	A's v MINN	July 30, 2017	(4) tickets	\$90.00
8	A's v SF	July 31, 2017	(2) tickets	\$125.00

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 Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 idelafuente2012@gmail.com Date of Original Filing: . (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ see attached Event Description: Oakland A's Baseball Season 2017 Date(s) ____/____ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 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 Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes De La Fuente, Ignacio Ceremonial Role Other 🗵 If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum Complex for use by the general public an businesses to maximize revenues Ceremonial Role Other T Income ... If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the reguirements. Ignacio De La Fuente OACCA Commissioner 3.31.17 Maignature of Agency Head of Designee Print Name Title (month, day, year)

Agency Report of:

Comment:

Ignacio De La Fuente

Oakland A's

July 2017

•	A's v Atlanta	July 2, 2017	(4) tickets	\$90.00
6	A's v CWS	July 3, 2017	(4) tickets	\$90.00
	A's v CWS	July 4, 2017	(4) tickets	\$90.00
•	A's v CWS	July 5, 2017	(4) tickets	\$80.00
•	A's v CLE	July 14, 2017	(4) tickets	\$80.00
•	A's v CLE	July 15, 2017	(4) tickets	\$90.00
•	A's v TB	July 17, 2017	(4) tickets	\$80.00
0	A's v TB	July 18, 2017	(4) tickets	\$80.00
•	A's v MINN	July 28, 2017	(4) tickets	\$80.00
0	A's v MINN	July 29, 2017	(4) tickets	\$90.00
•	A's v MINN	July 30, 2017	(4) tickets	\$90.00
•	A's v SF	July 31, 2017	(2) tickets	\$125.00

A Public Document Ceremonial Role Events and Ticket/Pass Distributions 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) ☐ Amendment (Must Provide Explanation in Part 3.) Sabrina B. Landreth, City Administrator Area Code/Phone Number Date of Original Filing: (month, day, year) slandreth@oaklandnet.com 510-238-3301 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No□ Event Description: IRON MAIDEN 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 Identify one of the following: Name of Individual of Ticket(s)/ B. Passes (Last, First) Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below: BURTON, ERIN To provide incentives to City employees that provides 2 services to the Authority. Income Other \square 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)/ (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:

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: . (month, day, year) slandreth@oaklandnet.com 510-238-3301 2. Function or Event Information Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 07 / 11 / Event Description: SHAWN MENDES 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 of Ticket(s)/ B. (Last, First) Passes Other X Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. **UNABLE TO USE** To provide incentives to City employees that provides 2 services to the Authority. Income Ceremonial Role Other 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)/ (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:

Ceremonial Role Events and Ticket/Pass Distributions 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: . (month, day, year) slandreth@oaklandnet.com 510-238-3301 2. Function or Event Information Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes ⊠ No □ Event Description: EARTH WIND & FIRE 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 Identify one of the following: Name of Individual of Ticket(s)/ B. Passes (Last, First) Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below: ROBINSON - PINON, ANGELA To provide incentives to City employees that provides 2 services to the Authority. Income Ceremonial Role Other 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)/ (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: _

A Public Document

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) 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 (month, day, year) 510-238-3301 2. Function or Event Information Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 07 / 14 / Event Description: J. COLE 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 A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. Passes (Last, First) Other X Ceremonial Role COLEMAN, PRISCILLA If checking "Ceremonial Role" or "Other" describe below. To provide incentives to City employees that provides 2 services to the Authority. Income Ceremonial Role 🔲 Other 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 (month, day, year) Print Name Signature of Agency Head or Designee

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: -(month, day, year) slandreth@oaklandnet.com 510-238-3301 2. Function or Event Information Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes⊠ No□ Date(s) 07 / 15 / Event Description: J. COLE 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 Identify one of the following: Name of Individual of Ticket(s)/ B. Passes (Last, First) Income Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below: MORRIS, FRED To provide incentives to City employees that provides 2 services to the Authority. Income Ceremonial Role Other 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)/ (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. 07/23/ 2017 City Administrator Sabrina B. Landreth (month, day, year) Print Name Signature of Agency Head or Designee

Agency Report of:

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: (month, day, year) slandreth@oaklandnet.com 510-238-3301 2. Function or Event Information Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 07 / 21 / Event Description: LINOEL RICHIE 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 of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. Passes (Last, First) Other X Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: UNABLE TO USE 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 Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. City Administrator Sabrina B. Landreth Print Name Signature of Agency Head or Designee

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) 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 (month, day, year) 510-238-3301 2. Function or Event Information Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 07 / 03 / 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 Identify one of the following: Name of Individual of Ticket(s)/ B. Passes (Last, First) Income Other X Ceremonial Role GARZON, GERRY If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provides 2 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)/ (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:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (month, day, year) slandreth@oaklandnet.com 510-238-3301 2. Function or Event Information Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes ⊠ No □ Event Description: A's Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? 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)/ (Last, First) Passes Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below: SAWICKI, MARK To provide incentives to City employees that provides 2 services to the Authority. Income Ceremonial Role Other 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)/ (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/ 2017 City Administrator Sabrina B. Landreth (month, day, year) Print Name Signature of Agency Head or Designee

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form 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: A's Date(s) __07__/ 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 A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income ___ SAWICKI, MARK 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. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

Comment:

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

8	Sabrina B. Landreth	City Administrator	07/272017
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions 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 (month, day, year) 510-238-3301 2. Function or Event Information Face Value of Each Ticket/Pass \$ -Does the agency have a ticket policy? Yes⊠ No□ Date(s) 07 / 14 / 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 of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes Income Ceremonial Role Other X MCDUGAL, ELLIOT 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 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

Sabrina B. Landreth

Print Name

with the requirements.

Comment: _

Signature of Agency Head or Designee

079271 2017

(month, day, year)

City Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: -(month, day, year) slandreth@oaklandnet.com 510-238-3301 2. Function or Event Information Face Value of Each Ticket/Pass \$. Yes⊠ No□ Does the agency have a ticket policy? Date(s) 07 / 15 / 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 of Ticket(s)/ B. (Last, First) Passes Income Other X Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: WESTBROOK, TERRI To provide incentives to City employees that provides 2 services to the Authority. Income Ceremonial Role Other _ 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)/ (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

A Public Document

1.	Agency Name					Date Stamp	California 202
	Oakland Alameda County C		270				Form OUZ
	Division, Department, or Regi	ion (if applicable)		For Official Use Only			
	Office of the City Administra						
	Designated Agency Contact (Name, Title)					
	Sabrina B. Landreth, City Ac	dministrator				Amendment (Must Pro	Vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail					and the second second
	510-238-3301	slandreth@c	aklandr	iet.com		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inforr	mation					800
	Does the agency have a tick	cet policy?	Yes 🗵	l No□ F	Face Value of I	Each Ticket/Pass \$	800
	Event Description: A's				Date(s)07/	1717	
		Provide Tit	le/ Explana	tion			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗵	l No □ l	f no:	Name of Source	
	Mae ticket distribution	at the bebeet	\		f yes: Landretl	h, Sabrina	
	Was ticket distribution made of agency official?	at the penest	res 🔀	ı No∐ '	. , 500	Official's Name (Last, First)	
	or agonoy omolar:						
3.	Recipients						
	• Use Section A to identify the agend	cy's department or	unit. • U	se Section B to	identify an individ	ual. • Use Section C to identif	fy 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
	-						
	B. Name of Indiv (Last, Firs			Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	HOUSTON, HORACE			2	If check	onial Role Other X ing "Ceremonial Role" or "Other" desc ncentives to City emplo ne Authority.	Income Income views
			T			onial Role Other of "Other" descriptions of "Other" descriptions of "Other" descriptions of the state of the	Income Income
	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
	-						
					1		
Į.	Verification				-		
ų.	I have read and understand FPF with the requirements.	PC Regulations	18944.1	and 18942.	I have verified t	hat the distribution set for	th above, is in accordance
	7	_	abrin- F	} andrett		City Administrator	07177+2047
9	Signature of Agency Head or Designe			3. Landreth		City Administrator	07/7/1 2017 (month, day, year)
	and a peagin	owell!	can	- version (TOS)		a.dza55	suj, jeui)
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) 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 (month, day, year) 510-238-3301 2. Function or Event Information Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes⊠ No□ Date(s) 07 / 18 / 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 of Ticket(s)/ B (Last, First) Passes Ceremonial Role Income Other X GREEN, MARCUS If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provides 2 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

vith the requirements.	•		20
	Sabrina B. Landreth	City Administrator	07/2017
	Control of the Contro	Title	(month, day, year)
Signature of Agency Head or Designee	Print Name		

