

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

A Public Document

| | | | |
|---|-----------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| Oakland Alameda County Coliseum Authority | | | |
| Division, Department, or Region (If Applicable) | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) | |
| Yui Hay Lee, Commissioner | | | |
| Designated Agency Contact (Name, Title) | | | |
| Area Code/Phone Number | E-mail | | |
| (510) 836-6688 x 10 | YuiHay@YHLA.net | | |

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 Date(s) various dates
2018 Provide Title/Explanation

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

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

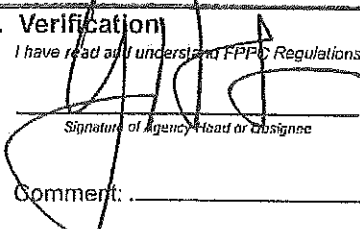
3. Recipients

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

| | | |
|--|------------------------------|---|
| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| Yui Hay Lee, Commissioner | 2 | #3 |
| | per game | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification

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


 Yui Hay Lee
Signature of Agency Head or Designee

OACCA Commission
Title

5/16/18
(Month, Day, Year)

Comment: _____

GOLDEN STATE WARRIORS

2018 PLAYOFFS

ROUND 3

YUI HAY LEE

- | | | |
|----------------------|---------|-------------|
| • Warriors v Rockets | 5.20.18 | (2) tickets |
| • Warriors v Rockets | 5.22.18 | (2) tickets |
| • Warriors v Rockets | 5.26.18 | (2) tickets |

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

A Public Document

| | | | |
|---|--------------------------------|--|---|
| 1. Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) | | Date Stamp | California Form 802 For Official Use Only |
| Area Code/Phone Number 510.383.4801 | E-mail smckibben1@gmail.com | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 312.50

Event Description: Warriors Playoffs 2018 Date(s) See attached
Provide Title/Explanation

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

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

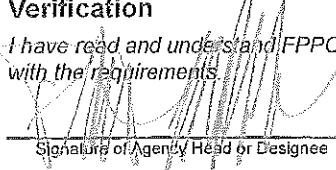
3. Recipients

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

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

4. Verification

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

| | | | |
|---|----------------|--------------------------|--------------------|
|  | Scott McKibben | OACCA Executive Director | 04.12.18 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Comment: _____

GOLDEN STATE WARRIORS

2018 PLAYOFFS

ROUND 3

Scott McKibben

- **Warriors v Rockets** **5.20.18** **(4) tickets**
- **Warriors v Rockets** **5.22.18** **(4) tickets**
- **Warriors v Rockets** **5.26.18** **(4) tickets**

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 312.50

Event Description: Golden State Warriors Playoffs Date(s) See attached
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

| | | | |
|---|-----------------------------|-----------------------------|-------------------------------|
|  Signature of Agency Head or Designee | Chris Dobbins Print Name | OACCA Commissioner Title | 4.30.18 (month, day, year) |
|---|-----------------------------|-----------------------------|-------------------------------|

Comment: _____

GOLDEN STATE WARRIORS

2018 PLAYOFFS

ROUND 3

Chris Dobbins

- **Warriors v Rockets** **5.20.18** **(2) tickets**
- **Warriors v Rockets** **5.22.18** **(2) tickets**
- **Warriors v Rockets** **5.24.18** **(2) tickets watch party \$~~10.00~~ 20.⁰⁰**
- **Warriors v Rockets** **5.26.18** **(2) tickets**

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

A Public Document

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

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

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

3. Recipients

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

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

4. Verification

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

| | | |
|--|---|--|
| _____ <small>Signature of Agency Head or Designee</small> | Ignacio De Fuente _____ <small>Print Name</small> | OACCA Commissioner _____ <small>Title</small> |
| | | 04.30.18 _____ <small>(month, day, year)</small> |

Comment: _____

GOLDEN STATE WARRIORS

2018 PLAYOFFS

ROUND 3

Ignacio De La Fuente

- **Warriors v Rockets** **5.20.18** **(2) tickets**
- **Warriors v Rockets** **5.22.18** **(2) tickets**
- **Warriors v Rockets** **5.24.18** **(2) tickets watch party \$10.00** ~~20.00~~
- **Warriors v Rockets** **5.26.18** **(2) tickets**

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

Oakland-Alameda County Administrator, Alameda County
 Division, Department, or Region (if applicable)
 Susan S. Muranishi, County Administrator, Alameda County
 Designated Agency Contact (Name, Title)

Date Stamp

 California
 Form

802

For Official Use Only

Area Code/Phone Number

(510) 272-3862

E-mail

countyadministrator@acgov.org

☐ Amendment (Must Provide Explanation in Part 3.)

 Date of Original Filing: _____
 (month, day, year)

2. Function or Event Information

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

 Event Description: GSW - Western Conference Finals Date(s) 05 / 20 / 18
 Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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



 Susan S. Muranishi
 Print Name

 County Administrator
 Title

 6/28/18
 (month, day, year)

Comment: _____

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

A Public Document

1. Agency Name

Oakland Alameda County Coliseum Authority
Division, Department, or Region (if applicable)
Lynette Gibson McElhaney, OACCA Commission
Designated Agency Contact (Name, Title)
Renee Savage - OACCA Executive Assistant

Area Code/Phone Number

510.383.4801

E-mail

RSavage@coliseum.com

Date Stamp

California
Form

802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 312.50

Event Description: Warriors Playoffs - Round 3, Game 3 Date(s) 05 / 20 / 18
Provide Title/Explanation

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

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

3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy |
|---|----------------------------|---|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| Marqusee, Alex | 2 | Rewarding City Staff |
| | | |
| | | |
| C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification

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

Signature of Agency Head or Designee

Lynette McElhaney

Print Name

OACCA Commissioner

Title

05/31/18

(month, day, year)

Comment: _____

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

A Public Document

| | | | |
|--|--------------------------------------|--|---|
| 1. Agency Name OAKLAND ALAMEDA COUNTY COLISEUM AUTHORITY | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) OACCA COMMISSIONER | | | |
| Designated Agency Contact (Name, Title) LEE ANN FERGERSON, TICKET ADMINISTRATOR | | | |
| Area Code/Phone Number 510-272-6691 | E-mail Leeann.fergerson@acgov.org | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 312.50
Event Description: WARRIORS Date(s) 5 / 20 / 18
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: GSW
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Haggerty, Scott
Official's Name (Last, First)

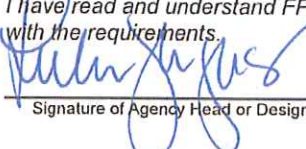
3. Recipients

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

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

4. Verification

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

 Lee Ann Ferguson Ticket Administrator 5/31/18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

A Public Document

1. Agency Name

Oakland-Alameda County Administrator, Alameda County

Division, Department, or Region (if applicable)

Susan S. Muranishi, County Administrator, Alameda County

Designated Agency Contact (Name, Title)

Area Code/Phone Number

(510) 272-3862

E-mail

countyadministrator@acgov.org

Date Stamp

California
Form

802

For Official Use Only

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$

31250

Event Description: GSW - Western Conference Finals

Date(s) 05 / 22 / 18

Provide Title/Explanation

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

If no: _____

Name of Source

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

If yes: _____

Official's Name (Last, First)

3. Recipients

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

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

4. Verification

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



Susan S. Muranishi

Print Name

County Administrator

Title

6/28/18
(month, day, year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 312.50

Event Description: Warriors Playoffs - Round 3, Game 4 Date(s) 05 / 22 / 18
Provide Title/Explanation

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

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

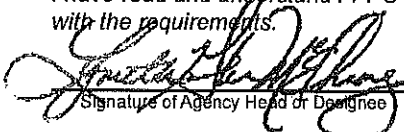
3. Recipients

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

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

4. Verification

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


 Lynette McElhaney
Signature of Agency Head or Designee

Print Name

OACCA Commissioner
Title

05/31/18
(month, day, year)

Comment: _____

A Public Document

2. Function or Event Information

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

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

4. Verification

Comment: _____

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

A Public Document

1. Agency Name

Oakland-Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Barbara J. Parker, City Attorney/OAACA Official

Designated Agency Contact (Name, Title)

Area Code/Phone Number

(510) 238-3815

E-mail

bparker@oaklandcityattorney.org

Date Stamp

California
Form

802

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: _____
(Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 312.50

Event Description Warriors v Rockets/Playoffs Game J
Provide Title/Explanation

Date(s) 05 / 22 / 18

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

If no: _____
Name of Source

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

If yes: _____
Official's Name (Last, First)

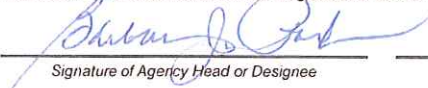
3. Recipients

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

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

4. Verification

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


Signature of Agency Head or Designee

Barbara J. Parker

Print Name

City Attorney/OAACA Official

Title

06/18/2018

(Month, Day, Year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 3/25⁰⁰

Event Description: WARRIORS Date(s) 05 / 22 / 18
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

Signature of Agency Head or Designee: [Signature]
 Print Name: Sabrina B. Landreth
 Title: City Administrator
 Date: 06/5/2018
(month, day, year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

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

Event Description: WARRIORS WATCH PARTY Date(s) 05 / 24 / 18
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

| | | | |
|---|---------------------|--------------------|--------------------|
|  | Sabrina B. Landreth | City Administrator | 06/ 5 /2018 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Comment: _____

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

Oakland-Alameda County Administrator, Alameda County
 Division, Department, or Region (if applicable)
 Susan S. Muranishi, County Administrator, Alameda County
 Designated Agency Contact (Name, Title)

