1	Agency Name				Dale Stamp	California 802			
	Oakland-Alameda County C		a analogo 1986 na na againmean na			For Official Use Only			
	Division, Department, or Reg	ion (II Applicat	ole)			Consider State (1) Control Con			
	Barbara J. Parker, City Attor	rney/OAAC/	\ Official						
	Designated Agency Contact (Name, Title)			· ·				
	Area Code/Phone Number	E-mail			Amendment (Must prov	ride explanation in Part 3)			
	(510) 238-3815	1000 Conditions	aklandcityatto	ornav ora	Date of Original Filing:				
Bino			актаписнуан	omey.org	Date of original (im/g:	(Month, Day, Year)			
2.	Function or Event Inform					274.00			
	Does the agency have a ticket	t policy?	Yes 🛛 No	☐ Face Value o	f Each Ticket/Pass \$	274.00			
	Event Description Adele			Date(s) 08	02 16	1 1			
	arem becompact	Provide Tille/Ex	planation	Duto(0)					
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No	□ If no:	Name of Source				
	, , , , , , , , , , , , , , , , , , , ,		103 23 140		Name of Source	e			
	Was ticket distribution made a	t the behest	No ☒ Yes	☐ If yes:					
	of agency official?		1.60		Official's Name (Las	t, First)			
3.	Recipients								
	• Use Section A to identify the agency	's department o	runit. • Use Sec	ction B to identify an individu	al. • Use Section C to identify	an outside organization.			
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy			
			Pass(es)	Contract of the Contract of th	- Parketa Walan Panasani I	and agency of pency			
		12	,						
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:				
	(Lost, First)	-	Pass(es)						
	Dorbora I Darker			Ceremonial Role	ACCIDINATE DESCRIPTION	Income			
	Barbara J. Parker		2		nonial Role" or "Other" describe helow e efficiencies of the operations of the various				
					miciencies of the operati events that occur at Colis				
	Notice of the state of the stat			-					
				Ceremonial Role	Other al Role or Other describe below	Income			
			2	ii Checking Ceremonia	i Role of Other describe below				
į.	Name of Outside Organiz	mal mu	Number of						
	Name of Outside Organiz (include address and desc		Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to t	the agency's policy			
9					5				
	Verification								
1	have read and understand FPPC Regulat	tions 18944 1 and	l 18942. I have ven	ified that the distribution set for	th above, is in accordance with the	e requirements			
	Daven J. (A)		Barbara J. P	arker City	Attorney/OAACA Officia	l 08/03/2016			
•	Signature of Agency Head or Designee		Print Name		Tille	(Month Day Year)			
	U								
(Comment:								

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

4	Δ ΝΙ		-			711 dono poddinent			
1.	Agency Name		¥č		Date Stamp	California 802			
	Oakland Alameda County C					Form 002			
	Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only			
	Sabrina B. Landreth								
	Designated Agency Contact (Name, Title)							
	City Administrator								
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)				
	(510) 238-6840	SLandreth@	@oaklandnet	.com	Date of Original Filing:(Month, Day, Year)				
2.	Function or Event Inform	nation							
	Does the agency have a ticket	t policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	27400			
	Event Description Adele			Data(s) 08	, 02 , 16				
	Event Description	Provide Title/Exp	olanation	Date(s)					
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:					
	9 90 5 (Califo		163 🔼 110		Name of Sou	rce			
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes	If yes: Sabrir	na Landreth				
					Official's Name (La	ast, First)			
3.	Recipients			92					
	Use Section A to identify the agency		al. • Use Section C to identif	fy an outside organization.					
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the publi	blic purpose made pursuant to the agency's policy				
- 0			1 200(00)						
	B. Name of Individual		Number of		22.0.0.0				
	(Last, First)		Ticket(s)/ Pass(es)	Identify one of the following:					
	Pschirrer, Kelly			Ceremonial Role		Income			
	r dominor, remy		2	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide services to the Authority					
-				Ceremonial Role	Other	Income _			
					Role" or "Other" describe below:	income [_			
			2						
-									
(Name of Outside Organiz (include address and descr	ation	Number of Ticket(s)/	Describe the public	purpose made pursuant to	the agency's policy			
*	(morade address and descr	iption	Pass(es)	-					
-									
				*					
	/erification			S.					
11	nave read and understand FPPC Regulati	ons 18944.1 and	18942. I have veri	ified that the distribution set forth	h above, is in accordance with ti	he requirements.			
	0		Sabrina Lan		City Administrator	8/18/16			
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)			
С	omment:								

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 Larry Reid, OACCA Chair Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: . Ireid@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 274.00 Event Description: Adele Date(s) <u>08</u>/ 02 / 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 В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Reid, Larry Ceremonial Role Other 🛛 Іпсоте ___ If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization Number C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Larry Reid **OACCA Chair** 09.01.16 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 Date Stamp California 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 \$ Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Adele Concert Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. **Passes** Number Identify one of the following: Name of Individual В. of Ticket(s)/ (Last, First) Passes Other X income Ceremonial Role Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the 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**

Verification

I þrá	ve read and understand FPPC Regulations	18944.1 and 18942.	I have verified that th	e distribution set forti	n above, is in accordance
lwitt	the requirements.				

	Chris Dobbins	OACCA Commissioner	08.02.16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:	Section 1	48600000	

I. Agency Name			Date Stamp	California 802
Oakland Alameda County Colist Division, Department, or Region (# Applicable		ty		For Official Use Only
Yui Hay Kee, Commissioner				
Designated Agency Contact (Name, Tille)				
Area Code/Phone Number E-mail		The state of the s	Amendment (Must pro	ovidė explanation in Part 3.)
(510) 836-6688 YuiHay	@YHLA.net		Date of Original Filing: _	(Month, Day, Year)
. Function or Event Information				27/100
Does the agency have a ticket policy?	Yes 🗌 No 🗌		of Each Ticket/Pass \$	219
Event Description ADSLE Provide Title/Expla	anation	_ Date(s)	2,2016	
Ticket(s)/Pass(es) provided by agency?	Yes□ No□	If no:	Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No ☐ Yes ☐	If yes:	Official's Name (L.	ast, First)
. Recipients • Use Section A to identify the agency's department or t		B to identify an individ	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant t	o the agency's policy
Yui Hay Lee, Commissioner	3.	#3		
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
y	F 833(83)	Ceremonial Role If checking *Ceremon	Other Initial Role" or "Other" describe below:	Income 🗌
		Ceremonial Role If checking "Ceremon	Other II	Income []
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant (o the agency's policy
			· · · · · · · · · · · · · · · · · · ·	
Verification I have regulated understand EPPC Regulations 18944.1 and Yu:	18942. I have verified I. Hay Lee		forth above, is in accordance with	the requirements.
Signiture of Agency Head or Oosignee	Print Name		Tille	(Month, Dly, Year)
Comment:		- 	FPPC Toll-Free Helpline: 80	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

Λ	DI	h	ic	Document	
	ru	11.71		DUCUIIICII	L

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Authority				roilli
	Division, Department, or Regi	ion (if applicable)				For Official Use Only
	Nate Miley, OACCA Vice Ch	nair				
	Designated Agency Contact (Name, Title)				
					Amendment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510.272.6694	anna.gee@acgov.	org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$ 27	4.00
	Event Description: Adele Co			ate(s)08		
	Ticket(s)/Pass(es) provided	8.5		no:	Name of Source	
	NATA - Link - Historia was de	at the beheat N		yes:		
	Was ticket distribution made of agency official?	e at the benest Yes	□ No⊠ "	yco	Official's Name (Last, First)	
	or agency official?					
3.	Recipients					
	• Use Section A to identify the ager	cy's department or unit.	• Use Section B to i	dentify an individ	dual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
			1 43363			
	· · · · · · · · · · · · · · · · · · ·		1			40
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	N. N. A.			Cerei	monial Role Other	
	Miley, Nate		2	If chec	cking "Ceremonial Role" or "Other" des	e operations of various
				sporting and	d other events that occ	ur at Coliseum Complex
					monial Role Other	
					cking "Ceremonial Role" or "Other" de:	
	Name of Outside C	Organization	Number	Doccribo t	he public purpose made pur	suant to the agency's policy
	C. (include address and		of Ticket(s)/ Passes	Describe	ne public purpose made pur	suant to the agency o pency
4	Verification					
	I have read and understand FI	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set for	orth above, is in accordance
1	with the requirements.	The state of the s				
	tones In	AM Rer	nee Savage	OA	ACCA Executive Assist	ant August 2016
1	Signature of Agency Head or Desig	0.	Print Name		Title	(month, day, year)
		*)				
	Comment:					

