Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name **Date Stamp** California Form Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: WARRIORS Date(s) __03__/_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: . Yes ☑ No ☐ If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients Use Section A to identify the agency's department or unit.
 Use Section B to identify an individual.
 Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Ceremonial Role Other X . Income _ HENDERSON, MARK If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other \square Income __ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Sabrina B. Landreth City Administrator 04/ 1/2018

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 Oakland Alameda County Coliseum Authority California Division, Department, or Region (if applicable) Form For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Area Code/Phone Number Amendment (Must Provide Explanation in Part 3.) E-mail 510-238-3301 slandreth@oaklandnet.com Date of Orlginal 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: WARRIORS Date(s) __03__/ 16 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Landreth, Sabrina of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes SIMMONS, DAN Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other _ Income If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance Sabrina B. Landreth City Administrator Signature of Agency Head or Designee 04//0/2018 Print Name

Comment:

(month, day, year)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-3301 **Date of Original Filing:** slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No I Event Description: WARRIORS Date(s) __03__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number-Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income _ ASTRERA, ERWIN If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) 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 04/ 10 /2018 Sabrina B. Landreth City Administrator

Print Name

Signature of Agency Head or Designee

Comment: _

(month, day, year)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Alameda County For Official Use Only Division, Department, or Region (if applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Miley, Nathan Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: (510) 272-6694 bosdist4@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warrriors Date(s) 3 / 8 / 18 Provide Title/ Explanation If no: Coliseum Join Powers Authority Ticket(s)/Pass(es) provided by agency? Yes ☐ No 図 Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? Recipients Use Section A to identify the agency's department or unit.
 Use Section B to identify an individual.
 Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passos Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Pratt, Linda Other To promote attendance at an event held in a county facility 2 Scalise, Sierra Ceremonial Role Other Income 2 To reward a couty employee for his or her exemplary service to the public Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Nathan Miley

Print Name

ature of Agency Head or Designed

Comment:

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

03/05/2018

(month, day, year)

Supervisor, District 4

Title

Д	Pu	ıbl	ic	Doc	um	ent

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	•				Form OU/2
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Ignacio De La Fuente, OAC					
	Designated Agency Contact	(Name,Title)				
	Area Code/Phone Number	[E-mail			☐ Amendment (∧	flust Provide Explanation in Part 3.)
		ŀ	!!		Date of Original Fil	lina:
454m2m	510.383.4801	idelafuente2012@	gmaii.com			(month, day, year)
2.	Function or Event Infor	mation				60.00
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass	\$
	Event Description: Pepe Ag	uliar		oate(s)03	<u>/ 09 / 18</u>	
		Provide Title/ Expl	anation			
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □ If	no:	Name of Source	
	Was ticket distribution made	e at the behest Yes	□ No⊠ If	yes:	Official's Name (Last, i	
	of agency official?				Official's Name (Last, i	First)
	Use Section A to identify the ager A. Name of Agency, Department		• Use Section B to i Number of Ticket(s)/ Passes			identify an outside organization. e pursuant to the agency's policy
	B. Name of Ind. (Last, Fir		Number of Ticket(s)/ Passes		Identify one of	
	De La Fuente, Ignacio		4	If checi	king "Ceremonial Role" or "Ott	ner 🗵 Income 🔲 her" describe below: nmunity groups to utilize the
				1	nonial Role Oth king "Ceremonial Role" or "Oth	ner Income Incom
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose mad	e pursuant to the agency's policy
•						
1.		PC Regulations 1894	4.1 and 18942.	I have verified i	that the distribution :	set forth above, is in accordance
	with the requirements. Signature of Agency Head or Design		De La Fuente		DACCA Commissi	oner 2.28.18 (month, day, year)
ı	Comment:	lee I	THE INGIST		ride	(month, day, year)

Δ	Pi	uhl	lic	Do	CL	ım	en	1

Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title)			
Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner		Date Stamp California Form	: (0)/2
Ignacio De La Fuente, OACCA Commissioner	O	For Official Us	e Only
Designated Agency Contact (Name, 1889)			
Area Code/Phone Number E-mail		Amendment (Must Provide Explanation in P	art 3.)
		Date of Original Filing:	
510.383.4801 idelafuente2012@	igmail.com	(month, day, year)	
Function or Event Information		150.00	
Does the agency have a ticket policy? Yes	No ☐ Face Value	e of Each Ticket/Pass \$ 150.00	
Event Description: Lorde	Date(s)(<u> </u>	
Provide Title/ Expla	anation		
Ticket(s)/Pass(es) provided by agency? Yes	No ☐ If no:	Name of Source	
Man ticket distribution made at the helpet V	□ No 🖾 If yes:		
Was ticket distribution made at the behest γes of agency official?	L NOK	Official's Name (Last, First)	
or agericy emotar.			www.wise.wise.wise.wise.wise.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:	
		Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: stigate efficiencies of operations of various are events that occur at Coliseum Complex	Income
De La Fuente, Ignacio	i land oth		sporting
De La Fuente, Ignacio		Ceremonial Role Other If the checking "Ceremonial Role" or "Other" describe below:	sporting Income
De La Fuente, Ignacio C. Name of Outside Organization (include address and description)	Number		Income
Name of Outside Organization	Number of Ticket(s)/ Descr	If checking "Ceremonial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description) Verification	Number of Ticket(s)/ Passes	If checking "Ceremonial Role" or "Other" describe below: ribe the public purpose made pursuant to the agency	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	If checking "Ceremonial Role" or "Other" describe below: ribe the public purpose made pursuant to the agency	Income
	I I I I I I I I I I I I I I I I I I I	If checking "Ceremonial Role" or "Other" describe below:	

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Agency Report of: Ceremonial Role Events and Ticket/P	ass Distri	butions		A Public Documen
1. Agency Name		gallan kanasusus arraman kanasus arraman arraman arraman arraman arraman arraman arraman arraman arraman arram	Date Stamp	California 802
Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable)				Form For Official Use Only
Ignacio De La Fuente, OACCA Commissioner				
Designated Agency Contact (Name, Title)				
			Amendment (Ma	ust Provide Explanation in Part 3.)
Area Code/Phone Number E-mail			Date of Original Fili	an'
510.383.4801 idelafuente2012@g	gmail.com		Date of Original 1 in	(month, day, year)
2. Function or Event Information	_			. 60 00
		40	Each Ticket/Pass \$	la a ell
Event Description: Disney on Ice Provide Title/ Explain		ate(s)	c appal	
Ticket(s)/Pass(es) provided by agency? Yes [⊠ No 🔲 If	no:	Name of Course	
Was ticket distribution made at the behest Yes [T No.⊠ If	yes:	Name of Source	
of agency official?	I NO Z	,	Official's Name (Last, Fi	irst)
3. Recipients				resons enteres cuitare cuita cui anno anno anno anno anno anno anno ann
• Use Section A to identify the agency's department or unit.	Use Section B to i	dentify an individ	ual. • Use Section C to i	dentify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the	e public purpose made	pursuant to the agency's policy
	Passes			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		identify one of t	he following:
De La Fuente, Ignacio				Income [
, g	4	to provide op facility	ing "Ceremonial Role" or "Othe portunities to com	n' describe below: munity groups to utilize the
		1	onial Role Othe ing "Ceremonial Role" or "Othe	er
Nome of Outside Occasionists	Number			
C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe the	public purpose made	pursuant to the agency's policy
2				
4. Verification	<u> </u>			
I have read and understand FPPC Regulations 18944 with the reguirements.	.1 and 18942.	l have verified t	hat the distribution se	et forth above, is in accordanc
	De La Fuente	C	ACCA Commissio	ner 2.28.18
C B A C C C C C C C C C C C C C C C C C	rint Name		Title	(month, day, year)
Comment:				

Ignacio De La Fuente

Disney on Ice

•	DOI	2.28.18	(4) tickets
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- 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	Date Stamp	California 802
Oakland Alameda County Coliseum Authority		F01111

•	Agency Name Oakland Alameda County C	oliseum Authority			Date Stamp	Form 802
	Division, Department, or Regi					For Official Use Only
	Chris Dobbins, OACCA Con					
	Designated Agency Contact (
		. ,				
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
	510.383.4801	chrisdobbinslaw@y	ahoo.com		Date of Original Filing	:(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes ሾ	No ☐ F	ace Value of	Each Ticket/Pass \$	60.00
	Event Description: Disney C		_ · · · <u></u>	late(e)	, Sea, Atta	ched,
	Event Description.	Provide Title/ Explan	ation	/atc(3)	/	
	Ticket(s)/Pass(es) provided	by agency? Yes ∑	☑ No□ If	no:	Name of Source	
	Was ticket distribution made	at the hehest Voc C	T No⊠ ^{[f}	yes:		
	of agency official?	, at the period: Tes L] 1002	•	Official's Name (Last, Firs	t)
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3.	Recipients • Use Section A to identify the agen		Un-Cration D to 2	Acutify on individ	lual A Has Saction C to ide	ontify an outside organization
	• Use Section A to identity the agen	cy's department or unit.	Number			
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy
			1 40000			
	B. Name of Ind		Number of Ticket(s)/		Identify one of the	e following:
	(Last, Fir	st)	Passes			
	Dobbins, Chris			If chec	monial Role D Other king "Ceremonial Role" or "Other"	describe below:
			4	to provide o	pportunities to comm	nunity groups to utilize the
				facility	nonial Role Other	Income
				1	king "Ceremonial Role" or "Other"	
	Name of Outside O	rganization	Number	Doccribe th	o nublic purpose made n	oursuant to the agency's policy
	C. (include address and		of Ticket(s)/ Passes	Describe ii	ie public purpose made p	arount to the agency o pointy
A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						
4.	Verification	700 D	4 1 400 40	l hava vedtie d	that the distribution	t forth above is in considerate
	I have read and underst and FE with the requirements.	PC Regulations 18944.	.1 and 18942.	i nave verilled	that the distribution set	: IOIIII above, is in accordance
	(LUC)	Chris	s Dobbins	í	OACCA Commission	ner 2.28.18
	Signature of Agency Head or Design		int 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

Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
1. Agency Name	Date Stamp	California 802
Oakland Alameda County Coliseum Authority		Form CV4

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Chris Dobbins, OACCA Cor	nmissioner				
	Designated Agency Contact (Name, Title)				
					Amendment (Musi	t Provide Explanation in Part 3.}
	Area Code/Phone Number	E-mail				
CVC1M2222	510.383.4801	chrisdobbinslaw@y	/ahoo.com		Date of Original Filing	g:(month, day, year)
2.	Function or Event Infor	mation				00.00
	Does the agency have a tick	ret policy? Yes [⊠ No∏ F	ace Value of	Each Ticket/Pass \$.	60.00
	Event Description: Pepe Ag	uilar Provide Title/ Explai		Date(s)03	<u>/ 09 / 18</u>	
	Ticket(s)/Pass(es) provided			no:	Name of Source	
	Was ticket distribution made	at the beheef .v [⊐ N. Eer If	yes:		
	of agency official?	at the penest Yes [」No⊠ "	y 6 0	Official's Name (Last, Firs	t
3.	Recipients				777764001511700172047777612211144230000440000512222222222222222222222222222	1888 maka liikis marandan asaa marandak asa asaa marana asaa asaa asaa asaa asaa asaa asaa
	Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	dentify an individ	lual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
	-					
	•					
	B. Name of Indi (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the	e following:
	Dobbins, Chris				nonial Role Other	
			4	to provide or	pportunities to comm	nunity groups to utilize the
				1	nonial Role Other	
				1 0//00/	ing colonoma release to strong	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
	-		1 43363			
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		шканизициральная анилиппининин параганальная				
1.	Verification					
	Lhave read and understand FP with the requirements.	PC Regulations 18944	.1 and 18942.	l have verified t	that the distribution set	forth above, is in accordance
	W	Chris	s Dobbins		DACCA Commission	er 2.28.18
~	Signature of Agency Head or Design	ee Pi	int Name)	Title	(month, day, year)
	Comment:					

1. <i>F</i>	gency Name	india and place and an individual appropriate plut plut plut plut plut plut plut plut		Date Stamp	Califo	rnia 💿 🗛
	Dakland Alameda County Coliseum Authority			·	For	88888888888888888888888888888888888888
Ē	ivision, Department, or Region (if applicable)				For O	official Use Only
(Chris Dobbins, OACCA Commissioner					
Ī	esignated Agency Contact (Name, Title)					
				Amendment (Must Provide Evelons	ation in Flori 2 \
Ā	rea Code/Phone Number E-mail			LI Amendment (wust Fronde Explana	auon in Fan 3.)
ŧ	510.383.4801 chrisdobbinslaw@y	ahoo.com		Date of Original Fi	iling:(month, da	ay, year)
2. 1	Function or Event Information		The state of the s			
[Ooes the agency have a ticket policy? Yes β	No□ F	ace Value of	Each Ticket/Pass	\$ 150.00	
					1	
t	Event Description: Lorde Provide Title/ Explan	ation	Date(s)	,	/_	
7	·		f no:			
				Name of Source		
1	Vas ticket distribution made at the behest Yes] No⊠ ^{I1}	f yes:	Official's Name (Last,	First)	
	of agency official?					
		Number	· 🌉 - 1 、 1 、 1 、 1 、 1 、 1 、 1 、 1 、 1 、 1			
	A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe th	e public purpose mad	de pursuant to the	agency's policy
	B. Name of Individual (Last, First)	Passes Number of Ticket(s)/	Describe th		de pursuant to the	agency's policy
	B. Name of Individual (Last, First)	Passes Number		Identify one o	f the following:	
	B. Name of Individual	Passes Number of Ticket(s)/	Cerem If check to investigate	Identify one o	f the following: her ⊠ ther describe below: perations of va	Income E
	B. Name of Individual (Last, First)	Number of Ticket(s)/	Cerem If check to investigate and other ev Cerem	identify one o conial Role □ Ot cing "Ceremonial Role" or "Ot e efficiencies of o cents that occur a	f the following: her ⊠ ther" describe below: perations of va t Coliseum Cor	Income [trious sporting mplex
	B. Name of Individual (Last, First)	Number of Ticket(s)/	Cerem If check to investigate and other ev Cerem If check	identify one o conial Role □ Or cing "Ceremonial Role" or "Or e efficiencies of or ents that occur a conial Role □ Or	f the following: ther 🗵 ther" describe below: perations of va t Coliseum Cor ther 🔲 ther" describe below:	Income [trious sporting mplex Income [
	B. Name of Individual (Last, First) Dobbins, Chris	Number of Ticket(s)/ Passes 2 Number of Ticket(s)/	Cerem If check to investigate and other ev Cerem If check	Identify one o	f the following: ther 🗵 ther" describe below: perations of va t Coliseum Cor ther 🔲 ther" describe below:	Income [trious sporting mplex Income [
	B. Name of Individual (Last, First) Dobbins, Chris C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes 2 Number of Ticket(s)/	Cerem If check to investigate and other ev Cerem If check	Identify one o	f the following: ther 🗵 ther" describe below: perations of va t Coliseum Cor ther 🔲 ther" describe below:	Income [trious sporting mplex Income [
Ţ	B. Name of Individual (Last, First) Dobbins, Chris	Number of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	Cerem If check to investigate and other ev Cerem If check	identify one o	f the following: her wher describe below: perations of va t Coliseum Cor ther ther describe below:	Income [urious sporting mplex Income [agency's policy
Ţ	B. Name of Individual (Last, First) Dobbins, Chris C. Name of Outside Organization (Include address and description) Verification have read and understand FPPC Regulations 18944. ith the requirements.	Number of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	Cerem If check to investigate and other ev Cerem If check Describe the	identify one o	f the following: ther ther describe below: perations of va t Coliseum Cor ther ther describe below:	Income [urious sporting mplex Income [agency's policy

1	. Agency Name			Date Stamp	California Q02
	Oakland Alameda County Coli		ority		Form 002
	Division, Department, or Region (If Applicable	e)			For Official Use Only
	Yui Hay Lee, Commissioner				
	Designated Agency Contact (Name, Tille)			ĺ	
	Area Code/Phone Number E-mail			. [_] Amendment (Must p	rovide explanation in Part 3.)
	(510 836-6688 x 10) YuiH	ay@YHLA.ne	et	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	,			1000
	Does the agency have a ticket policy?	Yes No [] Face Value o	of Each Ticket/Pass \$ _	60-
	Event Description Dioners O	n Jac	Date(s)	13 18 01	3418
	Provide Tille/Exp	lanation		Day Sho	ws only)
	Ticket(s)/Pass(es) provided by agency?	Yes□ No□] If no:	Name of So	urco O
	Was ticket distribution made at the behest	No ☐ Yes ☐	7 16	Name of So	uiçe
	of agency official?	NO LI Yes L] If yes:	Official's Name (I	Last, First)
3.	Recipients			***	
	Use Section A to identify the agency's department or	unit. • Use Secti	lon B to identify an Individu	al. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
	Yui Hay Lee, Commissioner	6	#3		
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Other Dan Role" or "Other" describe below:	emoon!
			Ceremonial Role [Other I	Income 🗀
0.000	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lc purpose made pursuant	to the agency's policy
Aurosa					
4.	Signature of Agency Head or Designee	Hay Lee		rth above, is in accordance will CCA Commission Title	the requirements. 2/20/18 (Month, Gay, Year)
	Complent: Day Sho	Ws &	weig -		***************************************
	\sim ()		() =	PPC Tall From Halpling: B	FPPC Form 802 (4/12)

Agency Report of:

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(:erem	onial	Role	Events	and T	icket/Pa	iss Dis	tributions

1. Agency Name	timed COS To the Cost of the C		Date Stamp	California O O O
Oakland Alameda County Coliseum Authority				Form QU4
Division, Department, or Region (If applicable)				For Official Use Only
Office of the City Administrator				
Designated Agency Contact (Name, Title)			,	
Sabrina B. Landreth, City Administrator			☐ Amendment (Must P	rovide Explanation in Part 3.)
Area Code/Phone Number E-mail				LADIANAION IN THE CO.
510-238-3301 slandreth@oakland	dnet.com	:	Date of Original Filing:	(monlh, day, year)
2. Function or Event Information		,		
Does the agency have a ticket policy? Yes [⊠ No⊟ F	ace Value of I	Each Ticket/Pass \$ <u>6</u> 0	0.00
Event Description: DISNEY ON ICE		oate(s)02		
Event Description: Provide Title/ Explai	nation	rate(s)		
Ticket(s)/Pass(es) provided by agency? Yes	⊠ No 🗆 If	no:		
	.,	yes: Landret	Name of Source h Sabrina	
Was ticket distribution made at the behest Yes	⊠ No 🗆 📅	yes: Editarot	Official's Name (Last, First)	
of agency official?				
3. Recipients • Use Section A to identify the agency's department or unit.	Use Section R to i	dentify an individ	ual • Use Section C to ident	ify an outside organization.
HORNER STREET STREET, BUT STREET STREET	Number			
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
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	Number			
B. Name of Individual ((Last, Firs!)	of Ticket(s)/ Passes		Identify one of the f	ollowing:
LODEZ ANCELICA	The art of the real Section	Cerem	nonial Role Other 🗵	Income 🔲
LOPEZ, ANGELICA	2	If check	king "Ceremonial Role" or "Other" de ncentives to City empl	scribe below:
			he Authority.	oyees that provides
		Ceren	nonial Role 🔲 Other 🗀	Income 🗌
		If check	king "Ceremonial Role" or "Other" de	scribe below:
Name of Outside Organization	Number of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy
(Include address and description)	Passes		对为一个的人	
				·
C-V-	ļ			
•				
4. Verification				
i have read and understand FPPC Regulations 18944	i.1 and 18942.	I have verified t	that the distribution set f	orth above, is in accordance
with the requirements.				
	a B. Landreth		City Administrator	04/ /0/2018
Signature of Agency Head or Designee P	rint Name		Title	(month, day, year)
Comment:				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 60.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: DISNEY ON ICE Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other 🗵 Income | SANCHEZ, MARCELINA If checking "Ceremonial Role" or "Other" describe below: 4 To provide incentives to City employees that provides services to the Authority Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

