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) OACCC Commissioner Designated Agency Contact (Name, Title) Denise Jacinto, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-272-6691 Denise.Jacinto@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 305.55 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Oakland Raider game Date(s) 11 / 03 / 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 Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last. First) Passes To promote attendance at a county sponsored Trampetti, Dominic event in or to maximize potential county 2 revenue for concession and parking sales Income [Ceremonial Role 📙 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Denise Jacinto

Print Name

with the requirements.

Comment:

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

11/21/19

FPPC Form 802 (2/2016)

(month, day, year)

Ticket Administrator

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) **OACCC** Commissioner Designated Agency Contact (Name, Title) Denise Jacinto, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-272-6691 Denise.Jacinto@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 305.55 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Oakland Raider game Date(s) __11__/_ 07 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ 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 A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes To promote attendance at a county sponsored Slettvet, Brandon event in or to maximize potential county 2 revenue for concession and parking sales Ceremonial Role L Other [__ Income 🔟 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

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┰.	4.0		- 01	

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.	

Densett	Denise Jacinto	Ticket Administrator	11/26/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

1.	Agency Name					100	Date Stamp	Calif	ornia QAO
	Oakland-Alameda County C	oliseum Autho	rity						rm OUZ
	Division, Department, or Reg	on (if applicable)						For	Official Use Only
	OACCC Commissioner								-
	Designated Agency Contact	Name, Title)			-				
	Denise Jacinto, Ticket Admi	nistrator					Amendment (Must	Provide Evola	nation in Part 3)
	Area Code/Phone Number	E-mail					Amendment (wast	r IOVIDE EXPIA	nation in that of
	510-272-6691	Denise.Jacin	to@acg	gov.org			Date of Original Filing	(month,	day, year)
2.	Function or Event Infor	mation							
	Does the agency have a tick	et policy?	Yes 🛚	No□	Fac	ce Value of	Each Ticket/Pass \$ 🕏	225.00	
	Event Description: Post Mal	one Concert					<u>/ 14 / 19</u>		
	Ticket(s)/Pass(es) provided		•		lf n	o:			.,,
	• • • • • • • • • • • • • • • • • • • •					hanneH	Name of Source		
	Was ticket distribution made	at the behest	Yes 🛚	No 🗌	If y	es: <u>Hagger</u> l	Official's Name (Last, First,	,	
	of agency official?								
3,	Recipients • Use Section A to identify the agen	cy's department or	unit. • U	se Section B	to ide	ntify an individ	lual. • Use Section C to idea	ntify an outsi	de organization.
	A. Name of Agency, Depa	rtment or Unit		Number of Ticket(s Passes)/	Describe th	e public purpose made pu	rsuant to the	e agency's policy
	Alameda County Board of District 1	Supervisors,		2		Тот	reward a county emp exemplary service		
	×						oxomplary convice	, to the pe	
	B. Name of Indi			Number of Ticket(s) Passes)/		Identify one of the	following:	
							nonial Role Other C king "Ceremonial Role" or "Other" o		Income
	: MACCO 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 10	1,200					nonial Role	_	Income 🗌
	C. Name of Outside O (include address and			Number of Ticket(s Passes)/	Describe th	ne public purpose made pu	irsuant to the	e agency's policy
	Ann a					SI		- Villaii S	
- -	Verification					.,			
	I have read and understand FP with the requirements.	PC Regulations	18944.1	1 and 1894	12. I h	ave verified t	that the distribution set	forth above	, is in accordance
	Signature of Agency Read or Design	ee		e Jacinto nt Name			Ticket Administrator		11/21/19 (month, day, year)
	Comment:			5					

