	onial Role Events and Tid	11.001 HAN		Date Stamp	A Public Document	
	icy Name	SATINI		Este Statub	Form 6UZ	
	ind-Alameda County Collecum Auti on, Department, or Region (If Applicab				For Official Use Only	
	•		Sounds			
Susai	n S. Muranishi, County Administrate nated Agency Contact (Name, Title)	Ni Vianieda (	And th	<u> </u>		
mu-ig.	, , , , , , , , , , , , , , , , , , , ,			1951	the section is a contract to the contract to t	
Area (	Code/Phone Number   E-mail			1	wovide explanation in Part 3.)	
		inistrator@ac	gov.org	Date of Original Filing:	(Monlii, Day, Your)	
	tion or Event Information			م ۱۹۵۸ انتخابست	27500	
	the agency have a ticket policy?	Yes ⊠ No	(rai	of Each Ticket/Pass \$ _		
Event	Description Oakland Raiders - 201 Provide गांकिक	6 dates attact	hed. Date(s)			
	Linking (three-)	No. of the				
Hckei	(s)/Pass(es) provided by agency?	Yes 🗵 No	<u> </u>	พแล ช ค		
	cket distribution made at the behest ency official?	No 🗵 Yes	□ lfyés:	Qriicial's Namo (	Last, F(rst)	
3. Recipients  • Use Spation A to identify the agency's department or unit. • Line						
A.	Name of Agency, Department or Unit	Number of Tlaket(4)/ Pass(4s)	Descrive the put	niic purposa made pureuani	t to the agency's policy	
	. Namo of individual	Number of		Identify one of the follow	ulna:	
<b>B</b> .	् (कार, हिंगी)	Ticket(s) Pace(cs)				
Murar	nishi, Susan S.	2/date	Coremonial Role Dates (2)  # ## Checking "Commontal Role" or "Other" describe below:  to investigate the efficiencies of the operations of the vario			
			sporting and other events that occur at the Collseum Complex			
<del>smon nodico)</del>	•		Coremoniol Rula II checking "Control	Other Laber or Other describe below:	Іпська 🗔	
¢.	Namo of Omelde Organization (include Address and description)	Number of Ticket(*) Pagg(88)	Cleser)he the pul	blic purpose made pursuan	it to the agency's policy	
•						
<u> </u>						
d. Verifi	cation ad and understand FPPC Regulations 18944.1 m	n() (8942. I have ve	erified that the distribution aat	furth above, is in accordance w	ille ine requirements.	
5-310 81	um Sharandhifud	Susan S. Me Pan Nam	uranishi	County Administrator		
Contr	IBNÍ:	<del>y' ye</del> ye		FPPC Toll-Free Helpline:	FPPC Form 802 (4/12 866/ASK-FPPC (866/275-7772	

#### **Raider Games**

#### December 2016

#### Susan Muranishi

0	Raiders v	Buffalo	Decem
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ber 4, 2016 (2) tickets

December 24, 2016 (2) tickets Raider v Colts

<b>3</b> 1	()m		A Public Document		
Agency Report of: Ceremonial Role Events and Tick	et/Pass Di	stributions	Date Stamp California		
1. Agency Name			For Official Usa Only		
Coldand-Alameda County Coliseum Author	Ockland Alameda County Coliseum Authority				
Division, Department, or Region (if Applicable)					
Administrator.	Susan S. Muranishi, County Administrator, Alameda County				
Susan S. Muranishi, County Administration Designated Agency Contact (Name, Tille)					
Designated Agency Contact (Admission)			Amendment (Must provide explanation in Part 3.)		
Area Code/Phone Number E-mail countyadmin	istrator@acgo	ν <b>,</b> οτή	Date of Original Filing: (Month, Day, Year)		
a Figston or Event Information		a Milita	of Each Tickel/Pass \$ Sec ottack		
	Yes 🗵 No 🗆	] Face value	es a Hached		
Dees the agency have a ticket policy?  Golden State Warriors E  Provide Ville/Expl.	lasketbáll enallon	Date(s)Sec	allacher 1511 attached		
Tipket(s)/Pass(es) provided by agency?	Yes⊠ No C	lf no:	Name of Source		
Was licket distribution made at the behest	No 🗵 Yes 🛭	If yes:	Olfi clal's Nama (Lest, Firat)		
of agency official?			and all the second seco		
3. Recipients	unit. v Line Seci	ion 🗈 to identify an indivi	dual. • Use Socilon O to Identify an entialde organization. ublic pumosa made pursuant to the attency's policy		
e pae Section A to identify the agency's department of	Number of	Describe the pr	ublic pulmose made pulmusus to the allency's policy		
A Name of Agency, Department or Unit	Ticket(a)/ Pass(as)		al at the same of		
	Number of		Alaba fallaufini		
Namo of Individual (Led. Fee)	Tlokat(a)/		Identify one of the following:		
Name of marvioles	Pass(00)	Coramonial Ro	lo Ciner M Incomo C		
	011-1-	If thething 'Care	and the control of th		
Muranishi, Susan S.	2/date	to provide incent provide services	tives to City and County employees that		
the state of the s		Ceremonial Re	promisi Rala or Other describe below:		
		II Eliabati			
· ·	Number of	Described the	public purpose made pursuant to the agency's policy		
Q. Name of Outside Organization (Include address and description)	Tjoksi(a)/ Pasi(es)	Daggins inv	Part - Land		
(IREBUD Address total					
	The second second				
	1	1			
4004		N. The state of th	the transferments		
4. Verification	1 and 18942. I have	o verlij ad that the distribulio	Gounty Administrator 10/14/16		
Thave read and understand FFFC regulations for the	Susan S.	Muranishi	Ordoth (ear year)		
Sugard muramahapall		Maaro	THIS (INDIAN 2 ST. )		
Signature by Aligney Head or Dasignes					
Facement:			PPPG Toll-Free Holplino: 858/ABK-FPPG (866/276-7772)		
Comment:			FPPC Toll-Free Holpino: Bauten Tr. To tonne		

#### **Warrior Games**

## December 2016

#### Susan Muranishi

ø	Warriors v Houston	12.1.16	(4) tickets \$725.00
	Warriors v Phoenix	12.3.16	(4) tickets \$1100.00
	Warriors v New York	12.15.16	(4) tickets \$1100.00
0	Warriors v Portland	12.17.16	(4) tickets \$1100.00
6	Warriors v Utah	12.20.16	(4) tickets \$1000.00
-	Warriors v Toronto	12,28.16	(4) tickets \$1125.00
6	Warriors v Dallas	12.30.16	(4) tickets \$1200.00
0	Warriors v Danas		

Agency Report of: Geremonial Role Events and Tic	ke#Pass Di:	stributions		A Public Document	
1. Agency Namo			Date Stamp	Callindia (8(0)2)	
OakLand Aladeda County Colis Division, Department, or Region (If Applicable	ium Authori )	<u>ty</u>		For Olficial Use Only	
Yul Hay Lee, Commissioner					
Designated Agency Contact (Hamo, Tillo)					
			Ansandment (Musi	provide explanation in Part 3.)	
Area Code/Phone Number   E-mail   (510) 836-6688   Yuillay	QYHLA, net		Date of Original Filing	(Month, Day, Year)	
<ol><li>Function or Event Information</li></ol>		Com Value	of Each Ticket/Paus \$	27500	
Does the agency have a flekel policy?	Yes No No No	Date(s)	TOYCHON		
	Event Description RAIDER CARNES			IE SEASON.	
Tickel(s)/Pass(cs) provided by agency?	Yes[] No[]	lf no:	Neme of	Source	
Was licket distribution made at the behest of agency official?	No∐ Yes∐	If yes:	Oliiclal's Nam	o (Last, First)	
3. Recipients  • Dae Section A to Identify the Equacy's department or	unit Uca Souton	D to Identify an individ	lual. • Use Beetlon C to Id	eallfy an objekte arganization.	
A. Manio of Agency, Doportugal or Unli	flumber of Tickel(a)/ Pass(es)	Describe the pu	Describe the public purpose made pursuent to the agency		
Yui lloy Lee, Commissioner	16.	#3			
Namo os Individual	flumbar of Yickel(s)/		Identify one of the foll	o/ajud:	
L.y., (fast, Fest)	Раза(оь)	Goruppehlal Rolo Wekneklay "Carvus	Ollvar []	hicome []	
		Cutanissial Rela	Other     Other trees to be be	Incomo 🔲	
C , Home of Ontable Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Dyseribe the pr	фђе ригрозо mado рика	and to the againey's policy	
Verification  They rest out interstant there Requisitions 1994 I in  Yi	ul 11942. Thavo voille 11 Hay Lee But Nata	d that the vishibullan so C	Horlli above, ls in necordenc DACCA Committes LO Tile	o with the requirements  DI S/24/(Ce fixens, the read	
Compant:			PPC Toll-Free Helplb	FPPC Form 602 (4/12) no: h66/ASK-FPPC (060/276-7772)	

#### **Raider Games**

#### December 2016

#### Yui Hay Lee

Ra	ide	ers v	/ Bi	uffalo	)
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December 4, 2016 (2) tickets