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I have read and understand FPPC Regwith the requirements.	ulations 18944.1 and 18942. I have ve	erified that the distribution set forth	above, is in accordance
	Sabrina B. Landreth	City Administrator	04/1 92018
Signature of Agency Head or Designee	Print Name	Tille	(month, day, year)
Comment:			

1. Agency Name		With the second	Date Stamp	California O O O
Oakland Alameda County Coliseum Authority		٠		Form OU4
Division, Department, or Region (if applicable)	//	ANTONIO DE LA CONTRACTOR DE LA CONTRACTO	·	For Official Use Only
Office of the City Administrator				
Designated Agency Contact (Name, Title)		. (0.3		
Sabrina B. Landreth, City Administrator			Amendment ///www.	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail	·		T Vinenditetir (Mast	toride Explanation in Falt 5.7
510-238-3301 slandreth@oakland	inet.com		Date of Original Filing:	(month, day, year)
2. Function or Event Information	***************************************			COCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCO
Does the agency have a ticket policy? Yes [⊠ No □ Fa	ace Value of I	Each Ticket/Pass \$ <u>6</u>	0.00
Event Description: DISNEY ON ICE			, 02 , 18	, ,
Provide Title/ Explai	nation	ate(5)		
Ticket(s)/Pass(es) provided by agency? Yes	⊠ No 🗆 If	no:		
	14	yes: Landret	Name of Source h. Sabrina	
Was ticket distribution made at the behest Yes	ĭ No □	yes. <u></u>	Official's Name (Last, First)	· ·
of agency official?				
3. Recipients	· · · · · · · · · · · · · · · · · · ·			
Use Section A to identify the agency's department or unit. •	Use Section B to id	lentify an individ	ual. • Use Section C to iden	tify an outside organization.
A Maria Pragonaly Prayallant 20 India	Number	Doposiko ik		
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe in	e public purpose made pul	suant to the agency's policy
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B. Name of Individual	Number of Ticket(s)/		Identify one of the I	following:
(Last, First)	Passes			
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THE CONTRACT	to or a star of the	State of the second	an an bhannaghar ann as 10 an 11 an 12 an 14	and the state of t
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe th		suant to the agency's policy
	Passes	AND TO MENTED TO		AND
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1. Verification				
I have read and understand FPPC Regulations 18944 with the requirements.	.1 and 18942. I	nave verified t	hat the distribution set fo	orth above, is in accordance
	5 1 1 0		04.81.414.4	out tomoso
· ·	B. Landreth		City Administrator	04/ (\circ)/2018 (month, day, year)
Official of Serios Hoad of Designed 1.	mir isanio		FIGO	(month, day, yeal)
Comment:				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 60.00 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: DISNEY ON ICE Date(s) __03__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No 🗆 If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income ___ KIM, PETER If checking "Ceremonial Role" or "Other" describe below: 4 To provide incentives to City employees that provides services to the Authority. Income 🔲 Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

have read and understand FPPC Regu with the requirements.	lations 18944.1 and 18942. I have v	erified that the distribution set forth	above, is in accordance
	Sabrina B. Landreth	City Administrator	04/ ⁽⁰ /2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			and the second s

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1.	Agency Name		445 miles - 1 de la companio de la c	The state of the s	Date Stamp	California の介ろ
	Oakland Alameda County C	oliseum Authority				Form OUA
	Division, Department, or Reg	ion (if applicable)	' '-			For Official Use Only
	Office of the City Administra	itor				
	Designated Agency Contact	(Name, Title)			·	
	Sabrina B. Landreth, City A	dministrator			Amondment (Must 6	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Li Amendinent (19/43)	Tovide Explanation in Fait 3.)
	510-238-3301	slandreth@oakland	Inet,com	I	Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation	National Association (Company)	and the second		
	Does the agency have a ticl	ket policy? Yes I	⊠ No□ F	ace Value of I	Each Ticket/Pass \$ <u>3</u>	0.00
	Event Description: PEPE			ate(s) <u>03</u>		1 1
		Provide Title/ Expla	nation	,		
	Ticket(s)/Pass(es) provided	by agency? Yes [⊠ No 🔲 If	no:	Name of Source	
	Was ticket distribution made	at the beheet V	er v. m. lf	yes: Landret	h, Sabrina	
	of agency official?	at the benest Yes	∆ No∐ "	y	Official's Name (Last, First)	
	or agonoy omolar:					
3.	Recipients	***				
	 Use Section A to identify the agen 	cy's department or unit. *	Use Section B to i	dentify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Depa	urtment or Unit	Number of Ticket(s)/	Describe th	e public purpose made pu	suant to the agency's policy
		<u>以。</u> 是第二大的基础。在第二	Passes			
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			S Number			
	B. Name of Indi (Lest, Fir	*:And Track the Control of the Cont	of Ticket(s)/ Passes		Identify one of the I	following:
	ARGUETA, RICARDO			Cerem	nonial Role 🔲 Other 🗵	
	ANGOLIA, NICANDO		2		dng "Ceremonial Role" or "Other" de ncentives to City empl	scribe below:
					he Authority.	oyees that provides
				Cerem	onlal Role Other	Income 🗌
				If check	ding "Ceremonial Role" or "Other" de	scribe below:
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	Name of Outside O		Number of Ticket(s)/	Describe the	e public purpose made nur	suant to the agency's policy
	(include address and	description)	Passes		DESCRIPTION OF THE PROPERTY OF	
·······				the second secon	Populario e e de la companya de la c	
ŀ.	Verification					
	I have read and understand FP	PC Regulations 18944	.1 and 18942. I	have verified to	hat the distribution set fo	orth above, is in accordance
	with the requirements.					
			B. Landreth		City Administrator	04/ <i>[</i> 04/ 02018
	Signature of Agency Head or Design	ee Pr	int Name		Title	(monlh, day, year)
	Comment:					
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1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C				. ·	Form OUA For Official Use Only
	Office of the City Administra					. or omercial date orlly
	Office of the City Administration Designated Agency Contact				ļ ·	
				,	***************************************	
	Sabrina B. Landreth, City Adarea Code/Phone Number	dministrator I E-mail			Amendment (Mus	st Provide Explanation in Part 3.)
			4		Date of Original Filing	n·
-	510-238-3301	slandreth@oakland	unet.com	Down Oversign billion of State Common State	Date of Original Film	g:(month, day, year)
2.	Function or Event Infor	mation				00.00
	Does the agency have a tick	ket policy? Yes	⊠ No□ F	ace Value of I	Each Ticket/Pass \$.	30,00
	Event Description: PEPE	AQUILAR		Date(s)03/	<u>, 09 , 18</u>	1 1
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🗌 II	f no:	Name of Source	
	Was ticket distribution made	at the hehest ver	XI Ni~ [1	f yes: <u>Landretl</u>	h, Sabrina	
	of agency official?	Service Schede Yes	ĭ No □ "	, - 	Official's Name (Last, Firs	st)
		***************************************	***************************************		haranga pangangan na pangangan n	
3.	Recipients					
	Use Section A to identify the agen	ncy's department or unit. •		identify an individ	ual. • Use Section C to ide	entify an outside organization.
	Д. Name of Agency, Depa	ırtment or Unit	Number of Ticket(s)/	Describe the	e public purpose made p	pursuant to the agency's policy
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	等数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据	· · · · · · · · · · · · · · · · · · ·	Number		AND ASSESSED TO PERSONAL PROPERTY.	
	B. Name of Indi (Last, Fire		of Ticket(s)/		Identify one of the	AT I STUDEN WELVELOWS TO A SECTION OF A USE OF A SECTION
	Provide Andrews Strategy Commencer (Commencer Commencer	grantete et et strote fizielle i 1941 (d.E.E.E.E.E.	\$000B	Coron	onial Role 🔲 Other	⊠ Income □
	MEAN, EMILIO		2	If check	ring "Ceremonial Role" or "Other"	describe below:
			-	services to the		ployees that provides
	Be-15-demonstrate (Control of Control of Con	C-25000	<u> </u>	1	onial Role Other	☐ Income ☐
					ing "Ceremonial Role" or "Other"	
			<u></u>			
	Name of Outside O	rganization	Number of Ticket(s)/	Describe the	3 public purpose made n	ursuant to the agency's policy
	(include address and	description)	Passes.	20011105,000	parpose made p	to are agency is policy
						
