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 \$ 312.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Playoffs - Round 2, Game 1 04 Date(s) _ Provide Title/Explanation If no: _ 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Name of Individual identify one of the following: Ceremonial Role Other X Income 🔲 Hall, Pam If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a City Staff member Income Other 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Name of Oxtside Organization (include address and description) Deacribe the public purpose made pursuant to the agency's policy

Verification		
I have read and understand FPPC Regulations 18944.1 and 18942. I have	re verified that the distribution set forth at	oove, is in accordance
with the requirements.		
Author McElhaney	OACCA Commissioner	05/31/18
Signature of Agency Head of Designee Print Name	Title	(month, day, year)
Comment:	· .	

-	The second control of		aco bioti	io a ci o i i o		I ubile bocument
1.	Agency Name				Date Stamp	California Q02
	OAKLAND/ALAMEDA COU		JTHORITY			Form OUZ
	Division, Department, or Reg	gion (if applicable)				For Official Use Only
	OACCA COMMISSIONER					
	Designated Agency Contact					
	LEE ANN FERGERSON, T	ICKET ADMINISTRA	TOR		Amendment (Must P	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Tovide Explanation III I art 5.)
	510-272-6691	leeann.fergerson@	acgov.org		Date of Original Filing: .	(month, day, year)
2.	Function or Event Info	mation				Angua yandi kanasa a faran a
	Does the agency have a tic	ket policy? Yes I	□ No□ F	ace Value of I	Each Ticket/Pass \$ 3	12.50
	Event Description: Warriors		Game 1	Date(s)4/		
	Ticket(s)/Pass(es) provided			no: GSW		
					Name of Source	
	Was ticket distribution made	e at the behest Yes [⊠ No 🗆 If	yes: Haggert	y, SCOTT Official's Name (Last, First)	
	of agency official?				Onicial s Name (Last, Pilst)	
3.	Recipients					
•	• Use Section A to identify the age	ncy's department or unit. •	Use Section B to i	dentify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Dep		Number of Ticket(s)/ Passes			suant to the agency's policy
	***					ž.
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	Baines, Landon		2	To promote attendance at a county sponsor event in order to maximize potential count revenue for concession and parking sales		
					onial Role Other on "Other" des	C. RECORDED TO SECOND
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	suant to the agency's policy
	· Andrews					**************************************
						3 . .
1	Verification					
	I have read and understand FP	PC Regulations 18044	1 and 18042 I	have verified th	nat the distribution set fo	rth above is in accordance
	with the requirements.	0/		nave vermed ti	iai ine distribution set io	rin above, is in accordance
	Signature of Agency Head or Design		n Fergerson		Ticket Administrator	4/30/18
	Signature of Agency (lead of Design	ec Pr	iin Name		TILLE	(month, day, year)
	Comment:					

Agency Report c: **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 Christin Hill, 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: christinhill@gmail.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 312.50 Event Description: Warriors Playoffs ,20, 18 Date(s) __04__/_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No 🗆 If no: ___ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: ___ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Other If checking "Ceremonial Role" or "Other" describe below: Hill, Christin Income ... 2 Ceremonial Role Other 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.

Signature of Agency Head or Designee (2). S. Print Name Title (month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California . Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Finance Department, City of Oakland Designated Agency Contact (Name, Title) Katano Kasaine, Finance Director- JPA Member Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-2989 kkasaine@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 vs Pelicans, GS vs Hou 04 18 05 20 18 Date(s) 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 identify an outside organization. Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Number of Ticket(e)/ Passes Name of Individual identify one of the following: (Last, First) Other 🔲 Ceremonial Role Kasaine, Katano If checking "Ceremonial Role" or "Other" describe below. 2 . to provide incentives to City and County employees that provide Ceremonial Role 🔲 Other 🔲 Income ___ If checking "Ceremonial Role" or "Other" describe below. 2 Number of Ticket(s)/ Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's policy Pasoes

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

Kehno Mian	Katano Kasaine	Finance Director	05/18/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

igency Report or: Peremonial Role Events and <u>Ticket/Pa</u>	ass Distri	butions		A Public Document
. Agency Name			Date Stamp	California 802
Oakland-Alameda County Administrator, Alameda	a County			For Official Use Only
Division, Department, or Region (if applicable)	ada County			
Susan S. Muranishi, County Administrator, Alame Designated Agency Contact (Name, Title)	sua County			
presiditions . Herrit American			□ Amoudenant ///ust	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail			Milendine (Massi	LANGUE EVENITORIAL ILL. SIL 23
(510) 272-3862 countyadministrator	@acgov.org		Date of Original Filing	(month, day, year)
. Function or Event Information				21259
	No□ F	ace Value of	Each Ticket/Pass \$.	U/A.
Event Description: Golden State Warriors Playoff		oate(s) <u>04</u>	, 28 , 18	
Ticket(s)/Pass(es) provided by agency? Yes 2		' no:	Name of Source	
Was ticket distribution made at the behest. Yes [of agency official?	J No⊠ If	yes:	Official's Name (Last, Firs	Ü
Recipients • Use Section A to identify the agency's department or unit.	Use Section B to i	dentify on Individ	nal. • Use Section C to ide	entify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes			ursuant to the agency's policy
County Administrator's Office	2		ncentives to City and rices to the Authority	d County employees that
B. Name of Individual (Lost, First)	Number of Ticket(s)/ Passe		Identify one of th	e (c(lowing);
		Cerer If chac	nonial Role	
			nonial Role Other king "Coremonial Role" or "Other	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe U	ne public purpose made (pursuant to the agency's policy
· ·				
4. Verification I have read and understand FPPC Regulations 18944	I.1 and 18942.	I have verified	that the distribution se	at forth above, is in accordance
with the requirements.	S. Muranishi		County Administrat	or 6.28.18
Signature of Agency Head or Designee	rint Name	,	Title	(month, day, year)

1. Agency Name Oakland Alameda County Colisium Authority			Date Stamp California 802		
Division, Department, or				-	For Official Use Only
Yui Hay Lee, Con	missioner				
Designated Agency Cont				-	
Area Code/Phone Numbe	er IE-mail		\$	Amendment (Must	provide explanation in Part 3.)
(510 836-6688 x	10 YuiH	ay@YHLA.r	net	Date of Original Filing:	(Monih, Day, Year)
2. Function or Event In		/			31250
Does the agency have a f	icket policy?	Yes 🛂 No		f Each Ticket/Pass \$_	•
Event Description Wa	man f	lay o	Date(s)	grious d	stro.
∂	ク S^{rayido Tille/Exp}	lanalion			
Ticket(s)/Pass(es) provide	ed by agency?	Yes 🔲 No	台 If no:	Name of Sc	NIPS
Was ticket distribution ma	de at the behest	No ☐ Yes	П 15	None of de	urce
of agency official?		NOLI TES	LI If yes:	Official's Name (Last, First)
3. Recipients	en destructions destruction de	ning maa kanalista ka	in and the second secon		
 Use Section A to identify the ag 	gency's department or	unit. * Use Sec	ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Depa		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
Yui Hay Lee, Com	missioner	a	#3		
		perg	Jame		
B. Name of Indiv	idual	Number of Ticket(s)/ Pass(es)		identify one of the follow	ing:
			Ceremonial Role [If checking "Ceremonia	Other describe below:	Income [
			Ceremonial Role [If checking "Ceremonia	Other	Income [
C. Name of Outside Organization (Include address and		Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant	to the agency's policy
Verification I have read all understand FPPC Re	egulations 18944.1 and	18942. I have verii	lied that the distribution set for	th above, is in accordance will	the requirements.
JHUI		Hay Lee	OAC	CCA Commission	5/10/15
Signature of Agency Atoms or crossyr	160	Print Name	- The state of the	Tille	(Month, Day, Front)
Sommert:	***************************************			the second secon	FPPC Form 802 (4/12)

GOLDEN STATE WARRIORS

2018 PLAYOFFS

ROUND 2

Yui Hay Lee

•	Warriors v Pelicans	4.28.18	(2) tickets
•	Warriors v Pelicans	5.1.18	(2) tickets
•	Warriors v Pelicans	5.8.18	(2) tickets

C	eremonial Role Even	ts and Ticket/I	Pass Distr	ibutions	A	Public Document
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Authority				
	Division, Department, or Regi	on (if applicable)				For Official Use Only
	Ignacio De La Fuente, OAC	CA Commissioner				
	Designated Agency Contact (Name, Title)			1	
					Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Zapanasan my an ay
	510.383.4801	idelafuente2012@	gmail.com		Date of Original Filing: .	(month, day, year)
2.	Function or Event Inform	nation				exament e
	Does the agency have a tick	et policy? Yes	⊠ No □	Face Value of	Each Ticket/Pass \$ 3′	12.50
	Event Description: Golden S	State Warriors Playo	offs	Date(s) 500	, aftache	1 dates
	Event Description.	Provide Title/Expl	anation	Date(s)		
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □	If no:	Name of Source	
	Was ticket distribution made	at the hehest Vac		If yes:		
	of agency official?	at the beliest Yes	L NO KI		Official's Name (Last, First)	
3.	Recipients					
	 Use Section A to identify the agen 	cy's department or unit.	• Use Section B to	identify an individ	lual. * Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	9					
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	De La Fuente,Igancio		2	to investigat	nonial Role Other Award Coremonial Role" or "Other" de the efficiencies of open other events at Colise	scribe below: perations of various
					nonial Role Other L king "Ceremonial Role" or "Other" de	
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy	
4.	Verification	1				
	I have read and understand FF with the requirements.	PC Regulations 1894	4.1 and 18942	. I have verified	that the distribution set fo	orth above, is in accordance
		Ignac	io De Fuente	(DACCA Commissione	r 04.30.18
	Signature of Agency Head or Design		Print Name		Title	(month, day, year)
- 3	Comment:					

Agency Report of:

GOLDEN STATE WARRIORS

2018 PLAYOFFS

ROUND 2

Ignacio De La Fuente

•	Warriors v Pelicans	4.28.18	(2) tickets
•	Warriors v Pelicans	5.1.18	(2) tickets
•	Warriors v Pelicans	5.8.18	(2) tickets

C	eremonial Role Event	ts and Ticket/P	ass Distri	butions		A Public	c Document
1.	Agency Name				Date Stamp	Calif	fornia 802
	Oakland Alameda County C	oliseum Authority				Fo	orm OUZ
	Division, Department, or Regi					For	r Official Use Only
	Chris Dobbins, OACCA Con	nmissioner					
	Designated Agency Contact (A Martin Carlo State Control C			1		
		2.Cooperates and instanting					
	Area Code/Phone Number	E-mail		tutu-tutu-	Amendment (M	lust Provide Expla	anation in Part 3.)
			rahaa aam		Date of Original Fil	ing:	
	510.383.4801	chrisdobbinslaw@y	yanoo.com			(month,	, day, year)
2.	Function or Event Inform	nation					
	Does the agency have a tick	cet policy? Yes	□ No□ F	ace Value of	Each Ticket/Pass	\$ 312.50	
	Event Description: Golden S			\(_)	Swatt	ache	6
	Event Description:	Provide Title/ Expla	nation L	Date(s)	Jan W	. 40	9
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □ If	no:			
	1101101(0)11 0101(1-)	, , , , , , , , , , , , , , , , , , , ,	AN BROOM		Name of Source		
	Was ticket distribution made	at the behest Yes	□ No⊠ If	yes:	Official's Name (Last, I	First)	Antonia de la composition della composition dell
	of agency official?				, , , , , , , , , , , , , , , , , , , ,	,	
							The state of the s
3.	Recipients	** * * * * * * *	*I. C. M D.4-	1 416 1 4113	Sund a View Eastion C to	Identify on outs	ida avganization
	Use Section A to identify the agen	cy's department or unit.	Number	T Individ	mai. Ose section C to	identity an outs	ide organization.
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/	Describe th	e public purpose mad	e pursuant to th	ne agency's policy
	- 11		Passes	-			
	B. Name of Indi		Number of Ticket(s)/		Identify one of	the following:	
	(Last, Firs	st)	Passes				
	Dobbins, Chris			Ceren	nonial Role Oth	ner 🔲	Income
	8 A &		2	to investigat	e the efficiencies	of operations	s of various
				sporting and	d other events at the	ne Coliseum	Complex
					COOK CONTRACTOR CONTRA	ner 🗌	Income
				If check	king "Ceremonial Role" or "Otl	ner" describe below:	
	Name of Outside O	rganization	Number of Ticket(s)/	Describe th	ie public purpose mad	e pursuant to th	he agency's policy
	G. (include address and	description)	Passes				
	F						
4	Verification						
	I have read and understand FP	PC Regulations 1894	1.1 and 18942.	I have verified	that the distribution .	set forth abov	e, is in accordance
	with the requirements.	Maganamona . 30 T					rat we had in we
		Chri	s Dobbins	(DACCA Commissi	ioner	4.30.18
	Signature of Agency Head or Design		rint Name		Title		(month, day, year)
	ence of the state						
	Comment:						

Agency Report of:

GOLDEN STATE WARRIORS

2018 PLAYOFFS

ROUND 2

Chris Dobbins

•	Warriors v Pelicans	4.28.18	(2) tickets
•	Warriors v Pelicans	5.1.18	(2) tickets
•	Warriors v Pelicans	5.8.18	(2) tickets

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) 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: smckibben1@gmail.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Warriors Playoffs 2018 Delv atta Date(s). Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: . Yes X No Name of Source If yes: Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: of Ticket(s)/ В. (Last, First) Passes Other X Ceremonial Role Income __ McKibben, Scott If checking "Ceremonial Role" or "Other" describe below. see att to promote the Coliseum Complex for use by 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) Passes 4. Verification Thave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Scott McKibben OACCA Executive Director 04.12.18 (month, day, year) Print Name Title Signature of Agendy Hend or Designee

Comment:

GOLDEN STATE WARRIORS 2018 PLAYOFFS

ROUND 2

Scott McKibben

•	Warriors v Pelicans	4.28.18	(4) tickets
•	Warriors v Pelicans	5.1.18	(4) tickets
•	Warriors v Pelicans	5.8.18	(4) 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 **Form** Division, Department, or Region (if applicable) For Official Use Only **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 510-272-6691 Date of Original Filing: Leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warrior Playoffs - Round 2, Game 2 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: GSW 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 A. Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) To promote attendance at a county sponsored Ford, Christine event in order to maximize potential county 2 revenue for concession and parking sales. Ceremonial Role Other L Income L 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) 4. V

Verification			
I have read and understand FPPC Regulation in the require ments.	ulations 18944.1 and 18942. I have	verified that the distribution set forth a	bove, is in accordanc
July Vires	Lee Ann Fergerson	Ticket Administrator	5/1/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name 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@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: WARRIORS PLAYOFFS Date(s) __05 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes City Administrator Office to provide incentives to City employees that provide 2 services to the Authority Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below. Number

4.	4. Verification		
	I have read and understand FPPC Regulations 18944.1 and 1	18942. i	I have verified that the distribution set forth above, is in accordance

of Ticket(s)/

Passes

Name of Outside Organization

(include address and description)

C.

Subunt and Sabrina Landreth	City Administrator	6.5.18
Signature of Agency Head or Designee Print Name Comment:	Title	(month, day, year)

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

el	ency Report of: remonial Role Event	s and lickevi	ass Distri	วนเเอทร		A Public Document
	Agency Name				Date Stamp	California 802
	akland-Alameda County A		ia County			For Official Use Only
Ď	ivision, Department, or Regi	on (if applicable)		1 2) 4104-1 217 -112		
S	Susan S. Muranishi, County	Administrator, Alam	eda County			
Ę	esignated Agency Contact (Name,Title)				Ì
					Amendment (Mus	t Provide Explenation in Part 3.)
Ä	res Code/Phone Number	E-mail				
((510) 272-3862	countyadministrato	or@acgov.org	TOTAL CONTRACTOR OF THE PERSON	Date of Original Filin	(тапт, цау, уваг)
ļ	Function or Event Infor	mation		_		31250
ſ	Does the agency have a tick	ket policy? Yes	140 mm		Each Ticket/Pass \$	
Ē	Event Description: Golden S	State Warriors Playo	iffs D	ate(s)05	, 01 , 18	<u> </u>
	licket(s)/Pass(es) provided	LIGRIDG LINES TYPES	41(4444)	no:		
	(ICKeI(a)\Leasies) broaden	Dy agency: 194			Name of Source	
١	Nas ticket distribution made of agency official?	e at the behest Yes	□ No⊠ ^{If}	yes:	Official's Name (Last, Fir	5()
	Recipients • Use Section A to identify the ages	ncy's department or unit.	• Use Section B to i	dentify an indivi	dual. • Use Section C to is	lentify an outside organization.
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's polic			
County Administrator's Office			2	To provide incentives to City and County employees that provide services to the Authority		
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the monial Role	
				il cher	cking "Ceremonial Role" or "Othe	
	- MATERIAL - APPROXIMATION - A		·		monial Role Other cking "Ceremonial Pole" or "Other	or Income I'' describe below:
	C. Name of Outside C	Organization d description)	Number of Ticket(s)/ Passes	Describe t	he public purpose made	pursuant to the agency's policy
	74000	,			U.S. Carlotte and	
	•		<u> </u>			
	Verification	250 Seculations 180	44.1 and 18942.	I have verified	I that the distribution s	et forth above, is in accordan
	الاستنام والمراجع المراجع المراجع والمراجع المراجع الم					
,	I have read and understand F with the requirements.		n S. Muranishi		County Administra	100

Comment:

•	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	Α	Public Document
and only	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	coliseum Authority		Form OUZ		
	Division, Department, or Reg	ion (if applicable)		C. C	1	For Official Use Only
	Lýnětte Gibson McElhaney	, OACCA Commissio				
	Designated Agency Contact ((Name, Title)				
	Renee Savage - OACCA Ex	recutive Assistant			Amendment (Marie	
	Area Code/Phone Number	E-mail			Amendment (Must P	rovide Explanation in Part 3.)
	510.383.4801	RSavage@coliseu	m.com		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation		V4552300000000000000000000000000000000000		12.50
	Does the agency have a tick	ket policy? Yes [X No □ -	Face Value of	Each Ticket/Pass \$ 31	IZ.3U
	Event Description: Warriors	Playoffs - Round 2,		Date(s)05	<u>/ 01 / 18</u>	
	Ticket(s)/Pass(es) provided	•	No □	If no:	Name of Source	
	Man dialent dintaile, tina an ala			If yes: Lynette	McElhaney	
	Was ticket distribution made of agency official?	e at the benest Yes [∐ No L	n yes. <u></u>	Official's Name (Last, First)	
3.	Paginianta					
J.	Recipients • Use Section A to identify the agen	cv's department or unit.	Use Section B to	identify an individ	lual. • Use Section C to ident	ify an outside organization.
			Number			40/15/15/15/15/15/15/15/15/15/15/15/15/15/
	A. Name of Agency, Dept	irtment or Unit	of Ticket(s)/ Passes	Describe to	ie public purpose made pun	evant to the agency's policy
				-		
	B. Name of Ind.	velia	Number of Ticket(s)/		dentify one of the f	Allowing .
	ALL LEAST File		Passes			
	Sloan, Annie				nonial Role Other X	
	•		2		king "Ceremonial Role" or "Other" de: a City Staff member	scribe below:
					nonial Role Other Other Manager Other Other Other Other Other	Income
				li chaci	ang Celemonia: Noie of Other us:	schoe below.
	Name of Outside O		Number			
	C. (Include address and		of Ticket(s)/ Passes	Describe to	e public purpose made pun	evant to the agency's policy
	manager section and a section	<u> Panlannanan kanna ka ka</u>	100.000.000.000.000.000			
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	, <u>, , , , , , , , , , , , , , , , , , </u>					0.000
omaran						
4.	Verification					
	I have read and understand FF	PC Regulations 18944	1.1 and 18942	. I have verified i	that the distribution set fo	orth above, is in accordance
Samuel Sa	with the requirements.					•
·wp*	Signature of Agency Head of Design		McElhaney	(DACCA Commissioner	
	Any any manufactor of Design	P	um (vame		ritte	(month, day, year)

1.	Agency Name		Date Stamp California Q			
	Oakland-Alameda County C	Coliseum Autl		Form 802		
	Division, Department, or Reg	ion (If Applicab	le)		-	For Official Use Only
	Barbara J. Parker, City Atto	rnav/OAACA				
	Designated Agency Contact (_			
	gene, comment	rramo, rinoj				
	Area Code/Phone Number	E-mail			☐ Amendment (Must p	rovide explanation in Part 3.)
	(510) 238-3815		aklandoitvott	CONTROL OF C	Date of Original Filing:	
2	Function or Event Inform	bparker@oaklandcityattorney.org			Date of Original Filing:	(Month, Day, Year)
۵.			_			312.50
	Does the agency have a ticker		Yes 🛛 No		of Each Ticket/Pass \$ _	012.00
	Event Description Warriors v	Pelicans/Pla	yoffs Game	F Date(s)0	5 , 01 , 18	
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	☐ If no:	Name of Sou	
	Was ticket distribution made a	t tha babaat	10 1 1 1 10 10			urce
	of agency official?	t the benest	No ⊠ Yes	☐ If yes:	Official's Name (L	ast First)
-					Omoure reame (2	cost, r noty
	Recipients • Use Section A to identify the agency	's denartment or	unit alleo So	ction B to Identify on Individ	usl - Has Sastian O.t. Ideat	
		建筑的 和安全是16年的特别	Number of	ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuant	to the agency's policy
9						
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following	ng:
	(Last, First)		Number of	COLOR DESCRIPTION OF THE PROPERTY OF THE PROPE	Other 🛛	ng:
	B. Name of Individual (Last, First) Daye, Connie		Number of Ticket(s)/	If checking "Ceremon	Other Other or "Other" describe below: es to City and County e	
	(Last, First)		Number of Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentiv services to the Auti Ceremonial Role	Other Other or "Other" describe below: es to City and County enority. Other	Income [
	(Last, First)		Number of Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentiv services to the Auti Ceremonial Role	Other Other or "Other" describe below: es to City and County on ority.	Income C
	(Last, First) Daye, Connie Name of Outside Organiz	eation	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To provide incentiv services to the Auti Ceremonial Role If checking "Ceremon	Other Other	Income Cemployees that provide
	(Last, First) Daye, Connie	eation	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentiv services to the Auti Ceremonial Role If checking "Ceremon	Other Other or "Other" describe below: es to City and County enority. Other	Income [employees that provide
	(Last, First) Daye, Connie Name of Outside Organiz	eation ription)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive services to the Aution Ceremonial Role If checking "Ceremon Describe the pub	Other A later or "Other" describe below: es to City and County enority. Other describe below: ial Role" or "Other" describe below: lic purpose made pursuant to	Income Cemployees that provide Income Control Income Con
	Daye, Connie Name of Outside Organiz (Include address and description)	eation ription)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive services to the Aution Ceremonial Role If checking "Ceremon Describe the pub rified that the distribution set for	Other A later or "Other" describe below: es to City and County enority. Other describe below: ial Role" or "Other" describe below: lic purpose made pursuant to	Income Comployees that provide Income Comployees that provide Income Comployees that provide Income Comployees the agency's policy

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland/Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only **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 510-272-6691 leeann.fergerson@acgov.org Date of Original Filing: (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$312.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warrior Playoffs, rnd 2, game 4 Date(s) __5_/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: GSW 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 A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes To promote attendance at a county sponsored Mendoza, Dan event in order to maximize potential county 2 revenue for concession and parking sales. Ceremonial Role | | Income Other L If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

I have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the distribution set forth above, i	is in accordance
with the requirements.			0 117 00007 001700

Leber The Choose	Lee Ann Fergerson	Ticket Administrator	5/9/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year,

Comment: 10th Annual Flying Pigs Golf Tournament to benefit the American Cancer Society Relay For Life

