

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 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			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandnet.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 304.80

Event Description: WARRIORS Date(s) 03 / 14 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
HENDERSON, MARK	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provides services to the Authority.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	Sabrina B. Landreth	City Administrator	04/10/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____

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

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1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Office of the City Administrator

Designated Agency Contact (Name, Title)

Sabrina B. Landreth, City Administrator

Area Code/Phone Number

510-238-3301

E-mail

slandreth@oaklandnet.com

Date Stamp

California
Form

802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

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 \$ 304.80

Event Description: WARRIORS

Provide Title/Explanation

Date(s) 03 / 16 / 18

Ticket(s)/Pass(es) provided by agency?

Yes ☒ No ☐

If no: _____

Was ticket distribution made at the behest
of agency official?

Yes ☒ No ☐

If yes: Landreth, Sabrina

Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
SIMMONS, DAN	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provides services to the Authority.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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

Print Name

City Administrator

Title

04/01/2018

(month, day, year)

Comment: _____

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

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1. Agency Name Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 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			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandnet.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 304.80

Event Description: WARRIORS Date(s) 03 / 23 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
ASTRERA, ERWIN	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provides services to the Authority.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	Sabrina B. Landreth	City Administrator	04/ 10 /2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____

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

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1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Alameda County			
Division, Department, or Region (if applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Miley, Nathan			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
(510) 272-6694	bosdist4@acgov.org	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 \$ 304.80

Event Description: Warriors Date(s) 3 / 8 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Coliseum Join Powers Authority
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Miley, Nathan
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Pratt, Linda	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote attendance at an event held in a county facility
Scalise, Sierra	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To reward a county employee for his or her exemplary service to the public
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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.

Nathan Miley Nathan Miley Supervisor, District 4 03/05/2018
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 Oakland Alameda County Coliseum Authority <hr/> Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner <hr/> Designated Agency Contact (Name, Title) <hr/>		Date Stamp <hr/>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> California Form 802 For Official Use Only </div>
Area Code/Phone Number 510.383.4801	E-mail idelafuente2012@gmail.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) <hr/> Date of Original Filing: _____ <div style="text-align: right; font-size: small;">(month, day, year)</div>	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 60.00

Event Description: Pepe Aguiar Date(s) 03 / 09 / 18 _____/_____/_____

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____

Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
De La Fuente, Ignacio	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> to provide opportunities to community groups to utilize the facility
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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	Ignacio De La Fuente Print Name	OACCA Commissioner Title	2.28.18 (month, day, year)
Comment: _____			

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

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1. Agency Name Oakland Alameda County Coliseum Authority <hr/> Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner <hr/> Designated Agency Contact (Name, Title) <hr/>		Date Stamp <hr/>	<div style="text-align: center; border: 1px solid black; padding: 5px;"> California Form 802 </div> <div style="text-align: center; font-size: small;"> For Official Use Only </div>
Area Code/Phone Number 510.383.4801	E-mail idelafuente2012@gmail.com	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) </div> <div style="border-top: 1px solid black; padding-top: 5px;"> Date of Original Filing: _____ (month, day, year) </div>	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 150.00

Event Description: Lorde Date(s) 03 / 13 / 18 _____/_____/_____
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
De La Fuente, Ignacio	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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.

 _____ <small>Signature of Agency Head or Designee</small>	Ignacio De La Fuente _____ <small>Print Name</small>	OACCA Commissioner _____ <small>Title</small>	2.28.18 _____ <small>(month, day, year)</small>
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Comment: _____

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

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1. Agency Name Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner			
Designated Agency Contact (Name, Title)			
Area Code/Phone Number 510.383.4801	E-mail idela Fuente2012@gmail.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 60.00
Event Description: Disney on Ice Date(s) See Attached
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

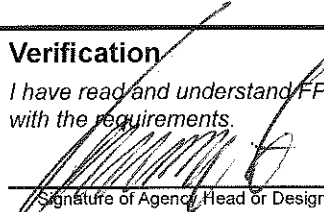
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
De La Fuente, Ignacio	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to provide opportunities to community groups to utilize the facility
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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
Ignacio De La Fuente Print Name
OACCA Commissioner Title
2.28.18 (month, day, year)

Comment: _____

Ignacio De La Fuente

Disney on Ice

- DOI 2.28.18 (4) tickets
- DOI 3.1.18 (4) tickets
- DOI 3.2.18 (4) tickets
- DOI 3.3.18 (4) tickets

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner			
Designated Agency Contact (Name, Title)			
Area Code/Phone Number 510.383.4801	E-mail chrisdobbinslaw@yahoo.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 60.00
Event Description: Disney On Ice Date(s) 1, See Attached, 1
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

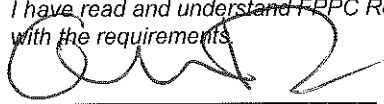
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Dobbins, Chris	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: to provide opportunities to community groups to utilize the facility
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

 Chris Dobbins OACCA Commissioner 2.28.18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Chris Dobbins

Disney on Ice

- DOI 2.28.18 (4) tickets
- DOI 3.1.18 (4) tickets
- DOI 3.2.18 (4) tickets
- DOI 3.3.18 (4) tickets