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	Verification					
	I have read and understand FP	PC Regulations 18944 -	.1 and 18942.	l have verified ti	hat the distribution set	forth above, is in accordance
	with the requirements.				- 4:	
	Signature of Assessible 1		B. Landreth		City Administrator	04/(^D /2018
	Signature of Agency Head or Design	ee Pi	rint Name		Title	(month, day, year)
	Comment:			LANCES FOR THE POST OF THE POS	Pd	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Oakland Alameda County Coliseum Authority Form For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 Date of Original Filing: slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Yes ⊠ No ☐ Face Value of Each Ticket/Pass \$ 150.00 Does the agency have a ticket policy? Event Description: LORDE Date(s) __03__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income ACOSTA, GARCIA RICARDO if checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role 🔲 Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description)

4. Verification

Comment:

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

	Sabrina B. Landreth	City Administrator	04/
Signature of Agency Head or Designee	Print Name	Title	(m

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** RSavage@coliseum.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 60.00 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Disney On Ice Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Namerof Agency, Departmento (Enlis Other X Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income 🔲 Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Rewarding a school or nonprofit for their service to the Seneca Center 6925 Chabot Road, Oakland community Mental Health Services 4. Verification perstand FPFI Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I have read and un OACCA Commissioner 2/16/18 Lynette McElhaney (month, day, year) Print Name

Comment:

Ceremonial Role Even	ts and Ticket/Pa	ass Distribu	utions		A Public D	
. Agency Name			and the second s	Date Stamp	Califor	^{nia} 802
Oakland Alameda County C	Coliseum Authority			•	\$2000 BERTHAM	icial Use Only
Division, Department, or Reg	ion (if applicable)				7,01 011	ICIAL DAG OTHY
Lynette Gibson McElhaney		n				
Designated Agency Contact						
Renee Savage - OACCA E				Amendment (M	ust Provide Explanati	ion in Part 3.)
Area Code/Phone Number	E-mall			Date of Original Fill	ng:	
510.383.4801	RSavage@coliseur	m.com			ng:(month, day	(, year)
. Function or Event Info	mation				304.80	
Does the agency have a tic	ket policy? Yes [Each Ticket/Pass \$	5	
Event Description: Warriors	s vs Nets	Dat	e(s) <u>03</u>	, 06 , 18		
	Provide Title/Explai	nation				
Ticket(s)/Pass(es) provided	I by agency? Yes		o:	Name of Source	·	***************************************
Was ticket distribution mad	e at the behest Yes	No □ If y	_{es:} <u>Lynette</u>	McElhaney Official's Name (Last, F	First)	<u> </u>
of agency official?				Ombiai a Nome (Euro)		
	·	tinensissi <mark>täyteteiteiteisissi on ja ja 1</mark> 460 on	www.commonwere		and property and the second	Military and the International Section 1999
 Recipients Use Section A to identify the age 		Use Section B to ide	ntify an individ	inal. • Use Section C to	identify an outside	organization.
Use Section A to identify the ago	neys department of time.					
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3) a Walie of h	olviduai .	Number of Hoxel(e)		alidentify one of	(ite following)	
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,			Rewarding City of Oakl	a community activi	ist for his/her s	ervice to the
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with the requirements.	The state of the s	4+ Ma⊏lbanas		OACCA Commiss	ioner	2/16/18
Black of Academic State of Co. Dec.		te McElhaney Print Name		Title		(month, day, year,
Signature of Agency Head or De	MAILES A					
Comment:						

Agency Report of: Ceremonial Role Even	ts and Ticket/Pa	ss Distrib	utions		A Public Document
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Oakland Alameda County C	Coliseum Authority				
Division, Department, or Reg	ion (if applicable)	,	· · · · · · · · · · · · · · · · · · ·		For Official Use Only
Lynette Gibson McElhaney					
Designated Agency Contact	(Name Title)		· · · · · · · · · · · · · · · · · · ·	·	
Renee Savage - OACCA E					st Provide Explanation in Part 3.)
	IE-mail			Amenament (Mu	st Provide Explanation fire an o.,
Area Code/Phone Number 510.383.4801	RSavage@coliseum	.com		Date of Original Filir	ng:(month, day, year)
2. Function or Event Info	rmation				60.00
Does the agency have a tic	ket policy? Yes 🗵	No□ Fa	ce Value of	Each Ticket/Pass \$	
Event Description: Disney			nte(s) <u>03</u>	<u>/ 03 / 18</u>	
Ticket(s)/Pass(es) provided	d by agency? Yes ⊠	No□ If i	10:	Name of Source	
			, Lynette	McElhaney	
Was ticket distribution mad of agency official?	le at the behest Yes 🛚] No □ " ¹	yes. <u> </u>	Officiel's Name (Last, F	irst)
3. Recipients • Use Section A to identify the ag Name of Agenty 199		Jse Section B to id Number Joseph State Passes	entify an indivi	dual. • Use Section C to	identify an outside organization.
Big Agms of Least	raficiatie G (8) (##	Aumpers Efficiency - Pastra	Con	identily:ante of	ithis ribiliowing.
Towers, Antoine		2	Rewarding City of Oal	ecking "Ceremonial Role" or "Oll a community activ (land	ner describe below: ist for his/her service to the
			Cere If ch	emonial Role	ner
3. Name of Course of Cours	e opsanization anti description	Number Stratovicke Region	U as terion	Ricephielle purpose mad	e ក្រោតពុធវា (១៩) ខេត្តបញ្ជូន (១៩) (៤)
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A Verkinstian //	23				
4. Verification I have read and understand with the requirements.	Regulations 1894	4.1 and 18942.	I have verifie		set forth above, is in accordan
Signature of Agency Head or D		e McElhaney Print Name	· ·	OACCA Commiss	sioner -4/ 3/18 (month, day, year
Comment:			<u> </u>		A CONTRACTOR OF STREET

Agency Report of: Ceremonial Role Even	ts and Ticket/Pa	ss Distrib	utions		A Public Do	
1. Agency Name			and the second s	Date Stamp	California Form	802
Oakland Alameda County C	Coliseum Authority					
Division, Department, or Reg	ion (if applicable)				For Officia	I Use Only
Lynette Gibson McElhaney						
Designated Agency Contact	(Name Title)		******			
Renee Savage - OACCA E				C Amandmant ///	ust Provide Explanation	in Part 3.)
Area Code/Phone Number	TE-mail			Miteriament (w	use i rovide Explanation	
510.383.4801	RSavage@coliseum	.com		Date of Original Fili	ing:(month, day, ye	ear)
2. Function or Event Info		P.	Makin of	Each Ticket/Pass	s 304.80	
Does the agency have a tic						
Event Description: Warrior	s vs Spurs Provide Title/ Explana	Da	ate(s) <u>03</u>	<u> </u>		
Ticket(s)/Pass(es) provided	by agency? Yes ⊠]No□ If	10:	Name of Source		
Was ticket distribution mad of agency official?	le at the behest Yes ⊠	No□ If y	yes: <u>Lynette</u>	McElhaney Official's Name (Last, i	First)	
3. Recipients				1 1 . II. Carties Cto	. Hantifir an autside ar	ganization.
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Signature of Agency Head or Bo	· · · · · · · · · · · · · · · · · · ·	e McElhaney Print Name		OACCA Commis		month, day, year)
Comment:						· · · · · · · · · · · · · · · · · · ·

Agency Report of. Ceremonial Role Even	its and Ticket/Pa	ass Distrib	utions		A Public D	ocument
I. Agency Name Oakland Alameda County C	Coliseum Authority			Date Stamp	Californi Form	a 802
Division, Department, or Reg	jion (if applicable)				1 (31.3	,
Lynette Gibson McElhaney		n				
Designated Agency Contact						
Renee Savage - OACCA E				☐ Amendment (Mu	st Provide Explanatio	n in Part 3.)
Area Code/Phone Number	E-mail			Date of Original Fili	ng:	(Agr)
510.383.4801	RSavage@coliseur	II.COIII			(monut, day,	your,
2. Function or Event Info		_	X 4	Each Ticket/Pass \$	304.80	
Does the agency have a tic					1	
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I have read and understand	FPPC Regulations 1894 אים	44.1 and 18942.	l have verifie	d that the distribution	set forth above,	is in accordance
with the requirements.	<i>[]</i>	tta MaElbanau		OACCA Commiss	lioner	2/16/18
Apartica of America Head of De	7600	tte McElhaney Print Name		Title	40.101	(month, day, year)
Signature of Agency freed of De						
Comment:						

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 RSavage@coliseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: Warriors vs Hawks 23 / Date(s) -Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Other 🔀 Ceremonial Role McElhaney, Clarence If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a community activist for his/her service to the City of Oakland Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:

(include address and descripto			
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. Verification I have read and understand MAC Regul	lations 18944.1 and 18942.	I have verified that the distribution set forth	above, is in accordance
with the requirements.	Lynette McElhaney		2/16/18
Signature of Agency Head or Designee	Print Name	Tille	(month, day, year)

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 E-mail	Seremonial Role Events	and Ticket/Pas	ss Distribu	tions	A	Public Document
Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, 718) Renee Savage - OACCA Executive Assistant Area Code/Phone Number E-mail Sto.383 4801 RSavage@coliseum.com Date of Original Filing:	. Agency Name				Date Stamp	California 802
Lynette Gibson McElhaney , OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Area Code/Phone Number E-mail			<u> </u>	<u> </u>		For Official Use Only
Designated Agency Contact (Name 7/le) Renee Savage - OACCA Executive Assistant						
Amendment (Must Provide Explanation in Port 3.) Area Code/Phone Number E-mail Stavage@coliseum.com Date of Original Filing:					, ,	
Area Code/Phone Number 510.383.4801 E-mail RSavage@coliseum.com Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 304.80 Event Description: Warriors vs Bucks Event Description: Warriors vs Bucks Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no:					Amendment (Must I	Provide Explanation in Part 3.)
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Does the agency have a ticket policy? Yes \ No \ Date(s) = Face Value of Each Ticket(Pass \$ \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	510.383.4801 R	Savage@coliseum	com	<u> </u>	Date of Original Filing:	(month, day, year)
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Lynette McElhaney OACCA Commissioner 2/16/18	With the requirements.	/ I vnotte	McElhanev		OACCA Commission	ner 2/16/18
	Signature of Agency Head or Designer					(month, day, year)
Comment:	Comment:					

Agency Report of:

Agency Report of Ceremonial Role		cket/Pass Distri	butions	A	Public Document
1. Agency Name				Date Stamp	California RN2
Oakland Alameda Co	ounty Coliseum Autl	hority			Form QU/4
Division, Department,	or Region (if applicable	le)	·		For Official Use Only
Lynette Gibson McE	lhaney , OACCA Co	mmission			
Designated Agency C	ontact (Name, Title)	- Western , With the t			,
Renee Savage - OA	CCA Executive Assi	stant		☐ Amendment (Must	Provide Explanation in Part 3.)
Area Code/Phone Nur	nber E-mail				, 194129 Explanation in the end of
510.383.4801	RSavage@	coliseum.com		Date of Original Filling:	:(month, day, year)
2. Function or Even		_			60.00
Does the agency ha	•			Each Ticket/Pass \$ _	
Event Description: $\underline{\Gamma}$	isney on Ice	D	ate(s)	<u>/ 04 / 18</u>	
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Miller, Annette		2	If chec		
	•			monial Role Other l king "Ceremonial Role" or "Other" o	
C. Linguis Alamsion.	Olijalug Organizatlen Gressamu description	Number offickile/ Rander:		Asigotellsaggrade grande d	nguant to/the againg/leanothy.
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Signature of Agency Hea	d or Designee	Print Name	de la constitución de la constit	Tille	(month, day, year)

Comment: __

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 Resavage@coliseum.com Part 3.) For Official Use Only For Off	gency Report of. Ceremonial Role Event	ts and Ticket/Pa	ss Distributio	ns	A Public Document
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 E-mail 510.383.4801 RSavage@coliseum.com Date of Original Filling: (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 Y Familia Date(s) 03 09 18				Date Stamp	
Lynette Gibson McElhaney , OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Area Code/Phone Number E-mail Date of Original Filling:	Oakland Alameda County C				
Per Aguilar Y Familia Provide Title/ Explanation Part Solve (S)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Was ticket distribution made at the behest Yes ☑ No ☐ If yes: Lynette McElhaney Official's Name (Last, First) Oate of Original Filing:					1 of Ottomic one only
Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filling:			4-		
Area Code/Phone Number 510.383.4801 RSavage@coliseum.com Date of Original Filing:					
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City of Oakland	,		City	of Oakland	
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with the requirements of the second s	I have fead ∕and understand l	# ####################################	, 1 anu 10942, 1 nav o	YOURS IN A SECOND	7 1
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Signature of Agency Head or Designee Print Name Title (month, day	with the require the fits to	Lynette	• McElhaney	OACCA Commis	sioner 3/, 18 -4/3/18
Comment:	with the require the fits to	Lynette	•		3/1/8

Agency Report of:

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and the same of th	Agency Name	***			Date Stamp	California 802
	Oakland Alameda County (Coliseum Authori	ty			
	Division, Department, or Reg		# 4000-0-000-000			For Official Use Only
	Lynette Gibson McElhaney	, OACCA Comm	nission			
	Designated Agency Contact		•	- 100 Me - 111 May - 1 may		
	Renee Savage - OACCA E	xecutive Assista	nt		☐ Amendment /M/s	t Provide Explanation in Part 3.)
:	Area Code/Phone Number	E-mail	AND THE PROPERTY OF THE PARTY O		Americano (mass	Tryonas Explanation for on the
	510.383.4801	RSavage@co	liseum.com		Date of Original Filing	(month, day, year)
2.	Function or Event Info	mation				60.00
	Does the agency have a tic	ket policy?	Yes⊠ No∏ Fa	ce Value of	Each Ticket/Pass \$.	00.00
	Event Description: Harlem	Globetrotters	Da	te(s) 03	<u>/ 02 / 18</u>	
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	of agency official?	o at the beneat	TES ET INO ET		Official's Name (Last, Firs	it)
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	 Use Section A to identify the age 	ncy's department or u		entify an individ	lual. • Use Section C to ide	entify an outside organization.
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		() L	ynette McElhaney		OACCA Commission	ner = 1/3/18
	Signature of Agency Head or Desi		Print Name	····	Title	(month, day, year)

Comment: _

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . chrisdobbinslaw@yahoo.com (month, day, year) 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No □ Event Description: Conversation w/Michelle Obama Date(s) __03__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: . Yes 🗵 No 🗌 Name of Source If yes: , Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) Passes Income __ Other X Ceremonial Role Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to provide opportunities for community groups to utilize the facility Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes 4. Verification 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. 03.20.18 **OACCA** Commissioner Chris Dobbins (month, day, year) Print Name Signature of Agency Head or Designee

Comment: _

Agency Report of:

_	• _	-	_ 1 _ 100			TE	F	
Cer	emonia	II K	oie t	:vents	ana	HCKET/Pass	Distributions	5

1.	Agency Name				Date Stamp	California O O O	
	Oakland Alameda County C	oliseum Authority				Form OU4	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Ignacio De La Fuente, OAC	CA Commissioner					
	Designated Agency Contact (Name,Title)					
					Amendment /Musi	t Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			,		
	510.383.4801	idelafuente2012@g	gmail.com		Date of Original Filing	j:(month, day, year)	
2.	Function or Event Infor	nation					
	Does the agency have a tick	ret policy? Yes [⊠ No□ F	ace Value of I	Each Ticket/Pass \$ ـ		
	Event Description: Converse	ation w/Michelle Oba	ıma	Date(s)03			
	Ticket(s)/Pass(es) provided	Provide Title/Explai		i no:			
	ricket(s)/Fass(es) provided	by agency: Yes [⊠ No 🔲 If	11U	Name of Source		
	Was ticket distribution made of agency official?	at the behest Yes [□ No⊠ If	yes:	Official's Name (Last, First	<i>t</i>)	
	or agency official?						
3.	Recipients						
	Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	dentify an individ	ual. • Use Section C to ide	entify an outside organization.	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pi	ursuant to the agency's policy	
				1.1.			
	B. Name of Indi (Last, Firs	大大 医皮肤电压 电压 医二氏性 化二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	Number of Ticket(s)/ Passes		ldentify one of the following:		
	De La Fuente, Ignacio			Ceremonial Role Other I			
			2	to provide op	pportunities for comn	nunity groups to utilize the	
				facility			
				1	onial Role Other Other on "Other" of "Other		
	Name of Outside Or	ganization	Number				
	C. (include address and		of Ticket(s)/ Passes	Describe the	public purpose made pu	irsuant to the agency's policy	
						•••	
	Verification						
	I have read and understand FP with the requirements.	ීර Regulations 18944.	.1 and 18942. I	have verified ti	hat the distribution set	forth above, is in accordance	
	Millian bo	Ianacio I	De La Fuente	C	ACCA Commissione	er 03.20.18	
	Signature of Agency Head or Designa	_	int Name		Title	(month, day, year)	
	Camananti						
1	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form Oakland/Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) OACCA Commissioner Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 1,000.00 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Michelle Obama Date(s) _____/ 28 / Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ Name of Source Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 3. Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes **DISTRICT 4** 2 To reward a county employee for his or her exemplary service to the public Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes Income 🔲 Ceremonial Role Other 🔲 If checking "Coremonial Role" or "Other" describe below. Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes

4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance the requirements 3.27.2018 **Ticket Administrator** Lee Ann Fergerson (month, day, year) Print Name Title Signature of Agendy Head or Designee Comment: FPPC Form 802 (2/2016) Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name Form Oakland/Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) **OACCA** Commissioner Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Date(s) __3 / 6 / Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: of Ticket(s)/ B. (Last, First) Passes Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Income Other \square Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes La Familia Counseling 2 To reward a school or non-profit organization for 6901 York Drive, #P-1 Dublin, CA its contributions to the community 925-829-4322 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. 2/28/18 **Ticket Administrator** Lee Ann Fergerson (month, day, year) Signature of Agency Head or Designee Print Name 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. 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 California Date Stamp 1. Agency Name Form Oakland/Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) **OACCA Commissioner** Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors vs. Kings Basketball Date(s) __3 / 16 / If no: GSW Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes No □ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ Passes B. (Last, First) Ceremonial Role Other Income __ If checking "Ceremonial Role" or "Other" describe below. Other \square Income __ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Sunol Business Guild To reward a school or non-profit organization for P.O. Box 94 Sunol, CA 94586 its contributions to the community e

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 fequirements.

Lee Ann Fergerson

Ticket Administrator

3/7/18

Signature of Agency Head on Designee

Print Name

Title

(month, day, year)

Comment: proceeds go towards Scouts, CERT (Community Emergeny Response Team), Scholarships or our local K-8

elementary school; Sunol Glen.