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) 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 (month, day, year) 510-238-3301 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 07 / 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 Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) Passes Other X Ceremonial Role MENDOZA, EVERADO 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)/ (include address and description) Passes 4. Verification I have read and understand FPPG 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

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 510-238-3301 Date of Original Filing: slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes ⊠ No □ Event Description: A's Date(s) _07 / 29 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: __ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Other X Ceremonial Role THIBEAUX, MIA 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 C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

Comment: _

l have read and understar	nd FPPC	Regulations	18944.1 and 18942.	I have verified that th	e distribution set forth a	above, is in accordanc
with the requirements.						Section 1997 Section 1997

Signature of Agency He	ad or De	signee	-

Sabrina B. Landreth

City Administrator

07/24/ 2017

Print Name

Title

(month, day, year)

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 (month, day, year) 510-238-3301 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Date(s) __07__/_ 30 / 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 of Ticket(s)/ B. (Last, First) **Passes** Ceremonial Role Other X HILLEN, LIZ 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 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. 07/2/1 2017 City Administrator Sabrina B. Landreth (month, day, year) Print Name Signature of Agency Head or Designee

Agency Report of:

A Public Document

1.	Agency Name					Date Stamp	California 802
	Oakland Alameda County C		ity				Form OUZ For Official Use Only
	Division, Department, or Reg	ion (if applicable)					Poi Official Ose Offiy
	Office of the City Administra	10000000					
	Designated Agency Contact	(Name, Title)					
	Sabrina B. Landreth, City A	dministrator				Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				1 -	*
	510-238-3301	slandreth@oa	aklandr	et.com		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation					171-00
	Does the agency have a tic	ket policy?	Yes 🗵	l No □ F	ace Value of	Each Ticket/Pass \$	105
	Event Description: A's					<u>, 31 , 17</u> .	, , , , , , , , , , , , , , , , , , ,
	Event Beschption:	Provide Title	/ Explana	tion			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗵	l No□ l	f no:	Name of Source	
			7-1-2		f yes: Landret	th, Sabrina	
	Was ticket distribution made	e at the benest	Yes 🛚	No □ ¹	i yes	Official's Name (Last, First)	
	of agency official?						
3.	Recipients						
	• Use Section A to identify the age	ncy's department or	ınit. • U	se Section B to	identify an individ	lual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Dep	artment or Unit		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy
				Passes	A CHANGE IN		
	in the second se		-				
			Charles I	Number		PROPERTY ENGINEERING	
	B. Name of Ind (Last, Fit			of Ticket(s)/ Passes		Identify one of the fo	llowing:
	MOOFE HARIEM				Ceren	nonial Role Other 🗵	Income
	MCGEE, HAKIEM			2	If chec	king "Ceremonial Role" or "Other" des	cribe below:
						ncentives to City emplo the Authority.	yees that provides
						nonial Role Other	Income
						king "Ceremonial Role" or "Other" des	
		2					
	Name of Outside C	Necesia de la constanta de la	Kenyeli I	Number			
	C. (include address and			of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy
1	Verification						
٠.	I have read and understand FI	DDC Pogulations	18011	1 and 180/19	I have verified	that the distribution set fo	rth above is in accordance
	with the requirements.	- Regulations	10344.	1 and 10342.	Thave vermed	that the distribution set to	riir abovo, io iir accordance
	manuscript the emission of transmit ₹ 2000 the following the fill \$ 0.000		abrina	B. Landreth		City Administrator	07/2 3/ 2017
	Signature of Agency Head or Desig		A ALLE STATE OF THE STATE OF TH	nt Name		Title	(month, day, year)
	Eightenia of Figure 1 House of Boolg	AMED D	N 635	2 × 1000517,540			제 (5% 중 [*] 및
	Comment:						

Agency Report of:

Ceremonial	Role	Events	and	Ticket/Pass	Distributions

Ceremonial Role Events and Tid	ket/Pass Di	stributions		A Public Document
1. Agency Name	NSSSC/Visit Administration of Association	Marketine actor (Text) to Mark Ashari Jeda	Date Stamp	(40): Panone 1:
Oakland Alameda County Coliseum Auth	ority			THE PROPERTY OF THE PARTY OF TH
Division, Department, or Region (If Applicab!	5)			For Official Use Only
Scott Haggerly, OACCA Commissioner				
Designated Agency Contact (Name, Title)				
Anna Carla Dhana Harris an Alfrada			Amendment (Must p	rovide explanation in Part 3.)
Area Code/Phone Number E-mail	erson@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				1000
Does the agency have a ticket policy?	Yes⊠ No□	Face Value o	f Each Tickel/Pass \$ _	150.00
Event Description 1.000		_ Date(s)	15,17	
Provide Tille/Exp	fenation	Cel	Lix	
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No□	If no:	Name of So	uma .
NAL - Colon distribution of the Colon of the		Hano	(0,4257) 04575027502	DI GE
Was ticket distribution made at the behest of agency official?	No ☐ Yes ☒	If yes: Hagge	Oliicial's Name (l	Losi, Firsi)
		AND THE PERSON NAMED IN TH		Company of the State of the Sta
3. Recipients • Use Section A to identify the agency's department or		B to identify an Individu	al. • Use Section G to ident	lify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)! Pass(os)	Describs the public purpose made pursuant to the egency's policy		
Board of Supervisors	2			
District 5	TOTOWA		d a county employed	
		exe	emplary service to th	ie public
	Number of			
B. Namo of Individual	Number of Ticket(s)/ Pass(os)		Identify and of the followi	ng:
	, tractor	Coromonial Role [Other 🗌	Incomo 🗌
		Il checking "Gerearoule	al Rule" or "Other" describe below:	
		Caremonial Role [Other 🗌	Income [
	8 1	If checking *Coromonle	ni Rolufar "Olhar" desembe helowi.	
<u> </u>				
C. Name of Outside Organization (include address and description)	Number of Tickel(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy
	Pass(es)			
rgoing the fig. ball. A "Said Street Mill The Commonwealth of the Climate and Climate and Commonwealth of the Commonwealth of		1 hter & herence with the best statement of the second	- azis Bazladan ini baratan Antara Bazar	and the state of t
. Verification Illuverend and badgestand FPPC Regulations 16544.1 and	tR942 I have varified	that the distribution set for	nh ahove, is in accordance will	the requirements.
V NM	ee Ann Fergers	2	Supervisors Assistant	7-14-17
Signature of topony Head or Posignee	Pint thins	iuii c	Tile	(Month, Day, Year)
Comment:	r r			FPPC Form 802 (4/12)

Agency Report of:

	Date Stores Localities and Stores
1. Agency Name	Date Stamp California 809
Oakland-Alameda County Collseum Authority	Date Slamp California 802
Division, Department, or Region (if Applicable)	For Official Use Only
Susan S. Muranishi, County Administrator, Alameda County	
Designated Agency Contact (Name, Title)	
Area Code/Phone Number E-mail	Amondment (Must provide explanation in Part 3.)
510-272-3862 countyadministrator@acgov.org	Date of Original Filing: (Month, Pay, Year)
2 Function of Event Information	. 00
Does the agency have a ticket policy? Yes ⊠ No ☐ Face Value o	of Each Ticket/Pass \$
	, 12 , 17
Event Description Earth, Wind & Fire Concert Date(s) 07 Provide Title/Explanation	
Licker(a)\Less\cap\cap\cap\cap\cap\cap\cap\cap\cap\cap	Name of Source
Was ticket distribution made at the behest No ☑ Yes ☐ If yes:	Official's Name (Last, First)
of agency official?	Officiara Nama (Lasi, Fusi)
3. Recipients	
Use Section A to identify the agency's department or unit. Use Section B to identify an individual Number of	ual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit Ticket(e) Describe the pub. Pass(e)	ilic purpose made pursuant to the agency's policy
R Name of Individual Number of	
B. Name of Individual Ticket(s)/ (Lest, First) Pass(es)	identify one of the following:
	Other Income C
to provide incentive services to the Autr	es to City and County employees that provide hority
Ceremonial Role	Other O
2 If checking "Coromonia	ial Role" or "Other" describe below:
C. Name of Outside Organization Number of Ticket(s) Describe the pub (Include address and description) Pass(ss)	lic purpose made pursuant to the agency's policy
:	•
4. Verification	
 VGTITICATION: bave read and understand FPPC Regulations 18944.1 and 18942. have verified that the distribution set for 	forth above, is in accordance with the requirements.
Susan S. Muranishi	County Administrator 7-/7-/7
Signature of Aljanov Haad or Designee Print Name	Title (Manth, Day, Year)
Comment:	FPPC Form 802 (4/12