Raider v Colts

December 24, 2016

(2) tickets

1.	1. Agency Name Oakland Alameda County Colisium Authority Division, Department, or Region (If Applicable)			Date Stamp	For Official Use Only
	Yui Hay Lee, Commissions				
	Designated Agency Contact (Name,	Tille)			
	Area Code/Phone Number   E-ma	11		☐ Amendment (Must provi	de explanation in Part 3.)
	(510) 836-6688	YuiHay@YHLA.	net	Date of Original Filling:	(Month, Day, Year)
2.	Function or Event Information		= Fees Value s	of Each Ticket/Pass \$	
	Does the agency have a ticket police  Event Description Provide	Yes No [  Tukets  Title/Explanation		e,2016- J	am 2017
	Ticket(s)/Pass(es) provided by age	ncy? Yes 🖾 No [	] If no:	Name of Source	0
	Was ticket distribution made at the of agency official?	behest No ☐ Yes [	X If yes: Yı	ıi Hay Lee Official's Name (Las	t, First)
3.	Recipients  • Use Section A to identify the egency's dep	ertment or unit. • Use Scc	tion B to identify an individ	lual. • Use Section C to identify	an cutside organization.
	A. Name of Agency, Department or L	Number of		blic purpose made pursuant to	
	YUL HOY VEE	(See at	#3	>	
	B. Name of Individual	Number of Ticket(s)/		identify one of the following	g:
		Resolves)	Ceremonial Role If checking *Ceremo	Other Donlel Role" or "Other" describe below:	Income 🗌
			Caremonial Role If checking "General	Other Onld Role" or "Other" describe below:	Incoma
	C. Name of Outside Organization (include address and description		Describe the pu	ublic purpose made pursuant t	o the agency's policy
4.	Verification I have read and understand FPPC Regulations	16944.1 and 18942. I have w Yui Hay Le		of forth above, is in accordance will OACCA Commissioner	the requirements.
	Signalure of Agency Head or Designee  Comment:	Print Nen	ne	Tillo	(Month, Diff, Year)

#### **Warrior Games**

#### December 2016

## Yui Hay Lee

•	Warriors v Houston	12.1.16	(2) tickets \$725.00
ø	Warriors v Phoenix	12.3.16	(2) tickets \$1100.00
6	Warriors v New York	12.15.16	(2) tickets \$1100.00
6	Warriors v Portland	12.17.16	(2) tickets \$1100.00
6	Warriors v Utah	12.20.16	(2) tickets \$1000.00
0	Warriors v Toronto	12.28.16	(2) tickets \$1125.00
6	Warriors v Dallas	12.30.16	(2) tickets \$1200.00

Agency Repor Ceremonial R	t ot: de Event	s and Tick	et/Pa	ss Distrib	utions		A Public	Document
Agency Name     Oakland Alamed     Division, Departe	la County C	oliseum Authori				Date Stamp	Con	official Use Only
Chris Dobbins, Opening Ager	OACCA Con	nmissioner						
Area Code/Phon 510.383.4801	e Number	E-mall chrisdobbinsla	aw@ya	ahoo.com		Date of Original Fil	- Provider 1	
Function or E     Does the agence     Event Description     Ticket(s)/Pass(c)     Was ticket distr	y have a ticl on: <u>Raider 2</u> es) provided ibution made	I mation cet policy? 016 Season Provide Tille by agency?	Yes X	No ☐ Fa	ace Value of ate(s) no: yes:	Each Ticket/Pass  Name of Source  Official's Name (Last,	thu cha	<u> </u>
	identify the age	ncy's department or artment or Unit	unit. + t	Jse Section R to le Number of Ticket(s)/ Passes		dual. • Use Section C to		
В.	Name of Inc			Number of Tickel(s)/ Passes			of the following:	
Dobbins, Chri	S			2 per	to investiga	emonial Role	the operations	liseum Complex
t	Haring to the			game	Cere		Other 🔲	Income [
G. Na	me of Outside ( ude address an	Organization d description)		Number of Tickel(s)/ Passes	Describe	the public purpose ma	ide pursuant to th	ie agency's policy
4. Verification I have read and with the requirer	understand F nents.	PPC Regulations			I have verifie	d that the distribution		e, is in accordance
Signature of Ager	ncy Head or Desi	gnee		s Dobbins vint Name		OACCA Commis	Sioner .	(month, day, year)
Comment:								

#### **Raider Games**

## December 2016

## **Chris Dobbins**

_	Raiders v Buffalo	December 4, 2016	(2) tickets
8	Naidel 3 & Dallas	December 24, 2016	(2) tickets
9	Raider v Colts	December 24, 2010	(-/

٩g	ency Report of: Premonial Role Event	ts and Ticket/Pa	ss Distrib	utions	(	A Public	Document
i,	Agency Name Oakland Alameda County C Division, Department, or Regi	oliseum Authority			Date Stamp		ina 302 ficial Use Only
	Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title)						
	_			A A STATE OF THE S	Amendment (Mu	si Provida Explant	ation in Part 3.)
	Area Code/Phone Number 510,383,4801	E-mail chrisdobbins@oakla	andnet.com		Date of Original Filin	ng:(nionth, d	эу, уөвг)
2.	Function or Event Information Does the agency have a ticket Event Description: Warriors Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?	tet policy? Yes [2] basketball 2016 Sea  Provide Title/ Explan by agency? Yes [2]	olion ☑ No ☐ If	ace Value of ate(s) no: yes:	Name of Source	and the second s	tached use
3.	Recipients  Use Section A to identify the ages	ncy's department or unif.	Use Section B to i	dentify an indivi	dual. • Use Section C to be	identify an outsic	le organization.
	A. Name of Agency, Dep	artment or UNI	of Tickel(s)/ Passes	g b b c c c c c c c c c c c c c c c c c		444	
	B. Name of Inc.		Number of Ticket(s)/ Passes		ldentify one of		
	Dobbins, Chris		2 per	# the	emonial Role \( \) Ott- eckling "Geremonial Role" or 'Ott ate efficiencies of op events that occur at	perations of \	Income L various sporting omplex
		ACT (1) TO SECOND SECON	game	Cer		ner 🔲	Income
	C. Name of Outside (include address an	Organization Id description)	Number of Ticket(e)/ Passes	Describe	the public purpose mad	e pursuant to th	e agency's policy
K=SA	. Verification				A C		
4.	Verification I have read and understand F with the requirements:			l have verifie	d that the distribution  OACCA Commiss		e, is in accordance October 2016
(	Signature of Agency Head or Desi	Article Control of the Control of th	is Dobbins Print Name		Title	(O)(O)	(month, day, year)
	Comment:	and the state of t			and the second s	F-rest enterthings of the second seco	<del></del>

#### **Warrior Games**

#### December 2016

#### **Chris Dobbins**

6	Warriors v Houston	12.1.16	(2) tickets \$725.00
8	Warriors v Phoenix	12.3.16	(2) tickets \$1100.00
€	Warriors v New York	12.15.16	(2) tickets \$1100.00
8	Warriors v Portland	12.17.16	(2) tickets \$1100.00
8	Warriors v Utah	12.20.16	(2) tickets \$1000.00
<b>-</b>	Warriors v Toronto	12.28.16	(2) tickets \$1125.00
	Warriors v Dallas	12.30.16	(2) tickets \$1200.00

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) Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510.383.4801 smckibben1@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: Oakland Raiders Season 2016 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? 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. 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 Identify one of the following: В. of Ticket(s)/ (Last, First) Other X Income Ceremonial Role McKibbben,Scott If checking "Ceremonial Role" or "Other" describe below.
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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) Passes 4. Verification

I-have read and understand F with the frequire ments

Comment:

1	Scott McKibben	OACCA Executive Director	
	Print Name	Title	(month, day, year)
	The second secon		

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

#### **Raider Games**

#### December 2016

#### Scott McKibben

Raiders v Buffalo

December 4, 2016

(4) tickets

Raider v Colts

December 24, 2016 (4) tickets

Ag	jency Report of: eremonial Role Event	ts and Ticket	l/Pa	ss Dist	rib	utions	Į2		Document
	Agency Name	to dilla riono.			greatet.		Date Stamp	Califo	omia 802
1.	Oakland Alameda County C	oliseum Authority	/						Official Use Only
	Division, Department, or Regi	on (if applicable)			-			Lou	Official Date Office
	Scott McKibben, OACCA Ex								
	Designated Agency Contact (								
			1,000				Amendment (Must	Provide Expla	nation in Part 3.)
	Area Code/Phone Number	E-mail					Date of Original Filing		
	510.383.4801	smckibben1@g	ımail.	.com			Date of Original Filing	(month,	day, year)
2.	Function or Event Infor	mation					Each Ticket/Pass \$ .	500.1	Hor hed
	Does the agency have a ticl	ket policy?	∕es ∑	No	Fa	ice Value of	Each Ticket/Pass \$ .	Jan 1	1
	Event Description: Warriors	2016 Season			Da	ale(s)	121. alla	arcy	
	Ticket(s)/Pass(es) provided	by agency?	/es <u>l</u> ⊻	No□	11 1	10:	Name of Source		
	Was licket distribution made	e at the behest \	/es [	No区	lf :	yes:	Official's Name (Lest, Fire	11)	
	of agency official?								
3.	Recipients								
٥.	Recipionts  Use Section A to identify the agen	ncy's department or un	nit. · t	Use Section B	to id	lentify an indivi	dual. · Use Section C to id	entify an outs	ide organization,
				Number of Ticket(s			he public purpose made p		
	A. Name of Agency, Dep			Passes	_	*			
	Annual Control of the		-						
						2			
	Name of Inc	lividual		Number of Ticket(s			Identify one of the	ne following:	
	B. Name of Inc.			Passes	,			- IDI	Income 🔲
	McKibben, Scott			Sel	í		amonial Role Othe acking "Ceremonial Role" or "Othe	e dasenha halow	
	Monagen			attach	ba	To invoction	ate the efficiencies of ate other events that o	of the oper	ations of various
					_		emonial Role Othe		Income 🗆
						II che	acking "Ceremonial Role" or "Othe	r describe below	
				1		10000			
	Name of Outside 0	Organization		Number of Ticket(		Describe	the public purpose made	pursuant to	the agency's policy
	C. (include address an	d description)		Passes					
			_		-				
		1							
en en	Marking Control	/	-					- Control of the Cont	
4.	. Verification 	PRO Regulations	18944	4.1 and 189	42.	I have verifie	d that the distribution s	et forth abo	ve, is in accordance
*	with the regilirements.	1100 11	water and the						
	A /MOHH 4/Y	MANN	Scott	McKibbe	n		DACCA Executive Di	rector	(month, day, year)
	Signature Wageney Healt or Design	994/	F	rint Name			Title		(manut, day, year)
	Comment:	MO							
	Commenc,								

