## Agency Report of:

eremoniai Kole Eveni	s and in	cheurass	Distributions		A Public Document
. Agency Name	Cutracted insecred teleford a manner	Date Stamp	reinfinition of		
Oakland Alameda County Co	oliseum Autr				
Division, Department, or Regi					For Official Use Only
Coall Harmoniu OAGGA Con					
Scott Haggerly, OACCA Cor Designated Agency Contact (/					
Designated Agency Contact (	vaine, rike)				
(E)				Amendment (Must)	provide explanation in Part 3.)
	E-mail				Service of the Servic
510.272.6691	leeann.ferge	erson@acgo\	r.org	Date of Original Filing;	(Monlh, Day, Year)
Function or Event Inform	nation				21250
Does the agency have a ticket	policy?	Yes 🖾 No [	Face Value o	f Each Ticket/Pass \$ _	5/0-2
Event Description	Provide Tille/Exp	lanation	Date(s) 5	417	
Ticket(s)/Pass(es) provided by	agency?	Yes 🖾 No [	If no:	Nama of Sc	vrce
Was ticket distribution made at	the behest	No ☐ Yes [	If yes: Haggi	erly, Scott	
of agency official?		NOL TEST	□ 11 yes	Official's formo (	Last, First)
Recipients	- Charles of the Control	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN		CALLED AND PARTY OF THE PARTY O	Control consensus and only in a consensus transfer.
Use Section A to Identify the agency!	s department or	unii. > Use Sect	ion B (a identify an individu	al. • Upa Saction C to iden	tify an autside organization.
A. Name of Agency, Departmen	t or Unit	Number of Ticket(s)/ Pass(as)	Describe the publ	lle purposo mada pursuani	to the agency's policy
9.5%					
B, Nama of Individual		Number of		Identify one of the follow	ing:
(Lost, First)		Ticket(a)/ Pass(os)	lo promoto	T)	277
Tationa Sina	000	2			inty sponsored even
Partina Sirvi	COME	4		naximize potential o and parking sales	ounty revenue for
		-	Coremonial Role	Other 🖂	Incomo 🗍
				D Rola'aı 'Olhur' desenbe helow.	
C. Name of Outside Organiz (include address and descr		Number of   T(chol(s)/ Pass(es)	Describe the publi	ic purpose made pursuant	to the agency's policy
				W.	
Verification	nns IEGUA 1 mail	IPS42 I hms vari	lied that the districulien on for	di above is in ascordanse wit	h tha recuirements
WWW/WX		ee Ann Ferg		Supervisors Assistant	5/16/1
Signiture of Agency Head or Dosignan		Print Nama		Telta	(A.to (III, Duy, Year)
Comment:	· · · · · · · · · · · · · · · · · · ·		F	PPC Toil-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp Cablorna Oakland Alameda County Colisium Authority For Official Use Only Division, Department, or Region (If Applicable) Yui Hay Lee, Commissioner Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) Area Code/Phone Number (510) 836-6688 YuiHay@YHLA.net Date of Original Filling: .. (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Page 5 Event Description Date(s) Tickel(s)/Pass(es) provided by agency? Yes @ No [] if no: Name of Source Was ticket distribution made at the behast Yui Hay Lee No 🗌 Yes 🔼 of agency official? iciels Name (Last, First) 3. Recipients . Use Section A to Identify the equacy's department or unit. . Use Section 8 to Identify an Individual. . . Use Section C to Identify an outside organization. Humber of Ticket(s)/ Pees(es) Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Number of Name of individual 8. Ticket(s) Pess(so) identify one of the following: (Lauf, First) Other [] Ceremonial Role Income [] If checking "Coremonial Role" or "Other" describe be Ceremontal Role 🔲 Offwer [ Income [] If checking "Ceremonial Role" or "Cither" describe below: Number of Ticket(e)/ Pass(ee) Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification C Regulations 18944. I and 18942. I have verified that the distribution set forth above, is in accordance with the requirements I have resi Yui Hay Lee OACCA Commissioner Print Nerre

Comment

# Yui Hay Lee Golden State Warriors Playoffs May 2017

<ul><li>Warriors v Jazz</li></ul>	5.2.1/	(2) tickets	\$312.50
<ul><li>Warriors v Jazz</li></ul>	5.4.17	(2) tickets	\$312.50

Warriors v Spurs	5.14.17	(2) tickets	\$312.50
Warriors v Spurs	5.16.17	(2) tickets	\$312.50

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1. Agency Name			Date Stamp	California C	02
Oakland Alameda County Coliseum Authority		Form For Official Use 0	Only		
Division, Department, or Region (if applicable)			For Official Ose (	Citiy	
Chris Dobbins, OACCA Commissioner					
Designated Agency Contact (Name, Title)					
			Amendment (Must P	Provide Explanation in Par	t 3.)
Area Code/Phone Number E-mail					
510.383.4801 chrisdobbinslaw(	@yahoo.com		Date of Original Filing:	(month, day, year)	_
2. Function or Event Information			,	to alter	chad
Does the agency have a ticket policy? Ye	s⊠ No□ F	ace Value of	Each Ticket/Pass \$	el atrac	rac
Event Description: Warriors Playoffs & Finals		Date(s)	see atte	iche 1	7
Provide Title/ Ex	planation	Jaie(5)			
Ticket(s)/Pass(es) provided by agency? Ye	s⊠ No□ If	f no:	Name of Source		
		fuce	Name of Source		
Was ticket distribution made at the behest γe	s □ No 図 □	f yes:	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 individ	lual. • Use Section C to iden	tify an outside organiza	tion.
A. Name of Agency, Department or Unit	Number of Ticket(s)/		ne public purpose made pur		7 To 100
	Passes				
		1			
		-			
	Number				2011
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the	following:	
Dobbins, Chris	2	to investigat	monial Role Other Disching "Ceremonial Role" or "Other" detective the efficiencies of the	escribe below: ne operations of va	Income  arious
			d other events that occ		
			monial Role  Other  Other  Other  Other  Other  Other		Income
	Number				
C. Name of Outside Organization (include address and description)	of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's	policy
(morace address and description)	Passes				
4. Verification	2 1774 5 10 100252775550	1217 200 FF			
I have read and understand FPPC Regulations 189 with the requirements.	944.1 and 18942.	I have verified	that the distribution set t	orth above, is in acc	cordance
	hris Dobbins	ï	OACCA Commissione	er 06.15	.17
Signature of Agency Head or Designee	Print Name		Title	(month, da	
Comment:					

# Chris Dobbins Golden State Warriors Playoffs May 2017

Warriors v Jazz	5.2.17	(2) tickets	\$312.50
Warriors v Jazz	5.4.17	(2) tickets	\$312.50

•	Warriors v Spurs	5.14.17	(2) tickets	\$312.50
	Warriors v Spurs	5.16.17	(2) tickets	\$312.50

