1.	Agency Name	ACTION ACCEPTATION OF A PARTY OF	CONTROL OF THE PROPERTY OF THE		Date Stamp	California 000	
	Oakland Alameda County C					Form 802	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Christopher Dobbins, OACO	CA Commissioner					
	Designated Agency Contact	(Name,Title)					
					☐ Amendment (Must	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Anondinon (wasc	TONGE Explanation In Fait 3.)	
	510.383.4801	chrisdobbinslaw@	yahoo.com		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation	and the second s	and the same of	L		
	Does the agency have a ticl		s⊠ No□ F	Face Value of I	Each Ticket/Pass \$ =	ee attached	
			0047				
	Event Description: Oakland	Provide Title/Exp	planation	Date(s)			
	Ticket(s)/Pass(es) provided			f no:	Name of Source		
	Was ticket distribution made	e at the behest Yes	s□ No⊠ ^{II}	f yes:	Official's Name (Last, First)		
	of agency official?				, , ,		
3.	Recipients	and the second s	(III)	HER ADMINISTRATION OF THE PARTY	anno anno anno anno anno anno anno anno	эт төө байган түү түү түү түү түү түү түү түү түү тү	
	· 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 iden	itify an outside organization.	
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes			rsuant to the agency's policy	
			Fasses				

	R Name of Individual Number of Toketov						
	B. Name of Indi- (Last, First		of Ticket(s)/ Passes		Identify one of the following:		
	Dobbins,Chris				onial Role Other		
	D0D0110,01110			if check	ing "Ceremonial Role" or "Other" de ne Coliseum Compley	escribe below: x for use by the general	
					sinesses to maximize		
				Cerem	onial Role 🔲 Other 🕻	Income [
				If checki	ing "Ceremonial Role" or "Other" de	escribe below:	
	and the state of t						
	C. Name of Outside Or (include address and		Number of Ticket(s)/	Describe the	public purpose made pu	rsuant to the agency's policy	
	(include address and	uescription)	Passes				
	Voyifi a ati	stryte Still mit and a strong					
	Verification	DO Bogulotions 4004	44 and 40040	l bana	haddha dhada e	Sanda a Arriva St. S. S.	
1	I have read and understand FPI with the requirements.	~o regulations 1894	4. i and 18942. i	riave verified ti	at the distribution set f	οπη above, is in accordance	
		Christs	nhar Dahbina	^	ACCA Commississ	r 0.04.47	
-	Signature of Agency Head or Designation		pher Dobbins Print Name		ACCA Commissione	r 3.31.17 (month, day, year)	
1						(vini, vay, you)	
	Comment:						

Oakland A's

2017

Chris Dobbins

•	A's v Washington	6.2.17	(4) tickets	\$90.00
•	A's v Washington	6.3.17	(4) tickets	\$90.00
•	A's v Washington	6.4.17	(4) tickets	\$90.00
•	A's v Toronto	6.5.17	(4) tickets	\$80.00
•	A's v Toronto	6.6.17	(4) tickets	\$80.00
•	A's v Yankees	6.16.17	(2) tickets	\$100.00
•	A's v Yankees	6.17.17	(2) tickets	\$100.00
•	A's v Yankees	6.18.17	(2) tickets	\$100.00
•	A's v Astros	6.19.17	(4) tickets	\$80.00
•	A's v Astros	6.21.17	(4) tickets	\$80.00
•	A's v Astros	6.22.17	(4) tickets	\$80.00
•	A's v Braves	6.30.17	(4) tickets	\$90.00

Α	Pι	ubl	lic	Doci	ımen	1

1.	Agency Name		Remarks and the second		Date Stamp	California 000	
	Oakland Alameda County C	Coliseum Authority				Form 604	
	Division, Department, or Reg				İ	For Official Use Only	
	Ignacio De La Fuente, OAC	CCA Commissioner					
	Designated Agency Contact	(Name, Title)			1		
					[] Amondment //*		
	Area Code/Phone Number	E-mail			Amenument (Must F	Provide Explanation in Part 3.)	
	510.383.4801	idelafuente2012@	gmail.com		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	nation		in the second of		,,, / > //	
	Does the agency have a ticl		⊠ No □ F	Face Value of t	Each Ticket/Pass \$ _ S	e attached	
	Event Description: Oakland	Provide Title/ Expla	anation [Date(s)			
	Ticket(s)/Pass(es) provided			f no:			
					Name of Source		
	Was ticket distribution made	at the behest Yes	□ No⊠ ^H	f yes:	Official's Name (Last, First)		
	of agency official?				Lavi, I half		
3.	Recipients	And the second s	and the same series of the same	the first and annually to the first hand and the first first from the first first from the security and the first from the fir	(A)	et en	
-	• 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 ident	ify an outside organization.	
	A. Name of Agency, Depa		Number of Ticket(s)/			suant to the agency's policy	
			Passes				
			1				
	Na£1_34	vidual	Number				
	B. Name of Indiv		of Ticket(s)/ Passes	Identify one of the following:			
	De La Fuente, Ignacio			Ceremo	onial Role Other 🗵	Income	
	Do La racine, ignacio			lf checki	ing "Ceremonial Role" or "Other" des	scribe below:	
				public an bus	ie Collseum Complex sinesses to maximize	for use by the general revenues	
	1710000				onial Role Other		
				If checki	ng "Ceremonial Role" or "Other" des		
	C. Name of Outside Ordinclude address and		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	suant to the agency's policy	
	<u> </u>						
٠ ١	Verification	7			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	W/V/2019/37	
l V	have read and understand FPF with the regainements.	PC Regulations 18944	.1 and 18942. I	have verified th	aat the distribution set fo	rth above, is in accordance	
	MMM K	Ignacio I	De La Fuente	Ο.	ACCA Commissioner	3.31.17	
4	Mignature of Agency Head of Designe		int Name		Title	(month, day, year)	
go de la companya de	Camanaanti						
- 1	Comment:						

Oakland A's 2017

Ignacio De La Fuente

•	A's v Washington	6.2.17	(4) tickets	\$90.00
•	A's v Washington	6.3.17	(4) tickets	\$90.00
•	A's v Washington	6.4.17	(4) tickets	\$90.00
•	A's v Toronto	6.5.17	(4) tickets	\$80.00
•	A's v Toronto	6.6.17	(4) tickets	\$80.00
•	A's v Yankees	6.16.17	(2) tickets	\$100.00
•	A's v Yankees	6.17.17	(2) tickets	\$100.00
•	A's v Yankees	6.18.17	(2) tickets	\$100.00
•	A's v Astros	6.19.17	(4) tickets	\$80.00
•	A's v Astros	6.21.17	(4) tickets	\$80.00
•	A's v Astros	6.22.17	(4) tickets	\$80.00
۱	A's v Braves	6.30.17	(4) tickets	\$90.00

					The state of the s		
1. Agency Name		Date Stamp	California 802				
Oakland-Alameda	County Coliseum A		Form OUZ				
Division, Departme	nt, or Region (If Applic	able)			For Official Use Only		
Barbara J. Parker	, City Attorney/OAA0	CA Official					
	Contact (Name, Title)	ort Official		-			
3 3 ,							
Area Code/Phone N	lumber E-mail			Amendment (Must pr	ovide explanation in Part 3.)		
(510) 238-3815	parameter (and the parameter)	oaklandcityattor	rnev ora	Date of Original Filing: _			
2 12		e danial lucity attor	mey.org		(Month, Day, Year)		
2. Function or Eve			Topo Value s	of Each Ticket/Pass \$	312.50		
Does the agency ha	100 00	Yes⊠ No ☐					
Event Description _	Narriors v Cavaliers/ Provide Title/	<u>6 , 01 , 17 </u>					
		Explanation					
Ticket(s)/Pass(es) p	provided by agency?	Yes 🗵 No 🗆] If no:	Name of Sou	ırce		
Was ticket distributi	on made at the behes						
of agency official?		st No⊠ Yes [ıı yes	Official's Name (L	ast, First)		
. Recipients							
Marie I residence of the Control of	fy the agency's departmen	t or unit. 🌞 Use Secti	ion B to identify an individu	ual. • Use Section C to identi	ify an outside organization.		
A. Name of Agend	y, Department or Unit	Number of Ticket(s)/	Describe the pub	be the public purpose made pursuant to the agency's policy			
		Pass(es)	besome the public purpose made pursuant to the agency's policy				
8 							
D	-61-di-id-al	Number of					
	of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following:			
Attended to the second second			Ceremonial Role	Other 🛛	Income [
Parker, Barbara J.		2		nial Role" or "Other" describe below:			
		-		efficiencies of the opera events that occur at Co			
				Other Dial Role" or "Other" describe below:	Income		
C Name of Ou	tside Organization	Number of	Describe the such				
	ess and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy		
. Verification							
	FPPC Regulations 18944.1	and 18942. I have verif	fied that the distribution set fo	orth above, is in accordance with	the requirements.		
PAL O	San	Barbara J. Pa		Attorney/OAACA Office	45 - Andrew State		
Signature of Agency He	ad or Designee	Print Name		Title	(Month, Day, Year)		
					*value control of ** control **		
Comment:							

1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C	Coliseum Auth	ority			Form OUZ	
	Division, Department, or Reg	ion (If Applicable	e)		1	For Official Use Only	
	Barbara J. Parker, City Atto	rney/OAACA	Official				
	Designated Agency Contact	<u>5</u> /			1		
	Area Code/Phone Number	E-mail		×	Amendment (Must provide explanation in Part 3.)		
	(510) 238-3815	bparker@oa	klandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)	
)	Function or Event Infor	mation					
	Does the agency have a ticke	Th. 11770	Yes 🛛 No		of Each Ticket/Pass \$		
	Event Description Oakland A	s v. Washing	ton National	s Date(s) 6			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of Source		
	Was ticket distribution made a	at the behest	No ☒ Yes				
	of agency official?		NO E 103	ш пуез. <u>——</u>	Official's Name (La	st, First)	
3.	Recipients						
	Use Section A to identify the agency	y's department or	tion B to identify an individ	ual. • Use Section C to identify	y an outside organization.		
	A. Name of Agency, Department	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to	o the agency's policy	
	No. of Individual		Number of				
	B. Name of Individua (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following:		
	Forral Elizabeth			Ceremonial Role		Income	
	Ferrel, Elizabeth		2	To provide incentives to City and County employees that provide services to the Authority			
				Ceremonial Role	Other	Income	
			Н	If checking "Ceremon	ial Role" or "Other" describe below:		
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant to	o the agency's policy	
	(include address and des	cription)	Pass(es)				
	N						
	Verification I have read and understand FPPC Regul	lations 18944.1 and	l 18942. I have ve	rified that the distribution set f	orth above, is in accordance with	the requirements.	
	Jul St)	Barbara J. F		Attorney/OAACA Offici		
	Signature of Agency Head or Designee		Print Name		Title	(Month. Day, Year)	
	cour is						
	Comment:						