#### **Warrior Games**

#### December 2016

#### Scott McKibben

8	Warriors v Houston	12.1.16	(4) tickets \$725.00
0	Warriors v Phoenix	12.3.16	(4) tickets \$1100.00
•	Warriors v New York	12.15.16	(4) tickets \$1100.00
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8	Warriors v Utah	12.20.16	(4) tickets \$1000.00
6	Warriors v Toronto	12.28.16	(4) tickets \$1125.00
-	Warriors v Dallas	12.30.16	(4) tickets \$1200.00

California 802 For Official Use Only  vide explanation in Part 3)
vide explanation in Part 3 )
(Month, Day, Year)
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<b>国际</b> 公共业绩增加公司。
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he agency's policy
<b>開始の利力の公子を対する。1974年の子子</b>
requirements
CONTRACTOR AND
1/25/2017

4	Agoney Name				Data Classe	California	
1.	Agency Name	alles d			Date Stamp	California 802	
	Oakland-Alameda County C			CONTRACTOR OF THE PROPERTY OF		For Official Use Only	
	Division, Department, or Regi	ion (If Applicab	ie)				
	Barbara J. Parker, City Attor	rney/OAACA	Official				
	Designated Agency Contact (	Name, Title)					
	Area Code/Phone Number	E-mail			Amendment (Must pro	rovide explanation in Part 3 )	
	(510) 238-3815	bparker@o	aklandcityatto	orney.org	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 \$	275.00	
	Event Description Oakland R	aiders v. Bu	ffalo Bills	Data(a) 12	4 , 16		
	Event Description	Provide Title/Exp	planation	Date(s)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of Sou		
	active to secue		F		Name of Sou	irce	
	Was ticket distribution made a of agency official?	t the behest	No 🛛 Yes	☐ If yes:	Official's Name (Li	ast First	
_					Gindal's Ivame (L		
3.	Recipients	i's donada	unit - U A	stion P to Identify	al allea Castina	hi an autatid	
	Use Section A to identify the agency	1000	Number of			A PROPERTY OF THE PARTY OF THE	
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy	
	B. Name of Individua	i .	Number of Ticket(s)/ Pass(es)		Identify one of the following	ig:	
	Jones, La'Carolyn			Ceremonial Role [	Other A	Income	
			2	To provide incentives to City and County employees that provide services to the Authority			
				Ceremonial Role If checking 'Ceremonia	Other  al Role" or "Other" describe below.	Income	
			2				
(	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	o the agency's policy	
-						Andrew Alexander de la Company	
	Burne Sa	2					
	Verification U	tions 150444	118042 15	rified that the distance	th share to be	16-2-2	
1	have read and understand FPPC Regula	wons 16944.1 and					
	Signature of Agency Head or Designee		Barbara J. F		Attorney/OAACA Offic		
	organise or Agency need of Designee		Print Name		Title	(Month Day Year)	
,	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Barbara Kong-Brown, OACCA Marketing Committee Designated Agency Contact (Name, Title) ■ Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: bkongbrown1@gmail.com (month, day, year) 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 1000.00 / \$1100.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Warriors Basketball Date(s) 12 / 03 / 17 / 16 12 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ☑ No ☐ Name of Source If yes: \_ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Name of Agency, Department or Unit Α. Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes Other 🗵 Ceremonial Role Kong-Brown, Barbara If checking "Ceremonial Role" or "Other" describe below: to investigate efficiencies of operations of various sporting 2 per and other events that occur at Coliseum Complex Income Other 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: game Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization 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. **OACCA Marketing Committee** 12.2.16 Barbara King-Brown (month, day, year) Title Print Name Signature of Agency Head or Designee

Comment: \_

A	gency Report of: eremonial Role Events and Tick	et/Pass Dis	stributions		A Public Document
	Agency Name  Oakland Alameda County Coliseum Autho		an disease and the control of the co	Date Stamp	Form 802
	Division, Department, or Region (If Applicable)				
	Scott Haggerly, OACCA Commissioner Designated Agency Contact (Name, Title)				
				Amendment (Must p	roylde explanation in Part 3.)
	Area Code/Phone Number E-mail 510,272,6691   Leeann.ferger	son@acgov.org	9	Date of Original Filing;	
2.	Function or Event Information  Does the agency have a licket policy?  Event Description Provide Total Explain	Yes & No D		Name of Scienty, Scott	
3.	Charles and the Control of the Contr	init. v Use Section	B to Identify an Individ	ual. • Use Section C to ide	ntify on cutside organization.
	A. Name of Agency, Dopartment or Unit	Number of Ticket(s)/ Pass(es)	Doscribe the put	bila purposa mada pursuan	it to the agency's policy
	B. Name of Individual	Number of Ticket(a)/ Pass(os)		Identify one of the follow	wing:
	Fatima Simone	2	event in	ote attendance at a o order to maximize e for concession an	county sponsored potential county
			Ceremonial Role If checking 'Coremo	Other Cascobo holom	Incomo 🗌
	C. Name of Outside Organization (include address and description)	Number of Tickel(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
			1.0		
aum.		January			
4.	Verification  Inaverage and understand FPPC Regulations 18944.1 and  Signature classocyticador Eodignae	J 18942, I have verifie Lee Ann Ferge Pihi Nama	d (hol the distribution set	Harth above, Is in uccordance Supervisors Assista	nt (2/1 ) (Manth, Dro) Year)
	Comment:			ERRC Toll-Free Halpling	FPPC Form 802 (4/12) :: 866/ASK-FPPC (866/275-7772)

gency Report of: eremonial Role Events and Tick		Designation of the last of the	Date Stamp	
Agency Name	16		<b>B</b>	For Official Use Only
Colland Alameda County Goliseum Author	rity			FOI CAMADI COS STORY
Division, Department, or Region (if Applicable)				
Scoll Haggerly, OACCA Commissioner				
Designated Agency Contact (Name, Title)				Table 21
			Amendment (Musi provi	de explanation in Part 3,1
Area Code/Phone Number E-mail			Date of Original Filing:	(Month, Day, Your)
510,272,6691   leeann.ferger	rson@acgov.org	CONTRACTOR DESCRIPTION AND ADMINISTRATION AND ADMIN	AND THE RESIDENCE OF THE PARTY	85 (2)
. Function or Event Information		Eace Value	of Each Ticket/Pass \$	0),00
Does the agency have a licket policy	Yes 🛛 No 🗆	(1)	1.9.16	<u> </u>
NYYN		_ Date(s)		
, , , , , , , , , , , , , , , , , , , ,		If no:	GEW	
Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No 🗌		Name of Soun	5 <b>e</b>
	No□ Yes⊠	If yes: Hag	gerly, Scott Official's Name (Le	st. First)
Was ticket distribution made at the behest of agency official?	140 E		Olicia de la composición dela composición de la composición dela composición dela composición dela composición de la composición de la composición dela composición de la composición de la composición dela composición del composición dela	
The state of the s	CANADA A TO PERSONAL PROPERTY AND ADDRESS OF THE		duel. • Use Section C to Identif	y en outside organization.
Recipients     Use Section A to Identity the Apency's department or		B to identify an indivi	dual. • Dad autrial of the territory of	o the agency's policy
A. Name of Agency, Department or Unit	Tickat(s)/		ublic purposo made pursuant t	
A. Walle Or 13	Pass(db)	To roward a C	ounty employee for hi	s or her
Dr. I.	12/	es vemnlary se	rvice to the public	
<u> </u>	-	CKCIIIPIA		
			the transfer of the second sec	
c. t. t. t.	Number of Ticket(3)/		Identify one of the follows	ng:
B. Name of Individual	Passios)	Coremonial Ro	de 🔲 Other 🗆	Incomo 🗌
		ti chesting Tem Cotomoniat iko	ropolal Rule' or "Other" describe delete.	
			2-9	lacome [
		Geremonial Re	ole Other Omeration.	11000000
		ir chesking "Gan	diporal total or contra description	
	Number of		public purpose made pursuan	t to the agency's policy
C. Name of Outside Organization (include address and description)	Tickel(s)/ Pass(es)	Describe the	public purpose mass p	
(include appleas and description)	- 1			
				a her commence and the commence of the commenc
The form of the second	parent parent parent parent property and the parent parent	بلقيا فالمحصور فوجونهم تجافيا فيحود المحاور والمحاور	and the second s	ust the mendiaments
4. Verification They food and understand FPPC Regulations 18944.1	ags:18942, I have ver	illed that the distribution	n set forth allove, is in accordance	vini ino requirements.
They frend and understand FFF Cheguratura 1884	Lee Ann Fer	gerson		nt (Atonin, Day, Yuo))
Signatura of Approxy freed of Dasignoo	Phal Ham		file	, .
asprentition ( )				