Area Code/Phone Number
 (510) 272-3862

E-mail
 countyadministrator@acgov.org

Date Stamp

 California
 Form

802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

 Date of Original Filing: _____
 (month, day, year)

2. Function or Event Information

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

Event Description: Warriors vs Rockets Watch Party Date(s) 05 / 24 / 18
 Provide Title/Explanation

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

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

3. Recipients

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

| A. | Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|------------------------------------|-----------------------------|--|
| | Not Used | 2 | |
| | | | |

| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
|----|----------------------------------|-----------------------------|---|
| | | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |

| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|--|-----------------------------|--|
| | | | |
| | | | |

4. Verification

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


 Signature of Agency Head or Designee

Susan S. Muranishi
 Print Name

County Administrator
 Title

6-28-18
 (month, day, year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 20.00

Event Description: Warriors Playoffs Watch Party Date(s) 05 / 24 / 18
Provide Title/Explanation

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

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

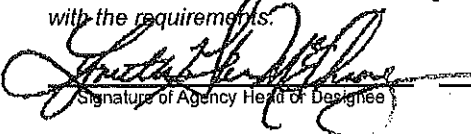
3. Recipients

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

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

4. Verification

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


 Lynette McElhaney
Signature of Agency Head or Designee

OACCA Commissioner
Print Name

05/31/18
Title (month, day, year)

Comment: _____

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

A Public Document

| | | | |
|--|---|--|---|
| 1. Agency Name Oakland-Alameda County Coliseum Authority | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region (If Applicable) | | | |
| Barbara J. Parker, City Attorney/OAACA Official | | | |
| Designated Agency Contact (Name, Title) | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) | |
| Area Code/Phone Number (510) 238-3815 | E-mail bparker@oaklandcityattorney.org | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 20.00

Event Description Warriors v Rockets/Watch Party Date(s) 05 / 24 / 18
Provide Title/Explanation

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

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

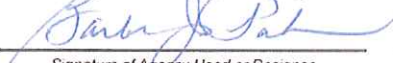
3. Recipients

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

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

4. Verification

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

| | | | |
|---|-------------------|------------------------------|--------------------|
|  | Barbara J. Parker | City Attorney/OAACA Official | 06/18/2018 |
| Signature of Agency Head or Designee | Print Name | Title | (Month, Day, Year) |

Comment: _____

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 312.50

Event Description: Warriors Round 3 Date(s) 5 / 26 / 18 / /
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

| | | | |
|---|------------------|----------------------|--------------------|
|  | Lee Ann Ferguson | Ticket Administrator | 6/1/18 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Comment: 11

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 312.50

Event Description: Warriors Playoffs - Round 3, Game #3 Date(s) 05 / 26 / 18
Provide Title/Explanation

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

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

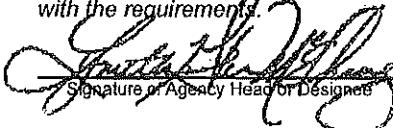
3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy |
|---|----------------------------|---|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following: |
| Cook, Brigitte | 2 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Rewarding City Staff |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification

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


 Lynette McElhaney OACCA Commissioner 05/31/18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

A Public Document

1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Office of the City Administrator

Designated Agency Contact (Name, Title)

Sabrina B. Landreth, City Administrator

Area Code/Phone Number

510-238-3301

E-mail

slandreth@oaklandca.gov

Date Stamp

California
Form **802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 312.50

Event Description: WARRIORS PLAYOFFS

Provide Title/Explanation

Date(s) 05 / 26 / 18

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

Name of Source

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

3. Recipients

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

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

4. Verification

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


Signature of Agency Head or Designee

Sabrina B. Landreth

Print Name

City Administrator

Title

06/ 5 /2018
(month, day, year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

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

Event Description: Western Conference Finals Date(s) 05 / 26 / 18
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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


 Susan S. Muranishi
Signature of Agency Head or Designee

Susan S. Muranishi
Print Name

County Administrator
Title

6-28-18
(month, day, year)

Comment: _____

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

A Public Document

| | | | |
|---|---------------------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| Oakland-Alameda County Coliseum Authority | | | |
| Division, Department, or Region (If Applicable) | | | |
| Barbara J. Parker, City Attorney/OAACA Official | | | |
| Designated Agency Contact (Name, Title) | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) | |
| Area Code/Phone Number | E-mail | | |
| (510) 238-3815 | bparker@oaklandcityattorney.org | | |

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 v Rockets/Playoffs Game K Date(s) 05 / 26 / 18
Provide Title/Explanation

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

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


3. Recipients

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

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

4. Verification

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

| | | | |
|---|-------------------|------------------------------|--------------------|
|  | Barbara J. Parker | City Attorney/OAACA Official | 06/18/2018 |
| Signature of Agency Head or Designee | Print Name | Title | (Month, Day, Year) |

Comment: _____