Ceremonial	Rola	Evente	and	Tickat/Dace	Distributions
	KOIG	CVEHES	anu	INCREUPASS	Lusmonnone

1. Agency Name	erilization de la proposition de la pr		Date Stamp	California 9/19
Oakland Alameda County Coli		hority		Form CAA
Division, Department, or Region (If Applicab	ole)			For Official Use Only
Yui Hay Lee, Commissioner				
Designated Agency Contact (Name, Title)		TO TO THE STATE OF		
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
(510 836-6688 x 10) YuiH	ay@YHLA.ı	net	Date of Original Filing	(Monih, Day, Year)
2. Function or Event Information	P			
Does the agency have a ticket policy?	Yes 🖫 No	Face Value o	of Each Ticket/Pass \$ _	31250
Event Description Warries T	layo	AAS Date(s)	ranous d	ate.
20 Suprido Tillerkup	planation )	1111		
Ticket(s)/Pass(es) provided by agency?	Yes No	// If no:		
Was ticket distribution made at the behest		ts	Name of S	ource
of agency official?	No 🗌 Yes	If yes:	Official's Name	(Lest. First)
. Recipients		De (Commerce - The second of Commerce - The Commerc		
Use Section A to identify the agency's department or	unit. • Use Sec	ction B to identify an individu	ial. • Use Section C to Iden	illfu an outeida organization
A. Name of Agency, Department or Unit	Number of		lic purpose made pursuan	
MAN COMPANIES AND COMPANIES AN	Ticket(s)i Pass(es)	Docembe the page	we hou hose made brustan	to the agency's policy
Yui Hay Lee, Commissioner	2	#3		
	per-	jane		
B. Name of Individual	Number of Ticket(s)/ Pass(es)		identify one of the follow	ing:
		Ceremonial Role [ If checking *Ceremonia	Other D	Income [
And the second s		Ceremonial Role		Income [
		и спескилд "Geremonia	l Raie" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Numbar of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant	to the agency's policy
Verification 1 A	CONTROL (NO ACCULATE A MARIE A	THE STREET AND CONCESSION AND CONCES		
I have read and understand FPFC Regulations 18944.1 and	18942. I have veri Hay Lee			the requirements.
Signature of Agency Hoad or obsignee	Print Name	VAC	CCA Commission	- 4/19/12
			CIGO.	(Agonlli, Day front)
. 1				- /

#### **2018 PLAYOFFS**

#### ROUND 3

#### YUI HAY LEE

•	Warriors v Rockets	5.20.18	(2) tickets
•	<b>Warriors v Rockets</b>	5.22.18	(2) tickets
•	<b>Warriors v Rockets</b>	5.26.18	(2) tickets

	100								
Cer	'emoni	al	Role	Events	and	Ticket/Pas	s Distr	ribution	S

Α	Dast	Alia	Documen	1
F**	B UI	JHU.	LUCUIEI	B

1.	Agency Name		anni (anni 1929) anni ay anni		Date Stamp	California (a)
	Oakland Alameda County C	Coliseum Authority				Form OUZ
	Division, Department, or Reg	ion (if applicable)	]	For Official Use Only		
	Scott McKibben, OACCA Ex	cecutive Director				
	Designated Agency Contact	(Name, Title)			]	
		7400			Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			8.4. 40 (1.1.18)	
	510.383.4801	smckibben1@gma	il.com		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy? Yes	⊠ No□ F	Face Value of	Each Ticket/Pass \$	312.50
	Event Description: Warriors	Playoffs 2018		Date(s)	Seer a Hac	Ad ,
		Provide Title/ Expla	nauon			
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🗆 📗	f no:	Name of Source	The transmission of the state o
	Was ticket distribution made	at the behest Yes	TI No 🗵	f yes:		
	of agency official?	100		·	Official's Name (Last, First	)
3.	Recipients	awa dananta artar marit	Hea Caution D to	: J (15	last a The Section Continu	
	Use Section A to identify the agen	cys department of mint.	Number	таениу ан тагую	ium Ose Section C to fae	nuly an offiside organization,
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
			1 45563			***************************************
		7	·		**************************************	
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the	fallowing:
	(Last, Firs	st)	Passes			
	McKibben, Scott				nonial Role  Other  Other  Other	
			see att	to promote t	he Coliseum Comple	x for use by general
		with the same to the same that the same to		T	usinesses to maximiz	
				ł.	nonial Role Other [ king "Ceremonial Role" or "Other" o	
	Name of Outside Or	canization	Number			
	(include address and		of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
						SCOVE
1. V	/erification //, /					
	have read and understand FPI	PC Regulations 18944	.1 and 18942.	l have verified t	hat the distribution set	forth above, is in accordance
V	vith the requirements.	A Commence of the Commence of				
***			McKibben	OA	CCA Executive Direc	
	Signature of Agently Head or Designe	ee Pi	int Name		Title	(month, day, year)
(	Comment:					

#### **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

C	eremonial Role Ever	its and lick	(eupa	iss wistri	IDUEIONS			Document
1.	Agency Name					Date Stamp	-Calif	omia 802
	Oakland Alameda County							
	Division, Department, or Reg		For	Official Use Only				
	Chris Dobbins, OACCA Co	mmissioner						
	Designated Agency Contact	(Name, Title)	A STATE OF THE PARTY OF THE PAR	NAME OF THE OWNER OWNER OF THE OWNER	THE RESERVE THE PROPERTY OF THE PARTY OF THE	1		
						Amendment (M	tust Provide Expla	nalion in Part 3.1
	Area Code/Phone Number	E-mail		<del></del>	y's general of the same as it as a said a file.		ibat i tortan anjira	
	510.383.4801	chrisdobbins	law@ya	ahoo.com		Date of Original Fil	ing:(month,	day, year)
2.	Function or Event Info	rmation					040 50	
	Does the agency have a tid	cket policy?	Yes 🗀	] No□ f	Face Value of	Each Ticket/Pass	\$ 312.50	-
	Event Description: Golden	State Warriors	Playoffs	S [	Date(s)	Sevate	achl	<u></u>
	Provide Title/ Explanation  Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no:							
	Tionot(s)// ass(co) provided		100 83	· · · • · · · · · · · · · · · · · ·		Name of Source		
	Was ticket distribution mad of agency official?	e at the behest	Yes 🗌	] No図 <sup>[</sup>	f yes:	Official's Name (Last, I	First)	areminer v premierarimmatina circleir eve-
3.	Recipients		7 <u>760</u>		VV Table III			
	<ul> <li>Use Section A to identify the age</li> </ul>	ency's department or	unit. • U	Ise Section B to	identify an individ	dual. • Use Section C to	identify an outsi	de organization.
	A. Name of Agency, Dep	partment or Unit		Number of Ticket(s)/ Passes	Describe ti	ne public purpose mad	e pursuant to th	agency's policy
	A CALL CONTROL OF THE CALL							
	Management of the Principles of the Control of the	and head of the second		BRIANNE STATEMENT STATEMEN	AM -	, ш., ш., ш., ш., ш., ш., ш., ш., ш., ш.	And Andrews Conference on the	esservind SELV Angun appearance resource messes and a child SEL and are
	B. Name of Individual (Last, First)			Number of Ticket(s)/ Passes		Identify one of the following:		
	Dobbins, Chris			2	Ceremonial Role Other Inco.  If checking "Ceremonial Role" or "Other" describe below.  to investigate the efficiencies of operations of various sporting and other events at the Coliseum Complex.			lncome ☐ of various Complex
		The second secon			Cerei		her 🔲	Income
	Name of Outside (include address an	Organization ad description)		Number of Ticket(s)/ Describe to		the public purpose made pursuant to the agency's policy		
				POLITY PERSONNELLE STATE AND	43	eganisan kanan	ing signapat ti Parama da Simanhanda magalama pa 1900 1907 (Parama Si Parisina ta	www.deladays.com
4.	Verification					gyper comment a mae'n de skriver fan de skriver fa		
	I have read and understand F. with the requirements.	PPC Regulations	18944.	1 and 18942.	I have verified	that the distribution	set forth above	), is in accordance
			Chris	Dobbins	(	OACCA Commiss	ioner	4.30.18
	Signature of Agency Head or Design	gnee	Pri	nt Name		Tille	200 mm	(month, day, year)
	_							
	Comment:				**************************************	observed the second		CONTRACTOR OF THE PROPERTY OF

#### **2018 PLAYOFFS**

#### ROUND 3

# **Chris Dobbins**

<ul><li>Warriors v Rockets</li></ul>	5.20.18	(2) tickets
<ul><li>Warriors v Rockets</li></ul>	5.22.18	(2) tickets
<ul><li>Warriors v Rockets</li></ul>	5.24.18	(2) tickets watch party \$20.00 $20.00$
<ul><li>Warriors v Rockets</li></ul>	5.26.18	(2) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: idelafuente2012@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: Golden State Warriors Playoffs Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ If yes: Was ticket distribution made at the behest Yes No X 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 Tickel(s)/ Α. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🛛 Income \_\_ De La Fuente, Igancio If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of operations of various sporting and other events at Coliseum Complex Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Tickel(s)/ Describe the public purpose made pursuant to the agency's policy Ç. (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 reguirements. OACCA Commissioner 04.30.18 Ignacio De Fuente (month, day, year) Print Name Signature of Agency Head or Designee

Comment:

#### **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 \$10.0020.1
•	<b>Warriors v Rockets</b>	5.26.18	(2) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pa	ass <u>Distril</u>	butions		iblic Document
Agency Name     Oakland-Alameda County Administrator, Alamed     Division, Department, or Region (if applicable)	Date Stamp	For Official Use Only		
Susan S. Muranishi, County Administrator, Alame Designated Agency Contact (Name, Title)	eda County			
			Amondment (Must Provid	le Explanation in Part 3.)
Area Code/Phone Number E-mail			Date of Original Filing:	
(510) 272-3862 countyadministrator	r@acgov.org			(month, day, year)
2. Function or Event Information  Does the agency have a ticket policy? Yes [  Event Description: GSW - Western Conference I  Provide Title/ Explain  Ticket(s)/Pass(es) provided by agency? Yes [  Was ticket distribution made at the behest Yes [  of agency official?	inals D	oate(s)	Each Ticket/Pass \$  , 20 , 18  Name of Source  Official's Name (Last, First)	
3. Recipients  • Use Section A to identify the agency's department or unit. •  A. Name of Agency, Department or Unit	Use Section B to I  Number of Ticket(s)/ Passes		dual. * Use Section C to identify he public purpose made pursus	
County Administrator's Office	2	To provide provide ser	incentives to City and Co vices to the Authority	unty employees that
B. Name of Individual (Last, First).	Number of Ticket(s)/ Passes	Core If che	Identify one of the folkomonial Role	Income C
		Cere	omonial Role  Other  Ociding "Ceremonial Role" or "Other" descri	Income C
C. Name of Outside Organization (include address and description)	Number of Ticket(6)/ Passes	Describe	the public purpose made pursu	ant to the agency's policy
4. Verification				
I have read and understand FPPC Regulations 1894 with the requirements.	4.1 and 18942 n S. Muranish		County Administrator	th above, is in accordance  4 2 8 / 8  (month, day, year)
Comment:	Print Nemë	and the second s	Title	

-3			
Ceremonial	Role Events	and Ticket/Pass	Distributions

-	<b></b>		_				4
Δ	Pu	ıhli	C	)oci	ım.	en	î

1. Agency Name		200000000000000000000000000000000000000	Date Stamp	California O
Oakland Alameda County Coliseum Authority				Form OU 4
Division, Department, or Region (if applicable)				For Official Use Only
Lynette Gibson McElhaney , OACCA Commission	1			
Designated Agency Contact (Name, Title)				
Renee Savage - OACCA Executive Assistant			☐ Amendment /Must P	rovide Explanation in Part 3.)
Area Code/Phone Number E-mail				701100 21/2001010101111111111111111111111
510.383.4801 RSavage@coliseum	.com		Date of Original Filing: .	(month, day, year)
2. Function or Event Information				
Does the agency have a ticket policy? Yes ⊠	No□ Fa	ace Value of I	Each Ticket/Pass \$ <u>3</u>	12.50
Event Description: Warriors Playoffs - Round 3, G	Same 3 D		, 20 , 18	
Ticket(s)/Pass(es) provided by agency? Yes ⊠	] No □ If	no:	Name of Source	+ M. P. CONT.
Was ticket distribution made at the behest Yes ⊠ of agency official?	] No□ lf	yes: Lynette	McElhaney Official's Name (Last, First)	
3. Recipients  • Use Section A to identify the agency's department or unit. • U	se Section B to ic	lentify an individ	ual, • Use Section C to ident	tify an outside organization.
A. Name of Agency, Department of Unit	Number of Ticket(s) Passes	Describe in	e public purpose made pur	suant to the agency's policy
Interference and good and assessment and goods are discounted as the polynomials and the second as		Secretaria de la California de La companya de la constanta de la constanta de la constanta de la constanta de l		Annual de la constantina del constantina de la constantina del constantina de la con
<b>B.</b> Name of Individual ( ). (Last, Gire).	Number of Toket(\$)/. Passas		adentify one of the r	ellowing:
Marqusee, Alex	2		nonial Role  Other  in Other  or "Other" de  Otty Staff	
			nonial Role Other C	
C. Name of Outside Organization C. (Include address and description)	Number of Ticke((s)) Fastes	Describé in	e public purpose made pur	euant to the agency's policy
4. Verification	·			
4. Verification  I have read and understand FPPC Regulations 18944.	1 and 18942	have verified	that the distribution set f	orth above is in accordance
with the requirements.	1 and 10342. 1	nave vermed	mat the distribution set i	om above, is in accordance
	McElhaney		DACCA Commissione	r 05/31/18 (month, day, year)
- Commenced				
Comment:				

#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California OAKLAND ALAMEDA COUNTY COLISEUM AUTHORITY Form For Official Use Only Division, Department, or Region (if applicable) 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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 312.50 Yes ⊠ No □ Event Description: WARRIORS Date(s) \_\_5 \_ / 20 / Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes ONSTAD, BRADLEY To promote attendance at a county sponsored 2 event in order to maximize potential county revenue for concession and parking sales Ceremoniai Role 🗀 Other 🗀 income [ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

ave read and understand FPPC Reg	ulations 18944.1 and 18942. I have	verified that the distribution set forth a	bove, is in accordanc
th the requirements.			
th the requirements.	Lee Ann Fergerson	Ticket Administrator	5/31/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Verification

Cei	ency Report of: remonial Role Event	ts and Ticket/Pa	ss Distrib	utions	A t Date Stamp	Public Document
	gency Name			,	Date crauh	California 802
Ç	akland-Alameda County A	dministrator, Alameda	County			For Official Use Only
Ö	ivision, Department, or Regi	on (if applicable)				
ş	usan S. Muranishi, County	Administrator, Alame	da County			
Ţ	lesignated Agency Contact	Name, Title)				
					Amendment (Must Pr	oyide Explanation in Part 3.)
Ā	rea Code/Phone Number	E-mail			Date of Orlginal Filling: _	And the second s
+	(510) 272-3862	countyadministrator		- Alexandra de la companya del companya de la companya del companya de la company		(months day, year)
j i	Function or Event Infor	mation			Each Ticket/Pass \$	31250
	Does the agency have a tic	ket policy? Yes ∑	No∏ Fa	ace Value of	Facil licken.sss 4	
	Event Description: GSW - \	Western Conference F	inals D	ate(s)	<u>, 22 , 18 </u>	
	Event Description.	Provide Title/ Explan	etion			
	Ticket(s)/Pass(es) provided	by agency? Yes 2			Name of Source	
	Was ticket distribution mad of agency official?	e at the behest Yes [	⊒ No⊠ <sup>If</sup>	yes:	Official's Name (Last, First)	
3.	Recipients  - Use Section A to identify the uge	ncy's department or unit. *	Use Section B to i	dentify an Indivi	dual. • Use Section C to ident	tify un outside organization.
		• • •	Number of Ticket(e)/	Describe i	he public purpose made pur	suant to the agency's policy
	A. Name of Agency, Dep	Name of Agency, Department or Unit				
County Administrator's Office		To provide incentives to City and County employed provide services to the Authority				
	B; Name of in	div(dual	Number of Ticket(s)		Identify one of the	following:
	Range Comment of the	-		Cer If ch	emonial Role	
				Cer (f et	remonial Role Other C recking "Ceremonial Role" of "Other" o	
	C. Name of Outside	Organization Ind description)	Number of Ticket(s)/ Passes	Describe	the public purpose made pu	irsuant to the agency's policy
	A Minimum A Mini				- Constitution of the Cons	
	Allocables city or the STEERESS.					1905/01/12/20
4	. Verification			I hours varific	ad that the distribution set	forth above, is in accorda
	. Verification I have read and understand with the requirements.	_				1 30.1
	Signature of Agendy Head or De	Susai	n S. Muranish Print Name	) <b>İ</b>	County Administrate	(month, day, ya
	Squature of Agenty Head or Da Comment:	eengia	Print Name			

	gency Report of: eremonial Role Even	its and Ticket/P	ass Dist	ributions	,	A Publi	ic Document
North Common	Agency Name	<u>1944-central est est est est est est est est est est</u>		aramana da da angan maanada da ma	Date S	and any analysis of the second se	ifornia OAS
	Oakland Alameda County (	Coliseum Authority					$_{ m orm}$ $502$
	Division, Department, or Reg	ion (if applicable)				. Fo	or Official Use Only
	Lynette Gibson McElhaney	, OACCA Commission	on				
	<b>Designated Agency Contact</b>	(Name,Title)	<u></u>		•		
	Renee Savage - OACCA E	xecutive Assistant	•		[] Amazada		4
	Area Code/Phone Number	E-mail			Minierialii	ent (Must Provide Exp.	lanation in Part 3.)
	510.383.4801	RSavage@coliseu	m.com	·	Date of Origin	nal Filing:(month	n, day, year)
2.	Function or Event Infor	mation					
	Does the agency have a tic	ket policy? Yes	⊠ No 🗆	Face Value of	Each Ticket/F	Pass \$ 312.50	
	Event Description: Warriors Playoffs - Round 3, Game 4 Date(s) Date(s)						J.,
	Ticket(s)/Pass(es) provided	by agency? Yes	Name of Sour	Ce .	· · · · · · · · · · · · · · · · · · ·		
	Was ticket distribution made of agency official?	e at the behest Yes [	⊠ No 🗆	If yes: Lynette	McElhaney Official's Name		
3.	Recipients • Use Section A to identify the ager	acy's department or unit.	Use Section B to	identify an individ	ual. • Use Sectio	n C to identify an outs	side organization.
	A, Name of Agency, Dep		Number of Ticket(s)/ Passes	Describe to		:made pursuant to t	
	B. Name of Ind	Vidual	NUmber of Tickets/ Passes		. Identity.c	ine of the following:	
	Did Not Use		2		onial Role  ing "Ceremonial Role" not issued	Other 🔀 "or "Other" describe below:	Income 🗌
	•			Cerem	onial Role 🔲	Other	Income 🔲

#### 4. Verification

Comment: \_\_\_\_

Cv Name of Outside Organization (Include address and description)

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

with the requirements.		
	Lynette McElhaney	OACCA Commissioner
Signature of Agency Head of Designee	Print Name	Title

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

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

Number of Ticker(s)! Describe the public purpose made pursuant to the agency's policy Pasees

# 1

Ceremonial Role Even	ts and Ticket/l	Pass Distri	butions	A	Public Document
1. Agency Name		Date Stamp	California 802		
Oakland/Alameda County C			TO SEE STATE OF THE PARTY OF TH		
Division, Department, or Reg	ion (if applicable)				For Official Use Only
OACCA Commissioner					
Designated Agency Contact (	50 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
Lee Ann Fergerson, Ticket A				Amendment (Must F	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 Inform	mation			3:	12.50
Does the agency have a tick		⊠ No □ F	ace Value of	Each Ticket/Pass \$ <u>3</u>	12.50
Event Description: Warriors	Round 3	D	ate(s)5	<u>, 22 , 18</u>	
Ticket(s)/Pass(es) provided	Provide Title/ Exp		no: GSW		
Ticket(s)/T ass(es) provided	by agency? Tes	A COLUMN TO A COLU		Name of Source	
Was ticket distribution made	at the behest Yes	⊠ No □ If	yes: Hagger	ty, Scott Official's Name (Last, First)	
of agency official?				Chiciara traine (2001, 1 may	
3. Recipients					
• Use Section A to identify the agen	cy's department or unit.	ual. • Use Section C to iden	tify an outside organization.		
A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	rsuant to the agency's policy
, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>					
	B. Name of Individual (Last, First)  Burkett, Robby			Identify one of the f	following:
Burkett, Robby				To promote attendance at a cou event in order to maximize por revenue for concession and p	
Haggerty, Scott	2	Ceren To obtail received	Ceremonial Role I I obtain oversight of facilities or events that have been ceived County funding or support		
	C. Name of Outside Organization (include address and description)		Describe th	the public purpose made pursuant to the agency's policy	
					* ************************************
4. Verification					
I have read and understand FF with the requirements.	PPC Regulations 1894	14.1 and 18942.	I have verified	that the distribution set f	orth above, is in accordance
Will die fedullenens.	I aa A	nn Fergerson		Ticket Administrator	6/1/18
Signature of Agency Head or Design		Print Name		Title	(month, day, year)

# Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name Oakland-Alameda County C Division, Department, or Regi		Date Stamp	California 802 Form 809			
	Barbara J. Parker, City Attor Designated Agency Contact (	rney/OAACA					
	Area Code/Phone Number (510) 238-3815	E-mail bparker@oa	aklandcityatto	orney.org	Amendment (Must pr		
	Function or Event Information Does the agency have a ticker Event Description Warriors v	t policy?	Yes⊠ No yoffs Game J		of Each Ticket/Pass \$ 5 22 18	312.50	
	Ticket(s)/Pass(es) provided by Was ticket distribution made a of agency official?		Yes⊠ No No⊠ Yes		Name of Sou Official's Name (L		
3.	Recipients  • Use Section A to identify the agency	's department or	unit. • Use Sec				
	A. Name of Agency, Departme		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	B. Name of Individua	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:		
•	Llamas, Pelayo	s, Pelayo  2  To provide inc			ial Role Other M Income Coremonial Role" or "Other" describe below: ncentives to City and County employees that provide the Authority.		
				Ceremonial Role If checking *Ceremoni	Other  al Role" or "Other" describe below:	Income	
	Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
	Verification have read and understand FPPC Regula	ations 18944.1 and	18942. I have ve Barbara J. F		orth above, is in accordance with	78	
-	Signature of Agerloy Head or Designee		Print Name		Title	(Month, Day, Year)	

jency Report of: eremonial Role Even	its and Ticket/F	ass Distr	ibutions	A	Public Dog	ımen
Agency Name				Date Stamp	California	Ŋ.Y.
Oakland Alameda County C				-	Form	(5)UZ
Division, Department, or Reg	ion (if applicable)				For Official U	se Only
Office of the City Administra		****				
Designated Agency Contact						
Sabrina B. Landreth, City A Area Code/Phone Number	dministrator IE-mail			Amendment (Must Pr	ovíde Explanation in .	art 3.)
510-238-3301	slandreth@oakland	dnet.com		Date of Original Filing: _	(month, day, year,	<u> </u>
Function or Event Infor	mation				2105	10
Does the agency have a tic	ket policy? Yes	⊠ No□ F	ace Value of I	Each Ticket/Pass \$	<u>2/d 4.</u>	
Event Description: WARRI	ORS	F	Date(s)05/	22 , 18	, ,	
	Provide Title/Expla	nation	JG(0)			
Ticket(s)/Pass(es) provided	by agency? Yes		f no:	Name of Source		_
Was ticket distribution made	at the behest Yes I	XI No CI	yes: Landreti			
of agency official?				Official's Name (Last, First)		
Recipients				E94	500000	
• Use Section A to identify the ager	cy's department or unit. •	Use Section B to	identify an individ	ual, • Use Section C to identi	fy an outside organi	zation.
A Name of Agency, Dep	and the first of the second of the second	Number		Pest Companya, Wa	vaje si kaj aliandis	2.7
AC Ratie of Agency, Dept		of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency	s policy
		Number	Seinzari es			
B. Name of Indi (Last, Fir		of Ticket(s)/ Passes		Identify one of the fo	llowing:	
LANDRETH, SABRINA				onial Role 🔲 Other 🗵		Income
		2	To investigat	ng "Ceremonial Role" or "Other" desc e the efficiencies of th	cribe below: e operations of	the
				ing & other events tha		
			1	onial Role Other Onial Role Other Other	rihe halow	Income
					HIDO DOIGHT	
Name of Outside O	rganization	Number	19820 F 2 1897	- Paul a faire animair		12.35
(include address and		of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency	s policy
			<u> </u>			
Vorification			<u> </u>			
Verification I have read and understand FP	PC Regulations 18944	1 and 18942	have verified fi	eat the distribution set for	th shova is in a	COEdano
with the requirements.	Top togulations 10044.	. r una 1054£, j	nave vermed a	iar tite clossippidous set for	in above, is in a	Cordane
	Sabrina	B. Landreth		City Administrator	06/5	/2018
Signature of Agency Head or Design	ee Pr	int Name	····	Title		day, year)
Comment:		•				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510-238-3301 Date of Original Filing: . slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes X No I Event Description: WARRIORS WATCH PARTY Date(s) \_\_05\_\_/ 24 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: \_ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X **UNABLE TO USE** To provide incentives to City employees that provides 2 services to the Authority. Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

#### 4. Verification

Comment: \_

I have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth abo	ove. 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)

Agency Report of: Ceremonial Role Events and Ticket/P:	ass Distribution	ns A Public Document			
Agency Name     Qakland-Alameda County Administrator, Alamed     Division, Department, or Region (If applicable)		Date Stamp California 802 Form For Official Use Only			
Susan S. Muranishi, County Administrator, Alame	Susan S. Muranishi, County Administrator, Alameda County				
Designated Agency Contact (Name, Title)		Amendment (Must Provide Explanation in Part 3.)			
Area Code/Phone Number E-mail countyadministrato	r@acgov.org	Date of Original Filling:(month, day, year)			
Event Description: Warriors vs Rockets Watch F	Party Date(s)	O5 , 24 , 18			
3. Recipients  • Use Section A to identify the agency's department or noit.  A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passos	n individual. • Use Section C to identify an outside organization.			
Not Used	2				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	identify one of the following:  Ceremonial Role			
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	escribe the public purpose made pursuant to the agency's policy			
with the requirements.		verified that the distribution set forth above, is in accordance			
Signature of AggAcy Head or Dealgrook / NA	n S. Muranishi Print Name	County Administrator 6201 Title (month, day, year)			
Comment:					

Ceremonial	Role	<b>Events and</b>	Ticket/Pass	Distributions

I. Agency Name				Date Stamp	California OOO
Oakland Alameda County	Coliegum Authority			,	Form 802
Division, Department, or R	•		· · · · · · · · · · · · · · · · · · ·		For Official Use Only
Lynette Gibson McElhane					
Designated Agency Conta					
Renee Savage - OACCA	•			24	
Area Code/Phone Number				Amendment (Must	Provide Explanation in Part 3.)
				Date of Original Filing:	
510.383.4801	RSavage@coliseu	m.com		sace of original i milg.	(month, day, year)
2. Function or Event Inf	ormation				
Does the agency have a	ticket policy? Yes [	XI No □ F	ace Value of I	Each Ticket/Pass \$ <sup>2</sup>	0.00
Event Description: Warrio				24 / 18	
Event Description.	Provide Title/ Expla	nation			
Ticket(s)/Pass(es) provid	éd by agency? Yes	No ☐ If	no:	Name of Source	
			Lynette	Name of Source	
Was ticket distribution ma	ade at the behest Yes l	⊠ No□ <sup>If</sup>	yes: Lynette	McElhaney  Official's Name (Last, First)	
of agency official?				, , ,	•
3. Recipients	olympisteeti myösteeti televistetti teeti te	a a no care de de deserva de la marca de la marca de la composição de care de la composição de care de la care	The state of the s		
• Use Section A to identify the a	gency's department or unit.	Use Section B to i	dentify an individ	ual. • Use Section C to iden	itify an outside organization.
		Number			
A, Name of Agency I	epartment or Unit	of Ticket(s)/i Passes	Describe th		revant to the agency's policy
		and a second			
•					
	•			,	
		Numper			
B, Name of	individual First)	of Ticket(s)/ Passes		Udentity one of the	following:
entranspendant with an arrange			Cerem	ionial Role Other	X Income
Did not Use		2	If check	ing "Ceremonial Role" or "Other" d	
		_	Tickets were	: not issued	
		/	Cerem	nonial Role 🔲 Other [	Income []
			If check	ing "Ceremonial Role" or "Other" d	ascribe below:
Name of Gutaio	e Crgenization	Number of Ticket(e)/			revent to the agency/s policy
(Include address	and description)	Passes		a hanno hannosa illana ka	lauant-to-lie agency a policy
4. Verification				-	
	FPPC Regulations 18944	!.1 and 18942. I	have verified t	hat the distribution set i	forth above, is in accordance
with the requirements:	M				
Touth Me Mil	Lynette	McElhaney	C	DACCA Commissione	er 05/31/18
Signature of Agency Head or De	LANG. W. JOHN	rint Name		Title	(month, day, year)
~ (	or and the second				
Comment:					

# Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name		Date Stamp California Ong			
	Oakland-Alameda County C	Coliseum Auth	ority			Form OUZ
	Division, Department, or Reg			For Official Use Only		
	Barbara J. Parker, City Atto	rnev/OAACA	Official		*	
	Designated Agency Contact				-	
	Area Code/Phone Number	[E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(510) 238-3815		aklandcityatto	orney.org	Date of Original Filing:	(Month Day Year)
2.	Function or Event Infor	mation				(month, buy, real)
	Does the agency have a ticke	et policy?	of Each Ticket/Pass \$	20.00		
	Event Description Warriors v	Rockets/Wat	tch Party	Dato(s) 05	5 , 24 , 18	1
	Event Description	Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided b	y agency?	Yes⊠ No	☐ If no:	Name of Source	
			No⊠ Yes			
	Was ticket distribution made a of agency official?	at the behest	Official's Name (La	st. First)		
2						
5.	Recipients  • Use Section A to identify the agence	y's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Departme		Number of		lic purpose made pursuant to	AND CARRENTS PROPERTY IN
	7-( Name of Agency, Departme	ant of omit	Ticket(s)/ Pass(es)	besome the pub	no parpose made parsaunt to	o the agency o policy
		(4. 10.251) (10.71) (10.70)	n avadera serena erromatero	·		
	B. Name of Individua (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following:		
		Land Carry State		Ceremonial Role	Other 🗵	Income
	Ferrell, Elizabeth	2	24 - 24 - 27 - 24 - 24 - 24 - 24 - 24 -	ial Role" or "Other" describe below:		
		_	To provide incentive services to the Auth	es to City and County e	mployees that provide	
	MANAGEM TO THE RESIDENCE OF THE PARTY OF THE		1	Ceremonial Role		Income
					☐ Other ☐ al Role" or "Other" describe below	income [
(	C. Name of Outside Organ	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy	
	(include address and des	Pass(es)			201 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
				-		Si.
-				<del></del>		
	Verification					
1	have read and understand FPPC Regul	ations 18944.1 and				37.0
	( anti-		Barbara J. F		Attorney/OAACA Offici	
	Signature of Agericy Head or Designee		Print Name	e	Title	(Month, Day, Year)
	Comment:					

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

1.	Agency Name Oakland/Alameda County C Division, Department, or Reg OACCA Commissioner	ion (if applicable)	Date Stamp  California Form  For Official Use Only				
	Designated Agency Contact Lee Ann Fergerson, Ticket	Para Propinsi Santin					
	Area Code/Phone Number	E-mail			Amendment (Must Prov	ride Explanation in Part 3.)	
	510-272-6691	leeann.fergerson	Macaoy ora		Date of Original Filing:		
_			iwacyov.org			(month, day, year)	
2.	Function or Event Infor				312	50	
	Does the agency have a tick		s⊠ No□		Each Ticket/Pass \$ 312	.50	
	Event Description: Warriors	Round 3		Date(s)5	<u></u>		
	Ticket(s)/Pass(as) provided	Provide Title/Ex		If no: GSW			
	Ticket(s)/Pass(es) provided	by agency? Ye	s⊠ No□		Name of Source		
	Was ticket distribution made	e at the behest Ye	s⊠ No□	If yes: Hagger	ty, Scott  Official's Name (Last, First)		
	of agency official?				Official's Name (Last, First)		
3.	Recipients  • Use Section Λ to identify the ager  A. Name of Agency, Depart		Use Section B t     Number     of Ticket(s)/     Passes	T	dual. • Use Section C to identify		
			Number				
	B. Name of Indi (Last, Fir	of Ticket(s)/ Passes	)/ Identify one of the following:				
	Imhof, Andrew	2	eve	romote attendance at a county sponsored ent in order to maximize potential county renue for concession and parking sales.			
					nonial Role	Income Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy		
	3						
4.	Verification						
	I have read and understand FF with the requirements.  Signature of Agericy Head or Design	Lee	44.1 and 18942 Ann Fergersor Print Name		that the distribution set forti	h above, is in accordance  6/1/18  (month, day, year)	
	Comment:					,	

Comment: \_\_

Agency Report of: Ceremonial Role Eve	nts and Ticket/P	ass Dist	ributions		A Public Do	ocumen
1. Agency Name	***************************************	-	ramin yaki mumandi kisamilimbi yakingadi dhika kisabi yaki a 2000 wa kilipaga	Date Stamp	Californi	a
Oakland Alameda County	Coliseum Authority				Form	(0) U/Z
Division, Department, or Re	egion (if applicable)	***************************************		1	For Officia	al Use Only
Lynette Gibson McElhane	y , OACCA Commissio	on				
Designated Agency Contac	t (Name, Title)			1		
Renee Savage - OACCA	Executive Assistant			Amendment //	Aust Provide Explanation	Je Dael 21
Area Code/Phone Number	E-mail			M Americanent ()	nust i rovide Explanation	ın Fan 3.)
510.383.4801	RSavage@coliseu	m.com		Date of Original Fil	ing:(month, day, y	ear)
. Function or Event Info	rmation				<del>nionikaj</del> sig <u>ona p</u> arantikaj likotoj <del>in 1</del> industria	
Does the agency have a t	icket policy? Yes [	⊠ No 🗆 ˈ	Face Value of	Each Ticket/Pass	\$ <u>312.50</u>	
Event Description: Warrio		Game <b>≱</b> 3	Date(s)	<u>, 18</u>		J
Ticket(s)/Pass(es) provide	•		If no:		,	
,, , , ,		_	. Lynette	Name of Source		
Was ticket distribution ma	de at the behest Yes [	No □	If yes: <u>Lynette</u>	Official's Name (Last, F	First)	
of agency official?					<b>,</b>	
A: Name of Agency, De	partment of Unit	Aumber of Ticketis) Passes		e public purpose made		
Bi Nameccili (l'est	dividua) ((a))	Number of ticker(s)/ Passes		identify one of	the (ollowing)	
Cook, Brigitte		2	· ·	king "Ceremonial Role" or "Oth	er 🗵 er" describe belaw:	Income
•			1	nonial Role Oth king "Ceremonial Role" or "Oth	er er" describe below:	Income
C. Name of Cutside C. (include address a		Number of (cket(s)); Passes	Describe in	e public purpose made	pureuent to the age	icy's policy
		-		·		·
. Verification			1000 A			more and a second s
I have read and understand I with the requirements.	FPPC Regulations 18944	.1 and 18942.	. I have verified t	that the distribution s	set forth above, is ir	accordano
~ J. 4 14 18	Lvnette	McElhaney	(	DACCA Commission	oner 0.5	5/31/18

Print Name

(month, day, year)

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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: WARRIORS PLAYOFFS Date(s) \_\_05\_\_/ 26 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: \_ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X LANDRETH, SABRINA Income To investigate the efficiencies of the operations of the 2 various sporting & other events that occur at the coliseum Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy (include address and description) Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sabrina B. Landreth

Print Name

Signature of Agency Head or Designee

Comment: \_

City Administrator

\g ∶e	ency Report of: remonial Role Event	ts and Ticket/Pa	ıss Distrik	utions		Public Document		
. /	gency Name Oakland-Alameda County A Division, Department, or Regi	dministrator, Alameda	Date Stamp	California 802 Form 809				
i	Susan S. Muranishi, County	Administrator, Alame	da County					
Ī	Designated Agency Contact (	Name, Title)		Provide Evaluation in Part 3 )				
	Area Code/Phone Number (610) 272-3862					Date of Original Filling:(month, day, year)		
,	Function or Event Infor	mation	)		_			
	Does the agency have a tick Event Description: Western	Conference Finals	Each Ticket/Pass \$ - / 26 / 18					
	Ticket(s)/Pass(es) provided	by agency? Yes	I No □ If					
	Was ticket distribution made of agency official?	e at the behest Yes [	] No⊠ <sup>IT</sup>	yes;	Official's Name (Last, Firs	1)		
	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 Ide	entify an ontside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's p				
	County Administrator's Office		. 2	To provide incentives to City and County employees to provide services to the Authority				
	B. Name of Inc. (Last, Fl	Number of Ticket(s)/ (Patces		identify one of th				
				Cere # che	amonist Role	describe below:		
		And the second s		Cen If ch	emonial Role Other ecking "Caremonial Role" or "Other			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's		pursuant to the agency's policy		
		- Andrews						
4.	Verification I have read and understand F with the requirements.	PPC Regulations 1894	4.1 and 18942.	l have verifie	d that the distribution s	et forth above, is in accordan		
	Sura Come		S. Muranishi	S	County Administra	tor 6.28.		

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

1.	Agency Name Oakland-Alameda County C Division, Department, or Regi		Date Stamp  California Form  For Official Use Only				
	Barbara J. Parker, City Attor Designated Agency Contact (	ney/OAACA					
	Area Code/Phone Number (510) 238-3815	E-mail bparker@oa	Date of Original Filing:(Month, Day, Year)				
2.	Function or Event Information Does the agency have a ticket Event Description Warriors v	policy? Rockets/Play Provide Title/Expl	of Each Ticket/Pass \$ 5 26 18	312.50			
	Ticket(s)/Pass(es) provided by Was ticket distribution made a of agency official?		Name of Sou				
3.	Recipients  • Use Section A to identify the agency  A. Name of Agency, Department	unit. • Use Sec Number of Ticket(s)/ Pass(es)		ual. • Use Section C to identi			
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:		
5	Brown, Vincent		2	If checking "Ceremon To provide incentiv	Ceremonial Role Other M Income If checking "Ceremonial Role" or "Other" describe below:  ovide incentives to City and County employees that provide ces to the Authority.		
		A STATE OF THE STA		Ceremonial Role If checking "Ceremon	Other In all Role" or "Other" describe below:	Income	
(	C. Name of Outside Organia (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
	Verification have read and understand FPPC Regula  Signature of Agericy Head or Designee		18942. I have vel Barbara J. F	arker City	orth above, is in accordance with Attorney/OAACA Offic		