1,	Agency Name Oakland Alameda County C	Polioceus Authorite	,		Date Stamp	Cellindin (0)(0)/2)
	Division, Department, or Reg			For Official Use Only		
	Scott McKibben, OACCA E	coulive Director				
	Designated Agency Contact	Name, Title)	4 1/48/64	Miles Control Control		
	Area Code/Phone Number	[E-mail	· <u>-</u>	<del></del> · · .	Amendment (kinst)	Provide Explanation in Part 3)
	540,303,4801	smckibben1@gr	nall,com		Date of Original Filling:	(month, day, year)
Ż.	Function or Event Infor	nation				THE RESIDENCE OF THE PARTY OF T
	Does the agency have a tick	et policy? Ye	es⊠ No∐	Face Value of I	Each Tickel/Pass 🖟 💷	
	Event Description: Warriors	2016 Season				
	Ticket(s)/Pass(es) provided	Provide Tule/Ex ov. aciency? — Va	•	(no:		
					Floric of Surree	
	Was ticket distribution made of agency official?	at the behest $\gamma_6$	ıs∐ Mo⊠ <sup> </sup>	fyes:	Official's Name (Lost First)	
١,	Recipionts - Ose Section A to identify the agenc	y's department or unit.	· Use Section B to 1	dentilý an Individu	rat. • Use Sertion C to ident	ify an ambilde organization.
	// Home of Agency, Depar	······································	Humber of Hoke(s)/ Passes	1		suant to the agency's policy
	4 STATE OF STREET, STR	····	enter Majagana, to take be a			
	to the substitutive of the	·	Humber			· · · · · · · · · · · · · · · · · · ·
	[ ], Plano of Indivi (Lost, First)		of Tickei(s)/ Passes		Identify one of the fe	dloving:
	McKibben, Scott		attering	# diseto To investigate	nia Rol。	
				Cerento	viol Role [ Other [ ] g. Cerementol Role (un Other) asso	Incomo []
-	Hame of Outside Orga (include address and de		Humber of Ticket(s)/ Passes	Describe the	napjic hatboze wsgs bura	uset to the agency's policy
	- 1000 - 1000			·		
	erification			—— ·	·	
	ave read and understand FBPC h the regilireingals [	Regulalians 1894	( 1 and 16942-1)	have verified the	d the distribution set for	th above, is in accordance
/)		A Cook	: McKibben	OAG	GA Executive Directo	r
(7)	Sagardan (Wed) Tiely Wildy or Problems (1)	/ <u>r</u>	<sup>2</sup> र्तवर्ग हि आहर	APPLICATION AND APPLICATION OF THE PROPERTY OF	Title	(insulf), day year)
Сt	oniment,	The same of the sa				
					-	and the second of the second o

# Scott McKibben Golden State Warriors Playoffs May 2017

•	Warriors v Jazz	5.2.17	(4) tickets	\$312.50
•	Warriors v Jazz	5.4.17	(4) tickets	\$312.50

	Warriors v Spurs	5.14.17	(4) tickets	\$312.50
•	Warriors v Spurs	5.16.17	(4) tickets	\$312.50

#### Agency Report of:

Ceremonial	Role	Events a	nd Ticket/Pass	: Distributions

1 10	ency Name		ACAD TO THE PERSON NAMED IN COLUMN T	Data Stand	A Fublic Double in
10.750		A 11 - 1		Date Stamp	FEMORE 18(1)22
	kland Alameda County Colise sion, Department, or Region (//		For Official Use Only		
DIVIS	sion, Department, or Region (//	Арриовоїв)			
	tt Haggerly, OACCA Commis				
Desi	gnated Agency Contact (Name,	Title)			
9				☐ Amendment (Med.	provide explanation in Part 3.)
Area	Code/Phone Númber   E-ma	all			
510	.272.6691 leea	nn.fergerson@acgo	v.org	Date of Orlginal Filing:	(Month, Day, Year)
2. Fur	ction or Event Information	) [I	Maria Banani seriyar (1811) mraza 1220 ma iyo ariyeyanin.	day di di di di amma ammani kadi 1974 (1975) di 20 kilondi amman ambah	90 00
Does	the agency have a ticket polic	y? Yes⊠ No	☐ Face Value o	f Each Tickel/Pass 5 _	(0.00
Even	nt Description A's Base	eball	Date(s)	19,17	
	Provid	lo Tille/Explanation	O.	Comed Coffe	letics
Ticke	et(s)/Pass(es) provided by ager	rcy? Yes⊠ No	If no:	Name of Sc	
Mac	ticket distribution made at the l	acheel	☑ If yes: Hagge	Dipendent	
	gency official?	celiest No□ Yes	X If yes:	Olicials Name (	(Lost, First)
Libiaren a	TO STREET WHEN THE PARTY OF THE	SQUAREST STATE OF THE PARTY OF	AND DESCRIPTION OF THE PARTY AND ADDRESS.	CONTRACTOR THAT AREA THAT HE STATE OF THE CONTRACTOR OF THE CONTRA	a demogram and antitude subsects is sugar to the subsect of the Assess Co. V
	ipients Section A to Mantily the agency's dept	ertment or unit. » Use Sec	ction B to Identify an Individu	al Use Section C to iden	illy an outside organization.
A.	Name of Agency, Department or U	Number of		lic purpose mado pursuan	
			To obtain overs	sight of facilities or	events that have
				y funding or suppor	
**********				, randing or suppor	
В.	Namo of Individual Namo of Individual	Number of Ticket(4)/ Pass(68)		Identify one of the following:	
	tom Sul	va Z	event in c	e attendance at a coorder to maximize p for concession and	otential county
			Ceremon at Role [	Other [7]	Incomp []
			A STATE OF THE STA	nt Rollings "Other" desectes helper	
	Name of Outside Organization	Number of			
C.	(include address and description	) Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant	. (o the agency's policy
			To Reward a school o Its contributions to th	or nonprofit organizatio ne community.	n for
-					
Verif	Ication	MENT TO SEE SHOWE A SHOWING A SECURITION OF A	AND COMMENTS OF THE PROPERTY O	PPECPE MICHES SHARE SHARE ASSESSMENT FROM THE SHARE ASSESSMENT FOR	emenyspecial account that yers as reasonable to her his retirem
1 hove re	end and understand FPPC Regulations 1	5944.1 und 18942. I have ve			1.6,117
the	horse	Lee Ann Fer		Supervisors Assistant	
S	ganturo of Agency Head or Dosigneo	Part Hem	d .	Filte	(Media, Day from
Comn	ment				FPPC Form 802 (4/12)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp Oakland Alameda County Goliseum Authority For Official Use Only Division, Department, or Region (If Applicable) Scott Haggerly, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510,272,6691 leeann.fergerson@acgov.org (Monlh, Day, Year) 2. Function or Event Information Face Value of Each Tickel/Pass \$ Does the agency have a tickel policy? Yes 🗵 No 🗌 Event Description Warners H Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Haggerly, Scott Was ticket distribution made at the behest No ☐ Yes ☒ Official's Name (Lost, First) of agency official? 3. Recipients . Use Section A to identify the agency's department or unit. ... Use Section B (a identify an individual. ... " Use Section C to identify an outside arganization. Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Fass(as) To obtain oversight of facilities or events that have received county funding or support Number of Name of Individual B. Identify one of the fellowing: Ticket(s)/ Pass(as) , [ To promote attendance at a county sponsored Monica DiPigola event in order to maximize potential county revenue for concession and parking sales Incomo 🗌 Caremonial Role Olher 🔲 If checking "Coremonial Role" or "Other" describe helow. Number of Name of Oatside Organization Describe the public purpose made pursuant to the agency's policy C. Ticket(s)/ Pass(es) (include address and description) To Reward a school or nonprofit organization for Its contributions to the community. Verification There lead and anderstand FPPC Regulations 18944.1 and 18342. I have verified that the distribut

Lee Ann Fergerson

Comment:

l forth above, is in necordance with	the requirements.
Supervisors Assistant	5/12/1
Fille:	(Month, Day, Yes.
	FPPC Form 802 (
FPPC Toll-Free Helpline: 80	6/ASK-FPPC (866/275-7