Ceremonial Role Event					
. Agency Name				Date Stamp	California 802
Oakland-Alameda County Co	oliseum Authority				The state of the s
Division, Department, or Regi			χ.		For Official Use Only
OACCC Commissioner					
Designated Agency Contact (Name, Title)			1	
Denise Jacinto, Ticket Admir	nistrator		19A	Amendment (Must Pi	rovide Explanation in Part 3.)
Area Code/Phone Number	E-mail			1	
510-272-6691	Denise.Jacinto@ac	gov.org		Date of Original Filing:	(month, day, year)
2. Function or Event Inforr			f	= 1 = 1. 4/B # 30	05.55
Does the agency have a tick				Each Ticket/Pass \$ 30	7
Event Description: Oakland	Raider game	Da	ate(s)11	<u>/17_/19</u>	
	Provide Title/ Explain				
Ticket(s)/Pass(es) provided	by agency? Yes 2		no:	Name of Source	
Was ticket distribution made	at the behest Ves D	No If	yes: <u>Hagger</u>	ty, Scott	
of agency official?	at the period. 163 E	3 110 🗀		Official's Name (Last, First)	
3. Recipients • Use Section A to identify the agen A. Name of Agency, Depa	77.	Use Section B to id Number of Ticket(s)/			ify an outside organization.
		Passes			
B. Name of Indi		Number			
(Last, Fir		of Ticket(s)/ Passes		Identify one of the f	
Stopka, Mark		of Ticket(s)/	eve	Identify one of the formote attendance at an in or to maximize enue for concession a	a county sponsored potential county and parking sales
, 		of Ticket(s)/ Passes	eve rev	emote attendance at a ent in or to maximize	a county sponsored potential county and parking sales
, 	organization	of Ticket(s)/ Passes	EVE FEV Cerei	emote attendance at a ent in or to maximize enue for concession a monial Role Other L cking "Ceremonial Role" or "Other" de	a county sponsored potential county and parking sales
Stopka, Mark Name of Outside O	organization	of Ticket(s)/ Passes 2 Number of Ticket(e)/	EVE FEV Cerei	emote attendance at a ent in or to maximize enue for concession a monial Role Other L cking "Ceremonial Role" or "Other" de	a county sponsored potential county and parking sales Income L scribe below:
Stopka, Mark Name of Outside O	organization d description)	of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	CVE FEVE Cerei If chec	emote attendance at a ent in or to maximize enue for concession a monial Role	a county sponsored potential county and parking sales Income Loscribe below:

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) **OACCC** Commissioner Designated Agency Contact (Name, Title) Denise Jacinto, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-272-6691 Denise.Jacinto@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 137.50 Does the agency have a ticket policy? Yes⊠ No □ Event Description: Slayer Concert Date(s) __11__/ 26 / Provide Title/ Explanation If no: _ 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 Fergerson, Lee Ann event in or to maximize potential county 2 revenue for concession and parking sales Income 📋 Other 📙 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification

Denise Jacinto

Ticket Administrator

11/13/19

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

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

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Ignacio De La Fuente, OACC 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 Idelafuente2012@gmail.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: Post Malone Date(s) __11__/_14_/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☑ No □ Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other \square Income ___ De La Fuente, Igancio If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of the operations of 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 Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4. Verification

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

with the equirements

Ignacio De La Fuente

OACCA Commissioner

11.8.19

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Ignacio De La Fuente, OACC 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 Idelafuente2012@gmail.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: Slayer Date(s) __11 26 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No 🗀 If no: Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Π Income | De La Fuente, Igancio If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of the operations of 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 Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the real Ignacio De La Fuente OACCA Commissioner 11.8.19 Print Name (month, day, year) Agency Head or Designee

	gency Report of: eremonial Role Even	its and Ticket/P	ass Distr	ibutions		A Public Document
170	Agency Name	The state of the s			Date Stamp	California Q02
	Oakland Alameda County C					Form OUZ
	Division, Department, or Reg	c 12 1970 - 28				For Official Use Only
	Ignacio De La Fuente, OAC					
	Designated Agency Contact	(Name, Tille)				
	Area Code/Phone Number	E-mail		Water Water	Amendment (Mus	st Provide Explanation in Part 3.)
	510.383.4801	Idelafuente2012@g	gmail.com		Date of Original Filln	g:(month, day, year)
2.	Function or Event Infor	mation		- 1111 15, 1785-1		
	Does the agency have a tic	ket policy? Yes [□ No □ F	Face Value of	Each Ticket/Pass \$	305.55
	Event Description: RAIDER	Season 2019-20 Provide Title/ Explai		Date(s) <u>SU</u>	Attach	e <u>d , , , </u>
	Ticket(s)/Pass(es) provided			f no:		Y->
	Mine tielest dietelbestiese weed.			f.vos.	Name of Source	
	Was ticket distribution made of agency official?	e at the benest Yes [□ No □ '	f yes:	Official's Name (Last, Fin	st)
3.	Recipients • Use Section A to identify the ager	ncy's department or unit, •	Use Section B to	identify an individ	ual. • Use Section C to id	lentify an outside organization.
	A. Name of Agency, Dep		Number of Ticket(s)/ Passes	Describe th		pursuant to the agency's policy
	2					
	B. Name of Indi (Last, Fit		Number of Ticket(s)/ Passes		Identify one of th	ne following:
	De La Fuente, Ignacio		2	to investigate	onial Role Other oning "Ceremonial Role" or "Other e efficiencies of ope cents that occur at C	"describe below: erations of various sporting
					onial Role Other ing "Ceremonial Role" or "Other	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe the	e public purpose made p	oursuant to the agency's policy
	Barrer .				onso ng santa ana an	1,000

with the requirements.