A Public Document

. Agency Name			Date Stamp	California 802
Oakland Alameda County Coliseum Authority				Form OU4
Division, Department, or Region (if applicable)				For Official Use Only
Scott McKibben, OACCA Executive Director				
Designated Agency Contact (Name, Title)				
			☐ Amendment (Must	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail	· · · · · · · · · · · · · · · · · · ·			Trovido Explandaon in Calço.
510.383.4801 smckibben1@@gr	nail.com		Date of Original Filing	:(month, day, year)
2. Function or Event Information				
	⊠ No 🗆 F	ace Value of I	Each Ticket/Pass \$ =	90.00
Event Description: A's v Twins Provide Title/ Expla	[Date(s)	, 29 , 17	
		f no:		
100			Name of Source	·
Was ticket distribution made at the behest Yes	□ No⊠ ^I	f yes:	Official's Name (Last, First	4
of agency official?			omoral o Namo (Eddy, 1 mg)	,
. Recipients				i garani ka mad kan sasa ammaanni dala siin kiin ka an Parini laki kiili kiid ka ka ka ka ka ka a a a a a a an
 Use Section A to identify the agency's department or unit. 	Use Section B to	identify an individ	nal. • Use Section C to ide	ntify an outside organization
	Number			
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy
	1.03003			
-				
R Name of Individual:	Number			
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the	following:
McKibben, Scott		Cerem	nonial Role 🔲 Other	X Income [
WCAbberr, Scott	4		ing "Ceremonial Role" or "Other" o	describe below: (by use of the general
			usinesses to maximiz	
		Cerem	ionial Role 🔲 Other [Income [
		If check	ding "Ceremonial Role" or "Other" o	describe below:
C. Name of Outside Organization	Number of Ticket(s)/	Describe th	e public purpose made pu	irsuant to the agency's policy
(include address and description)	Passes			
. Verification				
Thave read and understand FPPC Regulations 18944	1.1 and 18942.	l have verified t	that the distribution set	forth above, is in accordance
with the requirements.				
	McKibben	OA	CCA Executive Direct	
Signature of Aggrady Head or Designee P	rint Name		Title	(month, day, year)
Comment:				

A Public Document

1.	Agency Name					Date Stamp	California OOO	
	Oakland Alameda County C	Coliseum Authority		Form OUZ				
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only				
	Ignacio De La Fuente, OAC	CA Commissione						
	Designated Agency Contact	(Name,Title)				1		
						Amandment (Must 6	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				Americanent (wast)	Tovide Explanation III 1 art 5.)	
	510.383.4801	idelafuente2012	2@gmail.con	n		Date of Original Filing:	(month, day, year)	
2	Function or Event Infor	mation						
llies u	Does the agency have a tick		es⊠ No⊑	1 F	ace Value of	Each Ticket/Pass \$ 1	50.00	
		74 1172 22	es 🔼 No 🗀					
	Event Description: Iron Mai	Provide Title/ E	volanation	_ D	ate(s)	<u>, 05 , 17 </u>		
	Ticket(s)/Pass(es) provided		es⊠ No⊑	1 If	no:	Name of Source		
	nenen(e)// des(ee) promote	-, -g, · ·	OO EA THOE					
	Was ticket distribution made	e at the behest Y	es 🖾 No 🗆] If	yes:	Official's Name (Last, First)		
	of agency official?							
3.	Recipients							
٠.	• Use Section A to identify the ager	ncy's department or uni	t. • Use Section	B to i	dentify an individ	lual. • Use Section C to iden	tify an outside organization.	
			Numb			T. D		
	A. Name of Agency, Depart	artment or Unit	of Ticke Passe		Describe th	e public purpose made pui	rsuant to the agency's policy	

	B. Name of Indi	ividual	Numb of Ticke					
	(Last, Fir	st)	Passe					
	De La Fuente, Ignacio					nonial Role Other Other		
			2		to investigate	ecking "Ceremonial Role" or "Other" describe below: ate efficiencies of the operations of various		
							cur at Coliseum Complex	
					Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:			
			Numb	er	<u> </u>			
	C. Name of Outside O (include address and		of Ticket	t(s)/	Describe the	e public purpose made pui	rsuant to the agency's policy	
			1 1000					
4.	Verification /							
	I have read and understand FF	PC Regulations 18	944.1 and 18	942. 1	have verified t	that the distribution set f	orth above, is in accordance	
	with the requirements.							
		Ignad	cio De La Fu	ente	C	DACCA Commissione	er 6.30.17	
	Signature of Agency Head of Design	nee	Print Name		. 13	Title	(month, day, year)	
	Comment:							
/	Comment.							

Δ	Puh	lic	Doc	umen	#
North					

1.	Agency Name				Date Stamp	California OOO
	Oakland Alameda County C	Coliseum Authority		Form OUZ		
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Ignacio De La Fuente, OAC					
	Designated Agency Contact	(Name,Title)				
					Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			59 27 State 2 2 2 20 20	00000000000000000000000000000000000000
	510.383.4801	idelafuente2012@	gmail.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes I	□ No□ F	ace Value of I	Each Ticket/Pass \$ 200	0.00
	Event Description: Shawn N			Date(s)07		y .
	Event Description.	Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🗆 II	f no:	Name of Source	
	Was ticket distribution made	at the behest v		yes:		
	of agency official?	at the beliest Yes [□ No⊠ "	ycs	Official's Name (Last, First)	
Say Say						
3.	Recipients					
	 Use Section A to identify the agen 	cy's department or unit. *		dentify an individ	ual. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
	(
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the foll	owing:
	De La Fuente, Ignacio				onial Role Other X	Income
	.		# 8	to provide op	ing "Ceremonial Role" or "Other" descri pportunities for commun	ity groups to utilize
				facility		
				1	onial Role Other Officer of "Other" descri	Income I
					- VIIVI GOODI	
	Name of Outside Or	ganization	Number			
	C. (include address and		of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
	1					
	Verification					
1	I have read and understand FPI with the requirements.	PC Regulations 18944.	1 and 18942. I	have verified th	nat the distribution set forti	h above, is in accordance
		Ignacio [De La Fuente	О	ACCA Commissioner	6.30.17
	Signature of Agency Head or Designe	ee Pri	int Name		Title	(month, day, year)
/	Comment:					
	· · · · · · · · · · · · · · · · · · ·					

Δ	PI	ıbl	ic	Document
	11 6	AI BJ II	16	DOCUMENT

1.	Agency Name				Date Stamp	California OOO
	Oakland Alameda County C			Form OUZ		
	Division, Department, or Reg			For Official Use Only		
	Ignacio De La Fuente, OAC					
	Designated Agency Contact	(Name, Title)				
	Area Code/Phone Number	IE-mail			Amendment (Must Pro	ovide Explanation in Part 3.)
		activity of the second			Date of Original Filing:	
	510.383.4801	idelafuente2012@	gmail.com		Date of Original Filling.	(month, day, year)
2.	Function or Event Infor	mation			4.50	
	Does the agency have a ticl	D D T T T T T T T T T T T T T T T T T T	□ No□ F	ace Value of I	Each Ticket/Pass \$ <u>150</u>	J.00
	Event Description: Earth Wi	nd & Fire		Date(s)07/	12 17	1 1
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □ If	r no:	Name of Source	
	Was ticket distribution made	at the behest Yes	□ No⊠ If	f yes:	Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
3.	Recipients					
J.	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	identify an individ	ual • Use Section C to identif	v an outcide organization
			Number	The state of the s	uni. Ose section e to identifi	y an outside organization.
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
	Control of the Contro					
)
	B. Name of India (Last, Firs		Number of Ticket(s)/		Identify one of the fol	lowing:
		st)	Passes	•	D 🖾	
	De La Fuente, Ignacio		2	If checki	onial Role Other Xing "Ceremonial Role" or "Other" descri	
					e efficiencies of the ope	rations of various r at Coliseum Complex
					onial Role Other O	
					ng "Ceremonial Role" or "Other" descr	
	C. Name of Outside Or (include address and		Number of Ticket(s)/	Describe the	public purpose made pursu	ant to the agency's policy
	(include address and	description)	Passes			\$550 (577) (577) (577)
	Market and the second s					
. \	Verification /		I			
	have read and understand FPI	Regulations 18944	.1 and 18942. I	have verified th	nat the distribution set fort	h above, is in accordance
V	with the requirements.					n abovo, io in accordance
		Ignacio [De La Fuente	0	ACCA Commissioner	6.30.17
-	Signature of Agency Head or Designe		int Name		Title	(month, day, year)
	Comment:					