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner			
Designated Agency Contact (Name, Title)			
Area Code/Phone Number 510.383.4801	E-mail chrisdobbinslaw@yahoo.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 60.00
Event Description: Pepe Aguilar Date(s) 03 / 09 / 18
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

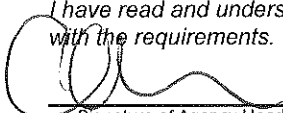
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Dobbins, Chris	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to provide opportunities to community groups to utilize the facility
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

 _____ Chris Dobbins OACCA Commissioner 2.28.18
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 Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner			
Designated Agency Contact (Name, Title)			
Area Code/Phone Number 510.383.4801	E-mail chrisdobbinslaw@yahoo.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 150.00
Event Description: Lorde Date(s) 03 / 13 / 18
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

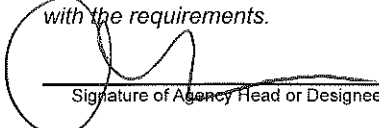
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Dobbins, Chris	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

 Chris Dobbins OACCA Commissioner 2.28.18
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 802 For Official Use Only
Oakland Alameda County Coliseum Authority			
Division, Department, or Region (If Applicable)			
Yui Hay Lee, Commissioner			
Designated Agency Contact (Name, Title)			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(510) 836-6688 x 10	YuiHay@YHLA.net	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 \$ 600.00

Event Description Disney On Ice Date(s) 3, 3, 18 or 3, 4, 18
Provide Title/Explanation (Day Shows only)

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
	Yui Hay Lee, Commissioner	<u>6</u>	#3
B.	Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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] Yui Hay Lee OACCA Commission 2/20/18
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: Day Shows only

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Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

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Oakland Alameda County Coliseum Authority			
Division, Department, or Region (If applicable)			
Office of the City Administrator			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Sabrina B. Landreth, City Administrator			
Area Code/Phone Number	E-mail		
510-238-3301	slandreth@oaklandnet.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 60.00

Event Description: DISNEY ON ICE Date(s) 02 / 28 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina
Official's Name (Last, First)

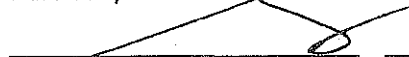
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
	LOPEZ, ANGELICA	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provides services to the Authority.
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C.	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	Sabrina B. Landreth	City Administrator	04/ 10 /2018
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 Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 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			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandnet.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 60.00

Event Description: DISNEY ON ICE Date(s) 03 / 01 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina
Official's Name (Last, First)

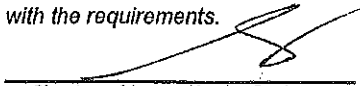
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
SANCHEZ, MARCELINA	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provides services to the Authority.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	Sabrina B. Landreth	City Administrator	04/19/2018
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 Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Area Code/Phone Number 510-238-3301 E-mail slandreth@oaklandnet.com		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 60.00
Event Description: DISNEY ON ICE Date(s) 03 / 02 / 18
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
OLIVER, APRIL	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provides services to the Authority.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

 Sabrina B. Landreth City Administrator 04/10/2018
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 Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Area Code/Phone Number 510-238-3301 E-mail slandreth@oaklandnet.com		Date Stamp California Form 802 For Official Use Only <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)
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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 60.00

Event Description: DISNEY ON ICE Date(s) 03 / 04 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
KIM, PETER	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provides services to the Authority.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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
Print Name

City Administrator
Title

04/10/2018
(month, day, year)

Comment: _____

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region <i>(if applicable)</i> Office of the City Administrator			
Designated Agency Contact <i>(Name, Title)</i> Sabrina B. Landreth, City Administrator			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandnet.com		
		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
		Date of Original Filing: _____ <i>(month, day, year)</i>	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 30.00

Event Description: PEPE AQUILAR Date(s) 03 / 09 / 18
Provide Title/Explanation _____

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
ARGUETA, RICARDO	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provides services to the Authority.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

with the requirements.


Signature of Agency Head or Designee

Sabrina B. Landreth
Print Name

City Administrator
Title

04/10/2018
(month, day, year)

Comment: _____

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Area Code/Phone Number 510-238-3301 E-mail slandreth@oaklandnet.com		Date Stamp California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 30.00

Event Description: PEPE AQUILAR Date(s) 03 / 09 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina
Official's Name (Last, First)


3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
MEAN, EMILIO	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provides services to the Authority.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	Sabrina B. Landreth	City Administrator	04/10/2018
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 802 For Official Use Only
Oakland Alameda County Coliseum Authority			
Division, Department, or Region (if applicable)			
Office of the City Administrator			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Sabrina B. Landreth, City Administrator			
Area Code/Phone Number	E-mail		
510-238-3301	slandreth@oaklandnet.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 150.00

Event Description: LORDE Date(s) 03 / 13 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
ACOSTA, GARCIA RICARDO	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provides services to the Authority.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	Sabrina B. Landreth	City Administrator	04/10/2018
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 Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission			
Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant			
Area Code/Phone Number 510.383.4801	E-mail RSavage@coliseum.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 60.00

Event Description: Disney On Ice Date(s): ~~3/1/18~~ 3/1/18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Lynette McElhaney
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A	Name of Agency/Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B	Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C	Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
	Seneca Center 6925 Chabot Road, Oakland Mental Health Services	4	Rewarding a school or nonprofit for their service to the community

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.