Ignacio De La Fuente OACCA Commissioner 8.8.19

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

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

Comment:

4. Verification

Raider Games

November 2019

Ignacio De La Fuente

•	Raiders v Lions	11.3.19	2 tickets
•	Raiders v Chargers	11.7.19	2 tickets
	Raiders v Bengals	11.17.19	2 tickets

Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name **Form** Oakland-Alameda County Administrator, Alameda County For Official Use Only Division, Department, or Region (if applicable) Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title) Marites Ward/Sondra Greene Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-3862 countyadministrator@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 4 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Lions vs. Raiders Date(s) __11__/__3__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☑ No ☐ Was ticket distribution made at the behest Yes ☐ No ☑ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization, Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes To promote the Coliseum Complex for use by the general County Administrator's Office 2 public & businesses to maximize revenues Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income 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)/ (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. Susan S. Muranishi County Administrator 10/31/2019 Signature of Agency Head or Designee Print Name Title (month, day, year)

Agency Report of:

Comment: __

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form Oakland-Alameda County Administrator, Alameda County For Official Use Only Division, Department, or Region (if applicable) Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title) Marites Ward/Sondra Greene ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-3862 countyadministrator@acgov.org (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: Chargers vs. Raiders Date(s) __11__/__7__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ⊠ No □ Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: Official's Name (Last, First) of agency official? Recipients Use Section A to identify the agency's department or unit.
 Use Section B to identify an individual.
 Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passos To provide incentives to City and County employees that County Administrator's Office 2 provide Services to the Authority Number Name of individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other [Income 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 C. of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements wa County Administrator 10/31/2019 Susan S. Muranishi Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: __

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland-Alameda County Administrator, Alameda County For Official Use Only Division, Department, or Region (if applicable) Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title) Marites Ward/Sondra Greene Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: countyadministrator@acgov.org (510) 272-3862 (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: Bengals vs. Raiders Date(s) 11 / 17 / Ticket(s)/Pass(es) provided by agency? If no: Yes ⊠ No □ Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. • Use Section B to Identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. Passes To provide incentives to City and County employees that County Administrator's Office 2 provide Services to the Authority Number Name of Individual of Ticket(s)/ Passes Identify one of the following: В. (Last First) Other \square Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below. 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. Susan S. Muranishi County Administrator 10/31/2019 (month, day, year) Print Name

Agency Report of:

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) Henry Gardner, OACCA Interim Executive Director Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3,) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 305.55 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Raider Game Date(s) 11 / 07 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No □ Name of Source If yes: Gardner, Henry Was ticket distribution made at the behest Yes ⋈ No □ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Income White, Darin If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of the operations of various sporting and other events that occur at Coliseum Complex 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 C. of Ticket(s)/ (include address and description) Passes 4. Verification

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			

Jenny	, ζ.	Haran
ignature of Age	cy Head	or Designee

Henry Gardner

Interim Executive Director

11.6.19 (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Henry Gardner, OACCA Interim Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: -510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 305.55 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: Raider Game Date(s) 11 07 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: Name of Source If yes: Gardner, Henry Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income \Box Gardner, Henry If checking "Ceremonial Role" or "Other" describe below: 1 to investigate efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other X Rapport, Ezra If checking "Ceremonial Role" or "Other" describe below: 1 to investigate efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes**

4.	Verification

have read and understand FPPC Regulati	ons 18944.1 and 18942. I have	e verified that the distribution set forth abo	ve, is in accordance
vith the requirements.			
Denry Z. Brown	Henry Gardner	Interim Executive Director	11.6.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Henry Gardner, OACCA Interim Executive Assistant Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 510.383.4801 HGardner@oaccjpa.org (month, day, year) 2. Function or Event Information Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 305.55 Does the agency have a ticket policy? Event Description: Raiders Football Date(s) 11 / 3 / 17 / 19 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ Name of Source Was ticket distribution made at the behest Yes ☐ No ☐ If yes: Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other ___ Income ___ If checking "Ceremonial Role" or "Other" describe below: Other 🔀 Ceremonial Role Income | Gardner, Henry If checking "Ceremonial Role" or "Other" describe below: 4 per to investigate efficiencies of operations of sporting and other events that occur at Coliseum Complex Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes**

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

Thomas Z. Mary	Henry Gardner	Interim Executive Director	10.29.19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Christin Hill, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ christin.hill@gmail.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 305.55 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Oakland Raiders Football Date(s) 11 / 03 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Other 🗵 Ceremonial Role Income 🔲 Hill, Christin If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Π Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Christin Hill OACCA Commissioner 10.11.19

Print Name

nature of Agency Head or Designee

Comment: _

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$225.00 Does the agency have a ticket policy? Yes⊠ No □ Event Description: Post Malone Date(s) 11 / 14 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency_official? Recipients · Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Other 🗵 Ceremonial Role Frazier, Redell Raffle Winner for City Administrator's 2019 Annual Open 2 House Ceremonial Role Other Income 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 4. Verification

i have read and understand Fi	PPC Regulations	18944.1 and 1	8942. I have v	rerified that the	e distribution s	set forth above,	is in accordance
with the requirements.							