Agency Report of:

er .	1901109	11000	01160	0 0				
(Ceremoi	nial	Role	Events	and	Ticket/Pass	Distribution	6

A Public Document

					57/2005	
1.	Agency Name				Date Stamp	California Q02
	Oakland Alameda County C	oliseum Authority		Form OUZ		
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Ignacio De La Fuente, OAC	CA Commissioner				
	Designated Agency Contact (Name, Title)				
					Amandment (Must Due	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Must Pro	vide Explanation in Part 3.)
	510.383.4801	idelafuente2012@g	gmail.com		Date of Original Filing:	(month, day, year)
2	Franction on Franct Info					(month, day, year)
2.			_		150	0.00
	Does the agency have a tick				Each Ticket/Pass \$ 150	
	Event Description: J.Cole C	oncert	D	ate(s) <u>07</u>	<u>, 14 , 17 </u>	07 / 15 / 17
		Provide Title/ Explai				
	Ticket(s)/Pass(es) provided	by agency? Yes	X No ☐ If	no:	Name of Source	
	Was ticket distribution made	at the behest Yes [yes:	Official's Name (Last, First)	
	of agency official?	100 [Official's Name (Last, First)	
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit. *		dentify an individ	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe the	e public purpose made pursi	ant to the agency's policy
			Passes			
			Newstra			
	B. Name of India		Number of Ticket(s)/		Identify one of the fol	lowing:
	(Last, Firs		Passes	A.80		
	De La Fuente, Ignacio				nonial Role Other X	Income Income
			2 per	to investigate	e efficiencies of the ope	rations of various
						r at Coliseum Complex
					ionial Role Other Other Other Other Other Other Other	ibe below:
			Number			
	C. Name of Outside Or (include address and		of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
	Verification					
	I have read and understand FPI	PC-Regulations 18944	1 and 18942 I	have verified to	hat the distribution set for	th above is in accordance
	with the requirements,	///	. J.	voimou u	are distribution set for	abovo, io in docordance
		Ignacio [De La Fuente		ACCA Commissioner	6.30.17
	Signature of Agency Head or Designature		int Name		Title	(month, day, year)
						75 BEE SO ST
	Comment:					
5,0						

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 Ignacio De La Fuente, 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: idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 400.00 Yes ☐ No ☐ Event Description: Lionel Richie & Mariah Carey Date(s) _07 / 21 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: ___ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes De La Fuente, Ignacio Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ignacio De La Fuente **OACCA** Commissioner 6.30.17 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 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.com (month, day, year) 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 150.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Iron Madien Concert Date(s) __07__/ 05 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: Name of Individual of Ticket(s)/ B. (Last, First) Passes Income Ceremonial Role Other Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of the operations of various sporting and other events that occur at Coliseum Complex 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. **OACCA Commissioner** 6.30.17 Chris Dobbins Title (month, day, year) Print Name Signature of Agency Head or Designee

Comment:

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California 1. Agency Name Date Stamp 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.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 200.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Shawn Mendes Concert Date(s) 07 / 11 / Provide Title/ Explanation 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 Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other | Income Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of 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 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

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

Comment:

Chris Dobbins

with the requirements.

6.30.17

OACCA Commissioner

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 150.00 Event Description: Earth Wind & Fire Concert Date(s) 07 / 12 / 07 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: ___ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number 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. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Dobbins, Chris Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income | If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes**

4. Verification

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

	Chris Dobbins	OACCA Commissioner	6.30.17
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 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.com (month, day, year) 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 150.00 Does the agency have a ticket policy? Yes⊠ No□ Date(s) 07 / 14 / Event Description: J. Cole Concert 15 , 17 Provide Title/ Explanation If no: . 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 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. Passes (Last, First) Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Dobbins, Chris to investigate efficiencies of the operations of various 2 per 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 (month, day, year) Print Name Signature of Agency Head or Designee Comment: __

OACCA Commissioner

6.30.17

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 chrisdobbinslaw@yahoo.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 \$ 400.00 Yes ☒ No ☐ Event Description: Lionel Richie & Mariah Carey Date(s) _07 / 21 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: __ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. 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 Dobbins, Chris Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Chris Dobbins

Print Name

Signature of Agency Head or Designee

Comment:

6.30.17

(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) Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 510.383.4801 smckibben1@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 🗆 Date(s) <u>07</u> / Event Description: Iron Maiden 05 / Provide Title/ Explanation If no: Ticket(s)/Pass(es) provided by agency? Yes ⋉ No 🗆 Name of Source If yes: McKibben, Scott Was ticket distribution made at the behest Yes ☐ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number 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)/ В. (Last, First) Passes Other 🗵 Income Ceremonial Role Humphries, Steve If checking "Ceremonial Role" or "Other" describe below: 2 to promote the Coliseum Complex for use by the general public and businesses to maximize revenues 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

PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance and understand 07.05.17 **Executive Director** Scott McKibben (month, day, year) Title Print Name Comment:

A Public Document

1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County Coli	seum Autho	rity			Form For Official Use Only
	Division, Department, or Region	(If Applicable)				
	Barbara J. Parker, City Attorne	y/OAACA C	Official			
	Designated Agency Contact (Nar					
					Amendment (Must pi	roundo explanation in Part 3.)
	Area Code/Phone Number E-	mail	1 7			
	(510) 238-3815 b	parker@oak	dandcityatto	rney.org	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Informa	ition		90.00		
	Does the agency have a ticket po		of Each Ticket/Pass \$			
	Event Description Oakland A's v	v. Atlanta Br ovide Title/Expla	07 , 02 , 17			
	Ticket(s)/Pass(es) provided by a	gency?	Name of So	urce		
	Was ticket distribution made at the of agency official?	ne behest	Official's Name (l	Last, First)		
3.	Recipients					
	Use Section A to identify the agency's	department or u				
	A. Name of Agency, Department	Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuant	i to the agency's policy	
		Number of				
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the follow	
	Ciama Davis			Ceremonial Role	e Other X nonial Role or 'Other' describe helow	Income
	Fierro, Rocio		2	95	ives to City and County	employees that provide
				Ceremonial Role	e Other Innonial Role" or "Other" describe below.	Income
	C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuan	t to the agency's policy
4.	Verification I have read and understand FPPC Regulation	ons 18944.1 and	18942. I have ve	erified that the distribution se	et forth above, is in accordance w	ith the requirements.
	Swan & Sart. Signature of Agency Hebd or Designee	n	Barbara J.	Parker C	tity Attorney/OAACA Of	
	Comment:		an Adeministra in Alberta Si			EDDC Form 902 (4/42)

	Administration of the Control of the	-			
Λ	D.,	hi	in	Document	
4.4	100		16	1 1130.111111111111	

1.	Agency Name			Date Stamp	California 802	
	Oakland-Alameda County Coliseum Auth		rom			
	Division, Department, or Region (If Applicable		For Official Use Only			
	Barbara J. Parker, City Attorney/OAACA					
	Designated Agency Contact (Name, Title)					
	Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
	(510) 238-3815 bparker@oa	klandcityatto	orney.org	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Information				(month, 22), von	
	Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	90.00	
	Event Description Oakland A's v. Chicago			, 03 , 17	r r	
	Event Description	analion	Date(s)			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗵 No	o			
	Was ticket distribution made at the behest	No ⊠ Yes	☐ If yes:			
	of agency official?	Official's Name (La	ast, First)			
3.	Recipients			ALLANDING STORY OF THE STORY OF		
	• Use Section A to identify the agency's department or		ction B to identify an individu	ial. • Use Section C to identif	fy an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
		Number of				
	B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following:		
		Pass(es)	Ceremonial Role	Other 🛛	Income	
	Vose, Charles	2	If checking "Ceremonial Role" or "Other" describe below			
			To provide incentives to City and County employees that p services to the Authority		employees that provide	

			Ceremonial Role If checking "Ceremonial Role	Other Dial Role" or "Other" describe below.	Income	
		2	\$75 mm			
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the pub	blic purpose made pursuant to the agency's policy		
	(include address and description)	Pass(es)				
	Verification					
	I have read and understand FPPC Regulations 18944.1 and					
	Darley, Jack	Barbara J. F		Attorney/OAACA Office		
	Signature of Agency Head of Designee	Print Nam	9	Title	(Month Day Year)	
	Comment					