1.	Agency Name				Date Stamp	Califo		802
	Oakland Alameda County C	oliseum Authority				For	markete:	
	Division, Department, or Reg	ion (if applicable)				For	Official (Jse Only
	Scott McKibben, OACCA Ex	cecutive Director						
	Designated Agency Contact (Name, Title)						- 1
					Amendment (Must F	Provide Expla	nation in	Part 3)
	Area Code/Phone Number	E-mail			Amendment (wastr	Toride Expidi	iduoii iii	7 477 5.7
	510.383.4801	smckibben1@gmai	l.com		Date of Original Filing:	(month, c	day, yea)
2	Function or Event Infor	nation						
	Does the agency have a tick		⊠ No□ F	ace Value of	Each Ticket/Pass \$ 2	74.00		
		240 ARV (2004)			<u>, 02 , 16</u>	1		
	Event Description: Adele Co	Provide Title/ Explai	nation	rate(s)			/.	
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🔲 If	no:	Name of Source			
					Name of Source			
	Was ticket distribution made	e at the behest Yes [□ No⊠ ^{II}	yes:	Official's Name (Last, First)			
	of agency official?							
3.	Recipients							
٠.	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	dentify an individ	lual. • Use Section C to iden	itify an outsi	de orgai	nization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to th	e ageno	y's policy
			Passes				i a ini	
			Number					
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the following:			
	McKibben,Scott		4	Ceremonial Role Other Image: Income If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum Complex for use by general public and businesses to maximize revenues				
				Cerer	monial Role Other C			Income
	C. Name of Outside C		Number of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to th	e agend	cy's policy
	(motado dada oco da s	,	Passes					
4.	Verification							
	I have read and understand FF	PPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set i	forth above	e, is in	accordance
	with the requirements.		2					
_	Kenle K	MagRene	ee Savage	OA	CCA Executive Assis	tant	Augu	ıst 2016
_	Signature of Agency Head or Design	nee P	rint Name		Title		(mon	th, day, year)
		V						
	Comment:							

A	P	u	b	li	C	D	0	C	u	r	n	e	r	1	t

	Agency Name				Date Stamp	California	802
	Oakland Alameda County C	oliseum Authority			Form		
	Division, Department, or Regi	on (if applicable)		For Official	Use Only		
	Susan Muranishi, County Ad	lministrator, Alameda	a County				
	Designated Agency Contact (Name, Title)			1		
					Amendment (Must I	 Provide Explanation in	n Part 3.)
	Area Code/Phone Number	E-mail]		
	510.272.3862	countyadministrator	r@acgov.org		Date of Original Filing:	(month, day, yea	ir)
2.	Function or Event Inform	mation			2	74.00	
	Does the agency have a tick	tet policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass $$\frac{2}{}$	174.00	
	Event Description: Adele Co	ncert Provide Title/ Explar	nation D	ate(s)08	<u>/ 02 / 16</u>		/
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No□ If	no:	Name of Source		
	Was ticket distribution made of agency official?	at the behest Yes [□ No⊠ ^{If}	yes:	Official's Name (Last, First))	
3.	Recipients						
	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	dentify an individ	lual. • Use Section C to ider	ntify an outside orga	nization.
	A. Name of Agency, Depa	ertment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ırsuant to the agen	cy's policy
	B. Name of Indi	Number of Ticket(s)/ Passes		Identify one of the following:			
	Muranishi, Susan		2	to investigat	monial Role Other [cking "Ceremonial Role" or "Other" o te the efficiencies of the d other events that oc	— describe below: he operations o	
		9		Cerer	monial Role Other Oth		Income
	C. Name of Outside O (include address and	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			cy's policy	
					ï		
4.	Verification		H [*]				
/	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set	forth above, is in	accordance
	Signature of Agency Head or Design		ee Savage rint Name	OA	ACCA Executive Assis		ust 2016 oth, day, year)
	Comment:				5)		0

A									
1.	Agency Name				Date Stamp	California 802			
	Oakland Alameda County C		Calabia Articles			Form OUZ			
	Division, Department, or Regi	on (If Applicab	le)			For Official Use Only			
	Sabrina B. Landreth			9.0					
62.	Designated Agency Contact (Name, Title)			-				
	City Administrator								
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)				
	(510) 238-6840	AND	@oaklandnet.	com	Date of Original Filing:(Month, Day, Year)				
2.	Function or Event Inforr								
	Does the agency have a ticket		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	3506			
	Event Description Ringling Br	os.	100 🖂 110	08	1 . 18 . 16				
	Event Description	Provide Title/Exp	olanation	Date(s)					
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	□ If no:					
	Transition addition provided by	agonoy.	Tes 🔼 INO		Name of Soc	urce			
	Was ticket distribution made a	t the behest	No ☐ Yes	If yes: Sabri	ina Landreth				
	of agency official?				Official's Name (L	.ast, First)			
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 ident	ify an outside organization.			
	A. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy				
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:			
	(Last, First)		rass(es)	Ceremonial Role	Other	Income			
	Chan, Jasmine		4	If checking "Ceremoni To provide incentive	al Role" or "Other" describe below:	hat provide services to			
,	Chan, Jasmine		4	If checking "Ceremoni To provide incentive the Authority Ceremonial Role	al Role" or "Other" describe below:				
	Chan, Jasmine Name of Outside Organiz (include address and desc	ration ription)		If checking "Ceremoni To provide incentive the Authority Ceremonial Role	al Role" or "Other" describe below: es to City employees t Other	hat provide services to			
1. '	C. Name of Outside Organiz	ription)	A Number of Ticket(s)/ Pass(es)	If checking *Ceremon! To provide incentive the Authority Ceremonial Role [If checking *Ceremon! Describe the publication and the checking the publication in the checking that the distribution set for the publication is the checking that the distribution set for the publication is the checking that the distribution set for the publication is the checking that the distribution set for the publication is the checking that the distribution set for the publication is the checking that the distribution set for the publication is the checking that the distribution is the checking the che	al Role" or "Other" describe below: es to City employees t Other al Role" or "Other" describe below:	hat provide services to Income			

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 Larry Reid, OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: Ireid @oaklandnet.com (month, day, year) 2. Function or Event Information Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 42.00 Does the agency have a ticket policy? Event Description: Circus Date(s) __08__/_ 19 , 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 Name of Agency, Department or Unit Α. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Reid, Larry Income 🔲 If checking "Ceremonial Role" or "Other" describe below: 6 to provide opportunities to community groups to utilize the facility Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification	
-----------------	--

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

and the same of th	07	1/ /
A MAN	1.00	121
V/1/001		Very Comment
Signature of A	ency Head of	r Designee
	(1

Larry Reid

OACCA Chair

09.01.16

Print Name

(month, day, year)

Comment:

1.	Agency Name Oakland Alameda County Control Division, Department, or Regional Sabrina B. Landreth			Date Stamp	California 802 For Official Use Only		
	Designated Agency Contact (Name, Title)					
	City Administrator						
		E-mail			Amendment (Must pro	100 to	
-	(510) 238-6840		@oaklandnet.	.com	Date of Original Filing: _	(Month, Day, Year)	
	Function or Event Inform			Fana Value a	f Food Tieket/Deep @	4200	
	Does the agency have a ticket	3. C. C. C. C. C.	Yes ⊠ No	_	f Each Ticket/Pass \$		
	Event Description Ringling Br	Provide Title/Exp	planation	Date(s)	<u>, 19 , 16</u>		
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Sou		
0	Was ticket distribution made at	the hehest	No EL Vee	0-1-1		rce	
	of agency official?	tille beliest	No ☐ Yes	If yes:	Official's Name (Le	ast, First)	
3.	Recipients						
	 Use Section A to identify the agency 	's department or		ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
•					_	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
	,						
Ī	Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
	Peav, Paula		4	If checking "Ceremonia	Other Dal Role" or "Other" describe below: Describes to City employees the	Income Income I	
				the Authority	and the only only one to	iat provide corriect to	
			4	Ceremonial Role [If checking "Ceremonia	Other and Role" or "Other" describe below:	Income	
(Name of Outside Organiz (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy	
-							
	Verification have read and understand FPPC Regulat	lions 18944.1 and	1 18942. I have vei Sabrina Lan	ndreth	rth above, is in accordance with City Administrator	the requirements. (Month, Day, Year)	
	Comment:	atuvasis — — — — — — — — — — — — — — — — — —			•	(manual 20)	