#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 60.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Gabriel Iglesias Date(s) \_\_05\_\_/\_\_12\_\_/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: \_\_ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: \_ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Dobbins, Chris Income | If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other $\square$ 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

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.			,	

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

**A Public Document** 

1.	Agency Name				Date Stamp	California 000
	Oakland Alameda County C	Coliseum Authority			>>	Form OUZ
	Division, Department, or Reg	ion (if applicable)			-	For Official Use Only
	Chris Dobbins, OACCA Cor	nmissioner				
	Designated Agency Contact	(Name, Title)			•	
	Area Code/Phone Number	E-mail			.   Amendment (Must Pro	ovide Explanation in Part 3.)
	510.383.4801	chrisdobbinslaw@	nyahoo com		Date of Original Filing:	(month, day, year)
	NOTE OF THE PROPERTY OF THE PROPERTY AND					(month, day, year)
2.	Function or Event Infor				450	2.00
	Does the agency have a tick	ket policy? Yes	s⊠ No□ 「	Face Value of I	Each Ticket/Pass \$ <u>150</u>	J.00
	Event Description: E-40			Date(s)05	, 20 , 17	1 1
		Provide Title/Exp	olanation			
	Ticket(s)/Pass(es) provided	by agency? Yes	s⊠ No□ I	f no:	Name of Source	
	Was ticket distribution made	at the beheat		f yes:		
	of agency official?	at the beliest Yes	s∐ No⊠ '	1 ycs	Official's Name (Last, First)	
	or agency emelar:					
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit.	• Use Section B to	identify an individ	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe the	e public purpose made pursu	uant to the agency's policy
			Passes			
			1			
			Number			
	B. Name of Indir (Last, Firs		of Ticket(s)/ Passes		Identify one of the foll	lowing:
	Dobbins, Chris				onial Role Other X	Income
			2	to investigate	e the efficiencies of the	operations of various
						r at Coliseum Complex
				0.40.70.70.70.70.70.70.70.70.70.70.70.70.70	onial Role Other Officer On "Other Officer" description	Income
				III CHECKI	ing Ceremoniar Note of Other descri	ibe below.
		W 2011	Number			
	C. Name of Outside Or (include address and		of Ticket(s)/	Describe the	e public purpose made pursu	ant to the agency's policy
			Passes			
_						
	Verification					
99	I have read and understand FPI with the requirements.	PC Regulations 1894	4.1 and 18942.	I have verified th	hat the distribution set fort	h above, is in accordance
V	with the requirements.					
(	Cignotics of Assessible Jack		ris Dobbins	0	ACCA Commissioner	06.15.17
	Signature of Agency Head or Designe	ee	Print Name		Title	(month, day, year)
	Comment:					

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Date(s) \_\_05 / 23 / Event Description: A'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 A. of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Other X Ceremonial Role Income **UNABLE TO USE** If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide services to the Authority. Income 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 se	et forth above,	is in accordance
with the requirements.						
	-					-

	Sabrina B. Landrein	City Administrator	06/60/11/
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			40-444

	Keul asa	Distributions		A Public Documen
1. Agency Name		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON OF PERS	Date Stamp	e-noine (8/0)2
Oakland Alameda County Coliseum Author			]	For Official Use Only
Division, Department, or Region (if Applicable	)			To omital asc only
Scott Haggerly, OACCA Commissioner				
Designated Agency Contact (Name, Title)				
			Amandment (Must o	rcylde explanation in Part 3.)
Area Code/Phone Number E-mail				ayac aspanasi iir ait 2.7
510.272.6691   leeann.ferge	rson@acgov	org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				$(\Omega, \Omega)$
Does the agency have a ticket policy?	Yes 🗵 No 🕻	] Face Value	of Each Ticket/Pass \$ _	50.00
Event Description E-40		Date(s)	11	
Provide Tille/Expli	anation	G	SU	
Ticket(s)/Pass(es) provided by agency?	Yes 🖾 No 🛚	] If no:	Name of Son	wce
Was ticket distribution made at the behest	No ☐ Yes 🖸	If yes: Hagg	erly, Scott	
of agency official?	Mo D 103E	J 11,201,	Olicial's Name (L	ost, First)
3. Recipients	COLUMN TO THE PERSON NAMED OF THE PERSON	THE RESIDENCE OF THE PARTY OF T	and the state of t	Communication and American Advantage of the American Co
• Use Section A to identify the agency's department or t	7	on B to identify an Individu	ual. • Usa Section C to ident	lfy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(ss)	Describe the pub	llo purpose mado pursuant	to the agency's policy
•		To obtain over	sight of facilities or	events that have
		received count	ty funding or suppor	t _
D. Many of Individual	Number of			
B. Name of Individual	Ticket(a)/ Pass(as)		Identify one of the followi	ng:
Draguet A A A La		To promot	e attendance at a co	ounty sponsored , [
Burdouna Texteria			order to maximize p	
Bardoura Telxelia	1	revenue	for concession and	parking sales
Des pora letrolla		Ceremon at Role	Other 🗆	Incomo [
		If checking *Caremon	fat Role for "Ollset" describe helovir	
-	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(os)	Describe the pub	lic purpose made pursuant	to the agency's policy
	1 444(44)	To Reward a school	or nonprofit organization	ı for
		Its contributions to t		
				-

Lee Ann Fergerson

Part Hamu

Signature of Agenty Heed of Dasige

Comment: -

Supervisors Assistant

Filte

A Public Document

١.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C					10111
	Division, Department, or Regi	on (if applicable)				For Official Use Only
	Christin Hill, OACCA Comm	issioner				
	Designated Agency Contact (	Name, Title)				
					Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510.383.4801	christin.hill@gmail.d	com		Date of Original Filing	:(month, day, year)
2.	Function or Event Infor	mation	and the second state of th			21759
	Does the agency have a tick	et policy? Yes [	⊠ No□ F	ace Value of	Each Ticket/Pass \$ 🖺	312.59
	Event Description: Warriors	Playoffs		ate(s)05	<u>, 16 , 17 </u>	1 1
		Provide Title/ Explar	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	☑ No 🔲 If	no:	Name of Source	
	Was ticket distribution made	at the behest Yes F		yes:		
	of agency official?	103 [	I NOE	•	Official's Name (Last, First	)
		annum entre en				жения применя при на применя на п В применя на применя н
3.	Recipients  • Use Section A to identify the agen		Tag Coation D to i	dontify on individ	tual . Mag Castian C to ide	ntife an autoida anganization
	• Use Section A to identify the agen	cy's department or unit.	Number	dentity an individ	idai. • Ose Section C to ide	neny an outside organization.
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy
			rasses			
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the	following:
	(Last, Fire		Passes			
	Hill, Christin				nonial Role Other	
	•		2		king "Ceremonial Role" or "Other" o e efficiencies of the c	
			<del>, , , , , , , , , , , , , , , , , , , </del>	sporting and	f other events that oc	cur at Coliseum Complex
	•				nonial Role Other king "Ceremonial Role" or "Other" o	
				ii Greek	and ceremonial role of other c	icacino sciow.
	134 5154		Number			
	C. Name of Outside O		of Ticket(s)/ Passes	Describe th	ie public purpose made pu	rsuant to the agency's policy
			1 83563			
					10000 1 00 000 1 0000 1000 1000 1000 1	
	Verification	450000000000000000000000000000000000000				
	I have read and understand FP	PC Regulations 18944	.1 and 18942.	I have verified t	that the distribution set	forth above, is in accordance
	with the requirements.					
	enrustro 644	Chr	ristin Hill	(	DACCA Commission	er
	Signature of Agency Head or Design	ee Pr	int Name		Title	(month, day, year)
	Comment:					
	O OTHER PROPERTY.					