AF	3 l	~ I i .	- D	001	1 020	000
AP	-116	3116	- 11	136.1		6-11

-						0 115 1 0 0 0			
1.	Agency Name		Date Stamp	California 802					
	Oakland-Alameda County C								
	Division, Department, or Reg	ion (If Applicable	e)			To official occorny			
	Barbara J. Parker, City Atto	rnev/OAACA							
	Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title)				-				
	=g	,				,			
					Amendment (Must pro-	vide explanation in Part 3.)			
	Area Code/Phone Number	E-mail	202 E 600 0000		Date of Original Filings				
	(510) 238-3815	bparker@oa	ıklandcityatto	rney.org	Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Infor	mation				200.00			
	Does the agency have a ticke	et policy?	Yes⊠ No[☐ Face Value	of Each Ticket/Pass \$	200.00			
	Event Description Dia Nacion	nal de la Band	da	Data(a)	6 , 3 , 17	1			
	Event Description	Provide Title/Expl	lanation	Date(s)					
	Ticket(s)/Pass(es) provided b	v agonov?	V .	□ If no:					
	ricket(s)/Fass(es) provided b	y agency:	Yes⊠ No[Name of Source	ce			
	Was ticket distribution made a	at the behest	No X Yes [☐ If ves:					
	of agency official?		110 [-3 100]		Official's Name (La	st, First)			
3.	Recipients								
٥.	•	y's department or	dual. • Use Section C to identify	/ an outside organization.					
		neum e begin	Number of			Other Image: Income Image: Other of "Other" describe below: to City and County employees that provide ity Other Image: Income Image: I			
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to	the agency's policy			
	A STATE OF THE STA								
-									
			+			· · · · · · · · · · · · · · · · · · ·			
			Number of						
	B. Name of Individual		Ticket(s)/	Identify one of the following:					
			Pass(es)	Ceremonial Role	□ O#== ☑				
	Ortiz, Celso				onial Role" or "Other" describe below:	Income			
	,		2	Company of the second		mplovees that provide			
				services to the Au					
				Ceremonial Role	Other	Income \square			
					nial Role" or "Other" describe below:				
	C Name of Outside Organ	ization	Number of						
	(include address and des		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to	the agency's policy			
			-						
ı.	Verification								
	I have read and understand FPPC Regu	lations 18944.1 and	18942. I have ver	ified that the distribution set	forth above, is in accordance with t	he requirements.			
	Tropa O St	1	Barbara J. P	arker Cit	y Attorney/OAACA Offici	al 06/30/2017			
	Signature of Agency Head or Designee		Print Name	Manager and Section 1	Title	(Month, Day, Year)			
						W and a second s			
	Comment:								

		Docume	

1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C	Coliseum Auth	hority			Form OUZ	
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only	
	Barbara J. Parker, City Atto	rney/OAACA	Official				
	Designated Agency Contact	(Name, Title)					
	Area Code/Phone Number	E-mail			Amendment (Must pro-	vide explanation in Part 3.)	
	(510) 238-3815	bparker@o	aklandcityattorr	ney.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	107	Yes⊠ No□] Face Value o	f Each Ticket/Pass \$	90.00	
	Event Description Oakland A	N's v. Washing	gton Nationals	Date(s)6	3 17		
	Ticket(s)/Pass(es) provided b	y agency?	Yes⊠ No□] If no:	Name of Source	ce	
3.	Was ticket distribution made a	at the behest	No ⊠ Yes □	If yes:			
	of agency official?		Subsection Subsection	. , ,	Official's Name (La	st, First)	
3.	Recipients						
٠.	Use Section A to identify the agence	y's department or	al. • Use Section C to identify	y an outside organization.			
	A. Name of Agency, Department	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy		
		Number of					
	Name of Individua (Last. First)	al	Ticket(s)/ Pass(es)		Identify one of the following:		
	Schubert, Dylan				Other 🗵 al Role" or "Other" describe below:	Income	
	,			To provide incentives to City and County employees that provide services to the Authority			
				Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below:	Income	
			Number of				
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy	
	Bul						
4.	Verification	lationa 18044 1	d 100/2 hour	ad that the distribution set fo	oth above is in secondaria with	the requirements	
	I have read and understand FPPC Regul	auviis 10944.1 âlli	Barbara J. Pa		Attorney/OAACA Offici		
	Signature of Agency Head or Designee		Print Name		Title	(Month. Day, Year)	
	Comment:						

A	P	ub	lic.	Do	CH	m	en	1
		uw	110		U U		W 1 1	

1.	Agency Name				Date Stamp California 202			
**	Oakland-Alameda County C	Coliseum Auth	nority		8	Form OUZ		
	Division, Department, or Reg				-	For Official Use Only		
	Barbara J. Parker, City Atto	rnov/OAACA	Official					
	Designated Agency Contact		Official		-			
	boolgnatou, igono, commer	(1.1.2.11.2)						
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)		
	(510) 238-3815	1	aklandcityattor	nev.ora	Date of Original Filing:(Month, Day, Year)			
2	Function or Event Infor			,		(WORLIN, Day, Year)		
lin s	Does the agency have a ticket		Yes⊠ No□	7 Face Value o	of Each Ticket/Pass \$	90.00		
	Event Description Oakland A	100			<u>, 4 , 17 </u>			
	Event Description	Provide Title/Exp	planation	Date(s)				
	Ticket(s)/Pass(es) provided b	v agency?	Yes⊠ No □	1 If no:				
	Honor(o)/i doo(oo) provided b	y agoney.	162 🔽 140 🗀		Name of Soul	rce		
	Was ticket distribution made a	at the behest	No X Yes ☐] If yes:	Official's Name (La	act Eirct)		
	of agency official?				Official's Name (La	ast, First)		
3.	Recipients	9 ST 0 T	l Haa Caatian C to identif					
	Use Section A to identify the agence	y's department or	Number of					
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	Annual Street of California Street Street Street							
	B. Name of Individua	Number of Ticket(s)/		Identify one of the following	ig:			
	(Last, First)	Pass(es)						
	Gill, Harveen			Ceremonial Role If checking *Ceremon*	Other X nial Role" or "Other" describe below:	Income		
			2	A DESCRIPTION OF STREET	es to City and County e	employees that provide		
				services to the Aut	hority			
					Other	Income		
				If checking "Ceremon	nial Role" or "Other" describe below:			
	Name of Outside Organ	deathas	Number of					
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant t	o the agency's policy		
		AL STREET, SACRETON						
	Canada Ca		+					
A	Verification							
Ŷ.	I have read and understand FPPC Regu	lations 18944.1 an	d 18942. I have verif	ied that the distribution set f	orth above, is in accordance with	the requirements.		
	B, 00	1	Barbara J. Pa		/ Attorney/OAACA Office			
	Signature of Agency Head or Designee		Print Name		Title	(Month. Day, Year)		
						 Anthronous A. O. Stein B. V. A. B. Stein C. Stein Co. V. C. Stein		
	Comment:							

1.	Agency Name				Date Stamp	California 802		
	Oakland-Alameda County C	oliseum Auth	ority			Form For Official Use Only		
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only		
	Barbara J. Parker, City Atto Designated Agency Contact		Official					
	Designated Agency Contact (rvame, mey						
		Te u			Amendment (Must pro	vide explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Date of Original Filing:			
-	(510) 238-3815		aklandcityatto	rney.org	Date of Original Filing: _	(Month, Day, Year)		
2.	Function or Event Infor			_ ~~		312.50		
	Does the agency have a ticke		Yes ⊠ No [_	of Each Ticket/Pass \$			
	Event Description Warriors v	Cavaliers/Pla	ayoffs Game I	N Date(s)06	04 , 17			
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No [] If no:	Name of Sour	се		
	Was ticket distribution made a	it the behest	No ⊠ Yes [If yes:	Official's Name (La	. =		
	of agency official? Official's Name (Last, First)							
3.	Recipients				2 06 2000 A 90 AMES			
	Use Section A to identify the agency	y's department or	T T	ion B to identify an individu	ual. • Use Section C to identif	y an outside organization.		
	A. Name of Agency, Department	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to	o the agency's policy		
	B. Name of Individua	ı	Number of					
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followin	g;		
	Parker, Barbara J.		2		ial Role" or "Other" describe below:	Income		
				sporting and other	efficiencies of the opera events that occur at Co	liseum Complex		
				Ceremonial Role If checking "Ceremon	Other island and the control of the	Income		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	o the agency's policy			
ļ	Verification							
	I have read and understand FPPC Regul	ations 18944.1 and	d 18942. I have veri	fied that the distribution set fo	orth above, is in accordance with	the requirements.		
	My Jol.		Barbara J. P.	arker City	Attorney/OAACA Offic	ial 06/30/2017		
	Signature of Agency Head or Designee		Print Name		Title	(Month. Day, Year)		
	Comment:							

1.	Agency Name				Date Stamp	California 802					
	Oakland-Alameda County C	oliseum Auth	ority			Form OUZ					
10	Division, Department, or Regi	on (If Applicable	e)		1	For Official Use Only					
	Barbara J. Parker, City Attor	nev/OAACA	Official								
3	Designated Agency Contact (Omolai		-						
	Doolgiiatear igeney										
20		r			Amendment (Must provide explanation in Part 3.)						
	Area Code/Phone Number	E-mail	. [.]		Date of Original Filing: _						
Territor.	(510) 238-3815		aklandcityatto	rney.org	Date of original milg.	(Month, Day, Year)					
	Function or Event Infor					80.00					
	Does the agency have a ticke	DOMA TARE DE	Yes 🛛 No [_	of Each Ticket/Pass \$						
	Event Description Oakland A	's v. Toronto Provide Title/Exp	Blue Jays	Date(s)6							
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No [] If no:	Name of Sou	ırce					
9	Was ticket distribution made a	t the behest	No ☒ Yes [☐ If yes:							
	of agency official? Official's Name (Last, First)										
3.	Recipients										
	ify an outside organization.										
1	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy								
) (1) (2	R Name of Individual Tight										
p.	Name of Individua		Ticket(s)/ Pass(es)		Identify one of the following:						
	Andrada, Cynthia			Ceremonial Role If checking *Ceremon*	Other X iial Role" or "Other" describe below:	Income					
			2	To provide incentiv services to the Auth		employees that provide					
3,6				Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income 🗌					
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's polic							
•			Pass(es)			SOURCE OF STREET					
	Verification I have read and understand FPPC Regul	lations 18944.1 and	d 18942. I have ver	rified that the distribution set fo	orth above, is in accordance with	h the requirements.					
	(In I fan		Barbara J. F	arker City	City Attorney/OAACA Official 06/30/2017						
	Signature of Agency Head or Designee		Print Name		Title	(Month. Day, Year)					
W	Comment:										

					A 2 - 100					
1. Agency Name				Date Stamp	California 802					
Oakland-Alameda Co	unty Coliseum Autho	ority			Form 002					
Division, Department, o	or Region (If Applicable)			For Official Use Only					
Barbara J. Parker, Cit Designated Agency Co	B	Official								
besignated Agency Go	Trade (Namo, Nao)									
				Amendment (Must pro	ovide explanation in Part 3.)					
Area Code/Phone Num				Date of Original Filing: _						
(510) 238-3815		klandcityattorr	ney.org	Bate of original rining.	(Month, Day, Year)					
2. Function or Event	Information				80.00					
Does the agency have		Yes⊠ No□	Face Value o	of Each Ticket/Pass \$						
Event Description Oak	land A's v. Toronto I	Blue Jays	Date(s)6							
Ticket(s)/Pass(es) prov	ided by agency?	Yes⊠ No□	If no:	Name of Source						
Was ticket distribution r of agency official?	nade at the behest	If yes:	Official's Name (L	ast, First)						
3 Recipients	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, De	epartment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy					
B. Name of I	ndividual	Number of		Libration of Abra College						
Last.		Ticket(s)/ Pass(es)	Identify one of the following:							
Hussein, Farrah		2	If checking "Ceremon	Other A	Income					
			To provide incentive services to the Authority		employees that provide					
			Ceremonial Role If checking "Ceremon	Other In the control of the control	Income					
	C. Name of Outside Organization (include address and description)		Describe the public purpose made pursuant to the agency's po							
Ener 1	(Qa)									
4. Verification	30/7									
	PC Regulations 18944.1 and	ed that the distribution set for	orth above, is in accordance with	the requirements.						
Bur ICA		Barbara J. Pa								
Signature of Agency Head or	Designee	Print Name	3.13	Title	(Month. Day, Year)					
Comment:										

						A I ubile bocumen			
1.	Agency Name				Date Stamp	California Q02			
	Oakland-Alameda County C	Coliseum Autl	hority			Form OUZ			
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only			
	Barbara J. Parker, City Atto	rnev/OAACA	Official						
	Designated Agency Contact		Official						
	besignated Agency Contact	(realife, ride)							
	*	,			Amendment (Must pr	ovide explanation in Part 3.)			
	Area Code/Phone Number	E-mail							
	(510) 238-3815		aklandcityatt	orney.org	Date of Original Filing: _	(Month, Day, Year)			
2.	Function or Event Infor	mation				0			
	Does the agency have a ticke		Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	0			
	Event Description Warriors v	Cavaliers/W	atch Party	Date(s)06	07 17				
	Ticket(s)/Pass(es) provided b	v agency?	Vac 🔽 Na	□ If no:					
	rioket(a)/r add(ed) provided b	y agonoy:	Yes 🛛 No	☐ II IIO	Name of Sou	rce			
	Was ticket distribution made a	at the behest	No ☒ Yes	☐ If yes:					
	of agency official?				Official's Name (L	ast, First)			
3.	Recipients								
	Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.			
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy				
	B. Name of Individua		Number of		Identify one of the following				
	(Last, First)	Ticket(s)/ Pass(es)		ig:					
	Smith, Jamie R.				Other A	Income			
	,		2	To provide incentives to City and County employees that provide services to the Authority.					
1				Ceremonial Role	Other al Role" or "Other" describe below:	Income			
(C. Name of Outside Organi (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy			
			1 433(03)						
	Verification have read and understand FPPC Regula	ations 18944.1 and	l 18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements			
	A.n (y)	2	Barbara J. F		Attorney/OAACA Office				
	Signature of Agency Head or Designee		Print Name		Title	ial 06/30/2017 (Month. Day, Year)			
					*	(month, Day, (ear)			
(Comment:								

Comment: _____

-	_			-					- 12
Δ	Pu	hi	ic	\Box	OI	111	m	OF	11
		NJ I	116	-	U	- W			11

						January December	
1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C	Coliseum Auth	ority			Form For Official Use Only	
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Offig	
	Barbara J. Parker, City Atto	rney/OAACA	Official				
	Designated Agency Contact ((Name, Title)					
	46				Amendment (Must prov	ide evaluation in Port 2.1	
	Area Code/Phone Number	E-mail			_	200	
	(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	mation					
	Does the agency have a ticke	t policy?	Yes 🗵 No	☐ Face Value o	of Each Ticket/Pass \$	0	
	Event Description Warriors v	Cavaliers/Wa	atch Party	Date(s) 06	S <u>, 09 , 17 </u>	1 1	
	Event Description	Provide Title/Exp	lanation	Date(3)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of Source	~	
	MATERIAL CONTRACTOR CONTRACTOR						
	Was ticket distribution made a of agency official?	at the benest	No X Yes	☐ If yes:	Official's Name (Las	t, First)	
_	Desirients						
ა.	Recipients • Use Section A to identify the agence	y's department or	ual. • Use Section C to identify	an outside organization.			
	A. Name of Agency, Departme		Number of Ticket(s)/		olic purpose made pursuant to		
	The state of the s		Pass(es)				
No. of the last of	B. Name of Individua	Number of Ticket(s)/	Identify one of the following:				
	(LEST, 1 131)		Pass(es)	Ceremonial Role Other 🗵			
	Smith, Jamie R.			A PARAMETER STATE OF THE STATE	ial Role" or "Other" describe below:	Income	
			2	To provide incentives to City and County employees that provide services to the Authority.			
				Ceremonial Role		Income	
			ia .	If checking "Ceremon	iial Role" or "Other" describe below:		
			Number of				
-	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy		
	Verification I have read and understand FPPC Regul	lations 18044 1 and	18942 have un	rified that the distribution set for	orth shove is in secondance with the	ne requirements	
		10344. I dill	A TUSTE, I HAVE VE	imou mai me uismbullon sel 10	urur abuve, is ili acculudiice Wi(ii li	io requirernello.	
	Thave read and understand TTT of Regul)_		Deuleeu C'			
	Signature of Agency Head or Designee		Barbara J. F		Attorney/OAACA Officia		

Δ	P	ub	lic	D	oc	um	ent
		un		-		MILL	O 1 1 6

1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C	Coliseum Auth	ority			Form For Official Use Only	
	Division, Department, or Reg	ion (If Applicable	e)			For Official Ose Offiy	
	Barbara J. Parker, City Atto		Official				
	Designated Agency Contact	(Name, Title)					
					Amandment (Must a	rouido evolanation in Part 2 \	
	Area Code/Phone Number	E-mail			Amendment (wast pi	rovide explanation in Part 3.)	
	(510) 238-3815	bparker@oa	aklandcityatto	rney.org	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	mation				050.00	
	Does the agency have a ticke	t policy?	Yes 🗵 No		of Each Ticket/Pass \$ _		
	Event Description Roger Wa	ters		Dato(s) 6	, 10 , 17		
	Event Description	Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🛛 No	If no:	Name of So	urce	
	Was ticket distribution made a	at the behest	No ☑ Yes	☐ If voe:			
	of agency official?		140 M 163		Official's Name (L	_ast, First)	
3.	Recipients						
Ο.	Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	tify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy	
	B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following:			
	Hynes, Tricia			Ceremonial Role If checking **Ceremonial** Ceremonial** Ceremonial* Ceremonial	Other IX nial Role" or "Other" describe below:	Income	
			2	To provide incentives to City and County employees that provide services to the Authority			
	5				Other Initial Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pul	to the agency's policy		
1							
4.	Verification I have read and understand FPPC Regu	lations 18944 1 an	d 18942. I have ve	rified that the distribution set	forth above, is in accordance wit	th the requirements.	
	July Sally) 10544.1 dil	Barbara J. F		y Attorney/OAACA Offi		
	Signature of Agency Head or Designee		Print Name	е	Title	(Month, Day, Year)	
	Comment:						

						IN A 16 OF BUILDING THE THE SECURITIES AND AND AND ADDRESS OF THE SECURITIES AND ADDRESS OF THE			
1.	Agency Name				Date Stamp	California 802			
	Oakland-Alameda County C	Coliseum Auth	nority			Form OOZ			
	Division, Department, or Reg	ion (If Applicabl	e)		1	For Official Use Only			
	Barbara J. Parker, City Atto	rnev/OAACA	Official						
	Designated Agency Contact	35//			1				
	Area Code/Phone Number	IE-mail			Amendment (Must pi	rovide explanation in Part 3.)			
	(510) 238-3815	HIR CONSISS	aklandcityattori	nev.ora	Date of Original Filing: .	Month Day Voorl			
2	Function or Event Infor			,		(WOIIII, Day, Year)			
۷.	Does the agency have a ticket		Yes⊠ No□	1 Face Value o	of Each Ticket/Pass \$	312.50			
	Event Description Warriors v	Provide Title/Exp	lanation	Date(s)) 12 11				
	Ti-1-4/->/Dana/an) manyidad b	CA MUSE TO A STATE OF THE STATE		If no:					
	Ticket(s)/Pass(es) provided b	y agency?	Yes ☒ No ☐	1110	Name of Soc	urce			
	Was ticket distribution made a	at the behest	No ☒ Yes ☐] If ves:	Official's Name (L				
	of agency official?			, , , , , , , , , , , , , , , , , , , ,	Official's Name (L	.ast, First)			
3.	Recipients								
	Use Section A to identify the agence	y's department or	ual. • Use Section C to ident	ify an outside organization.					
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	ublic purpose made pursuant to the agency's policy				
			Pass(es)						
		400							
	B. Name of Individua	Number of Ticket(s)/		Identify one of the followi	ng:				
	(Last, First)		Pass(es)						
	Parker, Barbara J.			Ceremonial Role If checking "Ceremon	Other X	Income L			
	,,		2	To investigate the efficiencies of the operations of the various					
				sporting and other	events that occur at Co	oliseum Complex			
				Ceremonial Role	Other	Income			
			1	If checking "Ceremon	ial Role" or "Other" describe below:				
			Number of						
	C. Name of Outside Organ (include address and des		Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy			
			Pass(es)						
4.	Verification	L. F	440040 11		1.00 J 8 A B B	F. W			
	I have read and understand FPPC Regu	iations 18944.1 and							
	1 git st	<u> </u>	Barbara J. Pa	arker City					
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)			
	Comment								
	Comment:								

1.	Agency Name			Date Stamp	California 802			
	Oakland-Alameda County C	Coliseum Auth	nority			Form 002		
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only		
	Barbara J. Parker, City Atto	rney/OAACA	Official					
	Designated Agency Contact	(Name, Title)			1			
					Amendment (Must provide explanation in Part 3.)			
	Area Code/Phone Number	E-mail			Amendment (Must provid	de explanation in Part 3.)		
	(510) 238-3815	bparker@oa	aklandcityatto	rney.org	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Infor	mation						
	Does the agency have a ticke	t policy?	Yes 🛛 No [Face Value o	of Each Ticket/Pass \$	150.00		
	Event Description Poison			Date(s) 6	<u>, 13 , 17 </u>	1 1		
	Eveni Description	Provide Title/Exp	olanation	Date(3)				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🛛 No 🛭] If no:	Name of Source			
			Sec. 125					
	Was ticket distribution made a of agency official?	at the behest	No 🛛 Yes [If yes:	Official's Name (Last,	First)		
3.	Recipients • Use Section A to identify the agence	u's department or	runit allea Sact	ion B to identify an individu	ual a Uso Section C to identify a	an outside organization		
			Number of					
	A. Name of Agency, Department	ent or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
						III I I I I I I I I I I I I I I I I I		
	B. Name of Individua	Number of Ticket(s)/		Identify one of the following:				
	(Last, First)		Pass(es)		identity one of the following.			
	Moyoro Michalla			Ceremonial Role		Income		
	Meyers, Michelle		2	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that provide				
				services to the Auth		ployees that provide		
				Ceremonial Role	Other	Income		
					ial Role" or "Other" describe below:	2. 17 /2		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to t	he agency's policy		
	(Maidae address and acc	aripaon)	Pass(es)					
	Verification							
	I have read and understand FPPC Regul	lations 18944.1 and	d 18942. I have ven	fied that the distribution set fo	orth above, is in accordance with the	requirements.		
	Jan Jan		Barbara J. P	arker City	Attorney/OAACA Official			
	Signature of Agency Head or Designee		Print Name		Title	(Month. Day, Year)		
	Comment:							
	~ ~ (10) (10)							

1.	Agency Name					Date Stamp	California	* 802
	Oakland-Alameda County C	oliseum Auth	nority				For Officia	al Use Only
	Division, Department, or Reg	ion (If Applicabl	e)				, or ornore	in occ chiny
	Barbara J. Parker, City Attor	rney/OAACA	Official					
	Designated Agency Contact (1		
	Area Code/Phone Number	E-mail				Amendment (Must	provide explanation	in Part 3.)
	(510) 238-3815	bparker@o	aklandcityatt	orney.or	g	Date of Original Filing	:(Month, Day, Y	ear)
2.	Function or Event Infor	mation						THE SECOND SECON
	Does the agency have a ticke		Yes⊠ No		Face Value	of Each Ticket/Pass \$.		100.00
		100.			D (() 6	3 <u>,</u> 16 <u>,</u> 17	9	,
	Event Description Oakland A	Provide Title/Exp	olanation		Date(s)			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🛛 No		If no:	Name of S	ource	
	Was ticket distribution made a	at the behest	No ⊠ Yes		If ves:			
	of agency official?		Official's Name	(Last, First)				
3.	Recipients							
	Use Section A to identify the agence	dentify an individ	dual. • Use Section C to ide	ntify an outside org	ganization.			
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)		Describe the pu	blic purpose made pursuar	nt to the agency's	policy
				v				
	B. Name of Individual Number o					Identify one of the follow	wing:	b
	(Last, First)		Pass(es)					
	Forte, Mark				Ceremonial Role	Other X onial Role" or "Other" describe below	*	Income
	Torte, Mark		2	To provide incentives to City and County employees that provide				
				services to the Authority				
						Other Donial Role" or "Other" describe below	ê	Income
	C. Name of Outside Orgar	nization	Number of Ticket(s)/		Describe the pu	public purpose made pursuant to the agency's policy		
	(menue address and dec	scription,	Pass(es)					
	Verification	lations 18044 1 or	nd 18942 have u	verified that	he distribution set	forth above is in accordance	with the requirement	<u> </u>
	Thave read and understand FFFC Regu	าลแบบร 10944.1 Al		verified that the distribution set forth above, is in accordance with the requirements.				
	Con John		Barbara J.		Cn	ty Attorney/OAACA O		5/30/2017 onth. Day, Year)
	Signature of Agency Head or Designee		Print Nai			Title		-

Λ	Pu	h	in	D	00		20	or	24	
A	гu	U	16	\boldsymbol{L}	OC	uı		CI	Įξ	

4	AName				Date Stamp	California	000
1.	Agency Name	20 20 20	7407		Date Stamp	Form	802
	Oakland-Alameda County C					For Official	Use Only
	Division, Department, or Regi	i on (If Applicable))				
	Barbara J. Parker, City Attor	rney/OAACA	Official				
	Designated Agency Contact (Name, Title)			1		
	Area Code/Phone Number	E-mail			Amendment (Must p		
	(510) 238-3815		klandcityattori	ney.org	Date of Original Filing:	(Month Day Ye	ar)
2	Function or Event Infor	1			11/1	(mornin, buy, ro	
7.6	Does the agency have a ticke		Yes⊠ No□	T Face Value o	of Each Ticket/Pass \$ _		100.00
	1.500						
	Event Description Oakland A	Provide Title/Expl	lanation	Date(s)	<u>, 17 , 17</u>		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No□] If no:	Name of So	ource	40
	Was ticket distribution made a	at the behest	No ☒ Yes □] If yes:	Official's Name (
	of agency official?			_ ,	Official's Name ((Last, First)	
3	Recipients						
٠.	Use Section A to identify the agence	y's department or	unit. • Use Secti	on B to identify an individ	ual. • Use Section C to ider	ntify an outside orga	anization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's p	olicy
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the following:		
	(Lest, First)		Pass(es)				
	Davisar Porbara I			Ceremonial Role	Other Other or "Other" describe below:		Income
	Parker, Barbara J.		2	To investigate the	efficiencies of the ope events that occur at C	erations of the v	various olex
				Ceremonial Role	Other		Income
					nial Role" or "Other" describe below:		
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	olic purpose made pursuan	nt to the agency's p	oolicy
	(include address and des	scription	Pass(es)				
	Ä						
			-				
4.	Verification I have read and understand FPPC Regu	ulationa 49044 4	d 18042 hours were	fied that the distribution set	forth above is in accordance w	vith the requirements	
	I nave read and understand FPP6 Regu	nauuns 10944.1 AN					
	1 m Jah	\simeq $-$	Barbara J. P	arker City	y Attorney/OAACA Of		30/2017 hth. Day, Year)
	Signature of A <mark>gency Head or Designee</mark>	1	Print Name		Title	(WO)	50), 1001)
	Comment:						
	O ULTITUDE CO						

I. Aç	gency Name				Date Stamp	California	802	
Oa	akland-Alameda County C	Coliseum Auth	ority			Form For Official U	se Only	
Div	vision, Department, or Reg	ion (If Applicable	•)		1	Poi Official o	se Only	
Ba	arbara J. Parker, City Atto	rnev/OAACA	Official					
	signated Agency Contact		700 CHEAN CONTRACT		1			
A 10	ea Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in I	Part 3.)	
	10) 238-3815	bparker@oa	klandcitvatto	rnev.org	Date of Original Filing: .	(Month, Day, Year	1	
	unction or Event Infor		and rate of the same			(World), Day, Tear	/	
	es the agency have a ticke		Yes⊠ No	□ Face Value o	of Each Ticket/Pass \$ _		100.00	
					<u>,</u> 18 <u>,</u> 17			
Ev	ent Description Oakland A	Provide Title/Expl	anation	Date(s)		/	/	
		S 525275 *V		If no:				
Tic	ket(s)/Pass(es) provided b	y agency?	Yes 🛛 No		Name of So	urce		
Wa	as ticket distribution made a	at the behest	No ☒ Yes	☐ If ves:				
	f agency official?			,	Official's Name (I	Last, First)		
R. Re	ecipients							
• U	se Section A to identify the agenc	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	tify an outside organ	ization.	
A. Name of Agency, Department or Unit			Number of Ticket(s)/	Describe the pul	lic purpose made pursuant to the agency's policy			
			Pass(es)					
-								
27.00			Number of					
B.	Name of Individu (Last. First)	al	Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
			Pass(es)	Ceremonial Role	Other 🛛		Income	
Oı	rtiz, Celso			If checking *Ceremon	nial Role" or "Other" describe below:			
			2		es to City and County	employees tha	t provide	
-	4000			services to the Aut				
				7086 NO 100 CONTO 111 NOTES	Other D		Income	
				ir checking Ceremon	nial Role" or "Other" describe below:			
	N of Outoide Oran	al-ation	Number of					
C.	Name of Outside Organ (include address and de		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's po	olicy	
				Entrangement of State St				
_								
	erification ve read and understand FPPC Regu	lations 19044 1 on	4 18042 have ve	orified that the distribution set	forth above is in accordance wi	th the requirements		
i na	ve read and understand FPPC Regu	10944.1 and					0/0017	
-	(al for	Me	Barbara J. I		y Attorney/OAACA Off		0/2017 . Day, Year)	
	Signature of Agency Head or Designer	9	Print Nam	e ·	inte	IMONIT	. Day, (eat)	
Co	omment:							
~ ~ ~						makes and a second of the seco		

						A I ubile bocument
1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	Coliseum Auth	nority			Form 002
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Barbara J. Parker, City Attor	rnev/OAACA	Official			
	Designated Agency Contact (HT/0				
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(510) 238-3815	bparker@oa	aklandcitvatt	ornev ora	Date of Original Filing:	
_	Function or Event Infor		anianaonyan	omey.org		(Month, Day, Year)
	Does the agency have a ticker		V E N	□ Face Value o	f Each Ticket/Pass \$	80.00
		7-71 • 150	Yes⊠ No			
	Event Description Oakland A	Provide Title/Expl	Astros	Date(s)6		
			iariatiori			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🛛 No	☐ If no:	Name of Source	ce
	Was ticket distribution made a	t the behest	No ⊠ Yes			
	of agency official?	t the beneet	NO 🔼 TES	□ If yes:	Official's Name (La	st, First)
	Recipients					
	Use Section A to identify the agency	's department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Departme		Number of		lic purpose made pursuant to	
			Ticket(s)/ Pass(es)	Describe the publ	ne purpose made pursuant to	the agency's policy
-						
	B. Name of Individua		Number of Ticket(s)/		Identify one of the following	
	(Last, First)		Pass(es)		racinity one of the following	
	Yuen, Alan			Ceremonial Role	Other X	Income
	Taon, man		2	132	es to City and County e	mnlovees that provide
				services to the Auth		imployees that provide
				Ceremonial Role	Other	Income
				If checking "Ceremonia	al Role" or "Other" describe below:	
1	Name of Outside Organi	zation	Number of			
	(include address and desc		Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	the agency's policy
-						
,	Verification					
	have read and understand FPPC Regula	tions 18944.1 and	18942. I have vei	rified that the distribution set for	th above, is in accordance with H	he requirements
	B. 0(2)		Barbara J. F			
234	Signature of Agency Head or Designee		Print Name		Attorney/OAACA Officia	
			annocalitati teriliki		rius	(Month. Day, Year)
(Comment:	Yi				

1.	Agency Name		Date Stamp	California 802			
	Oakland-Alameda County C	Coliseum Auth	ority			Form For Official Use Only	
	Division, Department, or Reg	ion (If Applicable	•)			Tor Official Occ Office	
	Barbara J. Parker, City Atto	rney/OAACA	Official				
	Designated Agency Contact	24-1-1					
	Area Code/Phone Number	E-mail			Amendment (Must prov	vide explanation in Part 3.)	
	(510) 238-3815	bparker@oa	klandcityatto	rney.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation				22.22	
	Does the agency have a ticke		Yes 🛛 No [of Each Ticket/Pass \$		
	Event Description Oakland A	's v. Houston	Astros	Date(s) 6	<u>, 21 , 17 </u>	1 - 1	
	Event Description	Provide Title/Expl	anation	Date(s)			
	Ticket(s)/Pass(es) provided b	y agency?	Yes⊠ No[☐ If no:	Name of Source	***	
			Name of Source	oe .			
	Was ticket distribution made a of agency official?	at the behest	If yes:	Official's Name (La	st, First)		
3.	Recipients • Use Section A to identify the agence	v's denartment or	unit • Use Sec	tion B to identify an individu	ual. ● Use Section C to identif	y an outside organization.	
		all was a wind of	Number of		olic purpose made pursuant to		
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe trie pur	nic purpose made pursuant to	the agency 5 poney	
	The second secon		Number of				
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the following:		
	, and the second		rass(es)	Ceremonial Role	Other 🛛	Income	
	Sotelo, Amadis			If checking *Ceremon	nial Role" or "Other" describe below:		
	,		2		To provide incentives to City and County employees that provide services to the Authority		
	1-p						
					Other Inial Role" or "Other" describe below:	Income	
					# T		
	Name of Outside Organ	nization	Number of Ticket(s)/	Describe the nut	olic purpose made pursuant to	o the agency's policy	
	(include address and des	scription)	Pass(es)	Describe the par	me purpose made parodant i	y dio ugono) o pono,	
1.	Verification						
	I have read and understand FPPC Regu	ulations 18944.1 and	d 18942. I have ve	rified that the distribution set t	forth above, is in accordance with	the requirements.	
	Du Jo	al	Barbara J. F	Parker City	y Attorney/OAACA Offic	cial 06/30/2017	
	Signature of Agency Head or Designee	*	Print Name	9	Title	(Month. Day, Year)	
	0						
	Comment:						

_						Sant Boodinone			
1.	Agency Name				Date Stamp	California 802			
	Oakland-Alameda County C	Coliseum Auth	nority			Form OUZ			
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only			
	Barbara J. Parker, City Atto	rnev/OAACA	Official						
	Designated Agency Contact			75					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)			
	(510) 238-3815	and the second second	aklandcityatt	orney ora	Date of Original Filing: _				
)	Function or Event Infor		amandonyan			(Month, Day, Year)			
	Does the agency have a ticke		Vaa 🔽 Na	□ Face Value o	f Each Ticket/Pace \$	80.00			
			Yes X No						
	Event Description Oakland A	Provide Title/Exp	l ASTOS	Date(s)6					
	T. I. (1. 1/D								
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	☐ If no:	Name of Sou	rce			
	Was ticket distribution made a	Was ticket distribution made at the behest No ☒ Yes ☐ If yes:							
	of agency official?		110 🖭 100	П усо	Official's Name (Last, First)				
	Recipients								
	 Use Section A to identify the agency 	y's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.			
	A. Name of Agency, Departme	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant t	to the agency's policy				
1			Pass(es)						
-			Alt						
	Name of Individua	ı	Number of Ticket(s)/		Identify one of the following	ıg:			
-			Pass(es)	Ceremonial Role	7 ot 🔽				
	Parker, Barbara J.			CONTROL OF THE PROPERTY OF THE	al Role" or "Other" describe below:	Income			
			2						
				sporting and other e	events that occur at Co	liseum Complex			
				Ceremonial Role		Income			
				If checking "Ceremonia	al Role" or "Other" describe below:				
-	Name of Outside Organi	zation	Number of	Spille Some Spiller					
-	(include address and desc		Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	Form For Official Use Only Amendment (Must provide explanation in Part 3.) the of Original Filing:			
_									
_	/erification								
		ations 18944.1 and	18942. I have ver	rified that the distribution set for	th above, is in accordance with	the requirements			
	Dave Ich	7	Barbara J. F			2000 CO			
9-	Signature of Agency Head or Designee		Print Name						
					Ambridadi'	imonth buy, rour			
(Comment:								

1							
4 4	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C					For Official Use Only	
	Division, Department, or Regi	on (If Applicable	9)				
	Barbara J. Parker, City Attor	r, City Attorney/OAACA Official					
	Designated Agency Contact (Name, Title)					
					Amendment (Must pr	rovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			-		
	(510) 238-3815	bparker@oa	aklandcityatto	rney.org	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	nation		100000		90.00	
	Does the agency have a ticke		Yes⊠ No[of Each Ticket/Pass \$		
	Event Description Oakland A	's v. Atlanta E	Braves	Date(s)6			
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of Sou	urce	
	Was ticket distribution made a	t the behest	No ☒ Yes	☐ If yes:	Official's Name (L		
	of agency official?				Official's Name (L	.ast, First)	
3.	Recipients						
	Use Section A to identify the agence	y's department or	ual. • Use Section C to ident	ify an outside organization.			
	A. Name of Agency, Department	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuant	to the agency's policy	
	B. Name of Individual		Number of		Identify one of the following:		
		al	Ticket(s)/		Identify one of the follow	ing:	
	D. (Last, First)	al		Coromonial Pole			
	(Last, First)	al	Ticket(s)/ Pass(es)		Other Maial Role" or "Other" describe below:		
		al	Ticket(s)/	If checking "Ceremo To provide incentiv	Other inial Role" or "Other" describe below: yes to City and County		
	(Last, First)	al .	Ticket(s)/ Pass(es)	If checking "Ceremo To provide incentive services to the Aut	Other Other or "Other" describe below: ves to City and County hority	Income C	
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo To provide incentive services to the Auto Ceremonial Role	Other Other or "Other" describe below: ves to City and County hority	Income	
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo To provide incentive services to the Auto Ceremonial Role	Other Other Other Other Other Other describe below: yes to City and County hority Other Other	Income C	
	(Last, First)	nization	Ticket(s)/ Pass(es)	If checking "Ceremo To provide incentive services to the Autorial Role If checking "Ceremo	Other Other Other Other Other Other describe below: yes to City and County hority Other Other	employees that provide	
	Qian, Kent Name of Outside Organ	nization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremo To provide incentive services to the Autorial Role If checking "Ceremo	Other Ot	employees that provide	
	Qian, Kent Name of Outside Organ	nization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremo To provide incentive services to the Autorial Role If checking "Ceremo	Other Ot	employees that provide	
4.	Qian, Kent C. Name of Outside Organ (include address and des	nization scription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremo To provide incentive services to the Autority Services Services to the Autority Services	Other Other Other Other Other describe below: Other describe below: Other Other Other Other Other Other Other Other describe below: Other or "Other" describe below:	employees that provide Income	
4.	Qian, Kent Name of Outside Organ (include address and des	nization scription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremo To provide incentive services to the Autority Services Services to the Autority Services	Other Other Other Other Other describe below: Other describe below: Other Other Other Other Other Other Other Other describe below: Other or "Other" describe below:	employees that provide Income	
4.	Qian, Kent C. Name of Outside Organ (include address and des	nization scription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremo To provide incentive services to the Automorphism of the Automorph	Other Other Other Other Other describe below: Other describe below: Other Other Other Other Other Other Other Other describe below: Other or "Other" describe below:	employees that provide Income	

•				
Agency Report of:				
Ceremonial Role Events and Tid	:ket/Pass	Distributions		A Public Document
1. Agency Name	Name of the Party		Date Stamp	economic to vayo
Oakland Alameda County Coliseum Auth	ority			阿勒斯里 ·沙兰
Division, Department, or Region (II Applicab)	The state of the s			For Official Use Only
Scott Haggerly, OACCA Commissioner				
Designated Agency Contact (Name, Title)			-	
,				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Patt 3.)
	erson@acgo	v.org	Date of Orlginal Filing:	(Konlh, Dey, Year)
2. Function or Event Information	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	N. Y. L. L. S. C. L.	ALL CANADA CANAD	217 (7)
Does the agency have a licket policy?	Yes 🗵 No	☐ Face Value of	of Each Ticket/Pass \$	716130
Event Description WARRING TIME/Exp	FINAL	Date(s)		
		1 9	5/1)	
Ticket(s)/Pass(es) provided by agency?	Yes 🗵 No	If no:	Name of Soi	urce
Was ticket distribution made at the behest	No ☐ Yes	⊠ If yes: Hagg	erly, Scott	
of agency official?	,,,		Official's Ramo (L	.osi, Firsi)
3. Recipients • Use Section A to Identify the agency's department or	unit. PUso Sec	tion 2 to kientify an individu	ual. • Use Section G to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)! Pass(os)		olic purpose made purauant	
	1	To reward a Cou	nty employee for his	or her
		exemplary service	e to the public or to	encourage
		staff developme	nt	
				7
B. Namo of Individual (Lov. Fin)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
Jennifer Lillard	2		te attendance at a c order to maximize p	
			e for concession and	
	-	Caremonial Role	Olher 🗌	Incomo 🗌
			let Reint or "Other" deseable helem.	
Example of the Control of the Contro	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			# 15 com - 1	
4. Verification		NEWS SELECTED STREET, ST. S. C. ST. SELECTED SELECTED STREET, ST.	on the CLAS PORT SET THE SET OF T	TO A STATE OF THE
Theye road and understand FPPC Regulations 18544.1 and				the requirements,
	Lee Ann Fer		Supervisors Assistant	10/1/11
Signaturo di Agonty Heelt of Dasignao	Pust Nan o	£:	71176	(mergin, Day Year)

Comment: _

Agency Report of: Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
Agency Name Oakland Alameda County Coliseum Auth Division, Department, or Region (II Applicable Scott Haggerly, OACCA Commissioner	ority	make make dan personang APP section septembal dan dalah dan	Date Stamp	For Official Use Only
Designated Agency Contact (Name, Tille)				
Area Code/Phone Number E-mail	rson@acgo\	/.org	Date of Original Filing:	(Monlii, Day, Year)
2. Function or Event Information Does the agency have a ticket policy? Event Description Provide Tille/Expt Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?	Yes⊠ Nol enation Yes⊠ Nol No⊡ Yesi	Date(s)	f Each TickeVPass 5 L,	
3. Recipients • Use Section A to Monthly the agency's department or	unil. » Use Sec	tion B to identify on Individu	al. • Usa Saction C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)! Pass(ss)	Describe the publ	lic purpose made pursuent	to the agency's policy
			sight of facilities or e y funding or suppor	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
Scott Hargerty,	2	County's	e contribution of a fac goals for fostering art ent opportunities for C	s, culture and
		Ceramowal Role II chasking "Ceramon"	Other at Role or Other desence below	Incomo 🗌
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
		To Reward a school of lts contributions to the	or nonprofit organization he community.	1 for
		de CHEADAIGH ANN ANN ANN ANN ANN ANN ANN ANN ANN AN	Control Control to the control to th	concentration Co. Biochiech lead Services year your minute SCA Per Participation
Verification There conford understand FPPC Requiritions 16944.1 and Synntano of Agree; Help of Distingui	18942. I have ve Lee Ann Ferd Post Name	gerson	nth above, is in accordance wit Supervisors Assistant	(Adam, Of s. Year)

	gency Report of: eremonial Role Events and Ticl	(et/Pass	Distributions		A Public Document
media.	Agency Name Oakland Alameda County Colliseum Author		The second process of	Date Stamp	e moine 18 0 22
	Division, Department, or Region (II Applicable)			-	For Official Use Only
	Scott Haggerly, OACCA Commissioner				
	Designated Agency Contact (Name, Title)				
				Amendment (Most po	cylde explanniion in Part 3.)
	Area Code/Phone Number E-mail	rson@acgo\	r.org	Date of Original Filing:	(Konlli, Day, Year)
2.	Function or Event Information				312 50
	Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$ _	712.00
	Event Description Provide Tille/Expla	nation	Date(s)		
	Ticket(s)/Pass(es) provided by agency?	Yes 🕅 No	If no:	Nama of Squ	
		1000	Hand		исе
	Was ticket distribution made at the behest of agency official?	No ☐ Yesi	XI If yes: 11498	Olficial's Name (L	osi, Firsi)
3.	Recipients • Uso Section A to Identify the agency's department or u	mil. » Use Sec	tion B to identify an individu	uzl. • Use Section C to ident	ily an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(as)	Describe the pub	lic purpose made pursuent	to the agency's policy
	,			sight of facilities or o	
	B. Name of Individual	Number of Ticket(9)/ Pass(88)		Identify one of the followi	
	DOMONIC Trampelli	2	event in	e attendance at a co order to maximize p for concession and	otential county
			Coremonial Rola Hichasting Coremonia	Other Other Role or Other describe helow.	lncomb 🗌
	C. Name of Outside Organization (include address and description)	Number of Tickel(s)/ Pass(os)	Describe the pub	lic purpose made pursuant	to the agency's policy
			To Reward a school of the contributions to t	or nonprofit organization he community.	
4.	Verification Ideale read and understand Reservagulations 18944.1 und L Signature of Appears Fleed or Designed	18942. I have ve ee Ann Fer	gerson	onti abore, is in accordance wit Supervisors Assistant 50%	th the requirements, (A.1.2.1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4

			,	Date Stamp	CEMINATEL (3)(0)(2)
Oaldand Alameda County C	·		TO THE PROPERTY OF THE PARTY OF THE PARTY.		THORIT CACALL
Division, Department, or Regi	, ,,				For Official Use Only
Scott McKibben, OACCA Ex		*******			
Designated Agency Contact (Name,Tille)				
Area Code/Phone Number	E-mall			☐ Amendment (Musi F	Provide Explanation in Part 3.)
510,383,4801	smckibben1@gm	ail.com		Date of Original Filing:	(nionih, day, year)
Function or Event Infor	nation		· · · · · · · · · · · · · · · · · · ·		.1
Does the agency have a tick	et policy? Yes	⊠ No∏ F	ace Value of I	Each Ticket/Pass \$ _	at Willy and
Event Description: Warriors	2016 Season		Dale(s)	Lat. 1 - 6 1 (e)	thyle,
	Provide Hille/Expl	analien			and the second s
Tickel(s)/Pass(es) provided I	by agency? Yes	☑ No ☐ Ⅱ	i no:	Name of Source	
Was licket distribution made of agency official?	at the behest Yes	□ No⊠	(yes:	Official's Name (Lest, First)	
Recipients Use Section A to identify the agence	y's department or unit.		idenlify an Individ	ual, * Use Section C to iden	tify an outside organization,
A. Hame of Agency, Depar	tment or Unit	Number of Tickel(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
		Hunsber		Constitution and an advantage of the constitution of the constitut	
***	1-1		1	Identify one of the f	
17. Name of Institu		of Ticket(s)/ Passas	l		ollowing:
			II chacki To investigat	onial Role Other Di ng 'Ceramanal Role' er 'Other' da e the efficiencies of th	Income [
(Lasi, First		Possos SEC,	II chach To investigat sporting and Cerent	onial Role Other Di ng 'Ceramanal Role' er 'Other' da e the efficiencies of th	tnconne ☐ conhe below; ne operations of various ur at Coliseum Complex Incone ☐
(Lasi, First	panization	Possos SEC,	II chacks To investigat sporting and Ceremo	onial Role Other Ding 'Commontal Role' or 'Other' da e the efficiencies of the Other events that occurial Role Other Other ag 'Commontal Role' er 'Other' da	tnconne ☐ conhe below; ne operations of various ur at Coliseum Complex Incone ☐
Mckibben, Scott	panization	Possos SEL, AHCCIUC	II chacks To investigat sporting and Ceremo	onial Role Other Ding 'Commontal Role' or 'Other' da e the efficiencies of the Other events that occurial Role Other Other ag 'Commontal Role' er 'Other' da	theonic theonic technologies the operations of various the operations of various the operations of various the operation of various the operatio
Mckibben, Scott	panization	Possos SEL, AHCCIUC	II chacks To investigat sporting and Ceremo	onial Role Other Ding 'Commontal Role' or 'Other' da e the efficiencies of the Other events that occurial Role Other Other ag 'Commontal Role' er 'Other' da	theonic theonic technologies the operations of various the operations of various the operations of various the operation of various the operatio
(Lest, First) MclGibben, Scott C. Hame of Outside Org	panization	Possos SEL, AHCCIUC	II chacks To investigat sporting and Ceremo	onial Role Other Ding 'Commontal Role' or 'Other' da e the efficiencies of the Other events that occurial Role Other Other ag 'Commontal Role' er 'Other' da	theonic theonic technologies the operations of various the operations of various the operations of various the operation of various the operatio
(Last, First McKibben, Scott C. flame of Outside Org finclude address and d /erification have read and understand FER	pantzatlon lescription)	Posses SLL, AHARCHUY Humber of Heltel(s)/ Passes	Il checks To investigat sporting and Cerent Il checks Describe the	ental Role Other Ding Commontal Role Other et the efficiencies of the other events that occuring Role Other events that occuring Commontal Role Other day of Commontal Role or Other day of Commontal Role of Commontal Rol	theonic theonic technologies the operations of various the operations of various the operations of various the operation of various the operatio
(Last, First) Mck(ibben, Scott G. Hame of Outside Org (include address and d	pantzatlon lescription)	Posses SLL, AHARCHUY Humber of Heltel(s)/ Passes	Il checks To investigat sporting and Cerent Il checks Describe the	ental Role Other Ding Commontal Role Other et the efficiencies of the other events that occuring Role Other events that occuring Commontal Role Other day of Commontal Role or Other day of Commontal Role of Commontal Rol	theonic Combo below: The operations of various or the complex of

Warriors

2017 Finals

Scott McKibben

•	Warriors v Cavs	6.1.17	(4) tickets	\$312.50
•	Warriors v Cavs	6.4.17	(4) tickets	\$312.50
•	Warriors	6.12.17	(4) tickets	\$312.50

Agency Report of: Ceremonial Role Ever	ifa and Tinl				
1. Agency Name	ire altri 11CM	eupass Di	stributions	Ą	Public Document
Oakland Alameda County (itv		Date Stamp	Company of the Control of the Contro	
Division, Department, or Reg	ion (if applicable)	···y		_	For Official Use Only
Chris Dobbins, OACCA Cor	nmissioner				ror Diricial Use Only
Designated Agency Contact	Name, Tille)	and the state of t		-	
C				The state of the s	
Area Gode/Phone Number	E-mall	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************	L. Amendment (Musif	yovidə Explanation in Parl 3.)
510.383,4801	chrisdobbins@	oaklandnel.co	m ·	Date of Original Filing:	
2. Function or Event inform					(nienih, day, year)
Does the agency have a tick	et policy?	es⊠ No∐	Face Value of I	Epch TickeVPass \$	00 attached
Event Description: Warriors t			Date (-)	ll_ at	La de de de la constante de la
Tipleatin) Manufacture at the second	Provide Tille/E		Dale(s)	<u> </u>	ache
Ticket(s)/Pass(es) provided b		es⊠ No□	lf no:	Name of Source	
Was ticket distribution made a	Il the behest vi	as El Model	If yes;		
of agency official?	,	20 m 140 m		Official's Nume (Last, First)	
Recipients Use Section A to identify the agency A. Name of Agency, Departs	depirtment or unit	· Use Section B (Number of Tickel(s)	i	d. · Use Section C to identif public purpose made purat	
B. Name of Individu (Lasi, Firsi)	al .	Number of Tickef(s)/ Pagess		identify one of the folio	owing;
Dobblins, Chris		2 per	to investigate e	on Role \(\) Other \(\overline{\ov	an atriviti
		game	Ceremonia		
C. Namo of Outside Organiz (Include address and descr	ation iptiun)	Number of Ticke((e)/ Passon	Describe the pul	pije balbose urago balensu	t to the agency's policy
					,
/erification		-		The second secon	
have read end understand FPPC Re	gulalians 18944.:	f and 18942. [1]	leve verified that th	te distribution set forth a	hove, is in accordance
	Chris	Dobbins	OACO	A Commissioner	0.17
Signature of Agerty Head or Designed		Vama		Tille	October 2016 (month, day, year)
lomment:					a must sade komb

Warriors

2017 Finals

Chris Dobbins

•	Warriors v Cavs	6.1.17	(2) tickets	\$312.50
•	Warriors v Cavs	6.4.17	(2) tickets	\$312.50
	Warriors Watch	6.7.17	(2) tickets	0.00 /Free
	Warriors Watch	6.9.17	(2) tickets	0.00 / Free
•	Warriors	6.12.17	(2) tickets	\$312.50

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Collseum Authority Form For Official Use Only Division, Department, or Region (If applicable) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Musi Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510.383.4801 idelafuente2012@gmail.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: Warriors Basketball 2016-17 Season Provide Tille/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No 🗌 If no: Was ticket distribution made at the behest Yes ☐ No 图 If yes: . Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes in Cercmonial Role Other 🗵 De La Fuente, Ignacio If thanking "Ceremonial Role" or "Other" describe below: 2 per to investigate the efficiencies of the operations of the various sporting and other events at Coliseum Complex Ceremonial Roje Other 🔲 Income 🔲 If checking "Ceremonial Role" or "Other" describe below: game Name of Outside Organization (Include address and description) Describe the public purpose made pursuant to the agency's policy of Ticket(e)/ 4. Verification PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance i have read/arid understand F with the regulirements, Ignacio De La Fuente **OACCA Commissioner** 01.20.17 Print Name Title (month, day, year) Comment:

Warriors

2017 Finals

Ignacio De La Fuente

	Warriors v Cavs	6.1.17	(2) tickets	\$312.50
•	Warriors v Cavs	6.4.17	(2) tickets	\$312.50
•	Warriors Watch	6.7.17	(2) tickets	0.00 /Free
•	Warriors Watch	6.9.17	(2) tickets	0.00 / Free
•	Warriors	6.12.17	(2) tickets	\$312.50

1	. Agency Name	yang pang pang mang mengang pang pang pang pang pang pang pang	a annua ann an Air an Aireann an	Date Stamp	California 802	
	Oakland Alameda County Colis Division, Department, or Region (If Applicable		city		For Official Use Only	
	Yui Hay Kee, Commissioner			No. of the second secon		
	Designated Agency Contact (Name, Title)					
				F 4		
	Area Code/Phone Number E-mail		A Company of the Comp	LI Amendment (Musi	provide explanation in Part 3.)	
	(510) 836-6688 YuiHay	@YHLA.net		Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Information	CONTRACTOR	er version () to the least the second of th		77 (2006)	
	Does the agency have a ticket policy?	Yes□ No□	Face Value o	of Each Ticket/Pass \$.	A trans	
	Event Description Warner Tiller Exp.	Dlay(Date(s)	later TBI	550	
	Ticket(s)/Pass(es) provided by agency?	Yes No L	If no:	Neme of S	ource	
	Was ticket distribution made at the behest of agency official?	No ☐ Yes ☐	If yes:	Official's Neme	(Last, First)	
3.	Recipients - Use Section A to identify the agency's department or	unit. • Use Section	ın B to identify an individu	ıal. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Tickel(s)/ Pass(es)	Describe the pub	the public purpose made pursuant to the agency's policy		
	Yui Hay Lee, Commissioner	2	#3			
· ·	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	rescon research states and research of the state of the s	Identify one of the follow	ving:	
		7 233(23)	Ceremonial Role Checking "Covernani	Other	income 🔲	
			Ceremonial Role [Other st Role" or "Other" describe below:	Income 🔲	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuan	t to the agency's policy	
	verification.	e ago de gas aconstante do integral do Stato aconse esta				
í	have real and understant DPPC Regulations 18944.1 and Yu:	18942. I have verilie i Hay Lee		rth above, is in accordance w CCA Commission	th the requirements. $4/26/17$	
	Signature of Manay Poset or Designee Commy@rif;	Print Name		Tille	(Month, Gay, Year)	
	nd .				FPPC Form 802 (4/12)	

Warriors

2017 Finals

Yui Hay Lee

•	Warriors v Cavs	6.1.17	(2) tickets	\$312.50
•	Warriors v Cavs	6.4.17	(2) tickets	\$312.50
•	Warriors Watch	6.7.17	(2) tickets	\$0.00/Free
•	Warriors Watch	6.9.17	(2) tickets	\$0.00/Free
•	Warriors	6.12.17	(2) tickets	\$312.50

.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp Oakland Alameda County Collseum Authority For Cificial Use Only Division, Department, or Region (If Applicable) Scott Haggerly, OACCA Commissioner Designated Agency Contact (Neme, Tille) Amendment (Hast provide explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510.272.6691 leeann_lergerson@acgov.org (Month, Day, Year) 2. Function or Event Information 00,00 Does the agency have a ticket policy? Yes⊠ No□ **Event Description** Provide Tille/Explanation Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 Name of Source Haggerly, Scott Was ticket distribution made at the behest No ☐ Yes 🗵 Olaciors (Venio (Los), First) of agency official? 3. Recipients • Use Section A to Mentily the agency's department or unit. • Use Section B to Identify on Individual. • Use Section C to Mentify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(9)i Pass(88) To obtain oversight of facilities or events that have received county funding or support Number of Ticket(e)i Pass(ee) Name of Individual В. Identify one of the following: To promote attendance at a county sponsored Alfonso Garcia event in order to maximize potential county revenue for concession and parking sales Incomo 🔲 Ceremonial Role 🔲 Olhar 🔲 If chesidae "Care:no-vial Rolls" or "Other" describe helow. Number of Ticket(s)! Pass(es) Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (include address and description) To Reward a school or nonprofit organization for Its contributions to the community. Verification Mons 16944.1 and 18942. Hove verified that the distribution set logic above, is in accordance with the requireme

Lee Ann Fergerson

Pari Harw

Comment:

Supervisors Assistant

Tille

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp 1. Agency Name Oakland Alameda County Colliseum Authority For Official Use Only Division, Department, or Region (If Applicable) Scott Haggerly, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510,272,6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass 3 Does the agency have a ticket policy? Yes 🗵 No 🗌 **Event Description** Provide Tille/Explanation Ticket(s)/Pass(es) provided by agency? Yes 🔯 No 🗀 Name of Source Haggerly, Scott Was ticket distribution made at the behest No ☐ Yes 区 Official's (lenna (Los), First) of agency official? 3. Recipients . Use Section A to identify the agency's department or unit. . . Use Section B to identify an individual. . . Use Section G to identify an autoide organization. Number of Describe the public purpose made pursuent to the agency's policy Name of Agency, Department or Unit Tickel(s)i Pass(ss) To obtain oversight of facilities or events that have received county funding or support Number of Name of Individual В. identify one of the following: Ticket(s)/ Preside) , To promote attendance at a county sponsored Kwin Lucas event in order to maximize potential county revenue for concession and parking sales lucoma 🔲 Olher 🔲 Ceremonial Role If checking "Commowlet Role" or "Other" describe helow. Number of Ticket(b)/ Name of Outside Organization Describe the public purpose made pursuent to the agency's policy C. (include address and description) Pasc(cc) To Reward a school or nonprofit organization for Its contributions to the community. Ver#ica PPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Supervisors Assistant

Lee Ann Fergerson

Pres Nama

Signaturo of Appecy

Comment:

110

Agency Report of:

Ceremonial Role Events and Tr	cketrass	Distributions		A Public Document
1. Agency Name		AND STATE OF THE PARTY OF THE P	Date Stamp	-cenoms (8,0)5)
Oakland Alameda County Collseum Au	lhority			
Division, Department, or Region (II Applica	b!s)		1	For Official Use Only
Scott Haggerly, OACCA Commissioner				
Designated Agency Contact (Name, Title)				
*				
Area Code/Phone Number E-mail			Amendment (Must pr	cylle explanation in Part 3.)
510.272.6691 leeann.ferg	gerson@acgo	v.org	Date of Original Filing: -	(Month, Day, Year)
2. Function or Event Information		AND DESCRIPTION OF THE PERSON NAMED IN COLUMN	de del de la company de la com	2000
Does the agency have a licket policy?	Yes 🗵 No	<u> </u>	of Each Ticket/Pass \$	220,00
Event Description ROGERWATE	TRS	Date(s)	2,10,17	
Provide Tilleies	planation	Col	$\leq (1)$	
Ticket(s)/Pass(es) provided by agency?	Yes 🗵 No	If no:	Name of Squ	//TG
Notes the leaf distribution made at the halored	-	⊠ If yes; Hagg		100
Was ticket distribution made at the behest of agency official?	No ☐ Yes	If yes: 11098	Oliciol's Name (L	osi, Firal)
3. Recipients		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TO THE OWNER, THE	NEW TOWNS THE PROPERTY OF THE PROPERTY OF THE PARTY OF TH	Commence and the second
 Use Section A to Identify the agency's department of 	orunii. » Use Sec	tion B to identify on Individu	val Vae Section C to identi	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)! Pass(es)	Describe the pub	lic purposa mada pursuant	to the agency's policy
•		To obtain overs	sight of facilities or e	events that have
		received count	y funding or support	t
D Name of Individual	Number of			
B. Namo of Individual	Ticket(9)/ Pass(88)		Identify one of the following	ng:
Dominic Martin -Balago	7 2	event in o	e atlendance at a co order to maximize po for concession and	otential county
		Caramon al Role [Income [
		II chacking "Caramon"	let Ro'n' pr'Ollser' desence helow.	
	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	to the agency's policy
		To Reward a school of Its contributions to the	or nonprofit organization he community.	for
				= 1
1. Verification	and an arrangement are the	AND DESCRIPTION OF STREET AND MAKES AND STREET		THE STATE OF THE S
Those rend and understand FPPC Regulations 189/14.1 to				the requirements.
July July	Lee Ann Fer		Supervisors Assistant	Of Oh You
Signature of Astrony Heed by Docignes	FIRIT FISHE		EX.07	harmy and sand
Comment:			***************************************	ESDC Ec 200 // 120
		F	PFC Toll-Free Helpline: 01	FPPC Form 802 (4/12) 86/ASK-FPPC (866/275-7772)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Landreth, Sabrina If checking "Ceremonial Role" or "Other" describe below: 2 To investigate the efficiencies of the operations of various sporting and other events that occur at the Coliseum. Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 06/22/2017 City Administrator Sabrina B. Landreth

Print Name

Signature of Agency Head or Designee

Comment: _

(month, day, year)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Date(s) __06__/ 02 / Event Description: __ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Turbak, Jaime If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide services to the Authority. Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 06/2/2017 Sabrina B. Landreth City Administrator Print Name (month, day, year) Signature of Agency Head or Designee

Comment: _

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: -510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ ___ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Dia Nacional de la Banda Date(s) 06 / 03 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: ____ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X **UNABLE TO USE** If checking "Ceremonial Role" or "Other" describe below: 24 To provide incentives to City employees that provide services to the Authority. Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. City Administrator 06/22/2017 Sabrina B. Landreth Signature of Agency Head or Designee Print Name

Comment: __

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Date(s) __06__/ 03 / Event Description: _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes No I Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Income Other X Ceremonial Role **UNABLE TO USE** If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy 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 a	bove, is in accordance
with the requirements.				

Sabrina B. Landreth

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

City Administrator

06/23/2017

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document Date Stamp California 1. Agency Name **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual B. of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Income Burciaga, Policarpio "Polo" 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 Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. City Administrator 06/22/2017 Sabrina B. Landreth (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 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Date(s) __06 / 04 / Event Description: ___ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Income **UNABLE TO USE** If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide services to the Authority. Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Comment: __

Sabrina B. Landreth

Print Name

06/>1/2017 (month, day, year)

City Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: -510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 06 / 05 / Event Description: ___ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: ___ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income | Clemons, Estelle If checking "Ceremonial Role" or "Other" describe below. 2 To provide incentives to City employees that provide services to the Authority. Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes

4. Verification

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

Sabrina B. Landreth

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

06/22/2017

City Administrator

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

8	Sabrina B. Landreth	City Administrator	06/22/2017
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Commont:	œ		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: _ 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors- Watch Party Date(s) 06 / 07 / 17 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: ____ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Eve, Saundra 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 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 al	bove, is in accordance
with the requirements.				

with the requirements.		
0	Sabrina B. Landreth	City Ad
Signature of Agency Head or Designee	Print Name	

ty Administrator 06/2 2/2017

Title (month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 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 □ Roger Waters Date(s) __06__/_ 10 / Event Description: __ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: . Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Income Chan, Lana If checking "Ceremonial Role" or "Other" describe below. 2 To provide incentives to City employees that provide services to the Authority. Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description)

Verification

I have read and underst	and FPP	C Regulation:	s 18944.1 and	18942. I ha	ve verified tha	at the distribu	tion set forth	above, is	s in accord	lance
with the requirements.	R									

Sabrina B. Landreth

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

06/272017

City Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 06 / 12 / Event Description: Warriors Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X West, Jacquline If checking "Ceremonial Role" or "Other" describe below. 2 To provide incentives to City employees that provides services to the Authority. Income Ceremonial Role Other _ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Comment:

Sabrina B. Landreth

Print Name

with the requirements.

Signature of Agency Head or Designee

City Administrator

06/22/2017

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Poison Date(s) __06 / 13. Event Description: ___ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Wright, Lisa If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide services to the Authority. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sabrina B. Landreth

Print Name

Signature of Agency Head or Designee

Comment:

City Administrator

06/27/2017

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information 10000 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 06 / 16 / Event Description: ___ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: __ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Number Identify one of the following: Name of Individual B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X VanEck, Jeff If checking "Ceremonial Role" or "Other" describe below. 2 To provide incentives to City employees that provide services to the Authority. Income Other 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 dist	tribution set forth above, i	is in accordance
with the requirements.				

Sabrina B. Landreth

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

City Administrator

062 22017

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: _ 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Date(s) <u>06</u> <u>/</u> 17 / Event Description: __ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: __ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income Cartman, Brian If checking "Ceremonial Role" or "Other" describe below 2 To provide incentives to City employees that provide services to the Authority. Income Ceremonial Role Other _ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification

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

Sabrina B. Landreth

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

06/72/2017

City Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Date(s) __06__/ 18 , Event Description: _ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes No I Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. **Passes** Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Rogers, Adrienne If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide services to the Authority. Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4. Verification

I have read and underst	tand FPPC Regulations	18944.1 and 18942.	I have verified that the	e distribution set forth	above, is in accordance
with the requirements.	0				

8	Sabrina B. Landreth	City Administrator	06/22/2017
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: _ 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes ⊠ No □ Date(s) 06 / 19 / 17 Event Description: ___ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: __ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other X Flores, Gladylen If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide services to the Authority. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) Passes 4. Verification

Comment:

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

	Sabrina B. Landreth	City Administrator	06/22/2017
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ☒ No ☐ Event Description: A's Date(s) 06 / 19 / 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 B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income Flores, Gladylen 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 understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

Sabrina B. Landreth

Print Name

Signature of Agency Head or Designee

Comment:

06/2 2/2017

(month, day, year)

City Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: A's Date(s) __06__/_ 21 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. 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 Flores, Herbert 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

Comment:

I have read and understand FPPC Regulations	18944.1 and 18942. I have verified that the distribution set forth above, is	in accordance
with the requirements.	A C. P. LOUIS A BROOM SOUND DEVELOPED AND ENGINEERS AND ADDRESS OF THE PROPERTY OF THE PROPERT	

	Sabrina B. Landreth	City Administrator	06/242017
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 Date of Original Filing: slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: A's Date(s) 06 / 22 / 17 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 В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Westbrook, Terry Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other 🗌 Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

Comment: _

I have read and understand FPPC Reg	ulations 18944.1 and 1894.	2. I have verified that the	distribution set forth ab-	ove is in accordance
with the requirements.	Carrier Rosers Roser Barrell in Software Management		area is a troit of the as	ovo, is in accordance

	06/22/2017
Title	(month, day, year)
	Title

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

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

Signature of Agency Head or Designee Sabrina B. Landreth City Administrator 06/2/2017

Print Name Title (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 1440.00 Yes ⊠ No □ Event Description: Oakland A's Date(s) __06 / 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Green Stampede to provide opportunities to community groups to utilize the 18 11000 Apricot Street facility Oakland, CA 94603

4. Verification

Comment:

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

	Chris Dobbins	OACCA Commissioner	06.15.17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 200.00 Yes⊠ No 🗆 Event Description: Dia Nacional de la Banda 06 / 03 , Date(s)_ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No No If no: _ Name of Source 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 В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other 🔀 Dobbins, Chris 4 If checking "Ceremonial Role" or "Other" describe below: to investigate the efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other _ Income ___ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes**

4. Verification

I have read and understand FPPC Regulations	18944.1 and 18942. I have verified that the distribution set forth above, i	ie in accordance
with the requirements.	The state of the s	3 III accordance

Signature of Agency Head or Designee	Chris Dobbins Print Name	OACCA Commissioner	5.30.17 (month, day, year)
Comment:			(Mentin, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 chrisdobbinslaw@yahoo.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 \$ 350.00 Event Description: Roger Waters Date(s) __06 / 10 / Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No 🗌 Was ticket distribution made at the behest Yes ☐ No ☐ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number B. Name of Individual of Ticket(s)/ identify one of the following: (Last, First) **Passes** Ceremonial Role Dobbins, Chris Other 🗵 Income If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

vernication
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
 will nerteaments

Signature of Agency Head or Designee	Chris Dobbins Print Name	OACCA Commissioner	5.30.17
James of Agency Flead of Besignee	Fillitivame	Title	(month, day, year)

Comment:

Varification

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 150.00 Yes⊠ No 🗆 Event Description: Poison Date(s) _06 / 13 / 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 of Ticket(s)/ Identify one of the following: (Last, First) Passes Other 🛛 Ceremonial Role Dobbins, Chris Income If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other 🔲 Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

i nave read and understa	and FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth above,	ie in accordance
with the requirements.	•		The second with the	aleaneanen aet leitit abeve	is in accordance
	and reference .				

	Chris Dobbins	OACCA Comm
Signature of Agency Head or Designee	Print Name	Title

CCA Commissioner 5.30.17
Title (month, day, year)

Comment:

Δ	P	u	b	li	C	D	O	c	m	ent	

	eremonial Role Events ar	IG HUNGUI		MUUUII	APU	olic Document
1.	Agency Name				Date Stamp C	alifornia 802
	Oakland Alameda County Coliseu	•				
	Division, Department, or Region (if a	pplicable)				For Official Use Only
	Ignacio De La Fuente, OACCA Co					
	Designated Agency Contact (Name, 7	Title)				
					Amendment (Must Provide	Explanation in Part 3.)
	Area Code/Phone Number E-mai					
	510.383.4801 idela	fuente2012@g	gmail.com		Date of Original Filing:	onth, day, year)
2.	Function or Event Informatio	n		n periodo de la companya de la comp		
	Does the agency have a ticket pol	icy? Yes [⊠ No∏ F	ace Value of	Each Ticket/Pass \$ <u>150.00</u>	
	Event Description: Poison		Г	nata(s) 06	1317	, ,
	LVerit Description.	Provide Title/Explai	nation	zaie(3)		
	Ticket(s)/Pass(es) provided by age	ency? Yes	⊠ No 🔲 II	f no:	Name of Source	
	Mos tisket distribution made at the	hohoof v. r		f yes:		
	Was ticket distribution made at the of agency official?	nellest 468 [_INO⊠ "	yes	Official's Name (Last, First)	
	Use Section A to identify the agency's dep A. Name of Agency, Department		Use Section B to i Number of Ticket(s)/ Passes		ual. • Use Section C to identify an e public purpose made pursuant	
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following	ng: 44114 A 444
	(Last, First)		Passes			
	De La Fuente, Ignacio		2	to investigat	onial Role Other online online Role Other online Role" or "Other" describe be the efficiencies of operation of the revents that occur at	ons of various
					oniał Role Other Ing "Ceremonial Role" or "Other" describe be	Income [
	C. Name of Outside Organizat		Number of Ticket(s)/ Passes		e public purpose made pursuant	to the agency's policy
			of Ticket(s)/			
4.			of Ticket(s)/			
	(include address and descrip	tion)	of Ticket(s)/ Passes	Describe th	e public purpose made pursuant	to the agency's policy
	Verification I have read and understand FPPC Re	otion) gulations 18944	of Ticket(s)/ Passes	Describe th	e public purpose made pursuant	to the agency's policy

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 Date of Original Filing: 510.383.4801 idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 350.00 Yes⊠ No□ Event Description: Roger Waters Date(s) __06 / 10 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number Name of Individual В. of Ticket(s)/ Passes identify one of the following: (Last, First) Other 🗵 Ceremonial Role De La Fuente, Ignacio Income ... If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes**

4. Verification

I have read and understand FVPC 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 05.30.17

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

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only 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? Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 200.00 Event Description: Dia Nacional de la Banda Date(s) 06 / 03 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit 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** De La Fuente, Ignacio Ceremonial Role Other 🗵 Income If checking "Ceremonial Role" or "Other" describe below: 4 to investigate the efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (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.	and the distribution dat forth above, to in accordance

	H
Signature of Agency Head or Design	jnee

Ignacio De La Fuente

OACCA Commissioner

05.30.17

Print Name

Title

(month, day, year)