 Lynette McElhaney
Signature of Agency Head or Designee

Lynette McElhaney
Print Name

OACCA Commissioner
Title

2/16/18
(month, day, year)

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Oakland Alameda County Coliseum Authority			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Lynette Gibson McElhaney, OACCA Commission			
Designated Agency Contact (Name, Title)			
Renee Savage - OACCA Executive Assistant			
Area Code/Phone Number	E-mail		
510.383.4801	RSavage@coliseum.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors vs Nets Date(s) 03 / 06 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Lynette McElhaney
Official's Name (Last, First)

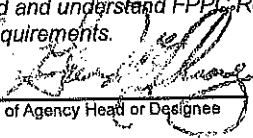
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, F./I.)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
Wiginton, Khyrishi (Mack 2 Africa)	2	Rewarding a community activist for his/her service to the City of Oakland
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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.


 Lynette McElhaney OACCA Commissioner 2/16/18
 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 Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission			
Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant			
Area Code/Phone Number 510.383.4801	E-mail RSavage@coliseum.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 60.00

Event Description: Disney on Ice Date(s) 03 / 03 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Lynette McElhaney
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A	Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B	Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following
			Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
	Towers, Antoine	2	Rewarding a community activist for his/her service to the City of Oakland
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C	Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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.

Lynette McElhaney OACCA Commissioner 8/3/18
 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 Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If applicable) Lynette Gibson McElhaney, OACCA Commission			
Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number 510.383.4801	E-mail RSavage@coliseum.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 \$ 304.80

Event Description: Warriors vs Spurs Date(s) 03 / 08 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Lynette McElhaney
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A	Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B	Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following
			Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
	McElhaney, Clarence	2	Rewarding a community activist for his/her service to the City of Oakland
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C	Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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.

 Lynette McElhaney OACCA Commissioner 2/16/18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

A Public Document

2. Function or Event Information

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Lynette McElhane
Official's Name (Last, First)

Recipients
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

4. Verification

2/16/18
(month, day, year)

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

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

A Public Document

1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Lynette Gibson McElhaney, OACCA Commission

Designated Agency Contact (Name, Title)

Renee Savage - OACCA Executive Assistant

Area Code/Phone Number

510.383.4801

E-mail

RSavage@coliseum.com

Date Stamp

California
Form

802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

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 \$ 304.80

Event Description: Warriors vs Hawks Date(s) 03 / 23 / 18

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Lynette McElhaney

Official's Name (Last, First)

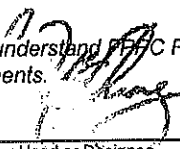
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A	Name of Agency/Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B	Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one status following:
	McElhaney, Clarence	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Rewarding a community activist for his/her service to the City of Oakland
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C	Name of outside organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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.


 Lynette McElhaney OACCA Commissioner 2/16/18
 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 Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission			
Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number 510.383.4801	E-mail RSavage@coliseum.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 \$ 304.80

Event Description: Warriors vs Bucks Date(s) 03 / 29 / 18

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Lynette McElhaney
Official's Name (Last, First)

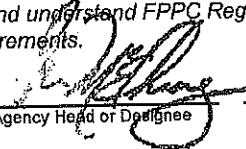
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit		Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)		Number of Ticket(s)/Pass(es)	Identify one of the following
			Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)		Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Seneca Center 3925 Chabot Road Mental Health Services		2	To reward a non-profit for service to the community

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.


 Lynette McElhaney OACCA Commissioner 2/16/18
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 Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission			
Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 510.383.4801	E-mail RSavage@coliseum.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 60.00

Event Description: Disney on Ice Date(s) 03 / 04 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Lynette McElhaney
Official's Name (Last, First)

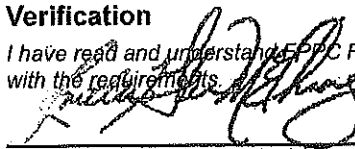
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A	Name of Agency/Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B	Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
	Miller, Annette	2	Rewarding a community activist for his/her service to the City of Oakland
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C	Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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.


 Lynette McElhaney OACCA Commissioner 3/1/18
 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 Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If applicable) Lynette Gibson McElhaney , OACCA Commission			
Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant			
Area Code/Phone Number 510.383.4801	E-mail RSavage@coliseum.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 60.00

Event Description: Pepe Aguilar Y Familia Date(s) 03 / 09 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Lynette McElhaney
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

Use Section A to identify the agency's department or unit.		Use Section B to identify the award.						
A	Name of Agency, Department, or Unit	<th>Number of tickets/Platts</th> <th>Describe the public purpose made pursuant to the agency's policy</th>	Number of tickets/Platts	Describe the public purpose made pursuant to the agency's policy				
B	Name of individual (Last, first)	<th>Number of tickets/Platts</th> <th> <th>Identify one of the following:</th> <th>Ceremonial Role <input type="checkbox"/></th> <th>Other <input checked="" type="checkbox"/></th> <th>Income <input type="checkbox"/></th> </th>	Number of tickets/Platts	<th>Identify one of the following:</th> <th>Ceremonial Role <input type="checkbox"/></th> <th>Other <input checked="" type="checkbox"/></th> <th>Income <input type="checkbox"/></th>	Identify one of the following:	Ceremonial Role <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
	Maria, Dulce	2	If checking "Ceremonial Role" or "Other" describe below: Rewarding a community activist for his/her service to the City of Oakland					
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:			Income <input type="checkbox"/>		
C	Name of guide organization (include address and description)	<th>Number of tickets/Platts</th> <th>Describe the public purpose made pursuant to the agency's policy</th>	Number of tickets/Platts	Describe the public purpose made pursuant to the agency's policy				