	Sabrina B. Landreth	City Administrator	12/01/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$50.00 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 11 / 23 / Event Description: PUBG Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ⊠ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗵 Income ___ Mitchell, Jason If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority. Ceremonial Role Other Income M 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

4.

Verification		9	
I have read and understand FPPC Regulation with the requirements.	ulations 18944.1 and 18942. I have v	erified that the distribution set forth	above, is in accordance
/ 8	Sabrina B. Landreth	City Administrator	12/01/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Δ	Pu	h	lic	Doc	ะเมฑ	ent

1. Agen	cy Name					Date Stamp	California OOO
Oakla	Oakland Alameda County Coliseum Authority						Form OUZ
Divisio	on, Department, or Reg	ion (if applicable)		1	For Official Use Only		
Office	of the City Administra	tor					1
Design	nated Agency Contact	(Name, Title)				1	
Sabrir	na B. Landreth, City A	dministrator				☐ Amoundment (44)	A December 5 and a conference for the December 100.
Area C	Code/Phone Number	E-mail				Amendment (Mus	st Provide Explanation in Part 3.)
510-2	238-3301	slandreth@o	aklando	ca.gov		Date of Original Filing	g:(month, day, year)
2. Func	tion or Event Infor	mation					
Does	the agency have a ticl	ket policy?	Yes 🛚	No □ F	ace Value of	Each Ticket/Pass \$	\$50.00
	Description: PUBG					<u>, 24 , 19</u>	
Event	Description:	Provide Tit	le/ Explana	ation	Date(s)	<u> </u>	
Ticket	(s)/Pass(es) provided				f no:	Name of Source	
					- Landrot	Name of Source	
	icket distribution made	at the behest	Yes 🛚] No □ I	f yes: <u>Landret</u>	Official's Name (Last, Firs	st)
of ag	ency official?					omoral o Hamo (Edot, 1 me	
B. Rec	ipients					al .	15
	•	cu's department or	unit • I	Isa Saction P to	idantify an individ	lual + Usa Saction C to id	entify an outside organization.
- Ose :	Section A to identify the agen	cy s department or	unit. • C	Number	T	iuai, Ose Section C to idi	entity an outside organization.
A.	Name of Agency, Depa	rtment or Unit		of Ticket(s)/ Passes	Describe th	ne public purpose made p	oursuant to the agency's policy
					l		. 2
½ 							
					1		
0,710			50.0	Number			
В.	Name of Indi (Last, Fire			of Ticket(s)/ Passes		Identify one of the	e following:
			- 1	1 40000	Cerem	nonial Role Other	Ĭncome □
Mitch	nell, Jason			2			" describe below: aployees that provide
				2			ployees that provide
-			\rightarrow			he Authority.	
						nonial Role DOther king "Ceremonial Role" or "Other"	
						•	
1		DWAS EVENT		Number			
C.	Name of Outside O (include address and		90,78	of Ticket(s)/	Describe th	e public purpose made p	oursuant to the agency's policy
(district)				Passes	(PEDITOR EQ.		
. Verifi	cation						
		PC Regulations	18944.	1 and 18942.	I have verified t	that the distribution set	t forth above, is in accordance
with the	e requirements.						
	/8	S	abrina	B. Landreth		City Administrator	12/01/2019
Signa	ature of Agency Head or Design			nt Name		Title	(month, day, year)
Comn	nent:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$137.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Slayer Date(s) __11 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☑ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other 🗵 Fleming, Valerie If checking "Ceremonial Role" or "Other" describe below:
Raffle Winner for City Administrator's 2019 Annual Open 2 House Other \square 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

4. Verification

Verification			84
I have read and understand FPPC Regional Indian Ind	ulations 18944.1 and 18942. I have v	erified that the distribution set forth a	above, is in accordance
	Sabrina B. Landreth	City Administrator	12/01/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:	¥		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 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@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$\frac{\$187.50}{}\$ Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 11 , 30 , Event Description: Mana 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Su, David If checking "Ceremonial Role" or "Other" describe helow:
Raffle Winner for City Administrator's 2019 Annual Open 2 House. Other \square Ceremonial Role Income 🔲 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 Reg	ulations 18944.1 and 18942. I have v	erified that the distribution set forth a	above, is in accordance
with the requirements.			
	Sabrina B. Landreth	City Administrator	12/01/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3,) Area Code/Phone Number E-mail Date of Original Filing: . 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$\frac{\$305.55}{}\$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Raiders vs Lions 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Thompson, Steve If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority. Other \square Ceremonial Role Income 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 Regional Number 1 in the requirements.	ulations 18944.1 and 18942. I have v	erified that the distribution set forth a	above, is in accordance
	Sabrina B. Landreth	City Administrator	12/01/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name 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@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$\frac{\$305.55}{}\$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Raiders vs Chargers Date(s) __11 _ / _07 _/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🗵 Shivers, Paul If checking "Ceremonial Role" or "Other" describe below:
To provide incentives to City employees that provide 2 services to the Authority. Ceremonial Role Other Income 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 underst	and FPPC Regulations	18944.1 and 18942	. I have verified that the	e distribution set forth :	above, is in accordance
with the requirements.					

	Sabrina B. Landreth	City Administrator	12/01/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
*			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Office of the City Administrator Designated Agency Contact (Name, Title) Sabrina B. Landreth, City Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 510-238-3301 slandreth@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$\frac{\$305.55}{}\$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Raiders vs Bengals Date(s) __11__/_17__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☑ No □ Name of Source If yes: Landreth, Sabrina Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Pegross, Lou If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide 2 services to the Authority. Other 🔲 Ceremonial Role income 🔲 If checking "Ceremonial Role" or "Other" describe below:

4. Verification

Comment:

Name of Outside Organization

(include address and description)

I have read and understand FPPC Regu	ılations 18944.1 and 18942. I have v	verified that the distribution set forth a	above, is in accordance
with the requirements.			(2)
	Sabrina B. Landreth	City Administrator	12/01/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Signature of Agency Head or Designee			

Number

of Ticket(s)/

Passes

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

A ();	Barbara J. Parker, City Attor	on (If Applicable) ney/OAACA	9)		Date Stamp	California 802 Form For Official Use Only	
A (()	Division, Department, or Regi Barbara J. Parker, City Attor	on (If Applicable) ney/OAACA	9)				
A (;	Barbara J. Parker, City Attor	ney/OAACA	50		_	For Official Use Only	
() 2. F			A	Division, Department, or Region (If Applicable)			
(X 2. F			Barbara J. Parker, City Attorney/OAACA Official				
2. F	,	Designated Agency Contact (Name, Title)					
2. F		ramo, riao,					
2. F	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
2. F	(510) 238-3815		aklandcityattorney.org		Date of Original Filing:		
D	Function or Event Inforr		ikianucityatto	mey.org		(Month, Day, Year)	
			53 (Topo Volue e	f Each Ticket/Pass \$	305.55	
E	Event Description Oakland Raiders v. Detroit Lions Provide Title/Explanation Date(s)						
T	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐			If no:	Name of Source	ce	
٧	Vas ticket distribution made a	t the behest	No ⊠ Yes [] If ves			
(of agency official?				Official's Name (La	st, First)	
3. F	Recipients						
•	Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individu	ial. • Use Section C to Identify	y an outside organization.	
P	Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)				
-	ny me						
E	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following:		
_	Daye, Connie				Other All Soles and All Soles	Income 🔲	
			2	To provide incentives to City and County employees that provide services to the Authority			
		50			Other Dial Role" or "Other" describe below:	Income 🔲	
c	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy	
-							
	/erification nave read and understand FPPC Regula	ations 18944.1 and	l 18942. I have ver	rified that the distribution set fo	orth above, is In accordance with	the requirements	
	Bel De		Barbara J. F	Parker City	Attorney/OAACA Offic	ial 11/30/2019	
,=	Signature of Agency Head or Designee		Print Name		TATO	(Month, Day, Year)	

1.	Agency Name		Date Stamp California Q 0 2				
	Oakland-Alameda County C	oliseum Auth	nority			Form OUZ	
	Division, Department, or Reg	ion (If Applicabl	(e)		1	For Official Use Only	
	Barbara J. Parker, City Attor	rnev/OAACA	Official				
	Designated Agency Contact (
	The second secon						
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Pa		
	(510) 238-3815	bparker@o		orney.org	Date of Original Filing:	(Month Day Year)	
<u>-</u> 2.	Function or Event Infor	mation				(110.11.1, 24), 104.)	
	Does the agency have a ticke	t policy?	Yes 🛛 No	☐ Face Value o	of Each Ticket/Pass \$	305.55	
	Event Description Oakland Raiders v. LA Chargers Date				, 07 , 19		
	Event Description	Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	☐ If no:	Name of Sou		
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes: of agency official?				Official's Name (L	ast, First)	
_					Official's Name (Last, First)		
3.	Recipients • Use Section A to Identify the agency	r's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to Identi	Ify an outside organization.	
	A. Name of Agency, Departme	Number of		ilc purpose made pursuant			
	y (1 mains of Agoney) soperate		Ticket(s)/ Pass(es)	booting the pas	no par poso maso parocam		
2							
	_ Nu						
	B, Name of Individual (Lest, First)		Ticket(s)/ Pass(es)	identify one of the following:			
				Ceremonial Role	Other 🛛	Income [
	Gill, Harveen		2		lal Role" or "Other" describe below:		
			_	To provide incentive services to the Auth		employees that provide	
					Other 🔲	Income	
					ial Role" or "Other" describe below:	ilicothe [
	C. Name of Outside Organ (Include address and des		Number of Ticket(s)/	Describe the pub	ublic purpose made pursuant to the agency's policy		
	(Illicings and des	cription)	Pass(es)				
	Verification	-ti 100 · · ·	140040 11	with a data as the contract of	adh abana 2-1	h dha sa suite sa anta	
	I have read and understand FPPC Regul	auons 18944,1 an					
	- Con Josh		Barbara J. F		Attorney/OAACA Office		
	Signature of Agency Head or Designee		Print Nam	е	Title	(Month, Day, Year)	
	Comment:						

7.	Agency Name				Date Stamp	California Q02	
	Oakland-Alameda County C	Coliseum Auth		Form 8UZ			
	Division, Department, or Regi					For Official Use Only	
	Barbara J. Parker, City Attor Designated Agency Contact (ļ				
	Designated Agency Contact (ivame, mej					
					Amendment (Must pro	ovide explanation in Part 3.)	
		E-mail			Pote of Original Filings		
	(510) 238-3815		aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform					305.55	
	Does the agency have a ticker		Yes 🛛 No		of Each Ticket/Pass \$		
	Event Description Oakland R	alders v. Cin	cinnati Benga Janation	als Date(s) 11	<u>, 17 , 19</u>		
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:				Name of Sou		
	Was ticket distribution made at the behest No 🛛 Yes 🗍 If yes:				Official's Name (Le	net Firet)	
_	of agency official? Official's Name (Last, First)					151, 1'431)	
3.	Recipients						
	Use Section A to identify the agency	/'s department or	Number of	ction B to Identify an Individu	ial. • Use Section C to Identif	y an outside organization.	
	A. Name of Agency, Departme	A. Name of Agency, Department or Unit			ilc purpose made pursuant t	o the agency's policy	
			Pass(es)		ů		
	B. Name of individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:	
				Ceremonial Role		Income	
	Bee, Maria		2	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that provide			
				services to the Auth		employees that provide	
				Ceremonial Role	VI	Income	
					ial Role" or "Other" describe below:		
	C. Name of Outside Organ		Number of Ticket(s)/				
	(include address and des	cription)	Pass(es)				
4.	Verification						
	I have read and understand SPPC Regul	lations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.	
	Dig Sh		Barbara J. I	Parker City	Attorney/OAACA Office	eial 11/30/2019	
	Signature of Apercy Head or Designee		Print Nam		Title	(Month, Day, Year)	
	Commont:						

						ATT WELL DOCUMENT	
1.	Agency Name		Date Stamp California 802				
	Oakland-Alameda County C	Coliseum Auth					
	Division, Department, or Reg	ion (If Applicable	9)			For Official Use Only	
	Barbara J. Parker, City Atto	rnev/OAACA					
	Designated Agency Contact		-				
		Te			Amendment (Must pr	ovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Date of Original Filing:		
_	(510) 238-3815		aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	eterment sections				50.00	
	Does the agency have a ticket policy? Yes ⊠ No ☐ Face Value of				of Each Ticket/Pass \$		
	Event Description PUBG Glo	bal Champio	nship	Date(s)11	2319		
	,	Provide Title/Exp.	lanation				
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:			Name of Sou			
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes:				Official's Name (L	act Firet)	
	of agency official?				Onicial's (value (c	asi, <i>i nsij</i>	
3.	Recipients						
	Use Section A to identify the agency	y's department or	Number of	tion B to identify an individu	ual. • Use Section C to Ident	ify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/	Describe the pub	blic purpose made pursuant to the agency's policy		
			Pass(es)				
			-				
			1				
11.	Number of						
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)	Identify one of the following:			
			, cooper,	Ceremonial Role	Other 🛛	Income	
	Fung, Michael		1 .		ial Role" or "Olher" describe below:		
		2	To provide incentives to City and County employees that provide				
				services to the Auti	hority		
			İ	Ceremonial Role	Other	Income	
				If checking "Ceremon	ial Role" or "Other" describe below:		
			1				
		Numbered					
	C, Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	blic purpose made pursuant to the agency's policy		
	(motata addition and doc		Pass(es)				
			1				
4	Verification						
Ti	I have read and understand FPPC Regu	lations 18944.1 and	d 18942. I have ve	rified that the distribution set f	orth above, is in accordance wit	h the requirements.	
	Bull si		Barbara J. I	Parker Cit.	Attorney/OAACA Offi	cial 11/30/2019	
	Signature of harmy Head or Designee		Print Nam		Title	(Month, Day, Year)	
	Comment:						