1.	Agency Name			Date Stamp	California 802		
	Oakland-Alameda County Coliseum Author	rity			For Official Use Only		
	Division, Department, or Region (If Applicable)				To Official oscioning		
	Barbara J. Parker, City Attorney/OAACA C	Official					
	Designated Agency Contact (Name. Title)			-			
	Designated Agency Contact (Name, Title)						
		Amendment (Must pro	vide explanation in Part 3.)				
	Area Code/Phone Number E-mail	Date of Original Filing:					
	(510) 238-3815 bparker@oal	dandcityatto	rney.org		(Month, Day, Year)		
2.	Function or Event Information				90.00		
	9 ,	Yes 🗵 No [Face Value o	of Each Ticket/Pass \$			
	Event Description Oakland A's v. Chicago	White Sox	Date(s)07	7 , 04 , 17			
	Event Description	nation					
	Ticket(s)/Pass(es) provided by agency?	Yes⊠ No[If no:	Name of Soul	rce		
	Was ticket distribution made at the behest of agency official?	No⊠ Yes[☐ If yes:	Official's Name (La	ast, First)		
-							
3.	Recipients • Use Section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency and the section A to identify the agency at the agency at the section A to identify the agency at t	ınit • Use Sec	tion B to identify an individ	ual. • Use Section C to identi	fy an outside organization.		
		Number of		blic purpose made pursuant (
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pur	blic parpose made pares			
	B. Name of Individual	Number of Ticket(s)/	Identify one of the following:				
	(Lost, First)	Pass(es)					
			Ceremonial Role	Other Donal Role or Other describe below	Income		
	King, Kevin	2			employees that provide		
			services to the Au	thority			
			Ceremonial Role	Other	Income		
				onial Role" or "Other" describe below			
		2					
	C Name of Outside Organization	Number of Ticket(s)/	Describe the pu	iblic purpose made pursuant	to the agency's policy		
	(include address and description)	Pass(es)	And the same of th				
/	Verification				Market and the second s		
٠.	I have read and understand FPPC Regulations 18944.1 an	d 18942. I have v	erified that the distribution se	t forth above, is in accordance wit	th the requirements		
	Examen (to)	Barbara J.		ty Attorney/OAACA Offi			
	Signature of Agency Head of Designee	Print Nar		Title	(Month, Day, Year)		
	\$50000 PE P						
	Comment:				EDDC Form 802 (4/12)		

1.	Agency Name	AND ASSESSMENT OF			Date Stamp	California 802		
	Oakland-Alameda County Col	iseum Auth	nority			LOIII		
	Division, Department, or Region	ı (If Applicabl	e)			For Official Use Only		
	Barbara J. Parker, City Attorne	ev/OAACA	Official					
	Designated Agency Contact (Na	F						
	Area Code/Phone Number E	-mail			Amendment (Must provide explanation in Part 3.)			
			aklandcityatto	rnev.ora	Date of Original Filing:	(Mouth Day Yord		
2	Function or Event Informa		***************************************			(Wonth, Day, Year)		
	Does the agency have a ticket p		Yes⊠ No.	☐ Face Value o	f Each Ticket/Pass \$	150.00		
	50 50	580	TES M INU					
	Event Description Iron Maiden	rovide Title/Exp	lanation	Date(s)				
				□ If no:				
	Ticket(s)/Pass(es) provided by a	igency?	Yes 🛛 No [☐ If no:	Name of Source	е		
	Was ticket distribution made at t	he behest	No X Yes [☐ If yes:	Official's Name (Las			
	of agency official?				Official's Name (Las	t, First)		
3.	. Recipients							
	Use Section A to identify the agency's	department or	al. • Use Section C to identify	an outside organization.				
	A. Name of Agency, Department	or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy		
			Pass(es)					
			-					
	B. Name of Individual		Number of					
	(Lost, First)		Ticket(s)/ Pass(es)		Identify one of the following	:		
				Ceremonial Role		Income		
	Bennett, Clea		2	557	al Role" or "Other" describe below			
				To provide incentives to City and County employees that proviservices to the Authority				
			+	Ceremonial Role		Income \(\square\)		
					al Role or Other describe below.	псоне 🗀		
			2					
	C. Name of Outside Organiza		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	the agency's policy		
	(include address and descri	puonj	Pass(es)					
	•							

	Verification							
	have read and understand FPPC Regulation	ons 18944.1 and	l 18942. I have ver	ified that the distribution set fo	rth above, is in accordance with th	ne requirements.		
	This Said		Barbara J. P	arker City	Attorney/OAACA Officia	al 07/31/2017		
	Signature of Agency Head or Designee		Print Name		Title	(Month Day Year)		
}	Comment:							
	COMMENT.							

1. Agency Name			210 Parket Land III - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Date Stamp	California Q02	
	Policoum Auth	ority			Form OUZ	
Oakland-Alameda County (Division, Department, or Reg			For Official Use Only			
Barbara J. Parker, City Atto		Official 				
Designated Agency Contact	(Name, Title)					
				Amendment (Must pro	ovide explanation in Part 3.)	
Area Code/Phone Number	E-mail			Data of Original Filing:	**	
(510) 238-3815	bparker@oa	aklandcityatto	rney.org	Date of Original Filing: _	(Month, Day, Year)	
2. Function or Event Infor	mation				200.00	
Does the agency have a ticket		Yes⊠ No[of Each Ticket/Pass \$	(1)	
Event Description Shawn Mo	endes		Date(s) 07	7 , 11 , 17		
Event Description	Provide Title/Exp	lanation				
Ticket(s)/Pass(es) provided b	y agency?	Yes 🛛 No [☐ If no:	Name of Sou	IICO	
				wante or oou	100	
Was ticket distribution made of agency official?	at the behest	No⊠ Yes	If yes:	Official's Name (L.	ast, First)	
energy of the second se						
 Recipients Use Section A to identify the agent 	w'e danartment or	unit allse Sec	tion B to identify an individ	ual. • Use Section C to identi	ify an outside organization.	
A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pur	blic purpose made pursuant to the agency's policy		
B. Name of Individu	ıal	Number of Ticket(s)/		Identify one of the following	ng:	
(Lust, First)		Pass(es)				
V - 1 - 1 - 1 - 1 - 2			Ceremonial Role	Other S	Income	
Varinsky, Joshua		2	To provide incentives to City and County employees that p services to the Authority		employees that provide	
					omprojece mai premie	
Bester for a Company of the Company			Ceremonial Role	Other	Income [
				nial Role or Other describe below		
		2				
C. Name of Outside Orga	nization	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy	
(include address and de	scription)	Pass(es)				
4. Verification						
I have read and understand FPPC Reg	ulations 18944.1 ar	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance wit	h the requirements	
Bank Is Acr		Barbara J.	Parker Cit	y Attorney/OAACA Offi	cial 07/31/2017	
Signature of Agericy Head or Designa	90	Print Nam	пе	Title	(Month Day Year)	
Comment:					EDDO E	

1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C	Coliseum Auth	ority			Form OUZ	
	Division, Department, or Reg	ion (If Applicable		For Official Use Only			
	Barbara J. Parker, City Atto	rnev/OAACA					
	Designated Agency Contact						
	Area Code/Phone Number	E-mail			Amendment (Must prov	ride explanation in Part 3.)	
	(510) 238-3815		klandcityatto	ornev.ora	Date of Original Filing:	(Month Day Voor)	
2	Function or Event Infor	The second secon				(Month, Day, Tear)	
fin s	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	150.00	
				A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Event Description Earth, Wind & Fire Date(s) 07 12 17 J						
	Ticket(s)/Pass(es) provided by			□ If no:			
	Ticket(s)/Fass(es) provided by	y agency :	Yes 🛛 No	LI 1110	Name of Source	e	
	Was ticket distribution made a	it the behest	No ☑ Yes	☐ If yes:	Official's Name (Las		
	of agency official?		Official's Name (Las	t, First)			
3.	Recipients						
	Use Section A to identify the agency	s department or	P	tion B to identify an individu	ial. • Use Section C to identify	an outside organization.	
	A. Name of Agency, Departme	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to the agency's policy			
			Pass(es)				
	Namo of Individua	Number of	County Williams	Identify any of the following:			
	Name of Individual (Last First)		Ticket(s)/ Pass(es)		Identify one of the following		
	Annual Control of the			Ceremonial Role		Income	
	Millner, Dianne		2		al Role or Other describe below	1 1 1	
				services to the Auth	es to City and County er	nployees that provide	
				Ceremonial Role		Income	
				The second secon	al Role" or "Other" describe below.	Income []	
			2	We will be a series of the ser			
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy	
	(include address and des	Pass(es)	Describe the pain	no purpose made parsaum to	the agency o pency		
1.	Verification	4.00-3-4.01					
	I have read and understand FPPC Regul	ations 18944.1 and	1 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with t	ne requirements	
	Carla Cs		Barbara J. F	Parker City	Attorney/OAACA Officia	al 07/31/2017	
	Signature of Agency Head or Designee	100000 20000000	Print Name		Title	(Month. Day. Year)	
	Comment:						