4. Verification

Verification
I have read and understand FDIC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. [Signature] 3/1/18

Signature of Agency Head or Designee

Lynette McElhaney

Print Name _____

OACCA Commissioner

Title

3/1/18
-4/3/18-
(month, day, year)

Comment: _____

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission			
Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 510.383.4801	E-mail RSavage@coliseum.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 60.00

Event Description: Harlem Globetrotters Date(s) 03 / 02 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Lynette McElhaney
Official's Name (Last, First)

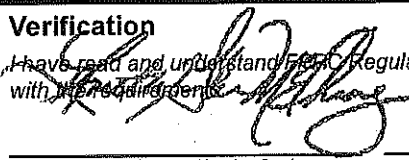
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A	Name of Agency/ Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
	Brown, Keta	4	Rewarding a community activist for his/her service to the City of Oakland
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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 regulations.


 Lynette McElhaney OACCA Commissioner 3/1/18
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

A Public Document

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 1000 -

Event Description: Conversation w/Michelle Obama Date(s) 03 / 28 / 18 _____ / _____ / _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

• 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.

4. Verification

	Chris Dobbins	OACCA Commissioner	03.20.18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title) Ignacio De La Fuente, OACCA Commissioner			
Area Code/Phone Number 510.383.4801	E-mail idelafuente2012@gmail.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ _____

Event Description: Conversation w/Michelle Obama Date(s) 03 / 28 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

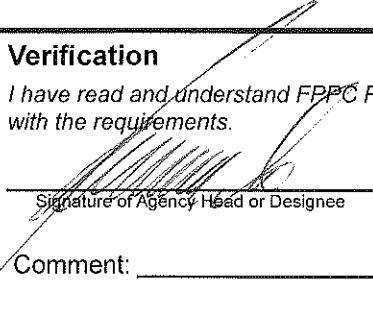
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
De La Fuente, Ignacio	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to provide opportunities for community groups to utilize the facility
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	Ignacio De La Fuente	OACCA Commissioner	03.20.18
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 Oakland/Alameda County Coliseum Authority <hr/> Division, Department, or Region (if applicable) OACCA Commissioner <hr/> Designated Agency Contact (Name, Title) Lee Ann Ferguson, Ticket Administrator <hr/> <table style="width:100%;"> <tr> <td style="width:30%;">Area Code/Phone Number</td> <td>E-mail</td> </tr> <tr> <td>510-272-6691</td> <td>leeann.fergerson@acgov.org</td> </tr> </table>		Area Code/Phone Number	E-mail	510-272-6691	leeann.fergerson@acgov.org	<div style="border: 1px solid black; padding: 5px;"> Date Stamp <div style="border: 1px solid black; padding: 2px;"> California Form 802 <small>For Official Use Only</small> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small> </div>
Area Code/Phone Number	E-mail					
510-272-6691	leeann.fergerson@acgov.org					

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 1,000.00

Event Description: Michelle Obama Date(s) 3 / 28 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: GSW
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Haggerty, Scott
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
DISTRICT 4	2	To reward a county employee for his or her exemplary service to the public
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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	Lee Ann Ferguson Print Name	Ticket Administrator Title	3.27.2018 (month, day, year)
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Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Oakland/Alameda County Coliseum Authority			
Division, Department, or Region (if applicable)			
OACCA Commissioner			
Designated Agency Contact (Name, Title)		<input checked="" type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Lee Ann Ferguson, Ticket Administrator			
Area Code/Phone Number	E-mail		
510-272-6691	leeann.fergerson@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors Date(s) 3 / 6 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: GSW
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Haggerty, Scott
Official's Name (Last, First)

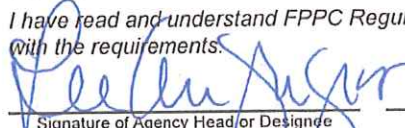
3. Recipients

* Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	La Familia Counseling 6901 York Drive, #P-1 Dublin, CA 925-829-4322	2	To reward a school or non-profit organization for its contributions to the community

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
 Lee Ann Ferguson
 Print Name
 Ticket Administrator
 Title
 2/28/18
 (month, day, year)

Comment: La Familia provides services throughout Alameda and Contra Costa counties, with a comprehensive selection of programs to meet a variety of mental health and community support needs.