_			[11] [[[[[[[[[[[[[[[[[[, ,	i dono boodinent
1.	Agency Name				Date Stamp	California 802
	OAKLAND/ALAMEDA COUNTY COLISEUM AUTHORITY (OACCA) Division, Department, or Region (if applicable)				_	Form OUZ For Official Use Only
		ion (ii applicable)				1 of official ode only
	OACCA Commissioner Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Area Code/Phone Number E-mail					
					Amendment (Must Provide Explanation in Part 3.)	
				Date of Original Fillians		
	510-272-6691	leeann.fergerson@acgov.org			Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	es 🗵 No 🗌	No ☐ Face Value of Each Ticket/Pass \$ 304.80)4.80	
	Event Description: Warriors		Date(s) 3	<u>, 23 , 18</u>		
	Provide Title/ Explanation					
	Ticket(s)/Pass(es) provided by agency? Yes ⊠			No ☐ If no: GSW		Vi
	Mes highest distribution would		Name of Source No. If yes: Haggerty, Scott			
	Was ticket distribution made of agency official?	es 🖾 No 🗌	Official's Name (Last, First)			
	or agency official?					
3.	Recipients					
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individu				idual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s Passes)/ Describe t	Describe the public purpose made pursuant to the agency's policy	
			7 40000			
	B. Name of Individual (Last, First)		Number of Ticket(s Passes)/	Identify one of the following:	
		1 4444			a county sponsored	
	Kumar, Yogindor		2	eve	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.	
				Cere	monial Role Other	Income 🗌
				If che	king "Ceremonial Role" or "Other" describe below:	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s Passes)/ Describe t	Describe the public purpose made pursuant to the agency's policy	
	Marine Control					
4.	Verification	rification				
	I have read and understand FPPC Regulations 18944.1 and 18942. I have verified the with the requirements.				I that the distribution set fo	orth above, is in accordance
	Tulu xixe	Ann Fergerso	n	Ticket Adminstrator	3/14/18	
	Signature of Agency Head on Design		Print Name		Title	(month, day, year)
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form Oakland/Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) **OACCA Commissioner** Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** 510-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 3 8 , Event Description: Warriors Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:		
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
		Ceremonial Role Other Income 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		
The Sports Association of Alameda County Deputy Sheriffs'	2	To reward a school or non-profit organization for		
6689 Owens Drive, Suite 100 Pleasanton, CA 94588		its contributions to the community		

4						
4.	1	OF	11	ca	۲ı	On
mg.	·v	CI		U CI	u	OII

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.				

Helder XR	Lee Ann Fergerson	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

Agency Name Oakland/Alameda County Coliseum Authority Side of the County Coliseum Authority Output Description:					Date Stamp	California 802	
	Division, Department, or Reg	gion (if applicable)				1	For Official Use Only
	OACCA Commissioner						
	Designated Agency Contact	(Name, Title)					
	Lee Ann Fergerson, Ticket	Administrator				Amendment (Must 6	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Amendment (Must A	-rovide Explanation in rait 3.)
	510-272-6691	leeann.ferge	rson@a	acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Info	rmation					
	Does the agency have a tic	ket policy?	Yes D	No □	Face Value of	Each Ticket/Pass \$ 3	04.80
	Event Description: Warriors	3			Date(s)3_		
	Ticket(s)/Pass(es) provided	Provide Titl			If no: GSW		
	ricket(s)/Fass(es) provided	by agency?	resp	No □		Name of Source	
	Was ticket distribution made	e at the behest	Yes P	No []	If yes: Hagger	ty, Scott	-
	of agency official?		100 [Official's Name (Last, First)	
3.	• Use Section A to identify the age A. Name of Agency, Dep		unit. • l	Jse Section B Number of Ticket(s	Т:		tify an outside organization
	A			Passes	,		
					*		
	B. Name of Ind			Number of Ticket(s Passes	y	Identify one of the	following:
					DOMAS CONTACTOR	nonial Role Other C king "Ceremonial Role" or "Other" de	
						nonial Role Other C	
	C. Name of Outside C			Number of Ticket(s Passes)/ Describe th	ne public purpose made pui	rsuant to the agency's policy
	THE NETWORK OF CAR PO Box 5163 Concord CA			2	To re	reward a school or non-profit organization its contributions to the community.	
4.	Verification						
	I have read and understand Fl with the requirements.	PPC Regulations	18944.	1 and 1894	2. I have verified	that the distribution set f	orth above, is in accordance
	Signature of Agency Head on Design			n Fergerso	n	Ticket Administrator	3/1/18 (month, day, year)
	Comment: A non profit org	that feeds the	familie	s of childr	en who are in ho	ospitals	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland/Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) **OACCA** Commissioner Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** 510-272-6691 Tustarrgaze@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Date(s) _ 3 14 Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Mendoza, Dan To promote attendance at a county sponsored 2 event in order to maximize potential county revenue for concession and parking sales. Income Ceremonial Role L Other L If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ticket Administrator 3/20/18 Lee Ann Fergerson (month, day, year) Title Print Name

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form OAKLAND/ALAMEDA COUNTY COLISEUM AUTHORITY For Official Use Only Division, Department, or Region (if applicable) OACCA Commissioner Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** leeann.fergerson@acgov.org 510-272-6691 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: WARRIORS / MILWAUKEE Date(s) __3 / 29 / Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes No □ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes to reward a County employee for his or her exemplary DISTRICT 1 2 service to the public or to encourage staff development Number Name of Individual Identify one of the following: of Ticket(s)/ B. (Last, First) Passes Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other _ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. April 2, 2018 Ticket Administrator Lee Ann Fergerson

Print Name

Signature of Agency Head or Designee

Comment:

(month, day, year)

Title

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

Sabrina B. Landreth

Print Name

Signature of Agency Head or Designee

Comment:

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

City Administrator

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: WARRIORS Date(s) 03 / 27 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income HAMPTON, ALISHA If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Income __ Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description)

1.	. Verification	6:	
	I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution	on set forth above,	is in accordanc
	with the requirements.	120	321

ith the requirements.			
8	Sabrina B. Landreth	City Administrator	04/ (12018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
		8	

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

A Public Document

1.	Agency Name				Date Stamp	California O O O
	Oakland Alameda County C	oliseum Authority		Form 602		
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Office of the City Administra	itor				j
	Designated Agency Contact ((Name, Title)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Sabrina B. Landreth, City Ad	dministrator				
	Area Code/Phone Number	E-mail	, access maybe the		Amendment (Must	Provide Explanation in Part 3.)
	510-238-3301	slandreth@oakland	dnet.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			,	
	Does the agency have a tick	ret policy? Yes	⊠ No□ □	Face Value of	Each Ticket/Pass \$ <u>1</u>	,000.00
	Event Description: MICHEL					
	Event Description:	Provide Title/ Expla	nation	Date(s) <u>03</u>	/ 20 / 10	
	Ticket(s)/Pass(es) provided	•		f no:		
					Name of Source	Mile Navada
	Was ticket distribution made	at the behest Yes [⊠ No 🗆 📗	f yes: Landret	n, Sabrina Official's Name (Last, First)	· · · · · · · · · · · · · · · · · · ·
	of agency official?				Onicial's Name (Last, First)	
3.	Recipients					
٠.	• Use Section A to identify the agen-	cv's denartment or unit. •	Lise Section R to	identify an individ	ual . Has Saction C to iden	tife as autoids succeeded
	REPORT OF STATE OF STATE OF STATE OF	Carrier by the action is as an	Number	7 25 25/25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	uai. Ose section C to iden	uny an outside organization.
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe the		rsuant to the agency's policy
	A CONTRACTOR CONTRACTOR CONTRACTOR		T. A. I. ASSES	2 3 18 4 195 pt. 14 v	<u>koaleksi lavakkan, lestak li viola /kis e</u> Tilonia	<u>andre Maria Habbaran da </u>
						•
			Number	Markey (Strawer Lieu)		
	B. Name of India (Last, Firs		of Ticket(s)/ Passes		Identify one of the i	following:
	COOK ALLYCON	TOP THE CONTRACTOR CONTRACTOR CONTRACTOR	4. 4. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	Cerem	onial Role Other D	Income
	COOK, ALLYSON		2	If checki	ing "Ceremonial Role" or "Other" de	scribe below:
			<u></u>	services to the	ncentives to City empl	loyees that provides
				1	onial Role Other	Income [
				1	ing "Ceremonial Role" or "Other" de	
			,			
	Name of Outside Or	ganization	Number	39427 997 3		
	(include address and	description)	of Ticket(s)/ Passes	Describe the	 M. M. H. M. M. Martin, Phys. Lett. B 51 (1994) 199 (1994) 1870 (1994). 	suant to the agency's policy
						
					•	
ļ. '	Verification					
	I have read and understand FPF	PC Regulations 18944.	1 and 18942.	l have verified th	nat the distribution set fo	orth above, is in accordance
	with the requirements.					in another to my docerating
		Sabrina	B. Landreth		City Administrator	04/ ⁶ /2018
•	Signature of Agency Head or Designe		int Name		Title	(month, day, year)
	Comment:					29 (4)(2)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document California Date Stamp 1. Agency Name **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** slandreth@oaklandnet.com 510-238-3301 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: WARRIORS Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Identify one of the following: Name of Individual of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Income _ CARTER, DENISE If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 04/ 10 /2018 City Administrator Sabrina B. Landreth (month, day, year)

Print Name

Signature of Agency Head or Designee

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation In Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Date(s) __03 Event Description: __ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes, Other X Ceremonial Role Income **UNABLE TO USE** If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes

4.	V	er	'iti	ca	ti	on	1

verification		# C	
I have read and understand FPPC Regulation with the requirements.	llations 18944.1 and 18942. I have v	erified that the distribution set forth	above, is in accordance
	Sabrina B. Landreth	City Administrator	04/ /0 /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 Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-3301 slandreth@oaklandnet.com **Date of Original Filing:** (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Event Description: -Date(s) _ 03 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: . Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Landreth, Sabrina Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number of Ticket(s)/ Name of Individual Identify one of the following: (Last, First) Passes ACOSTA-GARCIA, RICARDO Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth 04/ /0 /2018 City Administrator

Print Name

Signature of Agency Head or Designee

Comment:

(month, day, year)

Title

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

Comment: ____

Sabrina B. Landreth

Print Name

Signature of Agency Head or Designee

City Administrator

04/ 10/2018

(month, day, year)

Ag Ce	ency Report of: remonial Role Even	ts and Ticket/Pa	ass Distril	butions		A Public Document
	Agency Name			.,,	Date Stamp	California 802
	Oakland-Alameda County C	Coliseum Authority				Form OUZ
	Division, Department, or Reg					For Official Use Only
	Susan S. Muranishi, County		ada County			
	Designated Agency Contact (A SECURITION OF THE PARTY OF TH	odd oddiny			
	hesifugues Wanch courses t	rvania, ruoj			- ~	
78	A Control of the Cont	IE!!			Amendment (Mu	st Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail	_		Date of Original Filir	no:
	(510) 272-3862	countyadministrator	See G.S. LED			(month, day, year)
	Function or Event Infor			\ /-l·· = E	E-sh Tisket/Dees û	35480
	Does the agency have a tick		No D F	ace value of	cacii lickevrass p	
	Event Description: Golden	State Warriors Baske Provide Title/ Explei	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ate(s) <u>03</u>	06 , 18	
	Ticket(s)/Pass(es) provided			00.		
	Ticket(s)/Pass(es) provided	by agency: Yes			Name of Source	
	Was ticket distribution made	e at the behest Yes [J No⊠ If	yes:	Official's Name (Last, Fi	irat)
	of agency official?					
3.	Recipients • Use Section A to identify the ager	ncy's department or unit.	Use Section B to l	dentify an individ	ual. • Use Section C to i	dentify an outside organization.
	1	No. of the state o	Number	1		pursuant to the agency's policy
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes			
	County Administrator's C	Office	2	To promote public & bus	the Coliseum Com inesses to maximiz	plex for use by the general re revenues
	8	77				
	B. Name of Ind (Last, Fil		Number of Ticket(s)/ Passes		identify one of t	
	Ť				nonial Role Othe king "Ceremonial Role" or "Othe	er I Income II sr" describe below:
					nonial Role Other king "Ceremonial Role" or "Other	· · ·
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe ti	ne public purpose made	pursuant to the agency's policy
	:					•
				<u> </u>		
4.	Verification I have read and understand Fl with the requirements.	PPC Regulations 18944	1.1 and 18942.	l have verified	that the distribution s	set forth above, is in accordance
	Fran Murand		S. Muranishi		County Administra	ator 3/30/18 (Month, day, year)
	Comment:	in lea				

Ag Co	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	butions	A	Public Document
1.	Agency Name Oakland-Alameda County C Division, Department, or Regi Susan S. Muranishi, County Designated Agency Contact (ion <i>(if applicable)</i> Administrator, Alam	eda County	1,11.00	Date Stamp	California 802 For Official Use Only
	Area Code/Phone Number (510) 272-3862	E-mail countyadministrato	r@acgov.org		☐ Amendment (Must Pi	rovide Explanation in Part 3.) (month, day, year)
2.	Function or Event Information Does the agency have a tick Event Description: Golden Stricket(s)/Pass(es) provided Was ticket distribution made of agency official?	ket policy? Yes [State Warriors Baske Provide Title/ Explain by agency? Yes [tball pation If	oate(s) <u>03</u>	Each Ticket/Pass \$	304 80
3.	Recipients • Use Section A to identify the agen A, Name of Agency, Depart	Use Section B to i Number of Ticket(s)/ Passes	Describe th	e public purpose made pun	suant to the agency's policy	
	General Services Agency B. Name of Indi (Last, Fin		Number of Ticket(s)/ Passes	Ceren	Identify one of the formal Role Other cong "Ceremontal Role" or "Other" des	ollowing:
	7				nonial Role Other C king "Ceremonial Role" or "Other" des	Income Income
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
4.	Verification I have read and understand FF with the requirements.			l have verified		
	Sus in Shuran Resignature of Agency Head or Design	The state of the s	S. Muranishi rint Name		County Administrator	3/30/(& /(month,/day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions					AP	ublic Document
١,	Agency Name Oakland-Alameda County C Division, Department, or Regi	oliseum Authority	Date Stamp	For Official Use Only		
	Susan S. Muranishi, County Designated Agency Contact (da County	7.		¥
	Area Code/Phone Number	E-mail		.,	Amendment (Must Provi	de Explanation in Part 3.)
	(510) 272-3862	countyadministrator	@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Information Does the agency have a ticket Event Description: Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?	ket policy? Yes D State Warriors Baske Provide Title/ Explan by agency? Yes D	tball D		, 14 , 18	30480
3.		cy's department or unit. • 1	Use Section B to i	dentify an individ	qual. • Use Section C to identify	nn outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes		e public purpose made pursua	
to	County Counsel		2	To promote public & bus	the Coliseum Complex fainesses to maximize rev	or use by the general enues
	B. Name of Ind (Lest, Fir		Number of Ticket(s)/ Passes	Corre	Identify one of the follo	owing:
	à			If chec	iking "Caramonièl Role" or "Other" descri	
					monial Role Cther C iking "Ceremonial Role" or "Other" doscri	pe pelow:
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe ti	ne public purpose made pursu	ant to the agency's policy
4.	Verification I have read and understand Five with the requirements.		.1 and 18942. S. Muranishi	l have verified	that the distribution set fort	h above, is in accordance
	Signature of Agelicy Head or Desig		rint Name		Title	(month, day, year)

Ag Ce	jency Report of: eremonial Role Even	ts and Ticket/Pa	ass Distril	outions	A	Public Document
-	Agency Name				Date Stamp	California 802
***	Qakland-Alameda County C	oliseum Authority				
17	Division, Department, or Regi		9-0-0-			For Official Use Only
	Susan S. Muranishi, County	Administrator, Alame	eda County			
	Designated Agency Contact (
					Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Filing:	
at the	(510) 272-3862	countyadministrator	@acgov.org		Date of Original Fining.	(month, day, year)
2.	Function or Event Infor				E. d. Tisladibasa 6	20489
	Does the agency have a ticl		TH 1 4 AT STATE		Each Ticket/Pass \$ _	
*	Event Description: Golden	State Warriors Baske	tball D	ate(s) <u>03</u>	<u>, 16 , 18 </u>	
		Provide Tibel Explan	auon	no:		
	Ticket(s)/Pass(es) provided	by agency res 2			Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes [] No⊠ ^{If}	yes:	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the age:	ncy's department or unit.	Use Section B to i	dentify an indivi	iual. • Use Section C to ider	ntify an outside organization.
	A, Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes			rsuant to the agency's policy
	Registrar of Voters/Inform	ation Technology	2	To promote public & bus	the Coliseum Comple sinesses to maximize	ex for use by the general revenues
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the	following:
					monial Role Other cking "Ceremonial Role" or "Other" o	
				Cera If cha	monia Role	
	C. Name of Outside 6 (include address an		Number of Ticket(e)/ Passes	Describe t	he public purpose made pu	ursuant to the agency's policy
		·				
4.	Verification I have read and understand F with the requirements.	PPC Regulations 18944	1.1 and 18942.	I have verified	I that the distribution set	forth above, is in accordance
	Community Hold or West		S. Muranishi		County Administrate	or 3/30 (12 (month, day, year)
	Comment				•	

C	eremonial Role Even	ts and Ticket/Pa	ass Distril	outions		A Public	Document
-	Agency Name				Date Stamp	Califo	
	Oakland-Alameda County Administrator, Alameda County					For	Official Use Only
	Division, Department, or Regi		ada Caualu			53457.03	
	Susan S. Muranishi, County Designated Agency Contact (ega County				*
	besidilaten vacues agument	Addition, seem			Amendment (A	lust Pravida Evolan	ation in Part 3.)
	Area Code/Phone Number	E-mail	and the same of th	*			
	(510) 272-3862	countyadministrator	r@acgov.org		Date of Original Fil	ling:(month, de	ay, year)
2.	Function or Event Infor	mation				2048	10
	Does the agency have a tick	cet policy? Yes	⊠ No□ Fa	ace Value of	Each Ticket/Pass	\$	
	Event Description: Golden S	State Warriors Baske	toall D	ate(s) <u>03</u>	<u>/ 23 / 18</u>		
	Ticket(s)/Pass(es) provided	Provide The Expai	idlinii	no:			
	rickei(s)/Pass(es) provided	by agency: 165g			Name of Source		
	Was ticket distribution made	at the behest Yes [] No⊠ ^{If}	yes:	Official's Name (Last,	First)	
	of agency official?	W-1			No.		
3.	Recipients		V) 0 41 The E	t	dual a Usa Saction C to	ideatify an outsid	e organization.
	· Use Section A to identify the ager		: Number :				
	A. Name of Agency, Dep	irtment or Unit	of Ticket(e)/ Passes	Describe th	ne public purpose mad	e pursuant to the	agency's policy
	·		2				
	Tickets Were Not Used						
	•	****				1 100	
	B. Name of Ind	ividual	Number of Ticket(s)/	10.30	Identify one of	the following:	
	CLest, Fil	s()	Passes	1 - 1			
				Cerer If chec	monial Role 🔲 — Ot cking "Ceremonial Role" or "Ol	her 🔲 ther describe below:	(ncomê 🔔
							8 2
					The state of the s	her 🔲	Income 🗌
				If chec	cking "Ceremonièl Role" or "Ol	her" describe balów:	
			Number				7 · · · · · · · · · · · · · · · · · · ·
	C, Name of Outside C)rganization d description)	of Ticket(e)/	Describe ti	he public purpose mac	le pursuant to the	agency's policy.
	2						
_	Verification	***			****		
+.	I have read and understand Fi	PPC Regulations 1894	1.1 and 18942.	l have verified	that the distribution	set forth above	, is in accordance
	with the requirements.						-/- /
	Juan muran		S. Muranishi		County Administr	ator	(month, day, year)
	Signature of Agency Head or Desig	lina L	LILL FRONT BE				37
	Comment:					g-mi-file	100