¥9 *۵	ency Report of: remonial Role Event	s and Ticket/Pa	ass Distrit	utions	<u>A</u>	Public Document
	gency Name Qakland-Alameda County A Division, Department, or Regi	dministrator, Alamed on <i>(if applicable)</i>	Date Stamp	California 802 Form 802		
	Susan S. Muranishi, County Designated Agency Contact (eda County			
		99497569476185000	and the same of th		Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number (510) 272-3862	E-mail countyadministrator@acgov.org			Date of Original Filling:	(Month, day, year)
	Function or Event Information Does the agency have a ticket Event Description: Golden Stricket(s)/Pass(es) provided Was ticket distribution made of agency official?	ket policy? Yes [State Warriors Playof Provide Title/ Explant by agency? Yes [fs D	ate(s) <u>05</u>	Each Ticket/Pass \$	
3.	Recipients • Use Section A to identify the agen	ncy's department or unit.	Use Section B to i			
	A. Name of Agency, Dep	artment or Unit	of (Ticket(s)/ Passes			revent to the agency's policy
	District Attorney's Office	2	provide ser	rovide incentives to City and County employees the ide services to the Authority		
	B. Name of inc (Last, F.		Number of Ticket(s)/ Passes	Con If ch	Identify one of the emonial Role Other cocking "Ceremonial Role" or "Other" or	income [
				Cen If ch	emonial Role Cther Boking "Ceremonial Role" or "Other" o	
	C. Name of Outside (include address as	Organization od description)	Number of Ticket(s)/ Passos	Describe	the public purpose made p	ursuant to the agency's policy
	Verification				od that the distribution Sel	t forth above, is in accordance
4,	Verification I have read and understand f	PPC Regulations 1894	4,1 and 18942.	I liana haimo	In flight file cigninement ear	, person we are a first to the second

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) 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 \$ 312.50 Does the agency have a ticket policy? Yes ⊠ No 🗌 Event Description: Warriors Playoffs - Round 2, Game 3 Date(s) __05__/_ 08 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If 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. Describe the public purpose made pursuant to the egency/s policy Name of Agency Department or Unit)/Ticket(s)/ Passes Name of Individual (Last, First) identity one of the following: Other X Ceremonial Role Income Did Not Use If checking "Ceremonial Role" or "Other" describe below: 2 Tickets were not issued 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 4. Verification

with the requirements. 🎢 🚕	•		
Sant 16 18/1	Lynette McElhaney	OACCA Commissioner	05/31/18
Signature of Agency Head or Signature	Print Name	Title	(month, day, year)
Comment:	<i>.</i>		

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

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 Date of Original Filing: slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ Event Description: Warriors 05 80 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. Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income CLARK, BREHT If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Ceremonial Role Other 🗌 Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** 4. Verification 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)

(month, day, year)

City Administrator

Title

						A I abile bocamen
1. Agency Na	ame				Date Stamp	California Q02
Oakland-Ala	Oakland-Alameda County Coliseum Authority					Form OUZ
Division, Dep	Division, Department, or Region (If Applicable)					For Official Use Only
Barbara J. P	Barbara J. Parker, City Attorney/OAACA Official					
	Designated Agency Contact (Name, Title)					
Area Code/Pl	one Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 238-38		bparker@oa	aklandcitvati	tornev ora	Date of Original Filing:	
2. Function o			amarraony an	tomoy.org		(Month, Day, Year)
	ncy have a ticke		Yes 🗵 No	□ Face Value o	f Each Ticket/Pass \$ _	312.50
		5.0				
Event Descrip	tion Warriors v	Provide Title/Exp	lanation	Date(s)		
Ticket(s)/Pass	s(es) provided by	v agency?	Yes⊠ No	√□ If no:		
			ICS MI INO		Name of Sou	ırce
	tribution made a	t the behest	No ⊠ Yes	If yes:		
of agency of	iciai?				Official's Name (L	ast, First)
3. Recipients			792 207: Rest			W
	o identify the agency	/'s department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to identi	ify an outside organization.
A. Name of	Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
	Shough in the St. Sy 1920 Williams		<u> </u>	A STATE OF THE PERSON OF THE P	Compared the Marie School of the Compared States	
В.	Name of Individua (Last, First)	le graphic de la l	Number of Ticket(s)/ Pass(es)		Identify one of the following	ıg:
Parker, Barba	ara I			Ceremonial Role		Income
r arnor, Darbe	iia o.		2		I Role" or "Other" describe below: fficiencies of the opera	ations of the contact
				sporting and other e	vents that occur at Co	liseum Complex
				Ceremonial Role	Other	Income
				If checking "Ceremonia	Role" or "Other" describe below:	
0 "	404140		Number of			
	of Outside Organia address and desc		Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to	o the agency's policy
			rass(es)			(Killifore and Color of the Annual Color of th
					8	
Verification	evotond EDDO (B)					
Thave read and under		The same of the sa		rified that the distribution set fort		
100			Barbara J. F		Attorney/OAACA Offici	ial 06/18/2018
Signature of Age	ency Head or Designee		Print Name	,	Title	(Month, Day, Year)
Comment:						
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