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

A Public Document

1. Agency Name Oakland/Alameda County Coliseum Authority <hr/> Division, Department, or Region (if applicable) OACCA Commissioner <hr/> Designated Agency Contact (Name, Title) Lee Ann Ferguson, Ticket Administrator <hr/> Area Code/Phone Number E-mail 510-272-6691 leeann.fergerson@acgov.org		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) <hr/> 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 \$ 304.80

Event Description: Warriors vs. Kings Basketball Date(s) 3 / 16 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: GSW
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Haggerty, Scott
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Sunol Business Guild P.O. Box 94 Sunol, CA 94586	2	To reward a school or non-profit organization for its contributions to the community

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	Lee Ann Ferguson _____ Print Name	Ticket Administrator _____ Title	3/7/18 _____ (month, day, year)
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Comment: proceeds go towards Scouts, CERT (Community Emergency Response Team), Scholarships or our local K-8 elementary school; Sunol Glen.

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

A Public Document

1. Agency Name OAKLAND/ALAMEDA COUNTY COLISEUM AUTHORITY (OACCA) <hr/> Division, Department, or Region (if applicable) OACCA Commissioner <hr/> Designated Agency Contact (Name, Title) Lee Ann Ferguson, Ticket Administrator <hr/> <table style="width:100%;"> <tr> <td style="width:50%;">Area Code/Phone Number</td> <td style="width:50%;">E-mail</td> </tr> <tr> <td>510-272-6691</td> <td>leeann.fergerson@acgov.org</td> </tr> </table>		Area Code/Phone Number	E-mail	510-272-6691	leeann.fergerson@acgov.org	<table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> Date Stamp </td> <td style="width:50%; vertical-align: top;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> California Form 802 </td> </tr> <tr> <td style="text-align: center;"> For Official Use Only </td> </tr> </table> </td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <div style="text-align: right;">(month, day, year)</div> </div>	Date Stamp 	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> California Form 802 </td> </tr> <tr> <td style="text-align: center;"> For Official Use Only </td> </tr> </table>	California Form 802	For Official Use Only
Area Code/Phone Number	E-mail									
510-272-6691	leeann.fergerson@acgov.org									
Date Stamp 	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> California Form 802 </td> </tr> <tr> <td style="text-align: center;"> For Official Use Only </td> </tr> </table>	California Form 802	For Official Use Only							
California Form 802										
For Official Use Only										

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors basketball Date(s) 3 / 23 / 18

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: GSW

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Haggerty, Scott

Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
	Kumar, Yogindor	2	<input checked="" type="checkbox"/> To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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	Lee Ann Ferguson Print Name	Ticket Administrator Title	3/14/18 (month, day, year)
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Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Oakland/Alameda County Coliseum Authority			
Division, Department, or Region (if applicable)			
OACCA Commissioner			
Designated Agency Contact (Name, Title)			
Lee Ann Ferguson, Ticket Administrator		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ (month, day, year)	
510-272-6691	leeann.fergerson@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors Date(s) 3 / 8 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: GSW
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Haggerty, Scott
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
The Sports Association of Alameda County Deputy Sheriffs'	2	To reward a school or non-profit organization for its contributions to the community
6689 Owens Drive, Suite 100 Pleasanton, CA 94588		

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.


 Lee Ann Ferguson Ticket Administrator 3/5/18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: a charitable organization whose purpose is to promote the welfare of the community and its members in sports related activities.

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

A Public Document

1. Agency Name Oakland/Alameda County Coliseum Authority <hr/> Division, Department, or Region (if applicable) OACCA Commissioner <hr/> Designated Agency Contact (Name, Title) Lee Ann Ferguson, Ticket Administrator <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Area Code/Phone Number</td> <td style="width: 50%;">E-mail</td> </tr> <tr> <td>510-272-6691</td> <td>leeann.fergerson@acgov.org</td> </tr> </table>		Area Code/Phone Number	E-mail	510-272-6691	leeann.fergerson@acgov.org	<div style="border: 1px solid black; padding: 5px; text-align: center;"> Date Stamp </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> California Form 802 <small>For Official Use Only</small> </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small> </div>
Area Code/Phone Number	E-mail					
510-272-6691	leeann.fergerson@acgov.org					

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.80

Event Description: Warriors Date(s) 3 / 27 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: GSW
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Haggerty, Scott
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
THE NETWORK OF CARE PO Box 5163 Concord CA 94524	2	To reward a school or non-profit organization for its contributions to the community.

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	Lee Ann Ferguson Print Name	Ticket Administrator Title	3/1/18 (month, day, year)
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Comment: A non profit org. that feeds the families of children who are in hospitals

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

A Public Document

1. Agency Name Oakland/Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) OACCA Commissioner			
Designated Agency Contact (Name, Title) Lee Ann Ferguson, Ticket Administrator			
Area Code/Phone Number 510-272-6691	E-mail Tustarrgaze@gmail.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 304.80
Event Description: Warriors Date(s) 3 / 14 / 18
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: GSW
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Haggerty, Scott
Official's Name (Last, First)

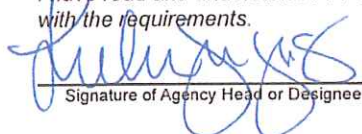
3. Recipients

* Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Mendoza, Dan	2	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. <input checked="" type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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

Lee Ann Ferguson
Print Name

Ticket Administrator
Title

3/20/18
(month, day, year)