Δ	Pu	bl	ic.	D	oc	u	n	e	n	t
_	I U	\mathbf{v}	10	-	00	W 44		v		•

1.	Agency Name		Date Stamp	California 802			
	Oakland Alameda County C					For Official Use Only	
	Division, Department, or Regi	on (If Applicable	e)				
	Sabrina B. Landreth						
	Designated Agency Contact (Name, Title)					
	City Administrator				Amendment (Must pi	rovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail	· 11 - 1 - 4		Date of Original Filing: .		
	(510) 238-6840		oaklandnet.d	com		(Month, Day, Year)	
2.	Function or Event Inform		v m v l	□ Face Value o	of Each Ticket/Pass \$	4200	
	Does the agency have a ticke		Yes 🗵 No	i A			
	Event Description Ringling B	ros. Provide Title/Exp	lanation	Date(s)	3 , 20 , 16		
		, , , , , , , , , , , , , , , , , , , ,		□ If no:			
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No[Name of So	urce	
	Was ticket distribution made a	t the behest	No ☐ Yes	⊠ If yes: <u>Sabri</u>	na Landreth Official's Name (I	Last. First)	
1000	of agency official?				,		
3.	Recipients • Use Section A to identify the agency	de denartment or	unit e Use Sec	tion B to identify an individ	ual. ● Use Section C to iden	tify an outside organization.	
			Number of		olic purpose made pursuant		
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the pur	лис ратрове підае ратовать			
				•			
	B. Name of Individual	ai	Ticket(s)/ Pass(es)	Identify one of the following:			
	(Inches and Control of			Ceremonial Role		Income	
	Inman, Vivian		4		nial Role" or "Other" describe below:	that provide services to	
				the Authority	res to oity employees	that provide controls is	
				Ceremonial Role	Other	Income	
			4	If checking "Ceremor	nial Role" or "Other" describe below:		
	Name of Outside Organ		Number of	22 - 22 22 22 22			
	C. Name of Outside Organ (include address and des	cription)	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy	
					W		
					Q		
4.	Verification						
	I have read and understand FPPC Regu	lations 18944.1 ar	nd 18942. I have ve	erified that the distribution set		ith the requirements.	
			Sabrina La	ndreth	City Administrator	3/18/16	
	Signature of Agency Head or Designee		Print Nan	ne	Tille	(Month, Day, Year)	
	Comment:						
	COHHICH,					EDDC Form 802 (4/12)	

1.	Agency Name Oakland Alameda County C Division, Department, or Regi			Date Stamp	California 802 Form Sor Official Use Only	
	Sabrina B. Landreth Designated Agency Contact (Name, Title)				
	City Administrator Area Code/Phone Number (510) 238-6840	E-mail SLandreth@	@oaklandnet.c	com	☐ Amendment (Must pro	SECTION CONTRACTOR OF STRUCK CONTRACTOR CONTRACTOR
2. Function or Event Information Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of						2040°
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes [☑ If yes: Sabrii	na Landreth Official's Name (L	ast, First)
3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individent of the purple of the pu				ual. • Use Section C to identi		
	B. Name of Individua	Number of Ticket(s)/ Pass(es)	8	Identify one of the following	ng:	
	Miguel, San Silvia		2	If checking "Ceremoni	Other ial Role" or "Other" describe below: es to City employees the	Income In
			2	Ceremonial Role	Other Interest of the second o	Income
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
	Verification I have read and understand FPPC Regula	alions 18944.1 and	Sabrina Lan	ndreth	City Administrator	8/18/16
	Signature of Agency Head or Designee Comment:	5 100	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 Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Yes No Face Value of Each Ticket/Pass \$ 204.00 Does the agency have a ticket policy? Event Description: Banda MS Date(s) 08 / 12 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: ___ 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 A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Dobbins, Chris Ceremonial Role Other 🖾 Income If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the 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 C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification

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

Chris Dobbins

OACCA Commissioner

O8.02.16

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 Oakland Alameda County Coliseum Authority

	Oakianu Alameua County C	Oliseum Author				
	Division, Department, or Reg	ion (if applicable)	<u></u>			For Official Use Only
	Larry Reid, OACCA Chair					
	Designated Agency Contact	(Name,Title)	VIDERIII LOUIN MATERIA CALIL	The state of the s		
					C Amandana (t. 10)	wide Contraction in Dark 23
	Area Code/Phone Number	E-mail			Amendment (Must Pro	•
manulai .	510.383.4801	Ireid@oakland	Inet.com	2000	Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy?	Yes⊠ No□	Face Value of	Each Ticket/Pass \$ 20	4.00
	Event Description: Banda M	IS		Date(s) <u>08</u>	, 12 , 16	1 1
	Evolit Bodolipsjon, manage	Provide Title.	/ Explanation			
	Ticket(s)/Pass(es) provided	by agency?	Yes ☐ No ☐	lf no:	Name of Source	
	Was ticket distribution made	of the hebest		If yes:		
	of agency official?	at the penest	Yes∐ No∐	11 y 00.	Official's Name (Last, First)	
	or agency oneiar:					
3,	Recipients					
	 Use Section A to identify the agen 	cy's department or u	nit. * Use Section B to	identify an individ	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	Proprieta Control Cont			Control of the Contro		
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Reid, Larry	and the control of th	12	If check	onial Role Other X ing "Ceremonial Role" or "Other" desc oportunities to commun	Income In
				Cerem	onial Role Other Ingression on the Control of the C	Income In
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	Verification					
	I have read and understand FPI with the requirements.	PC Regulations 1	8944.1 and 18942.	I have verified t	hat the distribution set for	th above, is in accordance
	June 1/ A		Larry Reid		OACCA Chair	09.01.16
Constant or	Signature of Agéncy Head or Designa		Print Name		Title	(month, day, year)

1.	Agency Name		Date Stamp	California 802			
	Oakland Alameda County Co	oliseum Autho	ority			Form UUZ	
	Division, Department, or Regi			For Official Use Only			
	Nate Miley, Commissioner						
	Designated Agency Contact (Vame, Title)				1	
	Anna Gee				☐ Amendment (Must p	provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	(510) 272-6694	anna.gee@a		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Inform				f Each Ticket/Pass \$	20400 /366 SRA	
	Does the agency have a ticket		Yes 🛛 No	☐ Face Value o	f Each Ticket/Pass \$	AUT JOU DRA	
	Event Description Manda/Dra	ke concerts Provide Title/Expla	anation	Date(s)	12,16	9,13,16	
	Ticket(s)/Pass(es) provided by	2vanency2	Vac 🗆 No	If no: GSW			
	ricket(s)/Fass(es) provided by	agency:	Yes 🔲 No		Name of Sc	ource	
	Was ticket distribution made a	the behest	No ☐ Yes	If yes: Miley	Nate	A - A Final	
	of agency official?		***************************************		Official's Name (Last, FIFST)	
	Recipients		E .44 800	200 FARRY ANNA MARKA NA MARKANA			
	Use Section A to identify the agency	's department or u	-		STORES THE ME TO BE THE STORE THE	THE PARTY OF THE P	
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
			1 400(00)				
	B. Name of Individua		Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:	
		A THE PROPERTY OF THE	, assissy	Ceremonial Role		Income	
	Gomez, Alita		4.			se by the general public	
	G-Address - Address - Addr			CONTROL NO. CONTROL CO.	Other 🔀	Income	
	Belliger, Perisha		14	If checking *Ceremoni	al Role" or "Other" describe below:		
	1229		4		Colsieum Complex for use by the general public to maximize revenues		
	C. Name of Outside Organi (include address and desc	zation cription)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy	
			at				
	32						
ļ.,	Verification	ations 18944 1 and	18942. I have ve	erified that the distribution set for	orth above, is in accordance wi	ith the requirements.	
	i nave read and understand FFFO Regula	anong 10044.1 unu			Operations Chief	10/4/16	
	Cinastin of Architecture	<i>7</i> —	Anna G		Title	(Month, Day, Year)	
	Signature of Agensy Head or Designee	/	riiik Naiii			■ Case optition of Linear ■ English delicate	
	Comment: Gomez received I	Vlanda tickets					