#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Division, Department, or Region (If Applicable) For Official Use Only Scott Haggerly, OACCA Commissioner Designated Agency Contact (Neme, Title) Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail 510.272.6691 leeann.fergerson@acgov.org Date of Original Filing: (Monlh, Day, Year) 2. Function or Event Information 000 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🗵 No 🗌 WENTION Event Description Provide Tille/Explanation Ticket(s)/Pass(es) provided by agency? Yes 🗵 No 🗌 Name of Source Was ticket distribution made at the behest If yes: Haggerly, Scott No ☐ Yes ☒ of agency official? Official's Name (Lost, First) 3. Recipients . Use Section A to identify the agency's department or unit. » Use Section A to identify an individual. « Use Section C to identify an outside organization. Number of Ä. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(as) To reward a County employee for his or her exemplary service to the public or to encourage staff development Number of B. Name of Individual Ticket(s)/ Pass(os) Identify one of the following: Ceremonial Role Other 🔲 Incomo | If checking "Commontal Role" or "Other" describe below: Caramonial Role Other 🗌 Incomo 🗌 If checking "Caramon'al Role" or "Other" describe helow. Number of Tickel(s)/ Pass(es) Name of Outside Organization C. (include address and description) Describe the public purpose made pursuant to the agency's policy Verification lead and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set toric above, is in accordance with the requirements

Lee Ann Fergerson

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Signaturo of Aponcy Heed or Designae

Comment: .

Supervisors Assistant

Title

Date Stamp  Date of Original Filing:  Amandment (Must provide explanation in Part 3.)  Date of Original Filing:  (Month, Day, Year)  Date(s)  Date(s)  Name of Source  Haggerly, Scott  Official's Name (Lost, First)  Date Stamp  Date Original Filing:  Date
For Official Use Only
Date of Original Filling:  [Month, Day, Year)  Face Value of Each Ticket/Pass \$ 5.00  Date(s)  Name of Source  Haggerly, Scott  Official's Name (Lost, First)  antity an Individual. • Dae Soction C to identify an outside organization.
Date of Original Filling:  [Month, Day, Year)  Face Value of Each Ticket/Pass \$ 5.00  Date(s)  Name of Source  Haggerly, Scott  Official's Name (Lost, First)  antity an Individual. • Dae Soction C to identify an outside organization.
Date of Original Filling:  [Month, Day, Year)  Face Value of Each Ticket/Pass \$ 5.00  Date(s)  Name of Source  Haggerly, Scott  Official's Name (Lost, First)  antity an Individual. • Dae Soction C to identify an outside organization.
Date of Original Filling:  [Month, Day, Year)  Face Value of Each Ticket/Pass \$ 5.00  Date(s)  Name of Source  Haggerly, Scott  Official's Name (Lost, First)  antity an Individual. • Dae Soction C to identify an outside organization.
Date of Original Filling:  [Month, Day, Year)  Face Value of Each Ticket/Pass \$ 5.00  Date(s)  Name of Source  Haggerly, Scott  Official's Name (Lost, First)  antity an Individual. • Dae Soction C to identify an outside organization.
Face Value of Each TickeVPass \$
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Pate(s)  Name of Source  Haggerly, Scott  Official's Name (Lost, First)  antity an Individual.   Dae Section C to identify an outside organization.
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Fyes: Haggerly, Scott  Official's Flame (Lost, First)  ontify an Individual Dae Section C to identify an outside organization.
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intlify an Individual.      Use Section C to identify an outside organization.
ntlify an Individual. ■ Use Section C to identify an outside organization.
indry an marviora.
escribe the public purpose made pursuant to the agency's policy
ascriba use bunde bulbora mere barear
Identify one of the following:
To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
Ceromonal Role Other O
Ceromanical Role Other Machine (Other Cascade holow).  (Centerpolyte Continuation (Other Cascade holow).
the appende policy
Describe the public purpose made pursuant to the agency's policy
the distribution set forth shove, is in necordance with the requirements.
Supervisors Assistant (Manill, Day, Year)

Agenc	y Report of: ionial Role Even	its and Tic	ket/Pass C	istributions		A Public Document
1. Ager Oakla Division	ncy Name and Alameda County C on, Deparlment, or Reg Haggerly, OACCA Co	Goliseum Autho gion <i>(II Applicable</i> ommissioner	ority		Date Stamp	For Official Use Only
Desig	nated Agency Contact	(Name,Tille)			Amendment (Must p	provide explanation in Part 3.)
	Code/Phone Number 272.6691	E-mail leeann.ferge	rson@acgov.	org	Date of Original Filing;	1
Event Ticket	ction or Event Infor the agency have a ticke Description WWW (s)/Pass(es) provided b ticket distribution made a pency official?	et policy?  Y (4) (7)  Provide Title/Exploy  agency?	Yes⊠ No⊡ enation Yes⊠ No⊡ No⊡ Yes⊠	Date(s)	Name of Scienty, Scott	
3. Reci	pients section A to identify the agenc		Number of	on B (a identify an Individu	uul.   • Use Section C to iden ilic purposa mada pursuan	t to the agency's policy
A	Name of Agency, Dopartin	ent or Unit	Ticket(s)/ Pass(ss)	To reward a	County employee for	or his or her
В.	Name of Individu (tau, Ecu)	əl	Number of Ticket(s)/ Pass(08)		Idenlify one of the follow	ving:
-				Caremonial Role Hichaeking "Caramon	Other Interpretable helpsy.	Інселне 🗌
G.	Name of Outside Organ (include address and des	nizotion scription)	Number of Tickel(s)/ Pass(cs)	Describe the pub	ilic purpose made pursuan	t to the agency's policy
(tt)	[@atlon ad ord undoesland FPPC Rays ganluro c Agency Integer Distance		18942 I have veril Lee Ann Fergi Pikil Hariw	ied that the distribution set f erson	onh ahove, is in accordance w Supervisors Assistan	ith the requirements.  1
Comn	ment:				FPPC Toll-Free Helpline:	FPPC Form 802 (4/12) B66/ASK-FPPC (866/275-7772)

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 \$ 125.00 Does the agency have a ticket policy? Yes⊠ No□ Date(s) 12 / 14 / Event Description: G-Easy Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: \_ 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)/ B. (Last, First) Passes Income Other X Ceremonial Role Dobbins, Chris 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 of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. **OACCA** Commissioner 11.30.16 Chris Dobbins

Print Name

Signature of Agency Head or Designee

Comment: \_

(month, day, year)

Title

Agency Report of:	Section 600 Million Co.	m. 4.11	Mono	Al	Public Do	cument
Agency Report of: Ceremonial Role Event	s and Ticket/Pas	s Distribu	tions	Date Stamp	California	802
4 Agency Name						Use Only
Oakland Alameda County C	oliseum Authority				For Officia	Tuse Only
Division, Department, or Reg	ion (if applicable)					
Chris Dobbins, OACCA Cor	nmissioner					
Designated Agency Contact	(Name, rine)			Amendment (Must P	Provide Explanation	in Part 3.)
Area Code/Phone Number	E-mail			Date of Orlginal Filing:	(month, day, y	year)
510.383.4801	chrisdobbinslaw@yal					
2. Function or Event Info	rmation	Eo	o Value of	Each Ticket/Pass \$ 1	25.00	
Dans the agency have a tig	cket policy? Yes 凶	No ☐ Fac	12	<u>, 18 , 16 </u>		1
Event Description: KMEL I	House of Soul  Provide Title/ Explana					
Ticket(s)/Pass(es) provide	d by agency? Yes ⊠	] No□ Ifr	10:	Name of Source		
				Official's Name (Last, Firs		
Was ticket distribution mad	de at the benest Yes L	] 1/0 [2]		Official's Name (Last, 1 mail	*	_
of agency official?						
3. Recipients • Use Section A to identify the ag	· · · · · · · · · · · · · · · · · · ·	Use Section B to id	entify an indiv	ridual. • Use Section C to ide	entify an outside o	organization.
<ul> <li>Use Section A to identify the ag</li> </ul>	gency's department or time.		Doscriba	the public purpose made p	oursuant to the a	gency's policy
A. Name of Agency, D.	epartment or Unit	of Ticket(s)/ Passes	Describe	the pass (		
		Number		Identify one of t	he following:	
B. Name of	Individual	of Ticket(s)/ Passes				Income
(Last	; First)		C	eremoniar man	er 🔀 er" describe below:	
Dobbins, Chris		2	to investi	checking "Ceremonial Role" or "Othe gate efficiencies of the	e operations of	of various iseum Complex
			sporting	and other events that	er	Income
			C If	eremonial Role Oth	ner" describe below:	
		Number	1	be the public purpose mad	e pursuant to the	e agency's policy
Name of Outs C. (include addres	ide Organization s and description)	of Ticket(s)/ Passes	Descri	be the public purpose		
(Include audics						
	::::::::::::::::::::::::::::::::::::::					
Miles						
4. Verification	***		o Thave ver	rified that the distribution	set forth abov	e, is in accordance
I have read and understa	nd FPPC Regulations 189	144.1 and 1894	z. i ilave vel			
with the requirements.		hris Dobbins		OACCA Commiss	sioner	11.30.16 (month, day, year)
Signature of Agency Head o		Print Name		Title		Imounit and Army
Signature of Agency Flead of						
Comment:				- 1 F. (4) B. (1) F. (4)		DO Form 902 (2/2016