1.	Agency Name Oakland-Alameda County C Division, Department, or Reg			×	Date Stamp Call			
	Barbara J. Parker, City Attor Designated Agency Contact							
	Area Code/Phone Number (510) 238-3815	E-mail bparker@oa	Date of Original Filing: (Month, Day, Year)					
	Function or Event Information Does the agency have a ticket Event Description PUBG Global Ticket(s)/Pass(es) provided by Was ticket distribution made a of agency official?	t policy? bal Champio Provide Title/Exp y agency?	Yes 🖾 No nship olanation Yes 🖾 No No 🖾 Yes	Date(s)1	of Each Ticket/Pass \$	- J - J		
B. Recipients • Use Section A to Identify the agency's department or A. Name of Agency, Department or Unit B. Name of Individual (Last, First)			Number of Ticket(s)/ Pess(es)		ual. • Use Section C to ider			
			Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:		
	Ortiz, Celso		2		ial Role" or "Other" describe below: es to City and County	Income I		
	-			Other I	Income			
Name of Outside Organization (Include address and description)			Number of Ticket(s)/ Pass(es)	Describe the pub	ilc purpose made pursuan	t'to the agency's policy		
	Verification I have read and understand FPRC Regul	lations 18944.1 an						
	Signature of Agency Head or Designee		Barbara J. F		/ Attorney/OAACA Of	ficial 11/30/2019 (Month, Day, Year)		

1.	Agency Name		Date Stamp	California 802			
	Oakland-Alameda County C	oliseum Auth		Form For Official Use Only			
	Division, Department, or Regi	on (If Applicabl	e)			Por Official Ose Offiy	
	Barbara J. Parker, City Attor	nev/OAACA					
	Designated Agency Contact (
		A Committee of the Comm					
	A O J. /Db Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	Area Code/Phone Number (510) 238-3815		aklandcityatto	rney ora	Date of Original Filing:	March Con Vocal	
_	(510) 238-3815 bparker@oaklandcityattorney.org Function or Event Information				<u></u>	(Month, Day, Year)	
2.				T Face Value o	of Each Ticket/Pass \$	137.50	
	Does the agency have a ticke		Yes 🛛 No [
	Event Description Slayer - Th	ne Final Cam	paign	Date(s)11			
		Provide Title/Exp	olanation				
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:			Name of Source	9		
	Was ticket distribution made at the behest No ☑ Yes ☐ If yes:Official's Name (Last, First)					t, First)	
_							
3.	Recipients • Use Section A to Identify the agence	v's department o	runit. • Use Sec	tion B to identify an Individ	ual. • Use Section C to Identify	an outside organization.	
			Number of				
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe die pu	iblic purpose made pursuant to the agency's policy		
				4			
			1				
Sie	B, Name of individual		Number of Ticket(s)/		Identify one of the following:		
			Pass(es)				
	O tile le sele			Ceremonial Role		Income	
	Smith, Jamie		2	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that provide			
				services to the Aut		inployood area provide	
			+	Ceremonial Role	Other	Income	
					nial Role" or "Other" describe below:		
	C. Name of Outside Organ	nization	Number of Ticket(s)/	Describe the pu	ublic purpose made pursuant to the agency's policy		
	(Include address and description)		Pass(es)				
_	Marification						
4.	Verification I have read and understand FPRC Regi	ulations 18944.1 a	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance with	the requirements.	
	Bu a (she		Barbara J.		ty Attomey/OAACA Offic		
	Signature of Agency Head or Designe	<u> </u>	Print Nan		1100a	(Month, Day, Year)	
	300 S 300 G						
	Comment:						

Agency Report of: 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) Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title) ☐ Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (Month, Day, Year) bparker@oaklandcityattorney.org (510) 238-3815 2. Function or Event Information 187.50 Face Value of Each Ticket/Pass \$... Does the agency have a ticket policy? Yes 🛛 No 🗌 30 Event Description MANA Provide Title/Explanation Yes⊠ No□ Ticket(s)/Pass(es) provided by agency? Name of Source Was ticket distribution made at the behest No X Yes □ If yes: _____ Official's Name (Last, First) of agency official? • 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. 3. Recipients Describe the public purpose made pursuant to the agency's policy Number of Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of identify one of the following: Ticket(s)/ Pass(cs) Name of Individual В. Income Ceremonial Role Other 🔯 If checking "Ceremonial Role" or "Other" describe below: Ferrel, Elizabeth To provide incentives to City and County employees that provide 2 services to the Authority Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below; Describe the public purpose made pursuant to the agency's policy Number of Name of Outside Organization Ticket(s)/ C. (include address and description) Pass(es) 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. Verification

Barbara J. Parker City Attorney/OAACA Official 11/30/2019

Signature of Agency Head or Designee Print Name (Month, Dey, Year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Finance Department, Cy of Oakland Designated Agency Contact (Name, Title) Adam Benson, Finance Director-JPA Member Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-2026 abenson@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 No Event Description: Post Malone concert Date(s) __11__/_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No If no: _ Was ticket distribution made at the behest Yes ☐ No ☐ If yes: _ Official's Name (Last, First) of agency official? Recipients Use Section A to identify the agency's department or unit.
 Use Section B to identify an individual.
 Use Section C to identify an outside organization. Ni microft Againay, Department of this Describe the public purpose mean pay want to the agency a valley Identify in execting following: Ceremonial Role Other 🔲 Income Tom Morgan if checking "Ceremonial Role" or "Other" describe below: 2 Provide incentives to City and County employees Other 🔲 Ceremonial Role Income 🔲 if checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization! Designible the public purpose made pursional to the rigging to policy. 4. Verification

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

Comment: <u>ASSIGNED</u> Print Name

Comment: <u>ASSIGNED</u> Ticket to Staff

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) Finance Department, City of Oakland Designated Agency Contact (Name, Title) Adam Benson, Finance Director-JPA Member Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-238-2026 abenson@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: Ultimate Esports Showdown Date(s) __11__/_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No If 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. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy. identify one of the following: Other 🔲 Ceremonial Role Income Jason Mitchell If checking "Ceremonial Role" or "Other" describe below: 2 Provide incentives to City and County employees Income [] Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Name of Outside Organization include address and description Describe the public purpose made pursuant to the agency 4. Verification

	gulations 18944.1 and 18942. I h	ave verified that the distribution set forth abo	ove, is in accordance
Signature of Agency Head or Designee	ADAM BENSOV Print Name	FINANCE DIRECTOR	11/19/19/ (mohith, ddy, 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) Finance Department, City of Oakland Designated Agency Contact (Name, Title) Adam Benson, Finance Director-JPA Member Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-238-2026 abenson@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: PUBG Global Championship 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 ☐ If yes: Official's Name (Last, First) of agency official? Recipients Use Section A to identify the agency's department or unit.
 Use Section B to identify an justified or unit.
 Use Section B to identify an justified or unit. Name of Agency, Department of Unit Describe the public purpose made pursuant to the agency's policy Name of Individual Other Income Ceremonial Role Jason Mitchell If checking "Geremonial Role" or "Other" describe below: 2 Provide incentives to City and County employees Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization (Include address and description) Describe the public purpose made pursuant to the agency's policy 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Comment:

FPPC Form 802 (2/2016)

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

FINANCE DIRECTUR

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) Finance Department, City of Oakland Designated Agency Contact (Name, Title) Adam Benson, Finance Director-JPA Member Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: 510-238-2026 abenson@oaklandca.gov (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: Slayer Concert Date(s) __11 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no:, Yes No 🗆 Was ticket distribution made at the behest Yes ☐ No ☐ If yes:, of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Name of Individual (Lest, First) Identify one of the following Ceremonial Role Income **Troy Bally** If checking "Ceremonial Role" or "Other" describe below: 2 Provide incentives to City and County employees Ceremonial Role Other ___ Income ___ If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's policy

Verification		34		22
I have read and understand FPPC R with the requirements.	egulations 18944 1 and	18942. I have verified the	at the distribution set forth a	bove, is in accordance
Signature of Agency Head or Designee	A DUHU BENS	ow Fin	HAWCE DIRECTOR	///19//9 (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) Finance Department, City of Oakland Designated Agency Contact (Name, Title) Adam Benson, Finance Director-JPA Member Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-238-2026 abenson@oaklandca.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes \(\bar{\pi} \) No \(\bar{\pi} \) Event Description: MANA Concert Date(s) 11 / 30 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☐ No ☐ Was ticket distribution made at the behest Yes ☐ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Name of Agency, Department or Unit of Ticket(s)/ Number of Ticket(s)/ :Passes Name of Individual (Last, First) Identify one of the following: Ceremonial Role Other | Income Marcela Espinoza If checking "Ceremonial Role" or "Other" describe below: 2 Provide incentives to City and County employees Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization include address and description Describe the public purpose made pursuant to the agency's policy 4. Verification 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 FINANCE PIRECTOI ADAM BENSON Signature of Agency Head or Designee

Comment: _