Comment:

	gency Report of: eremonial Role Ever	its and Ticket/P	ass Distr	ibutions	A	Public Document
1.	Agency Name Oakland Alameda County O Division, Department, or Reg Larry Reid, OACCA Chair				Date Stamp	California 802 For Official Use Only
	Designated Agency Contact	(Name, Title)				
	Area Code/Phone Number 510.383.4801	E-mail Ireid@oaklandnet.c	com	1997 CE 222 S 239 P	☐ Amendment (Must F	Provide Explanation in Part 3.) (month, day, year)
2.	Function or Event Information Does the agency have a ticket Event Description: Dream Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?	ket policy? Yes Feam Provide Title/ Expla by agency? Yes	nation I		Each Ticket/Pass \$ 1! / 13 / 16 Name of Source Official's Name (Last, First)	56.50
3.	Recipients • Use Section A to identify the age A. Name of Agency, Dep		Use Section B to Number of Ticket(s)/ Passes	T		tify an outside organization. suant to the agency's policy
	B. Name of Ind	Number of Ticket(s)/ Passes	160000	Identify one of the f	following:	
	Reid, Larry		16	If check	nonial Role Other Oth	
				1	nonial Role Other de	_
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public ритроѕе made pur	suant to the agency's policy
	Verification I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified t	hat the distribution set fo	orth above, is in accordance
a same	Signature of Agency Head or Yesign	WT 1770-00	rry Reid int Name	AND THE PARTY OF T	OACCA Chair	09.01.16 (month, day, year)

			····			
۱.	Agency Name	<i>.</i>			Date Stamp	California 802
	Oakland Alameda County (Division, Department, or Reg				. ·	For Official Use Only
		-				, , , , , , , , , , , , , , , , , , , ,
	Chris Dobbins, OACCA Co			,,,,		•
	Designated Agency Contact	(Name, litte)				
	Area Code/Phone Number	IE-mail	**		Amendment (Must Pro	vide Explanation in Part 3.)
	510.383.4801	chrisdobbinslaw@	wahaa cam		Date of Original Filing:	
			yanoo.com	to the second		(month, day, year)
2.	Function or Event Infor	mation			450	. 50
	Does the agency have a tic	ket policy? Yes	⊠ No 🗆	Face Value of	Each Ticket/Pass \$ 156	0.50
	Event Description: Dream	Геат		Date(s) 08	, 13 , 16	<u> </u>
٠		Provide Title/ Expi	anation			
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □	If no:	Name of Source	
	Was ticket distribution made	a at the behest Voc		If yes:		
	of agency official?	- at the period: 162	T 140 (2)		Official's Name (Last, First)	
~,			, III (
-	Recipients • Use Section A to identify the ages		• Use Section B to	1	**************************************	
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy
		William Co.				**************************************
	TOMASCACIONAL STATE OF THE STAT	A CONTRACT OF THE CONTRACT OF			CANCEL (14.1)	
			11			ANNUAL AN
	B. Name of Ind		Number of Ticket(s)/	-	identify one of the foil	owing:
	(Leat, 1 ii	31/	Passes		D 🖂	
	Dobbins, Chris		,	If check	nonial Role Other X ding "Ceremonial Role" or "Other" descri	Income Libe below:
			2		e the efficiencies of the other events that occur	
	100 to				nonial Role Other Other	Income
				4	ting "Ceremonial Role" or "Other" descri	
			<u> </u>].		
	Name of Outside O	rganization	Number	Describe the	e public purpose made pursu	ont to the ananguis nation
	C. (include address and	l description)	of Ticket(s)/ Passes	Describe un	e hanuc harbose maga harsa	ant to the agency's policy
	200000					
•	Verification					
	Lhaye read and understand FP	DC Populations 1904	1100410010	I have varified t	hat the distribution ant fact	h ahaya ia in accordance

Comment:

Signature of Agency Head or Designee

Chris Dobbins

OACCA Commissioner

08.02.16

Print Name

Title

(month, day, year)

1.	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County (For Official Use Only	
	Division, Department, or Reg	jion (If Applicab			2 TO STUDENT TO TO STUDE		
	Barbara J. Parker, City Atto	rney/OAACA					
	Designated Agency Contact						
			П				
	Area Code/Phone Number	E-mail			Amendment (Must pro		
	(510) 238-3815	bparker@o	aklandcityattor	ney.org	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Infor	mation				150.50	
	Does the agency have a ticke	et policy?	Yes⊠ No[of Each Ticket/Pass \$		
	Event Description Dream Te	am		Date(s) 08	3 13 16		
	275III DOGGIPTION	eam Provide Title/Ex	planation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes⊠ No[] If no:	Name of Sour	rce	
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes			If yes:	Official's Name (La		
	of agency official?		Official's Name (La	nst, First)			
3.	Recipients						
	• Use Section A to identify the agence	y's department o	r unit. • Use Secti	ion B to identify an individu	ual. • Use Section C to identif	fy an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)				
	e e						
		economic de la companya de la compan					
	B. Name of Individu	Number of Ticket(s)/					
	(Lost, First)		Pass(es)				
	Barbara J. Parker			Ceremonial Role If checking *Ceremon*	Other X ial Role" or "Other" describe below	Income	
	and an interest of the state of		2	To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex			
				Ceremonial Role	Other	Income [
					ial Role' or Other" describe below		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy		
,							
	Verification						
	I have read and understand FPPC Regu	lations 18944 1 an			orth above, is in accordance with	the requirements	
	Signature of Aggincy Head or Designen		Barbara J. Pa	arker City	Attorney/OAACA Offic	ial 08/03/2016 (Month Day Year)	
	Comment:					EDDC C 002 ////	

				r	Collifornia COO		
1.	Agency Name		Date Stamp	California 802			
	Oakland Alameda County C	oliseum Auth	ority		_	For Official Use Only	
	Division, Department, or Regi	on (If Applicable	e)				
	Sabrina B. Landreth						
	Designated Agency Contact (Name, Title)				2	
	City Administrator				Amondment (Must	provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			- Milendillent (Must	provide explanation in rain 5.7	
	(510) 238-6840	SLandreth@	oaklandnet.	com	Date of Original Filing	:(Month, Day, Year)	
2.	Function or Event Inform	nation		Washington and the same of the		11500	
	Does the agency have a ticker		Yes ⊠ No	☐ Face Value of	of Each Ticket/Pass \$.		
	Ward			Data(s) 08	3 , 06 , 16	1 1 1	
	Event Description Ward	Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of S	Nauran .	
						ource	
	Was ticket distribution made a	it the behest	No 🗌 Yes	If yes: Sabin	na Landreth Official's Name	(Last, First)	
	of agency official?						
3.	Recipients • Use Section A to Identify the agency		lk - Uso Coo	tion B to identify an individ	ual a Hea Section C to ide	entify an outside organization.	
	-		Number of				
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant to the agency's policy		
	Market						
	tee .						
	ii.						
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follo	wing:	
	(Last, First)		Pass(es)		The second secon		
	May Soronity			Ceremonial Role	Other Inial Role" or "Other" describe below	Income L	
	Mlay, Serenity		2		de incentives to City employees that provide services to		
				the Authority	, , , , , , , , , , , , , , , , , , , ,	,	
				Ceremonial Role	Other	Income	
			2	If checking "Ceremon	nial Role" or "Other" describe below	r.	
	C. Name of Outside Organ (include address and des	ization	Number of Ticket(s)/	Describe the pul	blic purpose made pursua	nt to the agency's policy	
	(morado addreso ana des		Pass(es)				
	v.						
1.	Verification	1 4 22211	110010 11		forth shows is in accordance	with the requirements	
	I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution s					C letter	
				ndreth	City Administrator	(Month, Day, Year)	
	Signature of Agency Head or Designee	Ti .	Print Nam	IG.	e e e e e e e e e e e e e e e e e e e	American gent (and)	
	Comment:						
	COMMISSION -					FDDO F 000 (4/40)	

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) Larry Reid, 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: . 510.383.4801 freid @oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 165.00 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Andre Ward Boxing 80 06 Date(s) -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 区 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 Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Other X Ceremonial Role Income ... Reid, Larry If checking "Ceremonial Role" or "Other" describe below: 4 to investigate the 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

4. Verification

C.