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) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: . (month, day, year) chrisdobbinslaw@yahoo.com 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 149.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Maxwell and Mary J Concert Date(s) \_\_12\_\_/ Provide Title/ Explanation If no: Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ 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: of Ticket(s)/ Name of Individual B. (Last, First) Passes Other X Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Dobbins, Chris to investigate efficiencies of the operations of various 2 sporting and other events that occur at Coliseum Complex Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes 4. Verification Lhave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. **OACCA Commissioner** 11.30.16 Chris Dobbins (month, day, year) Print Name Signature of Agency Head or Designee

Comment: \_

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form 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 Face Value of Each Ticket/Pass \$ 85.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Not So Silent Night Date(s) \_\_12\_\_/ 09 / 10 , 16 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes X No T 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 Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Dobbins, Chris Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: 2 per 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: date Name of Outside Organization Number C. of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification

# I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Chris Dobbins OACCA Commissioner 11.30.16 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Tick	et/Pass Dis	tributions		A Public Document
Agency Name     Oakland Alameda County Coliseum Autho     Division, Department, or Region (II Applicable)     Scott Haggerly, OACCA Commissioner	ority	account of the purpose and the	Date Stamp	For Official Use Only
Designated Agency Contact (Name, Tille)			☐ Amendment (Musi p	revide explanation in Part 3.)
Area Code/Phone Number E-mail 510,272,6691   leeann.ferger	rson@acgov.org		Date of Original Filing;	(Monilit, Day, Year)
Event Description Wav Na Provide Tille/Explo	Yes⊠ No□  motion  Yes⊠ No□  No□ Yes⊠	Pace Value of Date(s)  If no:  Hagg	Name of Scienty, Scott	
3. Recipients  • Uso Section A to Identity the agency's department or t	unit. PUse Section B	to identify an individ	vel.   » Use Section C to ider olic purpose made pursuan	ntify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(os)			
D19+1.			County employee for ervice to the public coment	
<b>B.</b> Namo of Individual (to), (2m)	Number of Ticket(4)/ Pass(68)	and a second	Identify one of the follow	ving:
			Other One Roll or Other describe ticloss.	Incomo 🗌
G. Name of Outside Organization (include address and description)	Number of Tickel(s)/ Pass(os)	Describe the pul	blic purpose made pursuar	ıl lo the agency's policy
	I 18942. I hove verified Lee Ann Fergers	that the distribution set	forth allove, is in recordance w Supervisors Assistar	with the requirements.  12 - 21 - 1  (Month, Day, Year)
Significance Agency Het dor Dissigned			EDRC Toll-Free Hololing	FPPC Form 802 (4/12 B66/ASK-FPPC (866/275-7772

Comment: \_\_\_\_\_

. Agenc	y Name				Date Stamp	California 802
	d Alameda County C	oliseum Auth	ority			For Official Use Only
	n, Department, or Reg					1 of Official cost city
Sabrina	a B. Landreth					
	ated Agency Contact	(Name, Title)				
City Ad	Iministrator				☐ Amendment (Must p	provide explanation in Part 3.)
	ode/Phone Number	E-mail				
(510) 2	238-6840	SLandreth@	oaklandnet.c	om	Date of Original Filing:	(Month, Day, Year)
. Functi	ion or Event Infor	mation		3 12		725.00
Does th	ne agency have a ticke	et policy?	Yes⊠ No[	] Face Value	of Each Ticket/Pass \$ _	
Fuent F	Description Warriors			Date(s)1	2 , 01 , 16	
Event	Description	Provide Title/Exp	olanation			
Ticket(s	s)/Pass(es) provided b	y agency?	Yes⊠ No[	If no:	Name of S	ource
		at the behost	N D Van E	Sabi	ina Landreth	
	ket distribution made ency official?	at the benest	No 🗌 Yes 🛚	A II yes	Official's Name	(Last, First)
• Use Se	ection A to identify the agen	cy's department o	r unit. • Use Sec	tion B to identify an indivi	dual. • Use Section C to ide	ntify an outside organization.
	Name of Agency, Departm		Number of Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursuaı	nt to the agency's policy
	Name of Individ	ual	Number of		Identify one of the follo	wing:
В.	Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follo	
		ual	Ticket(s)/	Ceremonial Role If checking "Cerem To provide incent the Authority	Other Onial Role" or "Other" describe below	Income
	(Last, First)	ual	Ticket(s)/	If checking "Cerent To provide incent the Authority  Ceremonial Role	Other  Ot	Income C s that provide services to Income C
	(Lest, First)  Fr, Erika  Name of Outside Org	anization	Ticket(s)/	If checking "Cerent To provide incent the Authority  Ceremonial Role If checking "Ceren	Other	Income [ s that provide services to Income [
Turnel	(Last, First) or, Erika	anization	Number of Ticket(s)/	If checking "Cerent To provide incent the Authority  Ceremonial Role If checking "Ceren	Other	Income [ s that provide services to Income [
Turnel C.	(Lest, First)  Fr, Erika  Name of Outside Org (include address and d	anization escription)	Number of Ticket(s)/ Pass(es)	If checking "Cerent To provide incent the Authority  Ceremonial Role If checking "Cerent  Describe the p	Other  onial Role" or "Other" describe below ives to City employees  Other  onnial Role" or "Other" describe below ublic purpose made pursua	Income C s that provide services to Income C w
Turnel C.	(Lest, First)  Fr, Erika  Name of Outside Org (include address and d	anization escription)	Number of Ticket(s)/ Pass(es)	If checking "Cerent To provide incent the Authority  Ceremonial Role If checking "Cerent  Describe the p	Other	Income Control of the services to some Control of the services to service some Control of the services to service some Control of the services to service services to service services to service services to service services to services to service services to service services to services to services to service services to service services to services to service services services to service service services service service service service servic

Comment: \_\_\_\_\_

Cer	emonial Role Event	s and Tick	et/Pass Di	stributions		California OOO
1. Agency Name					Date Stamp	California 802
C	Oakland Alameda County Coliseum Authority					For Official Use Only
D	Division, Department, or Region (If Applicable)					
S	Sabrina B. Landreth					
D	Designated Agency Contact (Name, Title)					
	City Administrator		Amendment (Musi	provide explanation in Part 3.)		
	rea Code/Phone Number	E-mail			Date of Original Filing:(Month, Day, Year)	
(	510) 238-6840	SLandreth@d	oaklandnet.co	m		
2. 1	Function or Event Information			Face Value	of Each Ticket/Pass \$	1000.00
	Does the agency have a ticke	Yes⊠ No□	Pace value	2 03 16		
Е	Event Description Warriors	anation	Date(s)	2 00 10		
			If no:	Name of	Paura	
Ī	Ticket(s)/Pass(es) provided b	by agency?	Yes⊠ No□	b	manie e.	Source
١	Was ticket distribution made	at the behest	No ☐ Yes 🗵	If yes: Sab	rina Landreth Official's Nan	ne (Last, First)
	of agency official?					
3.	Recipients		tt s Usa Sacti	on B to identify an indivi	idual. • Use Section C to i	dentify an outside organization.
			Milliper or	ction B to identify an individual. • Use Section C to identify an outside organization  Describe the public purpose made pursuant to the agency's policy		
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)		,	
			Number of		the election of the fo	llowing:
	B. Name of Individual		Ticket(s)/ Pass(es)	Identify one of the following:		
	(Eddy rindy			Ceremonial Ro	ole Other Omnonial Role" or "Other" describe b	Income
	Pomicpic, Andrea		2	If checking "Cere	ntives to City employe	ees that provide services to
				the Authority	lavos to enj	
				Ceremonial Ro	ole Other	Income L
			2	If checking "Cere	emonial Role" or "Other" describe b	elow:
			2			
			Number of		- de mus	quant to the agency's policy
	C. Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		Suant to the agency of
	(include address and description)		1 400(00)			
				1		
-	N. IPL-offen					ance with the requirements.
4	. Verification  I have read and understand FPPC	Regulations 18944.1	and 18942. I have \	verified that the distribution	n set forth above, is in accorda	eter 1/1/12
	Sabrina			andreth	City Administra	ator (Month, Day, Year)
	Signature of Agency Head or De	Print Na	ame	THE	1	

	Agency Name				Date Stamp	California 802	
	Oakland Alameda County Coliseum Authority					For Official Use Only	
	Division, Department, or Region (If Applicable)					Tot official des exist	
	Sabrina B. Landreth						
	Designated Agency Contact (	Name, Title)					
	City Administrator		Amendment (Must provide explanation in Part 3.)				
	Area Code/Phone Number	E-mail	And the second of the control of the				
	(510) 238-6840	oaklandnet.com		Date of Original Filing: (Month, Day, Year)			
	<b>Function or Event Infor</b>		of Each Ticket/Pass \$ _	27500			
	Does the agency have a ticket	et policy?					
	Event Description Raiders		2 , 04 , 16				
		Provide Title/Expl		- If no:			
	Ticket(s)/Pass(es) provided by agency:				Name of Source		
		Was ticket distribution made at the behest No ☐ Yes ☒ If yes:				Last, First)	
	of agency official?				On other Present		
3.	Recipients		tual. • Use Section C to ider	ntify an outside organization.			
	Recipients     Use Section A to identify the agency's department or unit.     Number of				blic purpose made pursuan	it to the agency's policy	
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)		oublic purpose made pursuant to the agency's policy		
		Number of		the second secon			
	B. Name of Individ	B. Name of Individual			Identify one of the follow		
	Unable to Use		Pass(es)	Ceremonial Role	Other 🗆	Income	
			2	If checking "Cerem	Ceremonial Role" or "Other" describe below: centives to City employees that provide service		
				the Authority			
				Ceremonial Role	e Other	Income	
			2	If checking "Cerem	nonial Role" or "Other" describe below	V.	
			Number of	# 726 127	oublic purpose made pursuant to the agency's policy		
4	Name of Outside Org	anization lescription)	Ticket(s)/ Pass(es)	Describe the p	oublic purpose made pursua	mit to the agency a pone,	
	The second secon	71			70		
	. Verification					with the requirements	
	. Verification  I have read and understand FPPC Re	egulations 18944.1 a	et forth above, is in accordance	with the requirements.			
	Sabrina Landreth				City Administrato	(Mohlh, Day, Year)	
	Signature of Agency Head or Desig	inee	Print Na	me	Title	Andrea = 20 19-9	
	Comment:					FPPC Form 802 (4/	

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		Pol Official Use Offiy				
	Sabrina B. Landreth							
	Designated Agency Contact (	Name, Title)						
	City Administrator				Amendment (Must p	provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Data of Original Filing:			
	(510) 238-6840		oaklandnet.d	com	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Inform	nation			149.50			
	Does the agency have a ticker	pes the agency have a ticket policy? Yes ☑ No			of Each Ticket/Pass \$ _			
	Event Description Maxwell &	Mary  Provide Title/Exp	lanation	Date(s)12	2 , 07 , 16			
	Ticket(s)/Pass(es) provided by		Yes⊠ No[	☐ If no:	Name of So			
			100 24 110					
	Was ticket distribution made a	t the behest	No ☐ Yes [	⊠ If yes: Sabri	na Landreth Official's Name (	(I set Firet)		
	of agency official?				Oniciar's Name (	Lust, I may		
3.	Recipients	Recipients						
		Use Section A to identify the agency's department or unit. • Use Section B to identify an individ						
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy			
	B. Name of Individua	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:			
	Unable to Use			Ceremonial Role	Other Interest Other Other Interest	Income		
	Unable to Use		2			that provide services to		
				Ceremonial Role	Other	Income		
			2	If checking "Ceremon	nial Role" or "Other" describe below:			
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	olic purpose made pursuan	nt to the agency's policy		
	(include address and des	cription)	Pass(es)					
	(1							
4.	Verification							
	I have read and understand FPPC Regu	lations 18944.1 ar				with the requirements.		
			Sabrina Lar	ndreth	City Administrator	l <u>[[4][†</u>		
	Signature of Agency Head or Designee		Print Nam	в	Title	(Month, Day, Year)		
	Comment:			200 March 200 Ma				
	Value de la							

Comment: \_\_\_\_\_

A	Public	Document

Ceremonial Role Events and Ticke	.01 000 2.	The Company of the Co	Date Stamp	California 802	
. Agency Name		Form			
Oakland Alameda County Coliseum Authori		For Official Use Only			
Division, Department, or Region (If Applicable)	Division, Department, or Region (If Applicable)				
Sabrina B. Landreth					
Designated Agency Contact (Name, Title)					
City Administrator			Amendment (Must p	rovide explanation in Part 3.)	
Area Code/Phone Number   E-mail			Date of Original Filing:(Month, Day, Year)		
(510) 238-6840 SLandreth@o	aklandnet.com		(Month, Day, Year)		
2. Function or Event Information		= ,,,,	f Fach Ticket/Page \$	85.00	
Does the agency have a ticket policy?	'es⊠ No□ Face Value o		of Each Ticket/Pass \$		
Not So Silent Night		Date(s)12	2 , 09 , 16		
Event Description	ation				
Ticket(s)/Pass(es) provided by agency?	∕es⊠ No□	] If no:	Name of Source		
		Sahr	ina Landreth		
Was ticket distribution made at the behest of agency official?	No ☐ Yes 🗵	ıı yes	Official's Name	(Last, First)	
				, t	
<ul><li>3. Recipients</li><li>• Use Section A to Identify the agency's department or u</li></ul>	nit. • Use Secti	on B to identify an individ	dual. • Use Section C to ide	ntify an outside organization.	
	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
A. Name of Agency, Department or Unit	Pass(es)				
	Number of			• • • • • • • • • • • • • • • • • • • •	
B. Name of Individual	Number of Ticket(s)/	identity one of the following.			
(Last, First)	Pass(es)	Ceremonial Role	e Other	Income	
Unable to Use	2 7	It checking "Ceremonial Role" or "Other" describe below:  To provide incentives to City employees that provide services to			
Ollapie to coo		To provide incent	tives to City employee	s that provide services to	
		the Authority	le 🗌 Other 🔲	Income	
		Ceremonial Rol	le U Other U monial Role" or "Other" describe belo	ow:	
	2	If Chesting Servi			
1	Number of	Describe the l	public purpose made pursuant to the agency's policy		
Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the p			
				2	
4. Verification  I have read and understand FPPC Regulations 18944.1 at	nd 18942. I have v	erified that the distribution	set forth above, is in accordant	ce with the requirements.	
I nave read and understand 17 6 Negative	Sabrina La	andreth	City Administrate		
Olymbra of Argany Hand or Dasignes	Print Na		Title	(Month, Day, Year)	
Signature of Agency Head or Designee	Print Na	me	Tille		

Comment:

Ceremonial Role Events and Tic	Neur ass D	1011100131	Date Stamp	California Q02			
. Agency Name		Form OUZ					
Oakland Alameda County Coliseum Auth		For Official Use Only					
Division, Department, or Region (If Applicable	e)						
Sabrina B. Landreth							
Designated Agency Contact (Name, Title)							
			☐ Amendment (Must)	provide explanation in Part 3.)			
City Administrator  Area Code/Phone Number   E-mail			-				
Area Goden none italia	@oaklandnet.co	om	Date of Original Filing:	(Month, Day, Year)			
2. Function or Event Information			t = t = t = t   Dece ¢	1,100.00			
Does the agency have a ticket policy?	Yes⊠ No□	] Face Value	of Each Ticket/Pass \$				
		Date(s)1	2 <u>, 15 , 16</u>				
Event Description Warriors  Provide Title/Ex	planation						
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No [	] If no:	Name of S	Source			
			rina Landreth				
Was ticket distribution made at the behest of agency official?	No ☐ Yes 🖸	☑ If yes:	Official's Name	e (Last, First)			
3. Recipients  • Use Section A to identify the agency's department	dual. • Use Section C to ide	entify an outside organization.					
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
	, 200(20)						
B. Name of Individual	Number of Ticket(s)/		Identify one of the follo	owing:			
D. (Lest, First)	Pass(es)	Ceremonial Role	e Other	Income			
		If checking "Ceremonial Role" or "Other" describe below:  To provide incentives to City employees that provide services to the Authority					
Unable to Use	2						
		Ceremonial Rol	le Other	Income			
		If checking "Cerer	monial Role" or "Other" describe bel	low:			
	2						
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the p	public purpose made purst	uant to the agency's policy			
4 Validation				as with the requirements.			
a Maritie California	Lhave read and understand FPPC Regulations 18944.1 and 18942.1 have verified the title distribution						
4. Verification  I have read and understand FPPC Regulations 18944.	1 and 18942. I have t		, (S) (F N) (F N	1////			
I have read and understand FPPC Regulations 18944.	Sabrina La	andreth	City Administrat	Or (Mohih, Day, Year)			

#### 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) Sabrina B. Landreth Designated Agency Contact (Name, Title) ☐ Amendment (Must provide explanation in Part 3.) City Administrator Area Code/Phone Number Date of Original Filing: \_\_ (Month, Day, Year) SLandreth@oaklandnet.com (510) 238-6840 2. Function or Event Information 85.00 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 12 , 10 , 16 Event Description Not So Silent Night Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If yes: Sabrina Landreth No ☐ Yes ☒ Was ticket distribution made at the behest 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: Name of Individual Ticket(s)/ B. Pass(es) Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide services to Unable to Use 2 the Authority Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 2 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)

Verification I have read and understand FPPC Regulations 189 Signature of Agency Head or Designee	44.1 and 18942. I have verified that the distrib Sabrina Landreth Print Name	ution set forth above, is in accordance with th City Administrator Tille	e requirements.  (Month, Day, Year)
Comment:		FPPC Toll-Free Helpline: 866	FPPC Form 802 (4/12) /ASK-FPPC (866/275-7772)

_ (	710111011101111011110111111111111111111				D 1-701	California O.O.O.
١.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	Control of the Contro				For Official Use Only
	Division, Department, or Regi	on (If Applicable)	)			
	Sabrina B. Landreth					
	Designated Agency Contact (	Name, Title)				
	City Administrator				Amendment (Must pr	ovide 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	and a supplied the second		APAR STREET	125.00
	Does the agency have a ticke	t policy?	Yes⊠ No[	☐ Face Value o	of Each Ticket/Pass \$	
	Event Description G-Easy			Date(s)12	2 , 14 , 16	
	Event Description	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No[	If no:	Name of So	urce
	(Mag 80) (12 (2 S)		, E		ina Landreth	
	Was ticket distribution made a of agency official?	it the penest	No ☐ Yes [	If yes:	Official's Name (I	_ast, First)
0						
3.	Recipients  • Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an Individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	NY7 506	Number of Ticket(s)/		blic purpose made pursuant	
	A: Hallo of Figure 3/1 - 5/1		Pass(es)			
			Number of			
	B. Name of Individu	al	Ticket(s)/ Pass(es)		Identify one of the follow	ning:
				Ceremonial Role	Other	Income
	Unable to Use		2		onial Role" or "Other" describe below:	that provide services to
			_	the Authority	ves to City employees	that provide services to
				Ceremonial Role	Other	Income
					onial Role" or "Olher" describe below:	
			2			
	C. Name of Outside Orga	nization	Number of Ticket(s)/	Describe the pu	ıblic purpose made pursuan	t to the agency's policy
	(include address and de	scription)	Pass(es)			
	-					
4	. Verification				to the should be in accordance to	with the requirements.
	I have read and understand FPPC Reg	ulations 18944.1 ar				1/1/12
			Sabrina La		City Administrator	(Month, Day, Year)
	Signature of Agency Head or Designa	ee .	Print Nar	me	nue	, positi, boy, roof
	NEX					
	Comment:					FPPC Form 802 (4/12

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C					Form OUZ
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact	(Name, Title)				
	City Administrator					
	Area Code/Phone Number	E-mail		W-1119	Amendment (Must pro	ovide explanation in Part 3.)
	(510) 238-6840	SLandreth@	@oaklandnet.	com	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	1,100.00
	Event Description Warriors			Data(s) 12	, 17 , 16	1 1
	Event Description	Provide Title/Exp	olanation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:		rce
			.00 🖂			rce
	Was ticket distribution made a of agency official?	it the behest	No ☐ Yes	✓ If yes: Sabrin	na Landreth Official's Name (La	ast First)
_					Onioura Nume (EE	asi, i moiy
3.	Recipients  • Use Section A to identify the agency	v's denartment o	runit e Use Sec	tion B to identify an individu	ral a Usa Section C to identify	fy an outside organization
	THE STREET STREET	17	Number of			
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
			-			
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the following	ıg:
			Pass(es)	Ceremonial Role	Olher	Income
	Aleem, Harith		2		al Role" or "Other" describe below:	
				To provide incentive the Authority	es to City employees th	nat provide services to
			+	Ceremonial Role	Other	Income
					al Role" or "Other" describe below:	meome _
			2			
			<b></b>			
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
	· · · · · · · · · · · · · · · · · · ·		Pass(es)			
			-	- Attached and the		
4.	Verification					
	I have read and understand SPPC Regul	ations 18944.1 an	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.
			Sabrina Lar		City Administrator	1/6/17
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
						5
	Comment					

Comment: \_\_\_

			stributions	Date Stamp	California 802
Agency Name				8 S F	LOIIII
Oakland Alameda County Co	liseum Authori	ty			For Official Use Only
Division, Department, or Regio	n (If Applicable)				
Sabrina B. Landreth	T#101				
Designated Agency Contact (A	lame, i itie)				
City Administrator				☐ Amendment (Must p	rovide explanation in Part 3.)
Area Coden none name	E-mail	- Lilandrot oo	m	Date of Original Filing:	(Month, Day, Year)
(310) 200 00 10	SLandreth@c	akianunei.co	111		
Function or Event Inform	nation		Face Value	of Each Ticket/Pass \$ _	1,200.00
Does the agency have a ticket	policy?	∕es⊠ No□	1 200 value	30 . 16	
Event Description Warriors	Provide Title/Expla	nation			
Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No□	] If no:	Name of S	ource
		- v 5	Sabi	ina Landreth	
Was ticket distribution made a of agency official?	t the benest	No ☐ Yes ⊠	g Ir yes	Official's Name	(Last, First)
Recipients     Use Section A to identify the agence		u - Han Sorti	on B to identify an indivi	dual. • Use Section C to ide	ntify an outside organization.
		Number of	Describe the n	ublic purpose made pursua	nt to the agency's policy
A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pr	abito purposa	
Name of Individu	aal	Number of Ticket(s)/		Identify one of the follo	owing:
B. Name of Individu		Pass(es)		e Other	Income
Riley, Dana			Ceremonial Roll of the Checking "Ceres	nonial Role" or "Other" describe belo	w:
Kliey, Dana		2	To provide incen the Authority	tives to City employee	s that provide services to
				le 🔲 Other 🔲	Income
			Ceremonial Ro		
		2	Ceremonial Ro If checking "Cere	monial Role" or "Other" describe belo	
C. Name of Outside Org	anization	Number of Ticket(s)/	If checking "Cere	monial Role" or "Other" describe beld public purpose made pursu	DW:
C. Name of Outside Org	anization escription)	Number of	If checking "Cere	monial Role" or "Other" describe beld	DW:
(include address and d	escription)	Number of Ticket(s)/ Pass(es)	if checking "Cere	monial Role" or "Other" describe beld	nant to the agency's policy
C. Name of Outside Org (include address and d	escription)	Number of Ticket(s)/ Pass(es)	If checking "Cere  Describe the	monial Role" or "Other" describe beld	nant to the agency's policy

eremonia research			D 1 01	California Q02
Agency Name			Date Stamp	California 802
Oakland Alameda County Coliseum Author				For Official Use Only
Division, Department, or Region (If Applicable)				
Sabrina B. Landreth				
Designated Agency Contact (Name, Title)				
City Administrator			☐ Amendment (Must pro	ovide explanation in Part 3.)
Area Code/Phone Number   E-mail				
(510) 238-6840 SLandreth@d	oaklandnet.c	om	Date of Original Filing: _	(Month, Day, Year)
. Function or Event Information				1,000.00
	Yes⊠ No [	Face Value o	of Each Ticket/Pass \$	
		Data(s) 12	2 _ 20 _ 16	
Event Description Warriors  Provide Title/Explain	anation	Date(s)		
	Yes⊠ No [	٦ If no:	Name of Sol	
Ticket(s)/Pass(es) provided by agency?	TES A INOL			ırce
Was ticket distribution made at the behest	No ☐ Yes 🛭	☑ If yes: Sabr	ina Landreth Official's Name (l	ast, First)
of agency official?			- Cimelare (terre )	
. Recipients	20 2		ust a Use Section C to iden	He an outside organization.
Recipients     Use Section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency agency and the section A to identify the agency agency and the section A to identify the agency a	unit. • Use Sect	tion B to identify an individ	ual. • Ose Section o to iden	to the agency's policy
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's poncy
	F 455(65)			
Name of Individual	Number of		Identify one of the follow	ving:
Name of Individual (Last, First)	Ticket(s)/ Pass(es)			Income [
		Ceremonial Role	Other Other on "Other" describe below:	
San Miguel, Silvia	2	To provide incenti	ves to City employees	that provide services to
		the Authority	ves to only employees	
		Ceremonial Role	Other	Income
		If checking "Cerem	onial Role" or "Other" describe below:	
	2			
Name of Outside Organization	Number of Ticket(s)/	Describe the p	ublic purpose made pursuar	nt to the agency's policy
(include address and description)	Pass(es)			
	THE PROPERTY OF THE			
	He & Stratist I have			
4 Vovification				
4. Verification  I have read and understand FPPC Regulations 18944.1 ar		erified that the distribution s	et forth above, is in accordance t	with the requirements.
4. Verification  I have read and understand FPPC Regulations 18944.1 ar			et forth above, is in accordance t City Administrator	with the requirements.

### Agency Report of:

Ceremonial Role Events and Ti	cket/Pass D	istributions		A Public Document
1. Agency Name			Date Stamp	California 802
Oakland Alameda County Coliseum Au	thority			For Official Use Only
Division, Department, or Region (If Applica	ble)			Pol Official Odd Offis
Sabrina B. Landreth				
Designated Agency Contact (Name, Title)				
City Administrator			Amendment (Must)	provide explanation in Part 3.)
Area Code/Phone Number E-mail	S T		Date of Original Filing:	
(510) 238-6840 SLandreth	@oaklandnet.co	om		(Month, Day, Year)
2. Function or Event Information			SE L Tieled/Door \$	125.00
Does the agency have a ticket policy?	Yes⊠ No□		of Each Ticket/Pass \$ ـ	
Event Description KMEL Hip Hop House	e of Soul	Date(s)12	2 , 18 , 16	
Event Description Provide Title/I	Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No [	] If no:	Name of S	ource
Was ticket distribution made at the behes of agency official?	st No ☐ Yes ∑	If yes: Sabil	ina Landreth Official's Name	(Last, First)
3. Recipients				ntife an outside organization.
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department</li> </ul>	t or unit. • Use Sect	ion B to identify an individ	ual. • Use Section C to ide	mility all outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursua	nt to the agency's policy
	Pass(es)			
B. Name of Individual	Number of Ticket(s)/ Pass(es)	2.15 - 2.	Identify one of the follo	
		Ceremonial Role	Other	Income
Unable to Use	2	If checking "Ceremo	onial Role' or "Other" describe belo	e that provide services to
		To provide incenti the Authority	ves to City employee	s that provide services to
No.		Ceremonial Role	Other	Income
	2		onial Role" or "Other" describe belo	1887:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursu	ant to the agency's policy
	Store of Constitution			

Verification I have read and understand FPPC Regulations 1894		ution set forth above, is in accordance with the requirements.
Signature of Agency Head or Designee	Sabrina Landreth  Print Name	City Administrator / 6/17 Title (Mohth. Day.)
Signature of Agency Head or Designee  Comment:	Print Name	FPPC Toll-Free Helpline: 866/ASK-FPPC (866)

		Date Stamp	California 802
ority			For Official Use Only
)			
		Amendment (Must p	provide explanation in Part 3.)
		Date of Original Filing:	
)oaklandnet.co	om	Date of Original Charge	(Month, Day, Year)
	=	f F b Ticket/Done \$	1,125.00
Yes⊠ No 🗆	] Face Value o	of Each TickerPass φ =	
	Date(s)12	2 , 28 , 16	
lanation			
Yes⊠ No [	] If no:	Name of S	ource
No∏ Yes D	If yes: Sabr	ina Landreth	d a First
NO LI TOOL	,	Official's Name	(Last, First)
			utt autoido organization
r unit. • Use Sect	ion B to identify an individ	dual. • Use Section C to ide	ntily an outside organization.
Number of Ticket(s)/	Describe the pu	iblic purpose made pursua	nt to the agency's policy
Pass(es)			
Number of		Identify one of the follo	wing:
Pass(es)		- Assertation Common	Income _
	Ceremonial Role		Ltd Walker Act
2	To provide incent	tives to City employee	s that provide services to
	the Authority		
	Ceremonial Role	e Other	Income
2	If checking "Ceren	nonial Role" or "Other" describe belo	17.
_			
Number of		Control of the Contro	and to the agency's policy
Ticket(s)/	Describe the p	oublic purpose made pursu	ant to the agency's policy
1 800(80)			
and 18942. I have v	rerified that the distribution s	set forth above, is in accordanc	e with the requirements.
			1////
	andreth	City Administrate	
Sabrina La		City Administrate	(Month Day Year)
	Operation  Yes No No No Yes No No Yes No Yes No No Yes Pass(es)  Number of Ticket(s)/ Pass(es)  2  Number of Ticket(s)/ Pass(es)  2  Number of Ticket(s)/ Pass(es)	Poaklandnet.com  Yes No Face Value of Date(s) 1:  No Yes No If no:  No Yes If yes: Sabret If yes	Describe the public purpose made pursual Pass(es)   Describe the Pas

### Agency Report of:

-				
(	Ceremonial	Role Events	and Ticket/Pass	Distributions

-	010111011101111011					717 distribution
1.	Agency Name		20/01		Date Stamp	California 802
	Oakland Alameda County C	Coliseum Auth	nority			For Official Use Only
	Division, Department, or Reg	ion (If Applicabl	e)	J		For Official Ose Only
	Sabrina B. Landreth					
	Designated Agency Contact	(Name, Title)				
	City Administrator	KANONIPATURAN ING ING ING ING ING ING ING ING ING IN			Amendment (Must pr	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 238-6840		oaklandnet.	com	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🗵 No	1000		
	Event Description Raiders			Date(s)12	24 , 16	
	Evolit Decomplien	Provide Title/Exp	olanation	7. 1		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	If no:	Name of Sou	IFCO
			-	— Sahrii		nce
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes	⊠ If yes: Sabri	Official's Name (L	ast, First)
en man						
3.	Recipients  • Use Section A to identify the agence	v's denartment or	unit. • Use Sec	tion B to identify an Individu	ual. • Use Section C to ident	lify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant	
	257 1188 1890		Pass(es)			
	B. Name of Individual (Last First)	al	Number of Ticket(s)/ Pass(es)	Geremonial Role	Identify one of the followi	ing:
	Landreth, Sabrina			Il checking *Ceremon To investigate the 6	ial Role" or "Other" describe helow efficiencies of the oper	rations of the various
				sporting and other	events that occur at th	
				Ceremonial Role II checking "Ceremon	Other describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
1.	Verification I have read and understand FPPC Regu	lations 18944.1 an				h the requirements
	-0		Sabrina Lar		City Administrator	16/17
	Signature of Agency Head or Designee		Print Nam	е	Tille	(Month Day Year)
	0					
	Commont:					

	3				
	Agency Report of:				-
	Ceremonial Role Events and T	icket/Pas	s Distributions		A Public Documer
	1. Agency Name	The state of the s	and the second s	Date Stamp	California 2002
	Oakland Alameda County Coliseum Au	•			FOXIII
	Division, Department, or Region (II Applica	bļa)			For Official Use Only
	Scott Haggerty, OACCA Commissioner				
	Designated Agency Contact (Neme, Title)				
	*			Amendment (Musi p.	
	Area CodelPhone Number E-mail			Management (Must p.	rovide explanation in Part 3.)
	510,272,6691   leeann.ferg	jerson@acg	ov.org	Date of Original Filing:	(Monil), Day, Year)
	2. Function or Event Information			1	07500
	Does the agency have a ticket policy?	Yes 🗵 No	Face Value of	Each Ticket/Pass \$ _	210.00
	Event Description Warriors		Date(s)	-,5,16	
	Provide Tille/Ex	ofenation	B	Cas)	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗵 No	If no:	Name of Sou	rce
	Was ticket distribution made at the behest	No∏ Yes	I If ves. Hagge	rly, Scott	
	of agency official?		11, 1441	Olficial's Name (L	osl, Firsl)
3	Recipients				emplot dalah kecaman umay kangan permatan dalam da
	Use Section A to identify the agency's department or	unit. » Use Se	T		
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(os)	Describe the public	e purpose mede pursuant t	o the agency's policy
	And the second s				
		Number of			
	B. Name of Individual Rev. Fran	Ticket(s)/ Pass(as)	i	dentify one of the following	3;
		1,145,157			-
			Ceremonial Role	Other 🗍	Invorno 🗍
				lohr or 'Other describe helow,	после Ц
		Number of			
	C. Name of Outside Organization (include address and description)	Tickel(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
-	the Taylor Family Founda	tion,			
	. Ho he fire to the following	20/4	To reward a se	chool or non-profit c	organization for
	5555 Arroyo Road, Livermore		its cont	ributions to the com	nmunity
	CA 94550				
	/erlfication				North State Charles parts 24 a This
1	hipse read and understand FPPC Regulations 18944.1 and 1.		D 200		o requirements.
6	Synaturo plingon y fleed or posigned	e Ann Ferg	erson Suj	pervisors Assistant	Usanii Dile Yeni
				Di c	1000
C	comment. To preserve the well	ress am	id ennance th	e quality of	FREC Form 802 (41) 21
0	huldren in Northern c	NW - A	ng with FPF	C Toll-Free Helpline: 866/	ASK-FPPC (866/275-7772)
١	ife-threatening and cound gouth at risk thr	NYONIC	illnesses, deve	copmental di	isabilities,
	and youth at risk thr	ough u	maue therap	sentic exper	iences and
	support.				

4	Agency Name				Date Stamp	California Ono
١,		oliooum Aust	ority		Date Gramp	Form 802
	Oakland-Alameda County C Division, Department, or Regi					For Official Use Only
	Barbara J. Parker, City Attor		Official			
	Designated Agency Contact (	Name, Title)				
					Amendment (Must pro	vide explanation in Part 3.)
	Area Code/Phone Number	E-mail				rise expreneuon in Fait 5.7
	(510) 238-3815	bparker@oa	klandcityatt	orney.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				705.00
	Does the agency have a ticke		Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$	725.00
	Event Description Warriors v	. Houston Ro	ckets	Date(s) 12	2 , 1 , 16	
	Event Description	Provide Title/Exp.	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	☐ If no:	Name of Sour	**
	141					
	Was ticket distribution made a of agency official?	t the behest	No 🛛 Yes	☐ If yes:	Official's Name (La	st, First)
-						
3.	Recipients  • Use Section A to identify the agency	r's department or	unit. e Use Se	ction B to identify an individu	ual. • Use Section C to identif	v an outside organization.
	A 1 TO VESCHING BY BEING BY	おの時間はまずりを	Number of	STATE OF THE STATE		BURGELL TO BLACK STREET
	A. