Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: smckibben1@gmail.com (month, day, year) 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Warriors Playoffs 2018 Seev atta Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: Name of Source If yes: Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. Passes (Last, First) Ceremonial Role Income Other X McKibben, Scott If checking "Ceremonial Role" or "Other" describe below: see att to promote the Coliseum Complex for use by general public and businesses to maximize revenues Income Ceremonial Role Other _ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification Hhave read and undanstand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements 04.12.18 OACCA Executive Director Scott McKibben (month, day, year) Title Print Name

Round 1

SCOTT MC KIBBEN

| Warriors v Spurs | 4.14.18 | (2) tickets |
|--------------------|---------|-------------|
| ♣ Warriors v Spurs | 4.16.18 | (4) tickets |
| ♣ Warriors v Spurs | 4.24.18 | (4) tickets |

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: smckibben1@gmail.com 510.383,4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Playoffs 2018 Date(s) __04__/ 14 / Provide Title/ Explanation If no: _ Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: McKibben, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Identify one of the following: Name of Individual B. of Ticket(s)/ (Last, First) **Passes** Income Other X Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Income _ Other | If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes to promote the Coliseum Complex for use by general Chubb Insurance Group 2 public and businesses to maximize revenues **BB&T Insurance** 4480 Willow Pleasanton, CA 94588 4. Verification FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance have read and understand with the requirements. OACCA Executive Director 04.12.18 Scott McKibben (month, day, year) Print Name

Agency Report of:

Comment: _

| Agency Name Cakidan-Alameda Country Administrator, Alameda Country Date Stamp Date Stamp Date Stamp Per Oricla Use City | gency Report of: eremonial Role Events and Ticket/Pa | ss Distrit | outions | Α | Public Document |
|--|--|--|---------------------------------------|---|--|
| Caking-Pepartment, or Region of applicable) Susans_Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title) Area Code/Phone Number (510) 272-3862 Countyadministrator@acgov.org Date of Original Filing: (modif, day, year) Function or Event Information Does the agency have a ticket policy? Yes No Date of Original Filing: (modif, day, year) Event Description: Golden State Warriors Playoffs - Spur Provides Willer Explanation Ticket(s)/Pass(es) provided by agency? Yes No Date(s) O4 14 18 Date(s) O4 14 18 Date(s) O4 14 18 Date(s) O4 O4 O4 O4 O4 O4 O4 O | | | | Date Stamp | California 802 |
| Amendment (Mult Provide Explanation in Perl 3) | Oakland-Alameda County Administrator, Alameda | County | | | A CONTRACTOR OF THE CONTRACTOR |
| Susan | Divisios Department, or Region (if applicable) | | | | FOI CHICIM SAS SINS |
| Designated Agency Contact (Name, Title) | | da County | | | |
| Amendment (Must Provide Explanation in Part 3) Date of Original Filling: | Designated Agency Contact (Name, Title) | | | | |
| Date of Original Filing: | · . | | | Amendment (Must I | Provide Explanation in Part 3.) |
| Date of Original Filling: | Area Code/Phone Number E-mail | | , , , , , , , , , , , , , , , , , , , | • | • |
| Event Description: Golden State Warriors Playoffs - Spur Provides Titlet Explanation Ticket(s)/Pass(es) provided by agency? Yes No find: If no: Name of Source Was ticket distribution made at the behest Yes No find: No find: Name of Source Was ticket distribution made at the behest Yes No find: No find: Name of Source Was ticket distribution made at the behest Yes No find: No find: Name of Source 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, Duppriment or Unit of Ticket(sy) Passes County Administrator's Office 2 To promote the Colliseum Complex for use by the generablic & businesses to maximize revenues B. Name of Individual (Last, First) Number of Ticket(sy) Passes Caremonial Role Other Incoming Role Other Incoming Role Other Passes C. Name of Quiside Organization (Include) Incoming Role Other Delay (Include) Passes C. Name of Quiside Organization (Include) Incoming Role of Ticket(stell) Passes C. Name of Quiside Organization (Include) Incoming Role of Ticket(stell) (Include) | | @acgov.org | | Date of Original Filing: | (month, day, year) |
| Event Description: Golden State Warriors Playoffs - Spur Provies Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no. Name of Source Was ticket distribution made at the behest Yes No If no. Name of Source Was ticket distribution made at the behest Yes No If yes: Official's Name (Last First) Recipients - Use Section A to Identify the agency's department or unit Use Soction B to Identify an individual Use Section C to Identify an outside organization. A. Name of Agency, Department or Unit of Ticket(sty) Passes County Administrator's Office 2 To promote the Colliseum Complex for use by the general public & businesses to maximize revenues B. Name of Individual (Last, First) Identify one of the following: Identify one of the following: Income analogy of Ticket(s) Passes Caremonial Role Other Income Consolidation of Ticket(s) Passes C. Name of Outside Organization of Ticket(s) Passes C. Name of Outside Organization (Include address and description) Passes Describe the public purpose made pursuant to the agency's poil Income Income Consolidation of Ticket(s) Passes C. Name of Outside Organization of Ticket(s) Passes C. Name of Outside Organization (Include address and description) Income Consolidation of Ticket(s) Passes Describe the public purpose made pursuant to the agency's poil Income Consolidation of Ticket(s) Passes | Function or Event Information | - Constitution of the Cons | | | 31550 |
| Event Description: Golden State Warriors Playoffs - Spur Provide Type Title Propies Ti | Does the agency have a ticket policy? Yes ⊠ | No□ F | ace Value of | Each Ticket/Pass \$ | |
| Was ticket distribution made at the behest Yes □ No ☑ if yes: 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. | Event Description: Golden State Warriors Playoffs | s-Spur D | ate(s) <u>04</u> | <u>, 14 , 18</u> | |
| of agency official? Recipients Use Section A to Identify the agency's department or unit. A. Name of Agency, Department or Unit of Tiplestisty Passes County Administrator's Office 2 Describe the public purpose made pursuant to the agency's polic & businesses to maximize revenues B. Name of Individual (Last, First). Number of Ticketisty Passes Ceremonial Role Other Incoming Tourishooder Passes Ceremonial Role Other Incoming Tourishooder Passes Caremonial Role Other Describe the public purpose made pursuant to the agency's polic transfering Tourishooder Passes Ceremonial Role Other Incoming Tourishooder Passes Ceremonial Role Other Describe Delow: Ceremonial Role Other Delow Describe the public purpose made pursuant to the agency's policities of Ticketics Tourishooder Role or Other describe Delow: Ceremonial Role Describe the public purpose made pursuant to the agency's policities of Ticketics Tourishooder Role or Other Describe the public purpose made pursuant to the agency's policities and description of Ticketics Tourishooder Role or Other Describe the public purpose made pursuant to the agency's policities and description of Ticketics Tourishooder Role or Other Describe the public purpose made pursuant to the agency's policities and description of Ticketics Tourishooder Role or Other Describe the public purpose made pursuant to the agency's policities and the description of Ticketics Tourishooder Role or Other Describe the public purpose made pursuant to the agency's policities and the description of Ticketics Tourishooder Role or Other Describe Tourishooder Role or Other | Ticket(s)/Pass(es) provided by agency? Yes ▼ | , 1100 | | Name of Source | A Section 1997 |
| Verification Number of Agency, Department or Unit | |]No⊠ ^{lf} | yes: | Official's Name (Last, First | |
| A. Name of Agency, Department or Unit passes County Administrator's Office 2 To promote the Coliseum Complex for use by the general public & businesses to maximize revenues B. Name of Individual (Last, First). B. Name of Cutside Corporate the following: Ceremonial Role Content Con | Recipients • Use Section A to identify the agency's department or unit. • I | | | | |
| B, Name of Individual (Last, First) Number of Ticket(e) Passus Ceremonial Role Other Incomit the checking "Ceremonial Role" or "Other" describe below: C. Name of Cutsido Organization of Ticket(e) Passus C. Name of Cutsido Organization of Ticket(e) | A. Name of Agency, Department or Unit | of Ticket(s) | | | |
| B, Name of Individual of Ticketial Passas Ceremonial Role Other Incor Incor It checking 'Ceremonial Role' or 'Other' describe below: Ceremonial Role Other Incor It checking 'Ceremonial Role' or 'Other' describe below: C. Name of Outside Organization of Ticketiely Passas C. Name of Outside Organization of Ticketiely Passas Obscribe the public purpose made purpuant 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 according to the public purpose of the public purpose made purpuant to the agency's policy in the public purpose of | County Administrator's Office | 2 | To promote public & but | the Coliseum Complesinesses to maximize | ex for use by the general revenues |
| C. Name of Cutside Organization of Ticket(s)/ Passes C. (include address and description) | B, Name of Individual (Last, First) | of Ticket(s)/ | Cere | identify one of the | following: |
| C. Name of Outside Organization of Ticket(e) Describe the public purpose made pursuant to the agency's polynomial (include address and description) Passes Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in according | | and the second s | Cere | monial Role 🔲 Other | [пеопів |
| . Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accord | Name of Gutside Organization | of Ticket(e)/ | | | |
| I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set form above, is in accord | (include address and description) | Pages | | | |
| I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set form above, is in accord | | | | | |
| THIRT THE THIRTHINE. | I have read and understand FPPC Regulations 18944 | 1.1 and 18942. | l have verifie | d that the distribution se | t forth above, is in accordanc |
| Susan S. Muranishi County Administrator #/26/18 | with the requirements. Susan Muranish / Susan | S. Muranish | | | or 4/24/8 |

| Ag C | gency Report of: eremonial Role Even | its and Ticket/P | ass Distri | butions | A | Public Document |
|---------|--|-----------------------------|-------------------------------------|-------------------------|--|--|
| | Agency Name | | | | Date Stamp | California 802 |
| | Oakland-Alameda County A | Administrator, Alamed | a County | | | |
| | Division, Department, or Reg | | | | 1 | For Official Use Only |
| | Susan S. Muranishi, County | Administrator, Alam | eda County | | | |
| | Designated Agency Contact | /00/000 | , · . | | | |
| | • | | | | Amendment (Must i | Provide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | | | |
| | (510) 272-3862 | countyadministrato | @acgov.org | | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Infor | mation | | | | 21250 |
| | Does the agency have a tic | ket policy? Yes [| No □ F | ace Value of | Each Ticket/Pass \$ _ | 2144 |
| | Event Description: Golden | State Warriors Playof | fs - Spur |)ate(s) <u>04</u> | <u>, 16 , 18 </u> | |
| | | | | i no: | | |
| | Ticket(s)/Pass(es) provided | by agency resp | ⊠ No 🔲 🌃 | , 114 | Name of Source | C CONTRACTOR |
| | Was ticket distribution made of agency official? | e at the behest Yes [|] No⊠ ^{It} | yes: | Official's Name (Last, First) | · · · · · · · · · · · · · · · · · · · |
| 3. | Recipients • Use Section A to identify the age: | ncy's department or unit. • | Use Section B to | ldentify an individ | lual. • Use Section C to idea | tify un ontside organization. |
| | A. Name of Agency, Dep | artment or Unit | Number of Ticket(s)/ Passes | | | revent to the agency's policy. |
| | County Administrator's | Office | 2 | To promote public & bus | the Coliseum Completinesses to maximize | ex for use by the general revenues |
| | | | , | | 10-0-144400484448 | MACES MARIOUR AT THE STATE OF T |
| | B. Name of Ind (Last, Fi | | Number of Ticket(s)/ . Passes | | Identify one of the | following: |
| | | , | | | nonjal Role Other [king "Ceremonial Role" or "Other" d | |
| | , A SANCE OF THE S | | | | nonial Role Other [king "Ceremonial Role" or "Other" d | |
| | C. Name of Outside C | | Number of Ticket(s) Passes | Describe ti | ne public purpose made pu | rsuant to the agency's policy |
| | • | | | | | |
| | 1 | | , | | | |
| 4. | Verification I have read and understand Fi | PPC Regulations 18944 | .1 and 18942. | l have verified | that the distribution set | forth above, is in accordance |
| | with the requirements. | | S. Muranishi | | County Administrator | 4/24/18 |
| (| Signature of Agency Head or Desig | nee P | emski ini | | Tide | (wone, box hoo) |

| | Agency Name | | | | 5.4.5 | 100000000000000000000000000000000000000 |
|---------|---|----------------------------|--|-------------------------------|---|---|
| | Oakland-Alameda County / | Administrator Aleme | ida Cauntu | | Date Stamp | California 802 |
| | Division, Department, or Reg | ion (if earliceble) | HA COUNTY | | | For Official Lisa Only |
| | Susan S. Muranishi, County | | ando Caumtu | | | i as equaled pag Office |
| | Designated Agency Contact | | neua County | | · | |
| | | , , , | | | | |
| | Area Code/Phone Number | E-mail | | | Amendment (Must Provide | Explanation in Part 3.) |
| | (510) 272-3862 | countyadministrate | or@acgov.org | 3 | Date of Original Filling: | onih, day, year) |
| 2. | Function or Event Infor | mation | Att Control of the Co | | | |
| | Does the agency have a tic | ket policy? Yes | ⊠ No 🗆 I | Face Value of I | Each Ticket/Pass \$ | 312 69 |
| | Event Description: Golden | , | | | , | |
| | Cverst Description. | Provide Title/ Expla | nation | Date(s) <u>04</u> | 1 24 / 10 | |
| | Ticket(s)/Pass(es) provided | by agency? Yes | ⊠ No 🗆 I | f no: | | |
| | Marin Alaband allower the allowers are a | N. St L L | | | Name of Source | |
| : | Was ticket distribution made of agency official? | at the benest Yes | □ No⊠ ^l | f yes: | Official's Name (Last, First) | |
| }. } | Recipients | | | | , | |
| | • Use Section A to identify the agen | cy's department or unit. * | Use Section B to | identify an individ | us). • Use Section C to identify an | outside organization. |
| : | A, Name of Agency, Depa | rtment or Unit | Number of Ticket(s)/ Passes | Describe the | public purpose made pursuant | to the agency's policy |
| ٠ | County Administrator's C | Office | 2 | To promote t public & busi | he Coliseum Complex for nesses to maximize reven | use by the general ues |
| | | | | | | |
| • | B. Name of Indh (Last; Firs | /idual () | Number of Ticket(s)/ Passes | | identify one of the following | 10 7 |
| | | | | | onial Role Other Ong "Ceramonial Role" or "Other" describe bo | Income 🗀 |
| | TIMECOSCIONAL PROPERTY TO THE PROPERTY OF THE | | | | onlei Role Other Onlei Role be | Income L |
| • | C. Name of Outside Or | ganization description) | Number of Ticket(s)/ Passes | Describe the | public purpose made pursuant t | o the agency's policy |
| _ | | | | , | W4.8.2. DE 100 | |
| , , | | | | | | |
| | erification have read and understand FPF ith_the requirements. | °C Regulations 18944. | 1 and 18942. I | have verified th | at the distribution set forth ab | ove, is in accordance |
| | | | | | | |

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name **Form** Oakland/ALAMEDA COUNTY Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) **OACCA** Commissioner Designated Agency Contact (Name, Title) LEE ANN FERGERSON, TICKET ADMINISTRATOR Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: leeann.fergerson@acgov.org 510-272-6691 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes No No Event Description: Warriors Playoffs, Round 1, Game 1 Date(s) Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes To promote attendance at a county sponsored Barnes, Mark 2 event in order to maximize potential county revenue for concession and parking sales. Income [Other L Ceremonial Role L If checking "Ceremonial Role" or "Other" describe below. Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes 4. Verification 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 Fergerson Ticket Administrator 4/30/18

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

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland/ALAMEDA COUNTY Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) OACCA Commissioner Designated Agency Contact (Name, Title) LEE ANN FERGERSON, TICKET ADMINISTRATOR Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . leeann.fergerson@acgov.org 510-272-6691 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes No Event Description: Warriors Playoffs, Round 1, Game 2 Date(s) __4__/_ 16 / Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes No □ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes To reward a county employee for his or her exemplary District 1 2 service to the public or to encourage staff development Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes Income Ceremonial Role Other _ If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes

| 4. | V | eri | fica | ati | on | | |
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| | - | | | | | | |

Comment:

| I have read and understand FPPC Regulation. | s 18944.1 and 18942. I have | verified that the distribution set forth ab | ove, is in accordance |
|---|-----------------------------|---|-----------------------|
| | | | |
| with the requirements. | Las Ann Forgoroon | Ticket Administrator | 4/30/18 |

Signature of Agency Head or Designee

| Lee / | Ann | Ferge | erson |
|-------|-----|-------|-------|
|-------|-----|-------|-------|

Print Name

Title

(month, day, year)

Agency Report of:

| Ceremonial | Role Events | and Ticket/Pass | Distributions |
|------------|-------------|-----------------|---------------|

A Public Document

| 1. | Oakland/ALAMEDA COUNTY Coliseum Authority Division, Department, or Region (if applicable) OACCA Commissioner | | | | Date Stamp | California 802 Form 809 |
|----|--|--------------------------|-----------------------------------|-----------------|---|---|
| | Designated Agency Contact LEE ANN FERGERSON, T | ICKET ADMINISTRA | TOR | | Amendment (Must P | rovide Explanation in Part 3.) |
| | Area Code/Phone Number 510-272-6691 | E-mail leeann.fergerson@ | acgov.org | | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Info | rmation | | | | |
| | Does the agency have a tic | ket policy? Yes [| □ No □ F | ace Value of | Each Ticket/Pass \$ <u>3</u> | 12.50 |
| | Event Description: Warriors | s Playoffs, Round 1, C | nation | | , 24 , 18 | |
| | Ticket(s)/Pass(es) provided | by agency? Yes | ⊠ No 🗆 If | no: GSW | Name of Source | |
| | Was ticket distribution mad of agency official? | e at the behest Yes [| ⊠ No□ If | yes: Hagger | ty, Scott Official's Name (Last, First) | |
| 3. | Recipients • Use Section A to identify the age | | Number | | | tify an outside organization. |
| | A. Name of Agency, Dep | bartment or omt | of Ticket(s)/ Passes | Describe to | e public purpose made pur | Stant to the agency 3 poncy |
| | Social Services, Alameda | a County | 2 | Tor | eward a county emple exemplary service | |
| | B. Name of Inc. | | Number of Ticket(s)/ Passes | | Identify one of the f | ollowing: |
| | | | | | nonial Role Other C king "Ceremonial Role" or "Other" de | Al Name of the second s |
| | : | | | | nonial Role Other L king "Ceremonial Role" or "Other" de | |
| | C. Name of Outside (include address an | | Number of Ticket(s)/ Passes | Describe th | ne public purpose made pui | suant to the agency's policy |
| | | | | | | 1 |
| 4. | Verification I have read and understand F with the requirements. | PPC Regulations 18944 | .1 and 18942. | l have verified | that the distribution set f | orth above, is in accordance |
| | Signature of Agency Head of Designature | | n Fergerson | | Ticket Administrator | 4/30/18 (month, day, year) |
| | Comment: |) | | | | |

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Warriors Date(s) __04 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Ceremonial Role Other 🗵 HORTON, BRIANNA If checking "Ceremonial Role" or "Other" describe below: 2 To provide incentives to City employees that provides services to the Authority. Income 🔲 Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) 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. 0\$125 12018 City Administrator Sabrina B. Landreth Title Signature of Agency Head or Designee Print Name

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-3301 slandreth@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No 🗆 Event Description: Warriors 04 16 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No 🗆 If no: _ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes.

| WEST, JACQUELINE | 2 | Ceremonial Role Other M If checking "Ceremonial Role" or "Other" describe belo To provide incentives to City employees services to the Authority. | |
|--|-----------------------------------|--|---|
| | i | Ceremonial Role Other I If checking "Čeremonial Role" or "Other" describe belo | Income C |
| Ċ. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to | the agency's policy |
| | | | |
| Verification | · | | judellikumannin muunipaanan vansan kassankoisikki |
| I have read and understand FPPC Regulations 189 with the requirements. | 944.1 and 18942. I | have verified that the distribution set forth abo | ove, is in accordance |
| Sabr | rina B. Landreth | City Administrator | 0\$125 12018 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

| | gency Report of: eremonial Role Even | ts and Ticket/Pa | ass Distril | outions | A | Public Document |
|--------|--|---|--|---|---|---------------------------------------|
| 1. | Agency Name | | | | Date Stamp | California 802 |
| | Oakland Alameda County C | oliseum Authority | | | | Form UV-2 |
| | Division, Department, or Reg | ion (if applicable) | | | 1 | For Official Use Only |
| | Office of the City Administra | tor | | | | |
| | Designated Agency Contact | Name, Title) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , ,,, ··· | 1 | |
| | Sabrina B. Landreth, City Ad | dministrator | | | Amandment (Must S | rovide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | | M Millionations (1983) | TOTICO EXPIGNATION NET GIT GIT |
| | 510-238-3301 | slandreth@oakland | net.com | | Date of Original Filing: | (month, day, year) |
| 2. | Function or Event Infor | | | | | 312 50 |
| | Does the agency have a ticl | | | | Each Ticket/Pass \$ | · · · · · · · · · · · · · · · · · · · |
| • | Event Description: WARRIC | DRS | D | ate(s) <u>04</u> | <u>, 24 , 18 </u> | |
| | | Provide Titler Explan | nation | | • | |
| | Ticket(s)/Pass(es) provided | by agency? Yes | ☑ No ☐ If | no: | Name of Source | 98700-944 · |
| | Mea tiplest distribution made | of the beheet V D | zı kı — İf | yes: Landre | th, Sabrina | |
| | Was ticket distribution made of agency official? | s at the penest 468 F | л иоп | J + + · | Official's Name (Last, First) | |
| | or agency official? | | | | | |
| 3. | Recipients • Use Section A to identify the ager | cy's department or unit. | | dentify an indivi | dual, • Use Section C to iden | tify an outside organization. |
| | Α. Name of Agency, Dep | artment or Unit | Number of Ticket(s)/ | Describe ti | ne public purpose made pu | rsuant to the agency's policy |
| | | | Passes | \$14,78,750 | | |
| | B. Name of Ind | 4は治さは治する名をいまった。 おしょうけんじょうしんごう | Number of Ticket(s)/ Passes | | identify one of the | following: |
| | Programme and the content of the con | ga Kagari (Santa) da La La Santa La La La Calabaria (Carante Carante | in the second state of the | Cere | monial Role Other | ₹ Income □ |
| | RUBEL, ROSE | | 2 | To provide | cking "Ceremonial Role" or "Other" de incentives to City emp the Authority. | escribe below: |
| | | | | Cere | monial Role Other C cking "Ceremonial Role" or "Other" de | |
| | C. Name of Outside C | | Number of Ticket(s)/ | Describe t | he public purpose made pu | rsuant to the agency's policy |
| | | | | | | |
| التنسي | The state of the s | | Accession of the second of the | | | |
| 4. | Verification | | | | | · |
| | I have read and understand FI with the requirements. | PPC Regulations 18944 | 1,1 and 18942. | I have verified | that the distribution set | forth above, is in accordance |
| | | Sabrina | a B. Landreth | | City Administrator | 05/ % /2018 |
| | Signature of Agency Head or Desig | nee P | rint Name | CONTRACTOR | Tille | (month, day, year) |
| | Comment: | - Votes and the second | | | | |

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

| | | | · |
|---------------|-----|-----|----------|
| Λ | Duh | ic | Document |
| \rightarrow | ruu | 116 | |

| 1. | Agency Name | | | | Date Stamp | California 802 | |
|-------|--|---------------------|---|--|--|--|--|
| | Oakland-Alameda County C | oliseum Autho | | For Official Use Only | | | |
| | Division, Department, or Regi | | | Por Official Osc Offin | | | |
| | Barbara J. Parker, City Attor | nev/OAACA (| | | | | |
| | Designated Agency Contact (| | | The state of the s | | | |
| | | | | | | | |
| | Area Code/Phone Number | E-mail | Amendment (Must provide explanation in Part 3.) | | | | |
| | (510) 238-3815 | bparker@oa | klandcityatto | rney.org | Date of Original Filing: | (Month, Day, Year) | |
| 2 | Function or Event Infor | | | | | 040.50 | |
| Sim s | Does the agency have a ticke | | of Each Ticket/Pass \$ | 312.50 | | | |
| | Event Description Warriors v | Spurs/Plavof | 1 , 14 , 18 | 1 1 | | | |
| | Event Description | Provide Title/Expl | anation | Date(s) | | | |
| | Ticket(s)/Pass(es) provided by | y agency? | Name of Sour | rce | | | |
| | Was ticket distribution made a | at the hehest | | | | | |
| | of agency official? | it the benest | No⊠ Yes[| If yes: | Official's Name (La | ist, First) | |
| 3 | Recipients | | | | | | |
| Ο. | Use Section A to identify the agence | y's department or | unit. • Use Sec | tion B to identify an individ | ual. • Use Section C to identif | fy an outside organization. | |
| | A. Name of Agency, Departme | ent or Unit | Number of Ticket(s)/ Pass(es) | Describe the put | blic purpose made pursuant t | o the agency's policy | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Number of | | | | | |
| | B. Name of Individu | al | Ticket(s)/ Pass(es) | Identify one of the following: | | | |
| | | ELIVER CERTER | r ass(cs) | Ceremonial Role | | Income | |
| | Parker, Barbara J. | | 2 | | nial Role" or "Other" describe below: | t also contains | |
| | | | | To investigate the | efficiencies of the opera | ne operations of the various ur at Coliseum Complex | |
| | | | - | Ceremonial Role | | Income [| |
| | | | | | nial Role" or "Other" describe below: | | |
| | | | | | | | |
| | | | | | | ALTERNATION OF THE STATE OF THE | |
| | C. Name of Outside Organization | | Number of Ticket(s)/ | Describe the pu | ublic purpose made pursuant to the agency's policy | | |
| | (include address and description) | | Pass(es) | | AND THE PARTY OF T | A THE CARE OF EACH PARTY AND ADDRESS. | |
| | | | | | | | |
| | | | | | | | |
| | | | I | | | | |
| _ | | | | | | and the second s | |
| 4. | Verification I have read and understand FPPC Reg. | ulationa 19014 1 an | d 18042 have w | erified that the distribution set | forth above, is in accordance with | h the requirements. | |
| | I nave read and understand FPPC Reg. | uiations ro944.1 an | | | ty Attorney/OAACA Offi | | |
| | 1 July terl | 9 | Barbara J. | | Tille | (Month. Day, Year) | |
| | Signature of Agency Head or Designe | ø | r ma ivan | 175 | ×65.550 | | |
| | Comment: | | | | | | |

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

| A | D. | .61 | :- | Da | CHIN | není | ۲ |
|---|----|-----|-----|-----|------|-------|---|
| A | - | ш | 11. | IJŪ | Guii | 10111 | ė |

| 1. A | gency Name | | Date Stamp California 802 | | | |
|--|---|----------------------|---|--|---|-----------------------------|
| | akland-Alameda County C | oliseum Autho | | Form For Official Use Only | | |
| Di | ivision, Department, or Regi | on (If Applicable) | | Tor Official Sec 4111) | | |
| В | arbara J. Parker, City Attor | ney/OAACA (| Official | | | |
| | esignated Agency Contact (| | | | | |
| | | | | ide audenstice in Bord 3.) | | |
| Ai | rea Code/Phone Number | E-mail | Amendment (Must provide explanation in Part 3.) | | | |
| | 510) 238-3815 | bparker@oa | klandcityatto | rney.org | Date of Original Filing: _ | (Month. Day, Year) |
| 2. F | unction or Event Inforr | nation | | | | 312.50 |
| Do | oes the agency have a ticke | t policy? | of Each Ticket/Pass \$ | | | |
| E۱ | vent Description Warriors v | Spurs/Playoff | s Game B | Date(s) | 4 , 16 , 18 | |
| Ti | cket(s)/Pass(es) provided by | y agency? | Name of Sou | rce | | |
| Was ticket distribution made at the behest No ☒ Yes ☐ If yes:Official's Name | | | | | | ast, First) |
| 3. R | Recipients | | 2 02 50 | | | for an autoide organization |
| 01 | Use Section A to identify the agency | | | | | |
| A | Name of Agency, Departme | nt or Unit | Number of Ticket(s)/ Pass(es) | Describe the pu | blic purpose made pursuant t | to the agency's policy |
| - | | | | | | |
| В | B. Name of Individual | | Number of Ticket(s)/ Pass(es) | | Identify one of the following | ng: |
| la transcription | Parker, Barbara J. C. Name of Outside Organization (include address and description) | | 2 | Ceremonial Role | | Income |
| Р | | | | To investigate the efficiencies of the operations of the var sporting and other events that occur at Coliseum Comple | | |
| - | | | | Ceremonial Role | Other Donial Role" or "Other" describe below: | Income 🗌 |
| C | | | Number of Ticket(s)/ Pass(es) | Describe the pu | ublic purpose made pursuant | to the agency's policy |
| 4. V | Verification nave read and understand FPPC Regu | ulations 18944.1 and | | | | |
| 2 | Signature of Agency Head or Designed | | Barbara J. I | | ity Attorney/OAACA Offi | (Month, Day. Year) |
| | | | | | | |

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

A Public Document

| 1. | Agency Name | | Date Stamp | California 802 | | |
|---|---|--|--|--|---|-----------------------------|
| | Oakland-Alameda County C | Coliseum Auth | | Form For Official Use Only | | |
| | Division, Department, or Reg | ion (If Applicable | | I of Official Ose Only | | |
| | Barbara J. Parker, City Atto | rney/OAACA | Official | | | |
| | Designated Agency Contact | Name, Title) | | | | |
| | | e till a comment of the comment of t | Amendment (Must pro | vide explanation in Part 3.) | | |
| | Area Code/Phone Number | E-mail | | | | |
| name i | (510) 238-3815 | | klandcityatto | orney.org | Date of Original Filing: | (Month, Day, Year) |
| 2. | Function or Event Infor | | | 312.50 | | |
| | Does the agency have a ticke | (E) | of Each Ticket/Pass \$ | | | |
| | Event Description Warriors v | Spurs/Playof | fs Game C | Date(s)04 | 24 , 18 | |
| | Ticket(s)/Pass(es) provided by | y agency? | Name of Soul | rce | | |
| Was ticket distribution made at the behest No ☒ Yes ☐ If yes:Official's Name (Last, I | | | | | | ast, First) |
| 3. | Recipients | | | | | |
| | • Use Section A to identify the agenc | y's department or | | ction B to identify an individu | ual. • Use Section C to identif | fy an outside organization. |
| | A. Name of Agency, Department | nt or Unit | Number of Ticket(s)/ Describe the publication Pass(es) | | olic purpose made pursuant to the agency's policy | |
| | | CONTRACTOR OF THE | | | | |
| | B. Name of Individual | | Number of Ticket(s)/ Pass(es) | | Identify one of the following | ig: |
| | Butler, Eric | | | Ceremonial Role If checking "Ceremonial" | Other All ial Role" or "Other" describe below. | Income |
| | | | 2 | To provide incentive services to the Auth | | employees that provide |
| | | | | Ceremonial Role If checking "Ceremoni | Other Diel Role" or "Other" describe below: | Income |
| | C. Name of Outside Organization (include address and description) | | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant t | o the agency's policy |
| | Verification | | | | | |
| | I have read and understand FPPC Regul | ations 18944.1 and | 1 18942. I have ve | rified that the distribution set fo | orth above, is in accordance with | the requirements. |
| | Barbara Ja bar | for | Barbara J. F | Parker City | Attorney/OAACA Offic | cial 05/08/2018 |
| | 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 California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: chrisdobbinslaw@yahoo.com 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 \ Date(s) _____See at Event Description: Golden State Warriors Playoffs Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⋈ No □ If no: _ Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) Passes Other Income Ceremonial Role Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of operations of various sporting and other events at the Coliseum Complex Other Income __ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 4.30.18 **OACCA Commissioner** Chris Dobbins (month, day, year) Title Print Name Signature of Agency Head or Designee

Comment: _

Round 1

CHRIS DOBBINS

| Warriors v Spurs | 4.14.18 | (2) tickets |
|--------------------|---------|-------------|
| ♣ Warriors v Spurs | 4.16.18 | (2) tickets |
| ♣ Warriors v Spurs | 4.24.18 | (2) tickets |

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: -(month, day, year) RSavage@coliseum.com 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Warriors Playoff - Round 1, Game 1 Date(s) -Provide Title/ Explanation If no: _ Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients 3. • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Identify one of the following: Name of Individual of Ticket(s)/ Passes Other X Income __ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Charles Johnson 2 Rewarding a community activist who has provided service to the citizens of Oakland Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Name of Outside Organization (include address and description) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance to the require thents 4/30/18 **OACCA Commissioner** Lynette McElhaney (month, day, year) Print Name Signature of Agency Head or Designee Comment: _

Agency Report of:

| | emonial Role Even | ts and Ticket/I | Pass Dis | tributions | A | Public Document |
|----------|--|--|---|----------------------------|--|--|
| | gency Name | | | | Date Stamp | California 802 |
| | akland Alameda County C | | | | | Form OU2 |
| | vision, Department, or Reg | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | For Official Use Only |
| | nette Gibson McElhaney | | | | | |
| | esignated Agency Contact | • | | | | |
| | enee Savage - OACCA Ex | ecutive Assistant | | | Amondment (taut 6) | |
| Ar | ea Code/Phone Number | E-mail | | 781. 77 | I Amendment (Must Pr | ovide Explanation in Part 3.) |
| 5′ | 10.383.4801 | RSavage@coliseu | ım.com | | Date of Original Filing: _ | (month, day, year) |
| . Fı | unction or Event Infor | mation | | | | The state of the s |
| Do | oes the agency have a tick | et policy? Yes | ⊠ No 🗆 | Face Value of | Each Ticket/Pass \$ 31 | 2.50 |
| E۷ | vent Description: Warriors | | Game 2 | Date(s)04 | | |
| Tic | cket(s)/Pass(es) provided | | Name of Source | | | |
| Wa | as ticket distribution made | at the behest voc | XI No 🗀 | If yes: Lynette | | |
| 0 | f agency official? | 162 | | , 00. | Official's Name (Last, First) | |
| . F | Recipients | | | | | |
| | Use Section A to identify the agenc | y's department or unit. • | Use Section B to | o identify an individ | ual • Use Section C to identif | |
| | | Park the Latine William Control of the | Number | | | |
| Ä | Name of Agency, Depar | tment or Unit | of Ticket(s)/ Passes | Describe the | public purpose made purs | ant to the agency's policy |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| В | . Name of Indiv | idual | Number | | ###################################### | 21.75.40 (1. |
| | (Last, First | | of Ticket(s)/ Passes | | identify one of the fol | lowing: |
| | | | | Ceremo | onial Role Other 🛛 | Income [|
| | | | | | ng "Ceremonial Role" or "Other" descr | ibe below: |
| | | | | | | |
| | | | | Ceremo | nial Role Other | Income |
| | | | | If checkin | ng "Ceremonial Role" or "Other" descri | be below: |
| | | | Number | | | |
| C. | Name of Outside Org ' (include address and d | anization escription) | of Ticket(s)/ | Describe the | public purpose made pursu | ant to the agency's policy |
| <u> </u> | eneca Center | | Passes | <u> </u> | | |
| | 925 Chabot Road | | 2 | Rewarding a children of Oa | community organizatio | n that serves the |
| | | | | Cilidren of Oa | ikidilu | |
| | | | | | | |
| Ver | ification | | | | | |
| l hay | e read and understand FPPs | ह्न Regulations 18944. | 1 and 18942. | I have verified the | at the distribution set for | ahove is in accomban |
| with | the requirements. | - | | voimou ini | at are distribution 88t 10ff | i above, is in accordance |
| | "THE PARTY | Lvnette | McElhaney | 04 | ACCA Commissioner | 4/00/40 |
| Sig | gnature of Agency Head or Designee | THE RESERVE THE PERSON NAMED IN COLUMN 1 | nt Name | | Title | 4/30/18 (month, day year) |
| | nment: | e- 1111 | , | | пце | (month, day, year, |

Agency Report of:

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 Lynette Gibson McElhaney, OACCA Commission Designated Agency Contact (Name, Title) Renee Savage - OACCA Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 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? Face Value of Each Ticket/Pass \$ 312.50 Yes ⊠ No □ Event Description: Warriors Playoff - Round 1, Game 3 Date(s) 04 / 24 / Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: _____ Name of Source If yes: Lynette McElhaney Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Name of Individual identify one of the following: Passes Ceremonial Role Other 🗵 Dee Johnson Income If checking "Ceremonial Role" or "Other" describe below: 2 Rewarding a community activist in recognition of contributions to the City of Oakland Other 🔲 Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FFFC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

(month, day, year) Comment:

Lynette McElhanev

Print Name

4/30/18

OACCA Commissioner

A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) 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 \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Golden State Warriors Playoffs Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☑ No ☐ Name of Source If yes: Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FFPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 04.30.18 **OACCA** Commissioner Ignacio De Fuente (month, day, year) Signature of Agency Head or Designee Print Name

Agency Report of:

Round 1

IGNACIO DE LA FUENTE

| ♣ Warriors v Spurs | 4.14.18 | (2) tickets |
|--------------------|---------|-------------|
| ♣ Warriors v Spurs | 4.16.18 | (2) tickets |
| ♣ Warriors v Spurs | 4 24 18 | (2) tickets |

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Yui Hay Lee, OACCA Commissioner Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 yuihay@yhla.net (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Warriors Playoffs 2018 Date(s) ____/__ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No 🗆 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes Number Name of Individual B. identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other 🗵 Lee, Yui Hay If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of of operations for various sporting and other events that occur at Coliseum Complex Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Yui Hay Lee OACCA Commissioner Signature of Agency Head or Designer Print Name (month, day, year)

Round 1

YUI HAY LEE

| 4 Warriors v Spurs | 4.14.18 | (2) tickets |
|---------------------------|---------|-------------|
| ♣ Warriors v Spurs | 4.16.18 | (2) tickets |
| | 4.24.18 | (2) tickets |