Comment: _____

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

A Public Document

1. Agency Name OAKLAND/ALAMEDA COUNTY COLISEUM AUTHORITY <hr/> Division, Department, or Region (if applicable) OACCA Commissioner <hr/> Designated Agency Contact (Name, Title) Lee Ann Ferguson, Ticket Administrator <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Area Code/Phone Number</td> <td style="width: 50%;">E-mail</td> </tr> <tr> <td>510-272-6691</td> <td>leeann.fergerson@acgov.org</td> </tr> </table>		Area Code/Phone Number	E-mail	510-272-6691	leeann.fergerson@acgov.org	<table style="width: 100%;"> <tr> <td style="width: 60%;">Date Stamp</td> <td style="width: 40%; text-align: center;"> California Form 802 For Official Use Only </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) </td> </tr> <tr> <td colspan="2"> Date of Original Filing: _____ <small>(month, day, year)</small> </td> </tr> </table>	Date Stamp	California Form 802 For Official Use Only	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)		Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number	E-mail											
510-272-6691	leeann.fergerson@acgov.org											
Date Stamp	California Form 802 For Official Use Only											
<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)												
Date of Original Filing: _____ <small>(month, day, year)</small>												

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 304.80

Event Description: WARRIORS / MILWAUKEE Date(s) 3 / 29 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: GSW
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Haggerty, Scott
Official's Name (Last, First)

3. Recipients

* Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
DISTRICT 1	2	to reward a County employee for his or her exemplary service to the public or to encourage staff development
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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.

 _____ <small>Signature of Agency Head or Designee</small>	Lee Ann Ferguson _____ <small>Print Name</small>	Ticket Administrator _____ <small>Title</small>
		April 2, 2018 _____ <small>(month, day, year)</small>

Comment: _____

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 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			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandnet.com		
		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 80.00

Event Description: A's Date(s) 03 / 25 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
WILLIAMS, NICHOLAS	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provides services to the Authority.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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
 Print Name
 City Administrator
 Title
 04 / 10 / 2018
 (month, day, year)

Comment: _____

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority <hr/> Division, Department, or Region (if applicable) Office of the City Administrator <hr/> Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator <hr/> <table style="width:100%;"> <tr> <td style="width:30%;">Area Code/Phone Number</td> <td>E-mail</td> </tr> <tr> <td>510-238-3301</td> <td>slandreth@oaklandnet.com</td> </tr> </table>		Area Code/Phone Number	E-mail	510-238-3301	slandreth@oaklandnet.com	<div style="border: 1px solid black; padding: 5px;"> Date Stamp </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> California Form 802 <small>For Official Use Only</small> </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small> </div>
Area Code/Phone Number	E-mail					
510-238-3301	slandreth@oaklandnet.com					

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 30485

Event Description: WARRIORS Date(s) 03 / 27 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
HAMPTON, ALISHA	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provides services to the Authority.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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.

 _____ <small>Signature of Agency Head or Designee</small>	Sabrina B. Landreth _____ <small>Print Name</small>	City Administrator _____ <small>Title</small>	04/18/2018 _____ <small>(month, day, year)</small>
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Comment: _____

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 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			
Area Code/Phone Number 510-238-3301	E-mail slandreth@oaklandnet.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 1,000.00

Event Description: MICHELLE OBAMA Date(s) 03 / 28 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina
Official's Name (Last, First)

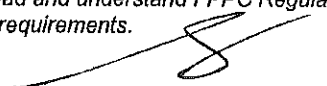
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
COOK, ALLYSON	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provides services to the Authority.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	Sabrina B. Landreth	City Administrator	04/16/2018
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 Oakland Alameda County Coliseum Authority <hr/> Division, Department, or Region (if applicable) Office of the City Administrator <hr/> Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator <hr/> <table style="width:100%;"> <tr> <td style="width:30%;">Area Code/Phone Number</td> <td>E-mail</td> </tr> <tr> <td>510-238-3301</td> <td>slandreth@oaklandnet.com</td> </tr> </table>		Area Code/Phone Number	E-mail	510-238-3301	slandreth@oaklandnet.com	<table style="width:100%;"> <tr> <td style="width:50%;">Date Stamp</td> <td style="width:50%; text-align: center;"> California Form 802 For Official Use Only </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) </td> </tr> <tr> <td colspan="2"> Date of Original Filing: _____ (month, day, year) </td> </tr> </table>	Date Stamp	California Form 802 For Official Use Only	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail											
510-238-3301	slandreth@oaklandnet.com											
Date Stamp	California Form 802 For Official Use Only											
<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)												
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 \$ 30480

Event Description: WARRIORS Date(s) 03 / 29 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
CARTER, DENISE	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provides services to the Authority.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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 Print Name	City Administrator Title	04/ 10 /2018 (month, day, year)
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Comment: _____

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

A Public Document

1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Office of the City Administrator

Designated Agency Contact (Name, Title)

Sabrina B. Landreth, City Administrator

Area Code/Phone Number

510-238-3301

E-mail

slandreth@oaklandnet.com

Date Stamp

California Form **802**

For Official Use Only

☐ Amendment (Must Provide Explanation In Part 3.)