4.

1. Agency Name				A Public Documen
Oakland-Alameda County Colise	um Authority		Date Stamp	California 802
Division, Department, or Region (#	Applicable			For Official Use Only
				. Si Shimal daz Gilly
Susan S. Muranishi, County Adm Designated Agency Contact (Name,	Ilriistrator, Alamedi Titlei	a County		
a supplied the supplied to the	· (1947)			
Area Code/Phone Number   E-ma	. 113		Amendment (#4)	provide explanation in Part 3.)
E40.080.4				
. Function or Event Information	ntyadministrator@a	acgov.org	Date of Original Filling	(Month, Day, Year)
Does the agency have a ticket police	_			21750
	- 100 624 14	o∐ Face Value	of Each Ticket/Pass \$ .	912
Event Description Golden State W	amors Basketball	Date(s)	5 , 04 , 17	
Ticket(s)/Pass(es) provided by agen	icy? Yes⊠ No	If no:	Name of Sc	
Was ticket distribution made at the b	ehest No⊠ Yes			
of agency official?	110 22 101	- ш нуез. <u></u>	Official's Name (	Last, First)
Recipients				and the second s
Use Section A to Identify the agency's depart	tmont or unit. • Use Sc	oction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Un	it Ticket(s)/	P.	dic purpose made pursuant	· · · · · · · · · · · · · · · · · · ·
	Pans(es)		**************************************	to the affector a botton
	Į			
B. Name of Individual	Number of	,		
(LAM. First)	Ticket(a)/ Pase(es)		identify one of the following	1g:
Nerlssa Riray		Ceremonial Role	Other 🗵	Income [
Honesa (May	2	if checking "Ceremonia	il Role" or "Other" doscribe below:	
		to provide incentives services to the Author	s to City and County e	mployees that provide
		Ceremonial Role   If theoking Ceremonial	Other D	Income 🔲
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the autili	P. MARKETTA DE LA CONTRACTOR DE LA CONTR	
( The state of the	Pass(es)		c purpose made pursuant to	the agency's policy
	1			
- Company of the Comp				
/erification				
Verification have read and understand FPPC Regulations 1894	4.1 and 18942, I have veri	fled that the distribution set forth	n above, is in accordance with t	ne requirements,
Verification have read and understand FPPC Regulations 1894 Signature of Aparity Head or Costrones	4.1 and 18942, I have veril  Susan S. Mun  Print Name	•	n above, is in accordance with to ounty Administrator	ne requirements.

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 Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title) Area Code/Phone Number Amendment (Must provide explanation in Part 3.) 510-272-3862 countyadministrator@acgov.org Date of Original Filing: 2. Function or Event Information (Month, Day, Year) Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ Event Description Golden State Warriors Basketball 05 14 Date(s). 05 16 17 Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No 🗆 If no: \_ Name of Source Was ticket distribution made at the behest No ☑ Yes 🗆 of agency official? If yes: \_ Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section 8 to identify an individual. • Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Ticket(s)/ Pass(se) Describe the public purpose made pursuant to the agency's policy B. Number of Name of Individual Ticket(e)/ identify one of the following: Pace(es) Ceremonial Role Susan S. Muranishi Other 🗵 income \_\_\_ if checiding "Ceremonial Role" or "Other" describe below: 2/ea to investigate the efficiencies of the operations of the various sporting and other events that occur at the Coliseum Complex Ceremonial Role Other | Income 🔲 if checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization C. Number of (include address and description) Ticket(e)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Verification I have read and understand FPPC Regulations 18944.1 and 18042. I have verified that the distribution set forth above, is in accordance with the requirements.

C KBBUIDTORS 18944	.1 and 18042. I have varified that the
Strong Sharawaki/M	Susan S. Muranishi
Signature of Description of Designee	Print Name

County Administrator

(Month, Day, Year)

Comment:

# Susan Muranishi Golden State Warriors Playoffs May 2017

<ul><li>Warriors v Jazz</li><li>5</li></ul>	2.17 (2)	tickets !	\$312.50
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• Warriors v Jazz 5.4.17 (2) tickets \$312.50

•	Warriors v Spurs	5.14.17	(2) tickets	\$312.50
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Warriors v Spurs 5.16.17 (2) tickets \$312.50

A Public Document

. Agency Name			Date Stamp	California 802	
Oakland-Alameda County Colis	eum Authority			Form For Official Use Only	
Division, Department, or Region		For Official Ose Offig			
Barbara J. Parker, City Attorney					
Designated Agency Contact (Nam					
			Amondment (Must n	provide explanation in Part 3.)	
Area Code/Phone Number E-r	mail				
	oarker@oaklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Informa	tion		2	312 <sup>50</sup> 5,000.00	
Does the agency have a ticket po		☐ Face Value	of Each Ticket/Pass \$	5,000.00	
Warriors v. la	zz/Plavoffs Game F	D-4-(a) 0	5 , 04 , 17	1 1	
Event Description Warriors v Ja	ovide Title/Explanation	Date(s)			
:=	if	□ If no:	Name of Sc		
Ticket(s)/Pass(es) provided by ag	gency: Yes 🔼 No	Ц	Name of So	ource	
Was ticket distribution made at the of agency official?	ne behest No 🗵 Yes	If yes:	Official's Name	(Last, First)	
3. Recipients					
Necipiems     Use Section A to identify the agency's control	department or unit. • Use Se				
A. Name of Agency, Department of	or Unit Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuant to the agency's policy		
				et .	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		wing:		
2000 C 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Ceremonial Role	e Other 🗵	Income	
Moreno, Doryanna M.	2	To provide incent services to the Au	nonial Role" or "Other" describe below ives to City and Count outhority.	y employees that provide	
		Ceremonial Role	e Other	Income	
			nonial Role" or "Other" describe below		
C. Name of Outside Organiza (include address and descri	ation Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	nt to the agency's policy	
	1 235(05)				
2.11					
4. Verification		unrified that the distribution of	et forth above is in accordance	with the requirements.	
I have read and understand FPPC Regulation	ons 18944.1 and 18942. I have Barbara J		City Attorney/OAACA C	Official 05/05/2017	
Signature of Agency Head or Designee	Print N		Title	(Month, Day, Year)	

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Seed.	- 6	3 L.7 I	10.0		2 S. S S		ч.

				California
Agency Name	Date Stamp	California 802		
Oakland-Alameda County Coliseum Auth				For Official Use Only
Division, Department, or Region (If Applicable	e)			
Barbara J. Parker, City Attorney/OAACA	Official	11		£
Designated Agency Contact (Name, Title)				
			Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail			Date of Original Filing	
(810) 200 0010	aklandcityatto		1871 - 1871 - 1871 - 1871 - 1871 - 1871 - 1871 - 1871 - 1871 - 1871 - 1871 - 1871 - 1871 - 1871 - 1871 - 1871	(Month, Day, Year)
Function or Event Information			of Each Ticket/Pass \$ .	312 50 5,000.00
Does the agency have a ticket policy?	Yes⊠ No[	☐ Face Value	e of Each Ticket/Pass \$ .	212
Event Description Warriors v Spurs/Playo	ffs Game I	Date(s)	05 <u>, 14 , 17</u>	
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No[	If no:	Name of S	ource
Was ticket distribution made at the behest of agency official?	No⊠ Yes[	☐ If yes:	Official's Name	(Last, First)
Recipients • Use Section A to identify the agency's department o	r unit. • Use Sec	tion B to identify an indiv	idual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	THE RESERVE OF THE PARTY OF THE	ublic purpose made pursua	
R Name of Individual	Number of		Identify one of the follo	wing:
Name of Individual (Last. First)	Ticket(s)/ Pass(es)			
Parker, Barbara J.	2	To investigate the	De Other Memorial Role" or "Other" describe below e efficiencies of the oper er events that occur at	erations of the various
		Ceremonial Rol	le Other monial Role" or "Other" describe below	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the p	oublic purpose made pursua	nt to the agency's policy
			3.	-
Verification	and 18942. I have ve	erified that the distribution s	set forth above, is in accordance	with the requirements.
I have read and understand FPPC Regulations 18944.1 a				
I have read and understand FPPC Regulations 18944.1 a	Barbara J.		City Attorney/OAACA C	

	Hamp.	H B		Do			-	٠.
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Amanay Mama			Date Stamp	California 802
Agency Name	acrity			Form 9 9 —
Oakland-Alameda County Coliseum Auth				For Official Use Only
Division, Department, or Region (If Applicable				
Barbara J. Parker, City Attorney/OAACA	Official			
Designated Agency Contact (Name, Title)			2000	
			Amendment (Must pr	ovide explanation in Part 3.)
Area Code/Phone Number E-mail	8			
	aklandcityatto		Date of Original Filing: .	
Function or Event Information			of Each Ticket/Pass \$	31250 5,000.00
Does the agency have a ticket policy?	Yes⊠ No[	☐ Face Value of	of Each Ticket/Pass \$	10
Event Description Warriors v Spurs/Playor	offs Game J	Date(s) 0	5 , 16 , 17	
Event Description Provide Title/Ex	planation	Date(3)		
Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No [	☐ If no:	Name of So.	
Ticket(s)/rass(es) provided by agonoy:	169 🖂 100 [	_	Name of So.	urce
Was ticket distribution made at the behest	No ☒ Yes [	☐ If yes:	Official's Name (I	Last, First)
of agency official?			Sindare riame (i	
. Recipients		ESSES NO ST NAMES OF PROSERVA		tify an outside organization
Recipients     Use Section A to identify the agency's department of th	or unit. • Use Sec	tion B to identify an individ	iual. • Use Section C to iden	my an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	t to the agency's policy
	Pass(es)			
	Number of			
B. Name of Individual			Identify one of the follow	/ing:
(Last First)	Ticket(s)/			
(Last, First)	Pass(es)	Ceremonial Role		Income [
(Lusi, Fusi)	Pass(es)		Other  Onial Role" or "Other" describe below:	Income [
Parker, Barbara J.		If checking "Cerem	Other Society of "Other" describe below:	Income C
(Lasi, Fusi)	Pass(es)	If checking "Cerem	Other  Onial Role" or "Other" describe below:	Income Corations of the various Coliseum Complex
(Lusi, Fusi)	Pass(es)	To investigate the sporting and othe	Other Donal Role" or "Other" describe below: efficiencies of the oper events that occur at C	Income Corations of the various Coliseum Complex
(Lusi, rusi)	Pass(es)	To investigate the sporting and othe	Other Donal Role" or "Other" describe below: efficiencies of the oper events that occur at C	Income Corations of the various Coliseum Complex
(Lusi, Fusi)	Pass(es)	To investigate the sporting and othe	Other Donal Role" or "Other" describe below: efficiencies of the oper events that occur at C	Income Corations of the various Coliseum Complex
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Parker, Barbara J.  Name of Outside Organization	Pass(es)  2  Number of Ticket(s)/	If checking "Cerem To investigate the sporting and othe Ceremonial Role If checking "Cerem	Other Donal Role" or "Other" describe below: efficiencies of the oper events that occur at C	Income Corations of the various Coliseum Complex
Parker, Barbara J.	Pass(es)  2  Number of	If checking "Cerem To investigate the sporting and othe Ceremonial Role If checking "Cerem	Other Donial Role" or "Other" describe below: efficiencies of the oper events that occur at Companiel Role" or "Other" describe below:	Income Corations of the various Coliseum Complex
Parker, Barbara J.  Name of Outside Organization	Pass(es)  2  Number of Ticket(s)/	If checking "Cerem To investigate the sporting and othe Ceremonial Role If checking "Cerem	Other Donial Role" or "Other" describe below: efficiencies of the oper events that occur at Companiel Role" or "Other" describe below:	Income Corations of the various Coliseum Complex
Parker, Barbara J.  Name of Outside Organization	Pass(es)  2  Number of Ticket(s)/	If checking "Cerem To investigate the sporting and othe Ceremonial Role If checking "Cerem	Other Donial Role" or "Other" describe below: efficiencies of the oper events that occur at Companiel Role" or "Other" describe below:	Income Corations of the various Coliseum Complex
Parker, Barbara J.  Name of Outside Organization	Pass(es)  2  Number of Ticket(s)/	If checking "Cerem To investigate the sporting and othe Ceremonial Role If checking "Cerem	Other Donial Role" or "Other" describe below: efficiencies of the oper events that occur at Companiel Role" or "Other" describe below:	Income Corations of the various Coliseum Complex
Parker, Barbara J.  Name of Outside Organization	Pass(es)  2  Number of Ticket(s)/	If checking "Cerem To investigate the sporting and othe Ceremonial Role If checking "Cerem	Other Donial Role" or "Other" describe below: efficiencies of the oper events that occur at Companiel Role" or "Other" describe below:	Income Corations of the various Coliseum Complex
Parker, Barbara J.  C. Name of Outside Organization (include address and description)	Pass(es)  2  Number of Ticket(s)/ Pass(es)	To investigate the sporting and othe Ceremonial Role If checking "Ceremonial Role If checking If	Other Donal Role" or "Other" describe below: efficiencies of the oper events that occur at Companiel Role" or "Other" describe below: ublic purpose made pursuar	Income Corations of the various Coliseum Complex Income Complex In
Parker, Barbara J.  C. Name of Outside Organization (include address and description)	Pass(es)  2  Number of Ticket(s)/ Pass(es)	To investigate the sporting and othe Ceremonial Role If checking "Ceremonial Role If checking If	Other Donal Role" or "Other" describe below: efficiencies of the oper events that occur at Companiel Role" or "Other" describe below: ublic purpose made pursuar	Income Corations of the various Coliseum Complex Income Complex In
Parker, Barbara J.  C. Name of Outside Organization (include address and description)	Pass(es)  2  Number of Ticket(s)/ Pass(es)	To investigate the sporting and othe Ceremonial Role If checking Ceremonial Role Describe the precified that the distribution se	Other Donal Role" or "Other" describe below: efficiencies of the oper events that occur at Companiel Role" or "Other" describe below: ublic purpose made pursuar	Income Corations of the various Coliseum Complex Income Control In

#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority 20111 Division, Department, or Region (if applicable) For Official Use Only Lynette Gibson-McElhaney. OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: Lmcelhany@oaklandnet.com (month, day, year) 2. Function or Event Information Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 5000.00 Does the agency have a ticket policy? Event Description: Warriors Playoffs Date(s) \_05 / 14 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit 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 McElhaney, Lynette Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations for various sporting and other events occurring at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:

4. Verification

Comment:

I have read and understa	and FPPC	Regulations 1	18944.1 and 1894	2. I have verifi	ied that the d	distribution set	forth above	is in accordance
with the requirements.	//	) /					10/11/ 45070,	10 111 0000/00/00

with the requirements.		010, 10 111 0000100110
DVIN TO YELL		
Lynette McElhaney	OACCA Commissioner	05.19.17

Number

of Ticket(s)/

Passes

Signature of Agency Head or Designee Print Name

Name of Outside Organization

(include address and description)

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

(month, day, year)

### Agency Report of:

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document		
1. Agency Name	William Lorenza de Lor	erent et et er en er	Date Stamp	**************************************		
Oakland Alameda County Coliseum Auth				or to reduce and which the princeries will and the princeries be a fine of the princeries of the princeries and the princeries		
Division, Department, or Region (II Applicable	7			For Official Use Only		
Scott Haggerly, OACCA Commissioner						
Designated Agency Contact (Name, Title)		***************************************				
6						
Area Code/Phone Nümber   E-mail			Amendment (k/us!)	provide explanation in Part 3.)		
510,272,6691   leeann.ferge	rson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Information	AND THE RESERVE OF THE PERSON NAMED IN	DATE OF THE PARTY	of the terror and the second second	The state of the s		
Does the agency have a ticket policy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$ _	40.00		
Event Description A's Basebal	1	Date(s)	19.17			
Provide Tille/Exple	nation	Date(s)	00: 160	1		
Ticket(s)/Pass(es) provided by agency?	Yes 🗵 No	□ If no:	klana letu	letics		
	TOO EST THO		Name of So	urce		
Was ticket distribution made at the behest of agency official?	No□ Yes	☑ If yes: Hagge	erty, Scot: Olicials Name (	l ast Firell		
The State Control of the State	maa, hanka poissoo o jarya. Isaa.	CONTRACTOR OF THE STATE OF THE	Combination (management of the combination of the c	COM, I HAY		
3. Recipients  • Use Section A to Identify the avency's department of the	olt - v Uso Sec	tion B to identify an inclyida	al	Officer substitution or annivelled		
A. Name of Agency, Department or Unit	Use Section A to Identify the agency's department or unit.   Number of Agency, Department or Unit  Number of Ticket(s)/ Pass(as)  Pass(as)			ne public purpose made pursuant to the agency's policy		
	,	To obtain quare	ight of facilities as	sugate that have		
			ight of facilities or y funding or suppor			
		received county	randing of suppor			
×						
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the fellowi	ing:		
tom Silva	2	event in o	attendance at a co order to maximize p for concession and	olential county		
		Ceremon at Roje	] Other []	Incomo [		
	İ	If chacking "Care:nonini	(Rollings) Other desence below			
***************************************						
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the public	c purpose made pursuant	to the agency's policy		
	Pass(os)	To Daywood a calculation		<i>f</i>		
		Its contributions to the	r nonprofit organizatior e community.	1101		
			ega Produce Balliano (1995 a 1995	***************************************		
. Venification		CONTRACTOR OF STREET		CONTRACTOR INC. TO SET MARRIAGO, NOT SET TO SEE		
Hove rend and understand FPPC Regulations 18944.1 and to	9942. I have ven	iled that the distribution set for	h ahove, is in accordance with	the requirements. /		
Arlhabyto Le	e Ann Ferd	erson S	upervisors Assistant	5/18/17		
Signature of Agency field or This ignae	Part None		False	(Medin, Ong Kein;		
Comment:						
		FP	PC Toll-Free Helpline: B	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp Oakland Alameda County Goliseum Authority For Official Use Only Division, Department, or Region (If Applicable) Scott Haggerly, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510,272,6691 leeann.fergerson@acgov.org (Monlh, Day, Year) 2. Function or Event Information Does the agency have a tickel policy? Date(s) **Event Description** Provide Tille/Explan Ticket(s)/Pass(es) provided by agency? Yes X No D Name of Source Haggerly, Scott Was ticket distribution made at the behest No ☐ Yes ☒ Olficial'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. - Das Section C to identify an outside organization. Number of Ticket(s)i Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department or Unit Fass(os) To obtain oversight of facilities or events that have received county funding or support Number of B. Namo of Individual Identify one of the following: Ticket(s)/ Pass(as) , 🗆 To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales Incomo 🗌 Other 🔲 Caremonial Role If checking "Coremonial Role" or "Other" describe helow. Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Tickel(s)/ (include address and description) Poss(es) To Reward a school or nonprofit organization for Its contributions to the community. Verification

Vertification

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

Lee Ann Fergerson Supervisors Assistant 5/2/17

Suganture of Agency Head of Chaligns Phat Hashe The (Menth, Day, Year)

Comment:

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name California Date Stamp **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 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: Warriors Date(s) 05 / 02 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ☑ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X **UNABLE TO USE** If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide services to the Authority. Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. City Administrator Sabrina B. Landreth Signature of Agency Head or Designee Print Name

Comment: \_

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California 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: Warriors 05 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Rubin, Talia Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below. 2 To provide incentives to City employees that provide services to the Authority. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

#### 4. Verification

Comment:

I have read and understand FPPC Regulation with the requirements.	lations 18944.1 and 18942. I have v	erified that the distribution set forth a	above, is in accordance
	Sabrina B. Landreth	City Administrator	06/ 6/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California **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: Warriors Date(s) \_\_05 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☑ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X curry, Azaria If checking "Ceremonial Role" or "Other" describe below. 2 To provide incentives to City employees that provide services to the Authority. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. City Administrator Sabrina B. Landreth Title Print Name Signature of Agency Head or Designee

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** 510-238-3301 slandreth@oaklandnet.com (month, day, year) 9000 2. Function or Event Information Face Value of Each Ticket/Pass \$ . Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 05 / 19 / Event Description: A's Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ☑ No ☐ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) **Passes** Other X Ceremonial Role Riley, Dana If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide services to the Authority. Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. City Administrator Sabrina B. Landreth Signature of Agency Head or Designee Print Name

Comment: \_

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-238-3301 slandreth@oaklandnet.com (month, day, year) 9000 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) \_\_05 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Samaniego, Dawn If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide services to the Authority. Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sabrina B. Landreth

Print Name

Signature of Agency Head or Designee

Comment: \_

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

FPPC Form 802 (2/2016)

City Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-3301 Date of Original Filing: slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: E- 40 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Morris, Fred Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide services to the Authority. Ceremonial Role Other  $\square$ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina B. Landreth City Administrator Signature of Agency Head or Designee Print Name

Comment: \_

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-238-3301 Date of Original Filing: . slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes ⊠ No □ Event Description: A's Date(s) \_\_05\_\_/ 21 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: \_ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Armstrong, Desmona Income If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provide services to the Authority. Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

#### 4. Verification

Comment: \_

The state of the s			
I have read and understand FPPC Regula	tions 18944.1 and 18942. I have ve	erified that the distribution set forth a	above, is in accordance
with the requirements.			
	Sabrina B. Landreth	City Administrator	06/ 6/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (II Applicable) Scott Haggerly, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.272.6691 leeann.lergerson@acgov.org (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes 🗵 Provide Tille/Explanation Ticket(s)/Pass(es) provided by agency? Yes X No D Name of Source Haggerly, Scott Was ticket distribution made at the behest No ☐ Yes 図 Official's Name (Lost, 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 of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Fass(as) To obtain oversight of facilities or events that have received county funding or support Number of Name of Individual Identify one of the fellowing: Ticket(s)/ Pass(os) , To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales Other 🗌 incomo [] Coremonial Role Higheeking "Commental Rely for "Other" describe helow. Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(as) (include address and description) To Reward a school or nonprofit organization for Its contributions to the community. Verification There end and understand FPPO Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirement Supervisors Assistant Lee Ann Fergerson

Gomment: \_\_\_\_\_\_\_FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: #66/ASK-FPPC (866/275-7772)

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A Public Document

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	Agency Name		Date Stamp	California 802		
	Oakland-Alameda County C	oliseum Auth	ority		_	For Official Use Only
	Division, Department, or Regi	on (If Applicable		To one a second		
	Barbara J. Parker, City Attor	ney/OAACA	Official			
	Designated Agency Contact (	Name,Title)				
					Amendment (Must p	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Data of Original Filing:	-
	(510) 238-3815	bparker@oa	klandcityatto	orney.org	Date of Original Filing:	(Ivionth, Day, Year)
2.	Function or Event Infor	mation				312 <sup>50</sup> 5,000.00
	Does the agency have a ticke		Yes⊠ No	Face Value of		
	Event Description Warriors v	Jazz/Playoffs	Game E	Date(s)	5 , 02 , 17	
	Ticket(s)/Pass(es) provided by	y agency?	Name of So	urce		
	Was ticket distribution made a of agency official?	t the behest	No ☑ Yes	☐ If yes:	Official's Name (	Last, First)
2						
3.	Recipients  • Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		blic purpose made pursuant	
Ź	had to the same of			-		
	B. Name of Individua	Number of Ticket(s)/ Pass(es)		Identify one of the following:		
	Smith, Jamie R.			Ceremonial Role  If checking **Ceremonial**    Continue	Income	
			2	To provide incentive services to the Aut		employees that provide
				1	Other Inial Role" or "Other" describe below:	Income
The state of the s	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	t to the agency's policy
	Verification			prified that the distribution set	forth above is in accordance w	W. Head and the second of
	I have read and understand FPPC Regu	lations 18944.1 and	d 18942. I have ve	enned that the distribution set	fortif above, is in accordance wi	ith the requirements.
		lations 18944.1 and				
		1	Barbara J. I	Parker Cit	y Attorney/OAACA Off	

A	gency Report of: eremonial Role Even	its and Ticket/	Pass Dist	tributions	A	Public Document
	Agency Name	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			Date Stamp	Gallonia
	Oakland Alameda County C	Collseum Authority			OBIG CICITIP	610/2
	Division, Department, or Reg	ion (if applicable)		<del></del>		For Official Use Only
	Ignacio De La Fuente, OAC	CA Commissioner			•	
	Designated Agency Contact			<del></del>		
					451210-1	
	Area Code/Phone Number	E-mail		······································	Amendment (Musi P	rovide Explanation in Part 3.)
	510.383,4801	idəlafırente2012@	gmall.com		Date of Original Filing;	(month, day, year)
2.	Function or Event Inform	naflon		- The second	To age of the control	the same of the sa
	Does the agency have a tick	et policy? Yes	⊠ No□	Face Value of E	Each Ticket/Pass \$	see ettache d
	Event Description: Warriors	Basketball 2016-17	Season	Date(s)/		, ,
		Provide Title/Expl	analion			
	Ticket(s)/Pass(es) provided i	by agency? Yes	ĭ⊠ No []	If no:		
	Was ticket distribution made	of the behard as	<del>-</del>	lf roes	Name of Source	
	of agency official?	at tite netiest. Yes	LJ No 🖭	If yes:	Official's Name (Last, First)	· 1944
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3.	Recipients • Use Section A to identify the agence	v's department or unit	Tire Section II to	Months.	The commence of the commence o	
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	A Name of Agency, Depart	ment or Unit	of Tickol(s)/	Describe the	public purpose made purs	uant to the agency's policy
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	B. Name of Individual Rest. First)	lual	o/ Tioket(s)/		identity one of the fol	lowing:
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	De La Fuente, Ignacio				niel Role Other X "Coromonial Role" or "Other" descr	Income [
			2 per	to investigate	the efficiencies of the	operations of the
-				various sportir	ng and other events at	Coliseum Complex
		j	anmo		ilal Role ( Other ( ) "Caremonial Role" or 'Olher" descri	Income 🗌
			game		The state of the s	no punt.
			Number 5	O Control Control Control	6 444 (**********************	
,	O Verne of Outside Orga (include address and de		of Tickel(e)/	Describe the p	ublic purpose made pursu	ani to the agency's policy
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-			40-04		THE STATE OF THE S	
	erlfication	7				State of the state
	ave read and understand PPFC	Regulations 18944,	and 18942. I	have verified that	the distribution set forth	above, is in accordance
WIL	h the regilirements.					· · · · · · · · · · · · · · · · · · ·
	MAMMUX X	Ignacio D	e La Fuente	OAG	CCA Commissioner	01.20.17
1	Sprature of Agency Hear ay Designeo		Name		Tille	(month, day, year)
// Co	omment:					•

# Ignacio De La Fuente Golden State Warriors Playoffs May 2017

<ul><li>Warriors v Jazz</li></ul>	5.2.17	(4) tickets	\$312.50
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Warriors v Jazz
 5.4.17 (4) tickets \$312.50

Warriors v Spurs 5.16.17 (4) tickets \$312.50

#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) For Official Use Only Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510.383.4801 smckibben1@gmail.com (month, day, year) 2. Function or Event Information Yes No Face Value of Each Ticket/Pass \$ $\frac{90.00}{}$ Does the agency have a ticket policy? Event Description: Oakland A's Date(s) 05 / 20 / Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Α. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income McKibben, Scott If checking "Ceremonial Role" or "Other" describe below: 4 to promote the Coliseum Complex for use by the general public ans businesses to maximize revenues Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: each day Number Name of Outside Organization C. 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	1.1 and 18942. I have verified that the distribution set forth abov	ve, is in accordanc
with the requirements.		,

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Signati	ure of Age	ncy Head	i Aor Delsi	ignee	G.	8	

Scott McKibben

OACCA Executive Director

05.15.17

Print Name

(month, day, year)

Comment:

Comment: \_

ı. Ag	jency Name				Date Stamp	California	രവര
Oa	ıkland Alameda County (	Coliseum Authority				Form	(6)U/2
Div	ision, Department, or Reg	jion (if applicable)			1	For Official L	ise Only
lgn	acio De La Fuente, OAC	CA Commissioner					
Des	signated Agency Contact	(Name,Title)	· · · · · · · · · · · · · · · · · · ·				
_			THE THURSDAY		Amendment (M	lust Provide Explanation in	Part 3.)
	a Code/Phone Number	E-mail				·	•
51	0.383.4801	idelafuente2012@	gmail.com		Date of Original Fili	ng:(month, day, year	)
2. Fu	nction or Event Infor	mation					
Do	es the agency have a tic	ket policy? Yes	⊠ No 🗌	Face Value of	Each Ticket/Pass \$	see attached	
Eve	ent Description: Oakland	A's Baseball Seas	on 2017	Date(s)		1 1	
Tial	kat(a)/Dana/na) nyawida d	Provide Title/Exp					
HC	ket(s)/Pass(es) provided	by agency? Yes	⊠ No□	If no:	Name of Source		
Wa	s ticket distribution made	e at the behest Yes		If yes:	Official's Name (Last, Fi		
	agency official?				Official's Name (Last, Fi	irst)	
	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.						
					dan Oscoccion Cion	dentity an outside organi	izamon.
A	Name of Agency, Depa		Number of Ticket(s)/ Passes	en e	e public purpose made		APARIASA
<u>A</u>	Name of Agency, Depa		Number of Ticket(s)/	en e			APARIASA
- 18 		artment or Unit	Number of Ticket(s)/ Passes	en en en en en en en en	e public purpose made	pursuant to the agency	APARIOTA
<b>A</b> .		artment or Unit	Number of Ticket(s)/ Passes	en en en en en en en en		pursuant to the agency	APARIOTA
	Name of Indi	artment or Unit	Number of Ticket(s)/ Passes  Number of Ticket(s)/	Cerem # Check	e public purpose made	pursuant to the agency  he following;  or   "describe below: blex for use by the o	/'s policy
	Name of Indi (Last, Fin	artment or Unit	Number of Ticket(s)/ Passes  Number of Ticket(s)/	Cerem ### Check to promote til public an bu: Cerem	e public purpose made  Identify one of ti  onial Role	pursuant to the agency  he following:  or   describe below: blex for use by the gize revenues  or   or	/'s policy
	Name of Indi (Last, Fin La Fuente, Ignacio	artment or Unit	Number of Ticket(s)/ Passes  Number of Ticket(s)/	Cerem If check  Cerem If check	e public purpose made  Identify one of ti  onial Role  Othe ing "Ceremonial Role" or "Othe ne Coliseum Comp sinesses to maximi onial Role  Othe	pursuant to the agency  the following;  or   or   or   or   or   or   or   or	Income During
B. De	Name of Indi (Last, Fin a La Fuente, Ignacio Name of Outside On	artment or Unit	Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes	Cerem If check  Cerem If check	e public purpose made  Identify one of ti  onial Role  Othe ing "Geremonial Role" or "Othe ne Coliseum Comp sinesses to maximi onial Role  Othe ing "Geremonial Role" or "Othe	pursuant to the agency  the following;  or   or   or   or   or   or   or   or	Income Ducome Income

Ignacio De La Fuente

Print Name

Title (menth, day, year)

OACCA Commissioner

3.31.17

## Oakland A's May 2017

## Ignacio De La Fuente

•	A' v Tigers	5.5.17	(4) tickets	\$80.00
•	A's V Tigers	5.6.17	(4) tickets	\$90.00
•	A's v Angels	5.8.17	(4) tickets	\$80.00
•	A's v Angels	5.9.17	(4) tickets	\$80.00
•	A's v Angels	5.10.17	(4) tickets	\$80.00
•	A's v Boston	5.18.17	(4) tickets	\$90.00
•	A's v Boston	5.19.17	(4) tickets	\$90.00
•	A's v Boston	5.20.17	(4) tickets	\$90.00
•	A's v Boston	5.21.17	(4) tickets	\$90.00
•	A's v Miami	5.23.17	(4) tickets	\$80.00
•	A's v Miami	5.24.17	(4) tickets	\$80.00

A Public Document

1.	Agency Name Oakland Alameda County C	Coliseum Authority			Date Stamp	California 802
	Division, Department, or Reg					For Official Use Only
	Christopher Dobbins, OACC Designated Agency Contact					
	Designated Agency Contact	(Name, nue)				
	Area Code/Phone Number	E-mail			Amendment (Must Pro	vide Explanation in Part 3.)
		With the second second second second	san Maranas and and		Date of Original Filing:	
	510.383.4801	chrisdobbinslaw@y	/ahoo.com		Date of Original Filling.	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes [	⊠ No□ F	ace Value of I	Each Ticket/Pass \$ _see	attached
	Event Description: Oakland		2017			
	Ticket(s)/Pass(es) provided	57 ASS 704 AS SECURE VINDA AND SECURE VI		no:		
	Ticket(3)/1 ass(cs) provided	by agency: 165 [	ZI INO [] II	110.	Name of Source	
	Was ticket distribution made	at the behest Yes [		yes:	Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
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 identify	y an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the foll	owing:
	Dobbins,Chris		to promote th	onial Role Other Ming "Ceremonial Role" or "Other" describe Coliseum Complex for sinesses to maximize re	or use by the general	
				onial Role Other of "Other" descri	Income In	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
1.	Verification					
5.50	I have read and understand FPI with the requirements.	PC Regulations 18944.	1 and 18942. I	have verified th	hat the distribution set forti	h above, is in accordance
_1	/ / //	Chulatan	har Dabbin-	_	AAAAA	0.04.47
	Signature of Agency Head or Designe		her Dobbins nt Name		ACCA Commissioner	3.31.17 (month, day, year)
					COMPANY.	,
	Comment:					

## Oakland A's

## May 2017

## **Chris Dobbins**

•	A' v Tigers	5.5.17	(6) tickets	\$80.00
•	A's V Tigers	5.6.17	(6) tickets	\$90.00
•	A's v Angels	5.8.17	(6) tickets	\$80.00
	A's v Angels	5.9.17	(6) tickets	\$80.00
•	A's v Angels	5.10.17	(6) tickets	\$80.00
•	A's v Boston	5.18.17	(4) tickets	\$90.00
•	A's v Boston	5.19.17	(4) tickets	\$90.00
•	A's v Boston	5.20.17	(4) tickets	\$90.00
•	A's v Boston	5.21.17	(4) tickets	\$90.00
•	A's v Miami	5.23.17	(4) tickets	\$80.00
•	A's v Miami	5.24.17	(4) tickets	\$80.00

#### Agency Report of:

Name of Outside Organization (include address and description)

C.

Ceremonial Role Events and Ti	cket/Pas	s Distributions		A Public Documen
1. Agency Name	THE SALE STORY OF THE SALES OF THE SALES		Date Stamp	
Oakland Alameda County Coli	sium Antl	hority	Date Granip	Galifornia 802
Division, Department, or Region (If Applicat	ole)	TOLICY	-	For Official Use Only
Yui Hay Kee, Commissioner				·
Designated Agency Contact (Name, Tille)				
Area Code/Phone Number   E-mail	<del></del>		Amendment (Must p	provide explanation in Pari 3.)
(510) 836-6688 YuiHay	@YHLA.ne	:t	Date of Original Filling:	
2. Function or Event Information	_			
Does the agency have a ticket policy?	Yes Mo No	Face Value o	f Each Ticket/Pass \$ _	800
Event Description OAKLOND Provide Title/Exp	S GA		P4117	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	lf no:	Name of Soc	
Was ficket distribution made at the behest of agency official?	No ☐ Yes	☐ If yes:		
Recipients  • Use Section A to Identify the agency's department or	unit. • Use Sec	ction B to identify an include		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		c purpose made pursuant	······································
Yui Hay Lee, Commissioner	4	#3		
		**************************************		
Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
		Ceremonial Role	Other 🗍	Income [7]

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

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

Other 🔲

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

Ceremonial Role

g.	Verification			
	I have read and understand FPPC Regulations 18	944.1 and 18942. I have verified that the di Yui Hay Lee	istribution set forth above, is in accordance with the r OACCA Commission	equirements.
	Signature of Agency Head or Designee	Print Name	Title	(Manth) Day, Year)
	Congment:			

Number of Ticket(s)/ Pass(es)

Income \_\_\_

Income