I have read_and understand F	PPC Regulations	18944.1 and 1894.	2. I nave verified that l	tne aistribution set for	tn above, is in accordance
with the requirements.	<i>7</i> 3				
with the reduirements.	//				

of Ticket(s)/

Passes

Vanna (Slyl	
Signature of Agency He	ad or Designee	

(include address and description)

Larry	Reid
Print I	Vame

OACCA Chair

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

09.01.16

(month, day, year)

Λ	Duh	lic	Document	
_	I UN		DOGGIIIGIIL	

1.	Agency Name			Date Stamp	California 802
	Oakland-Alameda County Coliseum Auth	nority			Form
	Division, Department, or Region (If Applicable		For Official Use Only		
	Barbara J. Parker, City Attorney/OAACA	Official		e	
	Designated Agency Contact (Name, Title)				
	Area Code/Phone Number E-mail			Amendment (Must pro	
	(510) 238-3815 bparker@oa	aklandcityatto	rney.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes⊠ No[Face Value o	f Each Ticket/Pass \$	165.00
	Event Description Andre Ward vs. Alexand	der Brand	Date(s) 08	, 06 , 16	1 1
	Provide Title/Expl	lanation	Date(5)		
	Ticket(s)/Pass(es) provided by agency?	Yes⊠ No [] If no:	Name of Source	ce
	Was ticket distribution made at the behest	No ⊠ Yes [] If ves:		
	of agency official?	110 [2] 100 [I 11 yes,	Official's Name (La	st, First)
3.	Recipients				
	Use Section A to identify the agency's department or		on B to identify an individu	al. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
				(MANAGEMENT OF THE PARTY OF THE	
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following	n.
	(Lest. First)	Pass(es)		identity one of the following	
	Barbara J. Parker		Ceremonial Role	Other 🗵	Income
	Daibara J. Faikei	2	To investigate the efficiencies of the operations of the various		
			sporting and other events that occur at Coliseum Complex		
			Ceremonial Role	Other	Income
		2	If checking 'Ceremonia	l Role or Other describe helow	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
•		1			
			tu.		
			110-300-200-200-200-200-200-200-200-200-20	-0.00 mm - 1.00 mm - 1.00 mm - 2.00	***************************************
Į.	Verification				
	have read and understand FPPC Regulations 18944.1 and	18942 I have verifi	ied that the distribution set for	th above, is in accordance with t	he requirements
	Dan 16 The	Barbara J. Pa	arker City	Attorney/OAACA Offici	al 08/03/2016
,	Signature of Affency Head or Designee	Print Name		Title	(Month Day Year)
1	Comment:				

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

1.	Agency Name			and desired to the second section of the section of the second section of the se	Date Stamp	California 802
	Oakland Alameda County Coliseum Author	ity				For Official Use Only
	Division, Department, or Region (if applicable)		1 of Official Dae Offiy			
	Chris Dobbins, OACCA Commissioner					
	Designated Agency Contact (Name, Title)			:	CONTRACTOR OF THE PROPERTY OF	
	Area Code/Phone Number E-mail			44-5	Amendment (Must	Provide Explanation in Part 3.)
	510.383.4801 chrisdobbinsla	aw@ya	hoo.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Information					
	Does the agency have a ticket policy?	Yes 🏻	No □ F	ace Value of	Each Ticket/Pass \$ 1	65.00
	Event Description: Adre Ward Boxing Provide Title.	/ Evnlanat		Date(s)08		
				no:	Name of Source	
	Was ticket distribution made at the behest of agency official?	Yes □			Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agency's department or u	nit. • Us	e Section B to i	dentify an individ	lual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
			- Alfandi Selekti	Company Control to the Control to th		, , , , , , , , , , , , , , , , , , ,
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the	following:
	Dobbins, Chris		2	If check to investigate		
			, , , , , , , ,	Cerem	nonial Role Other Citing "Ceremonial Role" or "Other" do	Income 🔲
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
	AND			adayya ya miiniinii da aya aya ka aya a aya a ahaa aya aya a ahaa aya ay		
4.	Verification					
	I have read and understand FPPC Regulations 1 with the requirements.	8944.1	and 18942. I	have verified t	hat the distribution set t	forth above, is in accordance
		_ Chris Γ	Oobbins	C	DACCA Commissione	or 08.02.16
	Signature of Agency Head or Designee		Name		Title	(month, day, year)
	Comment:				, , , , , , , , , , , , , , , , , , , ,	

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Auth	9	Form		
	Division, Department, or Regi			For Official Use Only		
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)				
	City Administrator				Amendment (Must pr	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 238-6840	SLandreth@	@oaklandnet.		Date of Original Filing: _	(Ivionin, Day, Year)
2.	Function or Event Inform	nation				9000
	Does the agency have a ticket	t policy?	Yes⊠ No!	☐ Face Value o	of Each Ticket/Pass \$	10
	Event Description A's Game			Date(s)08	, 07 , 16	9000
	Event Description	Provide Title/Exp	olanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Sou	ırce
	Was ticket distribution made a	t the beheat		⊠ If yes: Sabrii	na Landreth	
	of agency official?	t the benest	No ☐ Yes	If yes:	Official's Name (L	ast, First)
3.	Recipients					
٥.		ectprems Jse Section A to identify the agency's department or unit. • Use Section B to identify an individu				ify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Describe the publ		lic purpose made pursuant to the agency's policy	
			Pass(es)			
			Number of			
	B. Name of Individua	l .	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Orologas, Alexandra			Ceremonial Role		Income
	Orologas, Alexandra		2	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide services		
				the Authority		
					Other	Income
			2	ir checking "Ceremoni	ial Role" or "Other" describe below:	
	C. Name of Outside Organi	ization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	(include address and desc	cription)	Pass(es)	Describe the pas	no parpood mado parodant	
	Verification	n 1222	1.400.45 1.4	25. 416. 416. 11.1.27	adh abaya fata aasadaasa 10	h the requirements
	I have read and understand FPPC Regula	ations 18944.1 an				C/IV/II
	10		Sabrina Lar		City Administrator	(Month, Day, Year)
-	Signature of Agency Head or Designee		Print Name	Ð	Title	(won(n, Day, rear)
	Comment:					

1.	Agency Name		Date Stamp	California 802			
	Oakland Alameda County C	oliseum Auth		Form 002			
	Division, Department, or Regi		For Official Use Only				
	Sabrina B. Landreth						
	Designated Agency Contact (Name, Title)		×			
	City Administrator				Amendment (Must pr	rovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			_		
	(510) 238-6840	SLandreth@	oaklandnet.	com	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Inform	nation				929	
	Does the agency have a ticket	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	803	
	Event Description A's Game	Provide Title/Exp	I	Date(s)08	, 22 , 16	8D®	
			nanation				
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗵 No	☐ If no:	Name of Sou	irce	
	Was ticket distribution made a	t the hehest	No ☐ Yes	✓ If yes: Sabrin	na Landreth		
	of agency official?	t the bolloot	MO□ 162	in yes	Official's Name (L	ast, First)	
2	Recipients						
	Use Section A to identify the agency	s department or	unit. • Use Sec	tion B to identify an individu	ıal. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
1			Pass(es)				
•	B. Name of Individua	ı	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
	Berens, Matt			Ceremonial Role	Other I	Income	
	Derens, Matt		2	To provide incentives to City employees that provide services to			
-	*			the Authority			
				Ceremonial Role	Other Dial Role" or "Other" describe below:	Income	
			2	ii checking Geremoni	al Note of Other describe below.		
(C. Name of Outside Organi		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
-	(motade address and asset		Pass(es)				
	Verification have read and understand FPPC Regula	olions 19044 1 and	d 19042 have ve	diad that the distribution set fo	ndh ahova is in accordance with	the requirements	
,	nave read and understand FFF5 Regula	auons 19944,1 and				< /s/11	
6	Cignifican of Agency Hand or Designation		Sabrina Lar		City Administrator	(Month, Day, Year)	
	Signature of Agency Head or Designee		rint Name	,	Title	(wonin, Day, Teal)	
,	Comment:						

-			COLUMN TO THE RESIDENCE OF THE PARTY OF THE			THE STATE OF THE S
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Auth		Form For Official Use Only		
	Division, Department, or Regi	on (If Applicable		For Official Ose Offiy		
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)				
	City Administrator			3	☐ Amendment (Must o	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 238-6840	SLandreth@	goaklandnet.c	om	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				900
	Does the agency have a ticke	t policy?	Yes⊠ No[Face Value o	of Each Ticket/Pass \$ _	10
	Event Description A's Game			Date(s)08	, 05 , 16	
	Eveni Description	Provide Title/Exp	planation		· YW:	The second secon
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No [] If no:	Name of So	ource
	Was ticket distribution made a	it the beheat	N. E. V.	☑ If yes: Sabri		
	of agency official?	it the benest	No 🗌 Yes 🛭	If yes:	Official's Name (Last, First)
3.						
٥.	Recipients • Use Section A to identify the agency	/'s department or	unit. • Use Sect	ion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Describe the pub		lic purpose made pursuan	
			Pass(es)			
			1			
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	
					Other	Income
	Munoz, Dasco		2		ial Role" or "Other" describe below:	that provide services to
			,	To provide incentives to City employees that provide services the Authority		
				Ceremonial Role	Other	Income
			2	If checking "Ceremon	ial Role" or "Other" describe below.	
			-			
			Number of			
	Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
			1 400(62)			9
			+			
4	1/ '6' - 4'					
4.	Verification I have read and understand FPPC Regul	lations 18944.1 an	nd 18942. I have ver	rified that the distribution set f	forth above, is in accordance w	ith the requirements.
	Thave lead and understand I I To Nego	LEGINO TOOTHI UII	Sabrina Lan		City Administrator	VIIIIL
	Signature of Agency Head or Designee		Sabrina Lan		Tille	(Month, Day, Year)
	organistic or regions, rieds or besigned					and the second second
	Comment:					EDDC Form 902 /4/42

1.	Agency Name		Date Stamp	California 802			
	Oakland Alameda County C	oliseum Auth		Form 002			
	Division, Department, or Regi			For Official Use Only			
	Sabrina B. Landreth		H-11100-2-11				
	Designated Agency Contact (Name, Title)					
	City Administrator				Amendment (Must pr	ovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Date of Original Filing: _		
	(510) 238-6840	SLandreth@	oaklandnet.	com		(Month, Day, Year)	
CENTRY .	Function or Event Inform		98.559			8000	
	Does the agency have a ticker	t policy?	Yes 🗵 No		f Each Ticket/Pass \$	8000	
	Event Description A's Game	Provide Title/Expl	anation	Date(s)08	, 09 , 16		
	Ticket(s)/Pass(es) provided by	months and the same of the sam		□ If no:			
	Hover(a)/L gas(ea) brovided b)	agency !	Yes 🛛 No		Name of Sou	ırce	
	Was ticket distribution made a	t the behest	No ☐ Yes	✓ If yes: Sabrir	na Landreth		
	of agency official?				Official's Name (L	ast, First)	
3.	Recipients						
	Use Section A to identify the agency	's department or		tion B to identify an individu	al. • Use Section C to identi	ify an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
,				74891199000000			
	pr.		l Number of		and the state of t		
	Name of Individua	I	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
	Drawn Observer			Ceremonial Role Other I			
	Brown, Charles		2	If checking "Ceremonial Role" or "Other" describe below:			
				the Authority	es to City employees that provide services to		
					Other	Income	
			2	If checking "Ceremonia	al Role" or "Other" describe below:		
	C. Name of Outside Organi	ization	Number of	Describe the much	lie purpose made pursuent	to the agency's policy	
	(include address and des		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy	
•							
ļ.	Verification						
	I have read and understand FPPC Regul	ations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.	
	- 6		Sabrina Lar	ndreth	City Administrator	8/18/16	
	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)	
	Comment:						

1.	Agency Name	Av. 1281 248	Date Stamp	California 802		
	Oakland Alameda County C		n.	For Official Use Only		
	Division, Department, or Regi	on (II Applicabl				
	Sabrina B. Landreth	Name Title)				
	Designated Agency Contact (Name, ritie)				
	City Administrator	le			Amendment (Must p	provide explanation in Part 3.)
	Area Code/Phone Number (510) 238-6840	E-mail	Doaklandnet.	com	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor		goardandrotte	50111		
٤.					of Each Ticket/Pass \$ _	8000
		. ,, .	103 [2] 110		3 , 11 , 16	1 1
	Event Description A's Game	Provide Title/Exp	olanation	Date(s)		
	Ticket(s)/Pass(es) provided by agency? Yes ⊠ No ☐ If no:				Name of Sc	NIPO.
						urce
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Sabrir of agency official?				Official's Name ('Last, First)
2	Recipients		×			
Э.	Use Section A to identify the agence	y's department o	r unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departmen	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
					12	
	Number of					
	B. Name of Individua	al	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Ceremonial Role		Income
	Unable to give		2	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provi		
				the Authority	ves to only employees	that provide out more to
				Ceremonial Role	Other	Income
			2	If checking "Ceremor	nial Role" or "Other" describe below:	
			Presi			
	C. Name of Outside Organ	nization	Number of	Describe the public purpose made pursuant to the agency's poli		
	(include address and des		Ticket(s)/ Pass(es)	Describe the pur	one purpose made paredam	eto tilo agono, a pana,
4.	Verification I have read and understand FPPC Regu	deliene 40044 d	nd 18042 have	orified that the distribution set	forth above is in accordance w	vith the requirements. /
	I have read and understand FPPC Regu	iiations 18944.1 ai			City Administrator	8/10/11
	Signature of Agency Head or Designed		Sabrina La		Title	(Month, Day, Year)
	- Olyndials of Agents, Field of Designat		70000			7
	Comment:					EPPC Form 802 (4/12)

00101110111011111010				D. I. Oleman	California Q02
1. Agency Name				Date Stamp	Form 802
Oakland Alameda County C		_	For Official Use Only		
Division, Department, or Regi	on (If Applicable				
Sabrina B. Landreth					
Designated Agency Contact (Name, Title)				
City Administrator		Amendment (Must)	provide explanation in Part 3.)		
Area Code/Phone Number	E-mail				
(510) 238-6840	SLandreth@	oaklandnet.co		Date of Original Filing:	(IVIOIIIII, Day, Teal)
2. Function or Event Infor	nation		8000		
Does the agency have a ticke	t policy?	Yes⊠ No□] Face Value o	of Each Ticket/Pass \$ _	00
Event Description A's Game			Date(s) 08	3 , 23 , 16	8000
Event Description	Provide Title/Exp	planation	Date(0)		
Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No □] If no:	Name of S	ource
Sah					
Was ticket distribution made a of agency official?	it the behest	No ☐ Yes 🗵	If yes:	na Landreth Official's Name	(Last, First)
 Recipients Use Section A to identify the agency 	v's denartment or	runit. • Use Secti	on B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
		Number of		olic purpose made pursuar	
A. Name of Agency, Department	ent or Unit	Ticket(s)/ Pass(es)	Describe the pur		
			*		
		Number of			
B. Name of Individual	B. Name of Individual		Identify one of the following:		wing:
(Las), / ((s))		Pass(es)	Ceremonial Role	Other	Income
Reiff, Devon				If checking "Ceremonial Role" or "Other" describe below.	
rtom, Boton		2	To provide incentives to City employees that provide		that provide services to
			the Authority		
#				Other	Income
		2	If checking "Ceremo	nial Role" or "Other" describe below	
		Number of			
C. Name of Outside Organ (include address and des	nization scription)	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
		-			
		-			
4. Verification I have read and understand FPPC Regulations	ulations 18944.1 ai	nd 18942. I have ver	ified that the distribution set	forth above, is in accordance	with the requirements.
That road and and dans		Sabrina Lan		City Administrator	
Signature of Agency Head or Designed	9	Print Name		Tille	(Month, Day, Year)
orgination of Agency Floor of Designer	10)				
Comment:					EPPC Form 802 (4/12

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Auth	nority			Form For Official Use Only
	Division, Department, or Regi	on (If Applicabl	e)			1 of Official Osc Offiy
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)			7	
	City Administrator				Amondment (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				,
	(510) 238-6840	SLandreth@	Doaklandnet.	com	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				8000
	Does the agency have a ticker	t policy?	Yes⊠ No		of Each Ticket/Pass \$ _	00
	Event Description A's Game			Date(s)(08 , 08 , 16	
	Event Becomption	Provide Title/Exp	olanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of S	ource
	Was ticket distribution made a	t the behest	N. T. Vac	r r Sab	rina Landreth	
	of agency official?	it the benest	No ☐ Yes	If yes:	Official's Name	(Last, First)
}	Recipients					
	Use Section A to identify the agency	/'s department or	unit. • Use Sec	ction B to identify an indivi	idual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pr	ublic purpose made pursuan	it to the agency's policy
			Number of			
	B. Name of Individua	ıl	Ticket(s)/ Pass(es)	8	Identify one of the follow	ving:
				Ceremonial Role		Income
	Unable to use		2		ives to City employees	that provide services to
				the Authority	ives to city employees	that provide services to
			1	Ceremonial Role	Other	Income [
			2	If checking "Cerem	nonial Role" or "Olher" describe below.	<u> </u>
		• 270 • • 270	Number of			2 52
	C. Name of Outside Organ (include address and des	ization cription)	Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuar	it to the agency's policy
		a a				
ļ.	Verification					
	I have read and understand FPPC Regul	lations 18944.1 an	d 18942. I have ve	erified that the distribution se	et forth above, is in accordance w	vilh the requirements.
	16		Sabrina La	ndreth	City Administrator	8/18/16
	Signature of Agency Head or Designee		Print Nam	ne	Tille	(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 \$ 80.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Oakland A's Baseball Date(s) 08 / 10 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Name of Source If yes: Dobbins, Chris 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 Name of Individual Identify one of the following: of Ticket(s)/ В. (Last, First) Passes Other X Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 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 to provide opportunities to community groups to utilize the Green Stampede Homework 18 facility 11000 Apricot Street Oakland, CA 94603 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. 08.02.16 OACCA Commissioner Chris Dobbins (month, day, year) Title Print Name Signature of Agency Head or Designee

Comment:

						The state of the s
1.	Agency Name			33. 5. 1144	Date Stamp	California 802
	Oakland Alameda County C	oliseum Auth	nority			Form OOZ
	Division, Department, or Regi	on (If Applicabl	le)			For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)				7
	City Administrator				Amendment (Must pi	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail			-	
	(510) 238-6840	SLandreth@	@oaklandnet.c	om	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	nation				80°00
	Does the agency have a ticker	t policy?	Yes⊠ No[☐ Face Value o	of Each Ticket/Pass \$	
	Event Description A's Game			Deta(s) 08	3 , 14 , 16	
	Event Description	Provide Title/Exp	olanation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No [☐ If no:	Name of So	uroo
						nce
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes 🛭	☑ If yes: Sabri	Official's Name (I	Last, First)
i e					1	
3.	Recipients • Use Section A to identify the agency	an announcement	!4	lan D to identify an individu	ual a liea Section C to iden	tify an outside organization
		's department of	Number of			
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		-				
	B. Name of Individua	nI .	Number of Ticket(s)/		Identify one of the follow	ing:
	(Lest, First)		Pass(es)	500 21 DOM N		
	Unable to give				Other ial Role" or "Other" describe below:	Income
	Offable to give		2			that provide services to
				the Authority	00 (0 0)() 0)()	
				Ceremonial Role	Other	Income
			2	If checking "Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and des	ization	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy
	(include address and des	Cription	Pass(es)			
	No. of the last of					
4.	Verification					
	I have read and understand FPPC Regul	lations 18944.1 an	nd 18942. I have ver	ified that the distribution set f	orth above, is in accordance wi	th the requirements.
	8		Sabrina Lan	dreth	City Administrator	8/18/16
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
	Comment:					EDDC Farm 902 (4142)

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 (month, day, year) 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 500 Does the agency have a ticket policy? Yes X No Event Description: Oakland A's Season Provide Title/ Explanation Yes⊠ No□ If no: Ticket(s)/Pass(es) provided by agency? 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 of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes Ceremonial Role Other X Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below to promote the Coliseum Complex for use by general public and businesses to maximize revenuses 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 FPFC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements **OACCA** Commissioner 4.29.16 Chris Dobbins (month, day, year) Signature of Agency Head or Designee Print Name

Agency Report of:

Comment: _

Oakland A's tickets August 2016

•	A's v Cubs	8.5.16	(2) tickets	\$90.00
	A's v Cubs	8.7.16	(2) tickets	\$90.00
•	A's v Orioles	8.8.16	(2) tickets	\$80.00
•	A's v Orioles	8.9.16	(2) tickets	\$80.00
•	A's v Orioles	8.11.16	(2) tickets	\$80.00
•	A's v Mariners	8.14.16	(2) tickets	\$80.00
•	A's v Cleveland	8.22.16	(2) tickets	\$80.00
•	A's v. Houston	8.23.16	(2) tickets	\$80.00

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp Callionna 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.) E-mail Area Code/Phone Number Date of Original Filing: _ bparker@oaklandcityattorney.org (Month, Day, Year) (510) 238-3815 2. Function or Event Information SeeAttached Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes X No [Event Description Oakland A's Tickets - 2016 Season Provide Title/Explanation Yes 🗵 No 🗌 Ticket(s)/Pass(es) provided by agency? Name of Source No⊠ Yes□ Was ticket distribution made at the behest li yes. .. 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 of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Identify one of the following: Β. Ticket(s)/ Pass(es) Other 🗵 Income Ceremonial Role If checking "Ceremonial Pole" or Other describe helovi-Barbara J. Parker 2 To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex Ceremonial Role Other 🔲 If checking "Geremonial Role" or Other describe below 2 Number of Describe the public purpose made pursuant to the agency's policy Name of Outside Organization C. Ticket(s)/ (include address and description) Pass(es) Verification I have read and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution sel forth above is in accordance with the requirements

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

Barbara J. Parker

Comment:

3/18/2015

FPPC Form 802 (4/12)

City Attorney/OAACA Official

Oakland A's tickets August 2016

•	A's v Cubs	8.5.16	(2) tickets	\$90.00
•	A's v Cubs	8.7.16	(2) tickets	\$90.00
•	A's v Orioles	8.8.16	(2) tickets	\$80.00
•	A's v Orioles	8.9.16	(2) tickets	\$80.00
•	A's v Orioles	8.11.16	(2) tickets	\$80.00
•	A's v Mariners	8.14.16	(2) tickets	\$80.00
•	A's v Cleveland	8.22.16	(2) tickets	\$80.00
•	A's v Houston	8.23.16	(2) tickets	\$80.00