1.	Agency Name				Date Stamp	California 802			
	Oakland-Alameda County C	oliseum Autho		For Official Use Only					
	Division, Department, or Regi	on (If Applicable		, o, o.n.a.					
	Barbara J. Parker, City Attor	nev/OAACA	Official						
	Designated Agency Contact (
	beolg/interacting and	7							
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)				
	(510) 238-3815 bparker@oaklandcityattorney.org				Date of Original Filing:	Date of Original Filing:(Month, Day, Year)			
numer of the last			marraon, and	,		(Month, 23)			
2.	Function or Event Inform		Yes⊠ No[□ Face Value o	of Each Ticket/Pass \$	150.00			
	Does the agency have a ticker				7 14 17				
	Event Description J. Cole	Provide Title/Expl	analion	Date(s)	7 , 14 , 17				
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No		Name of Sour	ce			
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes:			☐ If ves:	Official's Name (La				
	of agency official?		Official's Name (La	st, First)					
2	Recipients								
ა.	Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individ	lual. • Use Section C to identif	y an outside organization.			
	A. Name of Agency, Departme	The second second	Number of Ticket(s)/		blic purpose made pursuant t				
	Pt. Name of Agency, Department of Time		Pass(es)						
	B. Name of Individual				Identify one of the following:				
			Number of Ticket(s)/	ALTONO DE MARKET					
	(Lost, First)		Pass(es)	Ceremonial Role	Other 🛛	Income			
	Schubert Dylan				onial Role" or "Other" describe helow				
	Schubert, Dylan		2		ves to City and County e	employees that provide			
				services to the Au					
				Ceremonial Role		Income			
			2	If checking "Ceremo	onial Role" or "Other" describe below				
			-						
	Volume 1 and			ON THE RESIDENCE OF THE PERSON	TO NEW TOTAL PERSONS ASSESSED.				
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the pu	blic purpose made pursuant t	to the agency's policy			
	(include address and de-	scriptiony	Pass(es)						
4.	Verification								
	I have read and understand FPPC Regu	ulations 18944.1 an	nd 18942. I have ve	erified that the distribution set	t forth above, is in accordance with	the requirements.			
	Barton for 1	ul	Barbara J.	Parker Ci	ty Attorney/OAACA Offic				
	Signature of Agency Head or Designe	0	Print Nan	ne	Title	(Month, Day, Year)			
	Comment:								

1. Agency Name				Date Stamp	California 802	
Oakland-Alameda County Co			Form For Official Use Only			
Division, Department, or Regio	n (If Applicable)				For Official Use Only	
Barbara J. Parker, City Attorn	ey/OAACA Offic	cial				
Designated Agency Contact (N						
				[] Amondment at		
Area Code/Phone Number	-mail			Amenament (Must pi	rovide explanation in Part 3)	
(510) 238-3815	oparker@oaklar	ndcityatto	orney.org	Date of Original Filing: .	(Month, Day, Year)	
2. Function or Event Inform	ation				00.00	
Does the agency have a ticket		No ⊠	Face Value o	f Each Ticket/Pass \$	90.00	
Event Description Oakland A's	v. Cleveland In Provide Title/Explanation	dians	Date(s)07			
Ticket(s)/Pass(es) provided by	agency? Yes	⊠ No	☐ If no:	Name of Sou	urce	
Was ticket distribution made at	the behest No	☐ If yes:				
of agency official?			2004 ▼ 2000000 (0.000000 Haller Haller)	Official's Name (L	.ast, First)	
3. Recipients	TO ME WE WARE	C1010 2040				
Use Section A to identify the agency's		Use Secumber of	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.	
A. Name of Agency, Department	or Unit 7	icket(s)/	Describe the public purpose made pursuant to the agency's policy			
Name to the second						
	N	umber of				
B. Name of Individual	Т	icket(s)/ Pass(es)		Identify one of the following	ng:	
Outin Color			Ceremonial Role		Income	
Ortiz, Celso		2	Addition of the Control of the Contr	al Role" or "Other" describe below	ampleyees that provide	
			To provide incentives to City and County employees that proviservices to the Authority			
· · · · · · · · · · · · · · · · · · ·			Ceremonial Role	Other	Income	
		2	If checking "Ceremonia	al Role" or Other" describe below.		
C. Name of Outside Organiza		ımber of				
(include address and descri	ntion)	icket(s)/ ass(es)	Describe the publi	ic purpose made pursuant (to the agency's policy	
. Verification						
I have read and understand FPPC Regulation	ons 18944 1 and 1894.)	2. I have vei	rified that the distribution set for	th above, is in accordance with	the requirements.	
Outer Jo Sus	Barl	bara J. F		Attorney/OAACA Office	oial 07/31/2017	
Signature of Agency Head of Designee		Print Name)	Title	(Month Day Year)	
Comment:						

1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County Coli	seum Auth		Form For Official Use Only			
	Division, Department, or Region			For Official Osc Only			
	Barbara J. Parker, City Attorne	v/OAACA					
	Designated Agency Contact (Nat						
	Area Code/Phone Number E-	-mail	Amendment (Must provide explanation in Part 3.)				
	1		aklandcityattor	rney.org	Date of Original Filing:	(Month, Day, Year)	
2	Function or Event Informa	CALL STREET, S					
۷.	Does the agency have a ticket p		Yes⊠ No[7 Face Value o	of Each Ticket/Pass \$	150.00	
	7.40 N=004			5.4.(.) 07	7 , 15 , 17	1 1	
	Event Description J. Cole	rovide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided by a	igency?	Yes⊠ No[If no:	Name of Source	ce	
	Was ticket distribution made at t	he hehest	No ⊠ Yes [7 If yes			
	of agency official?	ne beneat	Official's Name (Las	st, First)			
3	Recipients						
3.	Use Section A to identify the agency's	department or	unit. • Use Sect	tion B to identify an individ	ual. • Use Section C to identify	/ an outside organization.	
	A. Name of Agency, Department	Number of Ticket(s)/	Describe the pul	iblic purpose made pursuant to the agency's policy			
	RANGE OF THE PARTY		Pass(es)	Daniel Company		alian Communication of the Com	
			Number of		Identify one of the following:		
	Name of Individual	B. Name of Individual					
				Ceremonial Role	Other 🗵	Income	
	Parker, Barbara		2		mial Role" or "Other" describe below	ations of the various	
				To investigate the efficiencies of the operations of the value sporting and other events that occur at Coliseum Complete.			
	water water and the same and th			Ceremonial Role Other		Income [
					mal Role" or "Other" describe below		
			2				
	C. Name of Outside Organiza		Number of Ticket(s)/	Describe the pu	blic purpose made pursuant t	o the agency's policy	
	(include address and descr	ription)	Pass(es)				
4.	. Verification			74 - 2002 W 185		the equirements	
	I have read and understand FPPC Regulat	tions 18944.1 a					
	Buth & Son	1	Barbara J. I		ty Attorney/OAACA Offic		
	Signature of Agency Head or Designee		Print Nam	ne	Title	(Month Day Year)	
	0						
	Comment:						

			1940
A	Pub	lic	Document

	Agency Name				Date Stamp	California 802					
	Oakland-Alameda County C	oliseum Autho		For Official Use Only							
	Division, Department, or Regi	on (If Applicable)									
	Barbara J. Parker, City Attor	rney/OAACA C									
	Designated Agency Contact (Name, Title)									
					Amendment (Must provide explanation in Part 3.)						
	Area Code/Phone Number	E-mail	1 12	wall ord	Date of Original Filing: _	(Month. Day, Year)					
	(510) 238-3815	bparker@oal	-	(Month, Day, Year)							
	Function or Event Infor		of Each Ticket/Pass \$	90.00							
	Does the agency have a ticke		Yes⊠ No [_							
	Event Description Oakland A	A's v. Cleveland Provide Title/Expla		Date(s)	7 , 15 , 17						
	Ticket(s)/Pass(es) provided b	y agency?	Yes⊠ No[] If no:	Name of Sou	rce					
	Was ticket distribution made of agency official?	at the behest	If yes:	Official's Name (L	ast, First)						
3.	Recipients • Use Section A to identify the agent		unit a Uso Soci	tion B to identify an individ	lual. • Use Section C to ident	ify an outside organization.					
		Number of	Describe the pu	blic purpose made pursuant	to the agency's policy						
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public party of							
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:					
	Bliss, Kimberly		2	Ceremonial Role Other S If checking "Ceremonial Role" or "Other" describe below To provide incentives to City and County employers to the Authority		employees that provid					
							2		Ceremonial Role		
	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 por							
4	. Verification I have read and understand FPPC Re	egulations 18944 1 at	nd 18942. I have v Barbara J.		ity Attorney/OAACA Of	fficial 07/31/2017					
	Signature of Agency Head or Design	nee	Print Na	me	Title	(Month Day Year					
	Comment:			FPPC Form 802							