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 \$ 80

Event Description: A's Date(s) 03 / 29 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina
Official's Name (Last, First)


3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
	UNABLE TO USE	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provides services to the Authority.
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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
 Print Name
 City Administrator
 Title
 04/05/2018
 (month, day, year)

Comment: _____

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

A Public Document

1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Office of the City Administrator

Designated Agency Contact (Name, Title)

Sabrina B. Landreth, City Administrator

Area Code/Phone Number

510-238-3301

E-mail

slandreth@oaklandnet.com

Date Stamp

California
Form

802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

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 \$ 80.00

Event Description: _____

A's

Provide Title/Explanation

Date(s) 03 / 30 / 18

Ticket(s)/Pass(es) provided by agency?

Yes ☒ No ☐

If no: _____

Name of Source

Was ticket distribution made at the behest of agency official?

Yes ☒ No ☐

If yes: Landreth, Sabrina

Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
ACOSTA-GARCIA, RICARDO	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provides services to the Authority.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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

Print Name

City Administrator

Title

04/10/2018

(month, day, year)

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Oakland Alameda County Coliseum Authority			
Division, Department, or Region (if applicable)			
Office of the City Administrator			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Sabrina B. Landreth, City Administrator			
Area Code/Phone Number	E-mail		
510-238-3301	slandreth@oaklandnet.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 800

Event Description: A's Date(s) 03 / 31 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Landreth, Sabrina
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
SIMMONS, DAN	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provides services to the Authority.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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
 Print Name
 City Administrator
 Title
 04/ 10/2018
 (month, day, year)

Comment: _____

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**
A Public Document

1. Agency Name Oakland-Alameda County Coliseum Authority Division, Department, or Region (if applicable) Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title)		Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number (510) 272-3862	E-mail countyadministrator@acgov.org	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 354.80

Event Description: Golden State Warriors Basketball Date(s) 03 / 06 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
County Administrator's Office	2	To promote the Coliseum Complex for use by the general public & businesses to maximize revenues
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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.

Susan S. Muranishi Susan S. Muranishi County Administrator 3/30/18
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 Oakland-Alameda County Coliseum Authority Division, Department, or Region (if applicable) Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title)		Date Stamp	California Form 802 For Official Use Only
Arpa Code/Phone Number (510) 272-3862	E-mail countyadministrator@acgov.org	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 304.80
 Event Description: Golden State Warriors Basketball Date(s) 03 / 08 / 18
Provide Title/Explanation
 Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source
 Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
General Services Agency	2	To promote the Coliseum Complex for use by the general public & businesses to maximize revenues
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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.

Susan S. Muranishi Susan S. Muranishi County Administrator 3/30/18
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

Oakland-Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Susan S. Muranishi, County Administrator, Alameda County

Designated Agency Contact (Name, Title)

Date Stamp

California
Form

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☐ Amendment (Must Provide Explanation in Part 3.)Date of Original Filing: 3
(month, day, year)

Area Code/Phone Number

(510) 272-3862

E-mail

countyadministrator@acgov.org

2. Function or Event Information

Does the agency have a ticket policy?

Yes ☒ No ☐Face Value of Each Ticket/Pass \$ 304.80Event Description: Golden State Warriors BasketballDate(s) 03 / 14 / 18

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?

Yes ☒ No ☐

If no:

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

If yes:

Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
County Counsel	2	To promote the Coliseum Complex for use by the general public & businesses to maximize revenues
B. Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

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.


Susan S. Muranishi
Print NameCounty Administrator
Title3/30/18
(month, day, year)

Comment: _____

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**
A Public Document
1. Agency Name

Oakland-Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Susan S. Muranishi, County Administrator, Alameda County

Designated Agency Contact (Name, Title)

Area Code/Phone Number

(510) 272-3862

E-mail

countyadministrator@acgov.org

Date Stamp

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Form

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☐ Amendment (Must Provide Explanation in Part 3.)

 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 \$ 30480

 Event Description: Golden State Warriors Basketball Date(s) 03 / 16 / 18
Provide Title/Explanation

 Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

 Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
Registrar of Voters/Information Technology	2	To promote the Coliseum Complex for use by the general public & businesses to maximize revenues
B. Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

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.



 Susan S. Muranishi
Print Name

 County Administrator
Title

5/20/18
(month, day, year)

Comment: _____

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**
A Public Document

1. Agency Name Oakland-Alameda County Administrator, Alameda County Division, Department, or Region (if applicable) Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title)		Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number (510) 272-3862	E-mail countyadministrator@acgov.org	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 304.80
 Event Description: Golden State Warriors Basketball Date(s) 03 / 23 / 18
Provide Title/Explanation
 Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source
 Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
Tickets Were Not Used	2	
B. Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

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.

Susan S. Muranishi Susan S. Muranishi County Administrator 3/30/18
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

Oakland-Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Susan S. Muranishi, County Administrator, Alameda County

Designated Agency Contact (Name, Title)

Area Code/Phone Number

(510) 272-3862

E-mail

countyadministrator@acgov.org

Date Stamp

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Form

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☐ Amendment (Must Provide Explanation in Part 3.)

 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 \$ 304.89

 Event Description: Golden State Warriors Basketball Date(s) 03 / 29 / 18

Provide Title/Explanation

 Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

 Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
	County Administrator's Office	2	To investigate the efficiencies of the operations of the various sporting & other events that occur at the Coliseum
B.	Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (Include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

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.

Susan S. Muranishi Susan S. Muranishi
Signature of Agency Head or Designee Print Name

 County Administrator
Title

3/30/18
(month, day, year)

Comment: _____

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**
A Public Document

1. Agency Name Oakland-Alameda County Coliseum Authority Division, Department, or Region (if applicable) Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title)		Date Stamp California Form 802 For Official Use Only
Area Code/Phone Number (510) 272-3862	E-mail countyadministrator@acgov.org	
<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 304.80

Event Description: Golden State Warriors Basketball Date(s) 03 / 27 / 18

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

* Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
County Administrator's Office	2	To promote the Coliseum Complex for use by the general public and businesses to maximize revenues
B. Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

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.

Susan S. Muranishi / ad Susan S. Muranishi County Administrator 3/30/18
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 Oakland Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Yui Hay Lee, Commissioner Designated Agency Contact (Name, Title)		Date Stamp California Form 802 For Official Use Only
Area Code/Phone Number (510) 836-6688 x 10	E-mail YuiHay@YHLA.net	
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) 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 \$ 304.80

Event Description 2018 WARRIORS TIX. Provide Title/Explanation Date(s) SEE ATTACHED

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: _____ Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐ If yes: _____ Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
	Yui Hay Lee, Commissioner	40	#3
B.	Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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: Yui Hay Lee Print Name: Yui Hay Lee Title: OACCA Commission Date: 1/3/18
 (Month, Day, Year)

Comment: SEE ATTACHED 2018 TICKET REQUEST

**Warriors
March 2018**

Yui Hay Lee

- **Warriors v Nets 3.6.18 (2) tickets**
- **Warriors v Spurs 3.8.18 (2) tickets**
- **Warriors v Lakers 3.14.18 (2) tickets**
- **Warriors v Kings 3.16.18 (2) tickets**
- **Warriors v Hawks 3.23.18 (2) tickets**
- **Warriors v Pacers 3.27.18 (2) tickets**
- **Warriors v Bucks 3.29.17 (2) tickets**

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

A Public Document

1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Chris Dobbins, OACCA Commissioner

Designated Agency Contact (Name, Title)

Renee Savage, OACCA Executive Assistant - Ticket Administrator

Area Code/Phone Number

510.383.4801

E-mail

rsavage@coliseum.com

Date Stamp

**California
Form 802**

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☐ Amendment (Must Provide Explanation in Part 3.)

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 \$ 304.80

Event Description: Warriors Season 2018

Provide Title/Explanation

Date(s) See attached

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: _____

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

If yes: _____

Official's Name (Last, First)

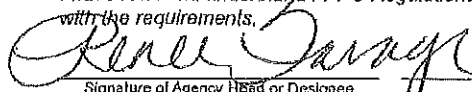
3. Recipients

* Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
Dobbins, Chris	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

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

Renee Savage

Print Name

OACCA Ticket Administrator

Title

03.02.18

(month, day, year)

Comment: _____

**Warriors
March 2018**

Chris Dobbins

- **Warriors v Nets 3.6.18 (2) tickets**
- **Warriors v Spurs 3.8.18 (2) tickets**
- **Warriors v Lakers 3.14.18 (2) tickets**
- **Warriors v Kings 3.16.18 (2) tickets**
- **Warriors v Hawks 3.23.18 (2) tickets**
- **Warriors v Pacers 3.27.18 (2) tickets**
- **Warriors v Bucks 3.29.17 (2) tickets**

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

A Public Document

1. Agency Name Oakland Alameda County Colliseum Authority Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title)		Date Stamp <div style="border: 1px solid black; padding: 5px; text-align: center;"> California Form 802 For Official Use Only </div>
Area Code/Phone Number 510.383.4801	E-mail ldela Fuente2012@gmail.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ see-attached 30480

Event Description: Warriors Season 2017-18 Date(s) _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: _____
Official's Name (Last, First)

3. Recipients

* Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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: [Signature]
 Print Name: Ignacio De La Fuente
 Title: OACCA Commissioner
 Date: 10-1-17
(month, day, year)

Comment: _____

**Warriors
March 2018**

Ignacio De La Fuente

- **Warriors v Nets 3.6.18 (2) tickets**
- **Warriors v Spurs 3.8.18 (2) tickets**
- **Warriors v Lakers 3.14.18 (2) tickets**
- **Warriors v Kings 3.16.18 (2) tickets**
- **Warriors v Hawks 3.23.18 (2) tickets**
- **Warriors v Pacers 3.27.18 (2) tickets**
- **Warriors v Bucks 3.29.17 (2) tickets**

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Christin Hill, OACCA Commissioner Designated Agency Contact (Name, Title)		Date Stamp California Form 802 For Official Use Only
Area Code/Phone Number 510.383.4801	E-mail christin.hill@gmail.com	
<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) 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 \$ 1000.00

Event Description: Conversation w/Michelle Obama Date(s) 03 / 28 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Hill, Christin	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the coliseum complex for use by the general public and businesses to maximize revenues
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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


 Christin Hill
Signature of Agency Head or Designee

OACCA Commissioner
Title

March 2018
(month, day, year)

Comment: _____