C	jency Report 61: Fremonial Role Event	ts and Ticket/Pa	ass Distri	butions		A Public	Document
	Agency Name	* ***			Date Stamp		ornia 802
Oakland-Alameda County Coliseum Authority						For	Official Use Only
	Division, Department, or Regi						omiga dee omy
	Susan S. Muranishi, County		eda County				
	Designated Agency Contact (Name, I We)					
	Area Code/Phone Number	E-mail		W-1	Amendment (Must Provide Explai	nation in Part 3.)
	(510) 272-3862	countyadministrator	@acgov.org		Date of Original Fi	Iling:(month, c	day, year)
2.	Function or Event Infor	mation				2048	39
	Does the agency have a tick	tet policy? Yes ∑	No□ F	ace Value of	Each Ticket/Pass	\$ 209	
	1.00	State Warriors Baske	tball D	ate(s)	, 29 , 18		
	Ticket(s)/Pass(es) provided			no:	Name of Source	1975	
	Was ticket distribution made	at the behest. Yes C] No⊠ If	yes:			* 11-11-11
	of agency official?	(C) [. 110 🖭		Official's Name (Last,	First)	
3.	Recipients • Use Section A to identify the agen	and decrease as unit at	Tra Section R to L	dentify on individ	Ingl. • Use Section C to	o identify an outsi	de organization.
			Number				V 1 1
	A. Name of Agency, Depart	urtment or Unit	of Ticket(s)/ Passes		e public purpose mad		13.11. + 1
	County Administrator's C	office	2	To investigate the efficiencies of the operations of the various sporting & other events that occur at the Coliseu			at the Coliseum
		3.0					
	B. Name of Ind	vidual si)	Number of Ticket(s)/ Pauses	· · · · ·	identify one o	of the following:	
	MANAGEMENT				nonial Role	ther 🔲 Other describe below:	, Income 🗀
					nonial Role	ther ther describe below:	Income 🗌
	C. Name of Outside O	rganization i description)	Number of Ticket(s)/ Paeses	Describe th	je public purpose ma	de pursuant to th	e agency's policy
4.	Verification I have read and understand FF	3DO Boguintiana 48044	1 and 19049	I have verified	that the distribution	set forth above	a. is in accordance
	I have read and understand FF with the requirements.	TO Regulations 18944	. I allu 10842.	i iidha haiman	aidt are distribution	r week recitted popular	1- /
	Signature of Agendy Highed or Design	of a man films with it	S. Muranishi		County Administ	rator	5/3-0/(87 (month, tiay, year)
	Comment:	,		31			W *W */1W *
		Market Market Street,	The state of the s				

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland-Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filling: countyadministrator@acgov.org (510) 272-3862 (month, day, year) 2, Function or Event Information Face Value of Each Ticket/Pass \$ Yes 🖾 No 🗆 Does the agency have a ticket policy? Event Description: Golden State Warriors Basketball Date(s) 03 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 🗆 If no: Was ticket distribution made at the behest Yes I No M Official's Name (Last, First) of agency official? Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. . Passes To promote the Coliseum Complex for use by the general 2 County Administrator's Office public and businesses to maximize revenues Number Name of Individual B. of Ticket(a)/ Identify one of the following: (Last, First) Passas Ceremonial Role | Other Income if checking "Ceremonial Role" or "Other" describe below Caremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Othor" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (Include address and description) Passos 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 regulrements. Susan S. Muranishi County Administrator

Agency Report of:

Ceremonial	Role	Events	and	Ticket/Pass	Distributions
PARTICIPATION OF THE PARTY OF T	OR THE PERSON NAMED IN	-			
			THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	WHEN THE PARTY OF	The state of the s

A Public Document

7	Aconou Nome	THE PERSON NAMED IN COLUMN 2			A Fublic Documen
1	1. Agency Name	e contre la contre		Date Stamp	California Q02
	Oakland Alameda County Coli	lsium Autho	ority		Form OUZ
	Division, Department, or Region (If Applicab		For Official Use Only		
	Yui Hay Lee, Commissioner				
	Designated Agency Contact (Name, Tille)			1	
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510 836-6688 x 10 YuiH	lay@YHLA.ne	et	Date of Original Filing:	
2	. Function or Event Information				(Month, Day, Year)
	Does the agency have a ticket policy?	Yes No [7 Face Value o	f Each Ticket/Pass \$	30480
	Event Description 2018 WAR	RIORS		SEE ATTA	
	Event Description Provide Title/Exp		Date(s)	900,000	UNIED
	Ticket(s)/Pass(es) provided by agency?	D_000 000	16		
		Yes No L] If no:	Name of Sou	irce
	Was ticket distribution made at the behest	No ☐ Yes ☐	If yes:		
	of agency official?		, 900,	Official's Name (L.	ast, First)
3.	Recipients	No. of Contrast of	A STATE OF THE STA		
	Use Section A to identify the agency's department or	unit Use Section	on B to Identify an Individua	nl • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		c purpose made pursuant t	
	Yui Hay Lee, Commissioner	40	#3		
•	B. Name of Individual	Number of Ticket(s)/		Identify one of the followin	g:
-		Pass(es)			
			Ceremonial Role	Other D Role" or "Other" describe below:	Incoma 🔲
•			Ceremonial Role If checking "Ceremonial I	Other Role" or "Other" describe below:	Income 🗍
-	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
V	erification averged and indestand FIPC Regulations 18944,1 and 11	8942. I have verified	that the distribution set forth	above, is in accordance with th	ne requirements.
_		Hay Lee	OACC	CA Commission	1/3/18
	Sign line of Agancy Head or Designee	Print Name	***************************************	Title	(Month, Day, Year)
E	omment: SEE ATTACHEL	201	8 TICKE	TREQUES	37

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
8	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 Date Stamp California Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Renee Savage, OACCA Executive Assistant - Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 rsavage@collseum.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ficket policy? Yes⊠ No□ Event Description: Warriors Season 2018 Provide Tille/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗀 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: . Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an Individual. · Use Section C to identify an outside organization. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy. Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Ceremonial Role Other X Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other 🔲 Income [If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's policy of Tickel(s)/ 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 attr:tke reguirements, , Renee Savage OACCA Ticket Administrator 03.02.18 Signature of Agency Head or Designee (month, day, year)

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

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1.	Agency Mame Oakland Alameda County Collseum Authority			Date Slamp		
	Division, Department, or R					For Official Use Only
	Ignacio De La Fuente, O					
	Designated Agency Conta			. 27.1 - 17.4 - 24.41 - 4 - 4 - 4		
	Area Code/Phone Number	E-mall			1	Provide Explanation in Part 3.)
	510,383.4801	Idelafuente2012@	@gmall.com		Date of Orlylnal Filling;	(month, day, year)
2.	Function or Event Info	ormation	C-71	Control of the contro		the second secon
	Does the agency have a t		s⊠ No□	Face Value of	Each Ticket/Pass \$ _50	es-alloched 304
	Event Description: Warrio	rs Season 2017-18 Provide Title/Exp	danalion		1	
	Ticket(s)/Pass(es) provide	·	s⊠ No□	If no:	Name of Source	
				_	Name of Source	
	Was ticket distribution ma of agency official?	de at the behest Yes	s□ No□	If yes:	Official's Name (Last, First)	No. of the state o
Ì.	Recipients • Use Section A to identify the ng	ency's department or unit.	• Use Section B t	o identify an individ	hal. • Use Section C to ident	ify an untside organization.
	A. Name of Agency, De	parlment of Unit	Number of Ticket(s)/ Passos	Describe (h	o public purpose made pur	suant to the agency's policy
	S, Name of in	lividual	Number	7524		
	(Last f		of Ticket(s)/ Passes		Identify one of the fo	Mowling:
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	C. Name of Outside C (include address an		ikumbor of Tickel(s)/ Passes	Describe (he	public purpose made purs	uani to lite agency's policy
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u	have read and understand FF ith the requirements.	PC Regulations 18944	.1 and 18942.	I have verified th	al the distribution set for	lh above, is in accordanc
	- 11.44M/K	ianacio l	De La Fuente	0.	ACCA Commissioner	10-1-1-

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 Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Christin Hill, OACCA Commissioner Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510.383.4801 christin.hill@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{1000.00}{}$ Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Conversation w/Michelle Obama Date(s) __03__/ 28 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☑ No □ Name of Source Was ticket distribution made at the behest Yes ☐ No 区 If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. **Passes** Number Identify one of the following: Name of Individual В. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Hill, Christin If checking "Ceremonial Role" or "Other" describe below. 2 to promote the coliseum complex for use by the general public and businesses to maximize revenues Income 🔲 Ceremonial Role Other _ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description)

4. Verification Hhave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. OACCA Commissioner Christin Hill March 2018 (month, day, year) Print Name Comment: FPPC Form 802 (2/2016)