C	eremonial Role Even	its and Ticke	et/Pass Distri	ibutions			ic Document
Rose of	. Agency Name				Date Stamp	Ca	lifornia 802
	Oakland Alameda County (Coliseum Authori	ly			STATE OF THE PERSON NAMED IN	THE RESIDENCE OF THE PARTY OF T
	Division, Department, or Reg	jion (if applicable)				1 '	For Official Use Only
	Larry Reid, OACCA Chair						
	Designated Agency Contact	(Name, Title)					
					Amendment (A	fust Provide Ex	planation in Part 3.)
	Area Code/Phone Number	E-mail					
	510.383.4801	Ireid@oakland	net.com		Date of Original Fil	ing:	th, day, year)
2.	. Function or Event Infor	mation			a register many or providing the control of	() =	attache
	Does the agency have a tic	ket policy?	Yes⊠ No□ F	ace Value of	Each Ticket/Pass	\$ Selec	attached
	Event Description: Oakland	I A's Season 201	6	Date(s)			J
	Ticket(s)/Pass(es) provided	Provide Title/	Explanation Yes⊠ No	f no:	Name of Source		
	rionet(e)/1 add(ed) provides	2, -5,			Name of Source		-
	Was ticket distribution made	e at the behest	Yes□ No図 ^I	f yes:	Official's Name (Last,	First)	
	of agency official?						
3.	Recipients			The second secon			
	* Use Section A to identify the age	ncy's department or ur	nit. • Use Section B to	identify an individ	ual. • Use Section C to	identify an ou	tside organization.
	A. Name of Agency, Dep	ariment or Unit	Number of Ticket(s)/	Describe th	e public purpose mad	e pursuant to	the agency's policy
			Passes				
	B. Name of Ind	ividual	Number of Ticket(s)/		Identify one of	the following	:
	(Last, Fit	st)	Passes				
	Reid, Larry				ionial Role Oth ing "Ceremonial Role" or "Oth	ner 🗵	Income 🗌
				to promote the	ne Coliseum Com	plex for us	e by the general
					usinesses to maxi	mize rever	Income
					ing "Ceremonial Role" or "Oth		
	C. Name of Outside O		Number of Ticket(s)/	Describe the	e public purpose made	e pursuant to	the agency's policy
	(include address and	description)	Passes	-			

l.	Verification						
	I have read and understand FF	PC Regulations 18	3944.1 and 18942.	l have verified l	hat the distribution s	et forth abo	ve, is in accordance
	with the regairements.						
	James L. De	W	Larry Reid	-	OACCA Chair	7.01	4.6.16
	Signature of Agency Held or Design	ce	Print Name		Title		(month, day, year)
	Common and						

Agency Report of:

Oakland A's tickets August 2016

•	A's v Cubs	8.5.16	(2) tickets	\$90.00
•	A's v Cubs	8.7.16	(2) tickets	\$90.00
•	A's v Orioles	8.8.16	(2) tickets	\$80.00
	A's v Orioles	8.9.16	(2) tickets	\$80.00
•	A's v Orioles	8.11.16	(2) tickets	\$80.00
•	A's v Mariners	8.14.16	(2) tickets	\$80.00
•	A's v Cleveland	8.22.16	(2) tickets	\$80.00
•	A's v Houston	8.23.16	(2) tickets	\$80.00

Comment: ___

	gency Report of: eremonial Role Even	its and Ticket/	Pass Distr	ributions	A	Public Document
1.	Agency Name Oakland Alameda County O Division, Department, or Reg Chris Dobbins, OACCA Coo Designated Agency Contact	ion (if applicable) mmissioner			Date Stamp	California 802 Form 809
	Area Code/Phone Number 510.383.4801	E-mail chrisdobbinslaw@)yahoo.com		. ☐ Amendment (Must Pi	rovide Explanation in Part 3.) (month, day, year)
2.	Function or Event Information Does the agency have a ticket Event Description: Raider Stricket(s)/Pass(es) provided Was ticket distribution made of agency official?	ket policy? Yes leason 2016 Provide Title/ Expl. by agency? Yes	anation		Name of Source	/5.00 //
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depa		* Use Section B to Number of Ticket(s)/ Passes		ual. • Use Section C to identi e public purpose made purs	
	B. Name of Indiv		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Dobbins, Chris		2	to investigate sporting and	onial Role Other IX ing "Ceremonial Role" or "Other" description the efficiencies of the other events occurring onial Role Other Other ing "Ceremonial Role" or "Other" description	operations of various at Coliseum Complex
	C. Name of Outside Org		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
	Varification					
1	Verification have read and understand FPF with the requirements.	PC Regulations 18944	.1 and 18942. I	have verified th	aat the distribution set for	th above, is in accordance
(Signature of Agency Head or Designer		Dobbins int Name	O	ACCA Commissioner	8.18.16 (month, day, year)

OAKLAND RAIDER 2016

Pre-season

• Raiders v Titians August 27, 2016 (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 Larry Reid, OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510.383.4801 Ireid @oaklandnet.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 275.00 Event Description: Oakland Raider 2016 Season Date(s) ____ 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 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number В. Name of Individual identify one of the following: of Ticket(s)/ (Last, First) **Passes** Reid, Larry Ceremonial Role Other X Income ___ If checking "Ceremonial Role" or "Other" describe below: 2 per to investigate the 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. game Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

i nave read and underst	ana FPPC	Regulations	18944.1 and 18942.	. I have verified that the distribution set forth above,	is in accordance
with the regulirements.				and that are distribution set forth above,	is in accordance
— — 1		1/			

Larry Reid Print Name

OACCA Chair

09.01.16 (month, day, year)

Comment:

OAKLAND RAIDER 2016

Pre-season

Raiders v Titians

August 27, 2016 (2) tickets

Function or Event Information Does the agency have a ticket policy? Yes \(\subseteq \) No \(\subseteq \) Face Value of Each of Event Description Oakland Raiders 2016 Season Tickets Date(s) \(\subseteq 0.8 \)	Name of Source
Division, Department, or Region (If Applicable) Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title) Area Code/Phone Number (510) 238-3815 E-mail bparker@oaklandcityattorney.org Function or Event Information Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Eace Value	For Official Use Only Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year) Please See Attached ach Ticket/Pass \$ 27
Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title) Area Code/Phone Number (510) 238-3815	Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year) Please See Attached ach Ticket/Pass \$ 27
Designated Agency Contact (Name, Title) Area Code/Phone Number (510) 238-3815 bparker@oaklandcityattorney.org Disparker@oaklandcityattorney.org Disparker@oaklandcitya	Please See Attached ach Ticket/Pass \$
Designated Agency Contact (Name, Title) Area Code/Phone Number (510) 238-3815 bparker@oaklandcityattorney.org Disparker@oaklandcityattorney.org Disparker@oaklandcitya	Please See Attached ach Ticket/Pass \$
Area Code/Phone Number (510) 238-3815 bparker@oaklandcityattorney.org Disparker@oaklandcityattorney.org Disparker@oaklandcityattorn	Please See Attached ach Ticket/Pass \$
Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Eace Value	Please See Attached ach Ticket/Pass \$
Date(s) Date(s) For Ticket(s)/Pass(es) provided by agency? Ves ⊠ No □ If ves:	Please See Attached ach Ticket/Pass \$
Function or Event Information Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Eace	Please See Attached ach Ticket/Pass \$
Does the agency have a ticket policy? Event Description Oakland Raiders 2016 Season Tickets Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Was ticket distribution made at the behest No ☒ Yes ☐ If yes:	ach Ticket/Pass \$
Event Description Oakland Raiders 2016 Season Tickets Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Was ticket distribution made at the behest No X Yes If yes:	Dates, Please See Attached Name of Source
Provide Title/Explanation For Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: Was ticket distribution made at the behest No ☒ Yes ☐ If yes:	Dates, Please See Attached Name of Source
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: Was ticket distribution made at the behest No ☒ Yes ☐ If yes:	Name of Source
Was ticket distribution made at the behest No ☒ Yes ☐ If yes:	Name of Source
	Official's Name (Last, First)
	Official's Name (Last, First)
or 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.
A Number of	ourpose made pursuant to the agency's policy
B. Name of Individual Number of Ticket(s)/ Ide	
(Last First) Pass(es)	entify one of the following:
Barbara J. Parker Ceremonial Role If checking *Ceremonial Role	Other Income Inc
	iencies of the operations of the various nts that occur at Coliseum Complex
Ceremonial Role ## Checking **Ceremonial Role 2	Other Income Income Income Other describe below.
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public pu	urpose made pursuant to the agency's policy
Verification	
have read and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth ab	bove, is in accordance with the requirements
	orney/OAACA Official 08/03/2016
Signature of Agency Head or Designee Print Name	Title (Month. Day, Year)
Comment:	

OAKLAND RAIDER 2016

Pre-season

Raiders v Titians

August 27, 2016 (2) tickets