1.	Agency Name				Date Stamp	California Form	802	
	Oakland-Alameda County C		For Official	Use Only				
	Division, Department, or Reg							
	Barbara J. Parker, City Atto	rney/OAACA	Official					
	Designated Agency Contact							
		Amendment (Must pro	ovide explanation in	Part 3.)				
	Area Code/Phone Number	E-mail						
	(510) 238-3815 bparker@oaklandcityattorney.org				Date of Original Filing: _	(Month, Day, Ye	ar)	
2.	Function or Event Infor		(Forth Tisket/Doon \$		400.00			
	Does the agency have a ticke		Yes⊠ No[of Each Ticket/Pass \$			
	Event Description Lionel Ric	hie Provide Title/Expl	lanation	Date(s)	7 , 21 , 17			
				If no:				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🛛 No [Name of Sou	rce		
	Was ticket distribution made a of agency official?	at the behest	No⊠ Yes[If yes:	Official's Name (L	ast, First)		
3.	Recipients					if. an autaida ara	anization	
	Use Section A to identify the agence	y's department or						
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to the agency's policy			
			Number of		Identify one of the following:			
	B. Name of Individu	idi	Ticket(s)/ Pass(es)				<u></u>	
				Ceremonial Role	e Other Other or Other describe below:		Income	
	Liu, Diana		2			City and County employees that provide		
				services to the Authority				
				Ceremonial Role			Income	
			2	If checking 'Ceremo	onial Role" or "Other" describe below.			
			-					
		Number of				walley		
	C. Name of Outside Orga (include address and de	escription)	Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursuant	to the agency s	policy	
4.	Verification	- Value - Valu				th the continue t		
	I have read and understand FPPC Reg	gulations 18944.1 ar						
	Darba J.	Sup	Barbara J.		ity Attorney/OAACA Off		7/31/2017	
	Signature of Agency Head or Design	ee	Print Nar	ne	Title	(MC	onth. Day. Year)	
	C							
	Comment:						000 /414	

1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County Coliseum Authority					Form OO2
	Division, Department, or Reg			-		For Official Use Only
	Barbara J. Parker, City Atto		Official			
	Designated Agency Contact (Name, Title)				
					Amendment (M	fust provide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Fili	ing:
_	(510) 238-3815	bparker@oa	klandcityatto	rney.org	Date of Original Fin	(Month, Day, Year)
	Function or Event Infor		Yes⊠ No	= 57.5	(F. T. WD	90.00
	Does the agency have a ticke		ie of Each Ticket/Pass			
	Event Description Oakland A	's v. Minneso Provide Title/Expl		Date(s)	07 , 29 , 17	
	Ticket(s)/Pass(es) provided b	y agency?	Name	of Source		
	Was ticket distribution made a	at the behest	Official's Na	ame (Last, First)		
	of agency official?					
3.	Recipients • Use Section A to identify the agence		unit allea Sac	tion B to identify an ind	lividual. • Use Section C to	identify an outside organization.
	A. Name of Agency, Department	Number of Ticket(s)/			suant to the agency's policy	
	Pass(es)					
			1			
						
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the fo	ollowing:
	(Lost, First)	al	Ticket(s)/ Pass(es)	Ceremonial R		Income
		al	Ticket(s)/	If checking "Cel	ole Other X remonial Role or Other describe b	Income
	(Lost, First)	al	Ticket(s)/ Pass(es)	If checking Cell To provide ince services to the	ole Other D remonial Role or Other describe b ntives to City and Cot Authority	Income
	(Lost, First)	al	Ticket(s)/ Pass(es)	To provide ince services to the	ole Other D remonial Role or Other describe b ntives to City and Cot Authority	Income Income Income Income Income Income Income Income
	(Lost, First)	al	Ticket(s)/ Pass(es) 2	To provide ince services to the	tole Other or Other or Other describe be ntives to City and Cou Authority or Other Other Other Other Other Other	Income Income Income Income Income Income Income Income
	(Lost, First)	nization	Ticket(s)/ Pass(es)	It checking "Ce To provide ince services to the Ceremonial F It checking "Ce	tole Other Memorial Role or Other describe by the or Other describe by the other describe by the other describe by the other of Other describe by the other describes by	Income Income Income Income Income Income Income Income
	Ortiz, Celso Name of Outside Orga	nization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	It checking "Ce To provide ince services to the Ceremonial F It checking "Ce	tole Other Memorial Role or Other describe by the or Other describe by the other describe by the other describe by the other of Other describe by the other describes by	Income In
	Ortiz, Celso Name of Outside Orga	nization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	It checking "Ce To provide ince services to the Ceremonial F It checking "Ce	tole Other Memorial Role or Other describe by the or Other describe by the other describe by the other describe by the other of Other describe by the other describes by	Income In
	Ortiz, Celso Name of Outside Orga	nization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	It checking "Ce To provide ince services to the Ceremonial F It checking "Ce	tole Other Memorial Role or Other describe by the or Other describe by the other describe by the other describe by the other of Other describe by the other describes by	Income In
	Ortiz, Celso Name of Outside Orga	nization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	It checking "Ce To provide ince services to the Ceremonial F It checking "Ce	tole Other Memorial Role or Other describe by the or Other describe by the other describe by the other describe by the other of Other describe by the other describes by	Income In
4.	Ortiz, Celso Name of Outside Orga (include address and de	nization scription)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	It checking 'Ce To provide ince services to the Ceremonial F It checking 'Ce Describe the	tole Other Ix remonial Role or Other describe be ntives to City and Cou Authority tole Other remonial Role or Other describe be sepublic purpose made pure	Income In
4.	Ortiz, Celso Name of Outside Orga (include address and de	nization scription)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking 'Ce To provide ince services to the Ceremonial F If checking 'Ce Describe the	tole Other Ix remonial Role or Other describe be ntives to City and Cou Authority tole Other remonial Role or Other describe be sepublic purpose made pure	Income Income unity employees that provide Income I

0	gency Name				Date Stamp	California Ong
Ua	akland-Alameda County C	Coliseum Aut	hority		Date Stamp	Form 802
	rision, Department, or Regi					For Official Use Only
	Barbara J. Parker, City Attorney/OAACA Official					
Des	signated Agency Contact (Name, Title)			1	
Area	ea Code/Phone Number	E-mail			☐ Amendment (Must p	provide explanation in Part 3.)
(51	10) 238-3815	bparker@o	aklandcityatl	torney.org	Date of Original Filing:	(Month, Day, Year)
2. Fui	nction or Event Inforr	nation				(Worth, Day, Year)
Doe	es the agency have a ticket	policy?	Yes 🗵 No	☐ Face Value o	of Each Ticket/Pass \$ _	90.00
С	Oakland A	s v. Minneso				
Ever	ent Description Oakland A	Provide Title/Exp	olanation	Date(s)		
	ket(s)/Pass(es) provided by					
TICK	ret(s)/r ass(es) provided by	agency?	Yes 🛛 No	If no:	Name of Sou	urce
Was	s ticket distribution made at	the behest	No ⊠ Yes	☐ If yes:		
of a	agency official?		110 [2] 100	ii yes	Official's Name (L	ast, First)
Rec	cipients					
	e Section A to identify the agency	's department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization
A.	Name of Agency, Departmen		Number of		lic purpose made pursuant	
			Ticket(s)/ Pass(es)	Describe the pub	ne purpose made pursuant	to the agency's policy
			1			
В.	Name of Individual		Number of Ticket(s)/		Identify one of the following	ng:
В.				Ceremonial Polo		
			Ticket(s)/ Pass(es)	Ceremonial Role [If checking "Ceremonia		ng:
	(Last, First)		Ticket(s)/	If checking "Ceremonia To provide incentive	Other Other Other Other Other Other Other Other Other Other Other	Income
	(Last, First)		Ticket(s)/ Pass(es)	If checking *Ceremonia	Other Other Other Other Other Other Other Other Other Other Other	
	(Last, First)		Ticket(s)/ Pass(es)	If checking *Ceremonia To provide incentive services to the Auth Ceremonial Role [Other Other Other Other Other Other Other Other Other Othe	Income
	(Last, First)	ation iption)	Ticket(s)/ Pass(es)	If checking *Ceremonia To provide incentive services to the Auth Ceremonial Role If checking *Ceremonia	Other S all Role' or "Other' describe below es to City and County eority Other	Income [employees that provide
Rich C.	(Lest, First) nardson, Ryan Name of Outside Organiz:	iption) ons 18944.1 and	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking *Ceremonia To provide incentive services to the Auth Ceremonial Role [If checking *Ceremonia Describe the publication for the children of the c	Other S al Role or Other describe below es to City and County e ority Other If Role or Other describe below. C purpose made pursuant to the above, is in accordance with	employees that provide Income Income o the agency's policy
C. Verif	Name of Outside Organiza (include address and descr	iption) ons 18944.1 and	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking *Ceremonia To provide incentive services to the Auth Ceremonial Role [If checking *Ceremonia Describe the publication for the children of the c	Other S al Role or Other describe below es to City and County e ority Other I Role or Other describe below.	employees that provide Income

grown							
1.	Agency Name				Date Stamp California		
	Oakland-Alameda County C	Coliseum Auth	nority			Form OUZ	
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only	
	Barbara J. Parker, City Atto	rney/OAACA	Official				
	Designated Agency Contact						
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 238-3815	The state of the s	aklandcityatt	ornev ora	Date of Original Filing:		
2	Function or Event Infor		arriarria originati	omeyierg	A STATE OF THE PARTY OF THE PAR	(Month, Day, Year)	
	Does the agency have a ticke		of Each Ticket/Pass \$	125.00			
	Oaldand A	's v. San Fra	Yes 🗵 No				
	Event Description Oakland A	Provide Title/Exp		Date(s)			
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:			☐ If no:			
		,, .	162 🔯 140	L	Name of So	urce	
	Was ticket distribution made a	t the behest	No ☒ Yes	☐ If yes:	Official's Name (L		
erstand.	of agency official?				Official's Name (L	_ast, First)	
3.	Recipients	151 161 17 17					
	Use Section A to identify the agency	V. 15 N. 142	ial. • 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	lic purpose made pursuant	to the agency's policy	
			12 1000 000 000 000 000	The second process of the west stage	HANDLESCHE DER STERLEN DER STERLE DES STERLES		
	B. Name of Individua	Number of Ticket(s)/		Identify one of the following:			
	(Lost, First)		Pass(es)				
	Wald, Mark			Ceremonial Role		Income	
	walu, Mark		2	If checking "Ceremonial Role" or "Other" describe below To provide incentives to City and County employees that p		omployees that provide	
				services to the Auth		employees that provide	
				Ceremonial Role	Other	Income	
			2	If checking "Ceremonia	al Role" or "Other" describe below.		
		STORES OF THE STORES					
-	Name of Outside Organi (include address and desc		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy	
-	(ption/	Pass(es)	easter of the public of the second			
	Verification	22.72 A 2000 C CALL TO					
1	have read and understand FPPC Regula				rth above, is in accordance with	the requirements.	
	(Out)		Barbara J. F		Attorney/OAACA Office	oial 07/31/2017	
	Signature of Agency Head or Designee		Print Name	3	Title	(Month. Day Year)	
1	Comment:						
-	ZOTTHITIOTIL PROPERTY						

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) 07 / 02 / 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 ☐ 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)/ (Last, First) **Passes** Other X Income 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 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

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

Comment:

Sabrina B. Landreth

City Administrator

with the requirements.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510.383.4801 chrisdobbinslaw@yahoo.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: Black Expo 2017 Date(s) 07 / 22 / Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No No If yes: _ Was ticket distribution made at the behest Yes ☐ No 区 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 4 per to promote the Coliseum Complex for use by the general public and businesses to maximize revenues Income ___ Ceremonial Role Other 🗌 If checking "Ceremonial Role" or "Other" describe below: day Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification

4. Verilication

I have read and ungerstand FPPC Regulations	18944.1 and 18942. I nave	vennea that the distribution set	totti apove, is in accordance
with the requirements.			
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nur ure requirements.			
	Chris Dobbins	OACCA Commissioner	07.19.17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name California Date Stamp **Form** Oakland-Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Designated Agency Contact (Name, Title) Donna Ziegler Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-272-6700 Date of Original Filing: donna.ziegler@acgov.org (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: J. Cole Concert Date(s) __07__/_ 15 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If yes: Ziegler, Donna

Was ticket distribution made at the behest Yes of agency official?	s⊠ No□ ^I	f yes: Ziegier, Donna Official's Name (Last, First)
Recipients • Use Section A to identify the agency's department or unit.	• Use Section B to	identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Dobbins, Kiara	2	Ceremonial Role Other IX Income If checking "Ceremonial Role" or "Other" describe below: To promote the Coliseum Complex for use by the general public and businesses to maximize revenues
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Monification		

4. Verification

3.

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

Title	(month, day, year)
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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, 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: Black Expo 2017 Date(s) 07 / 22 / 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 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 Ceremonial Role Other X Barnes, Deb 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

Sabrina B. Landreth City Administrator 07/1/2017
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

4. Verification

Comment: _

with the requirements.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp <u>California</u> Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-3301 slandreth@oaklandnet.com Date of Original Filing: . (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes⊠ No□ Face Value of Each Ticket/Pass \$ ___ Event Description: Black Expo 2017 Date(s) 07 / 23 / 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. of Ticket(s)/ Identify one of the following: (Last, First) Passes **UNABLE TO USE** Ceremonial Role Other X 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. 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	nd FPPC Regulation	s 18944.1 and 18942. I	I have verified that the	distribution set forth al	ove is in accordance
with the requirements.	7				ovo, io in accordance

	Sabrina B. Landreth	City Administrator	07/27/2017	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	
Comment:				

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distril	ihutiane
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7	. Agency Name			Date Stamp	California 000
	Oakland Alameda County Coli	sium Aut	hority		Form 004
	Division, Department, or Region (If Applica	ble)			For Official Use Only
	Yui Hay Kee, Commissioner				Ì
	Designated Agency Contact (Name, Title)		The state of the s		
	Area Code/Phone Number E-mail	· · · · · · · · · · · · · · · · · · ·		L. Amendment (Must	provide explanation in Part 3.)
2000		y@YHLA.ne	et	Date of Original Filing	(Monih, Day, Year)
2.	Function or Event Information				(man, 2dy, 1ca)
	Does the agency have a ticket policy?	Yes 👿 No	Face Value o	f Each Ticket/Pass \$ _	
	Event Description VARIES CO	HCER-	Date(s)	E, ATTACHN	1EHT
	Provide Tille/Ex		2)	······································	
	Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	If no:		
	Was ticket distribution made at the behest			Name of Sc	ource
	of agency official?	No ☐ Yes	□ If yes:	Official's Name	Band Field
3	Recipients			Ontoin State	Last, Fust)
٠.	Use Section A to identify the agency's department or	runit. Use Se	ction B to identify an individue	al allog Socion Carida	AIE.
	A. Name of Agency, Department or Unit	Number of			
		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuani	t to the agency's policy
	Yui Hay Lee, Commissioner	12.	#3		77.000
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	Physics of hesteristics	Number of			
	Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		ldentify one of the followi	in g :
•			Ceremonial Role	Other [7]	Income [
			ll checking "Ceremonial	Role" or "Olher" describe below:	income E1
			Committee		
*			Ceremonial Role L		Income [
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_	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant l	to the agency's policy
A. V	eşification, ^				
10	avb residand understand FPPC Regulations 18944,1 and	18942, I have veri	fled that the distribution set forth	above, is in accordance with	the requirements
	Yui	Hay Lee	OAC	CA Commission	5/12/17
7	Signal and Adamcy Head or Designee	Print Name	· · · · · · · · · · · · · · · · · · ·	Title	(Month, Daly Year)
	someti attached list	-07-1	Tinh 5	Condents	(way run)
	M	<u> </u>	FPF		FPPC Form 802 (4/12) 5/ASK-FPPC (866/275-7772)
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YUI HAY LEE

JULY 2017 CONCERTS

Earth Wind & Fire July 12, 2017 (2) tickets \$150.00
 Lionel Ritchie July 21, 2017 (4) tickets \$400.00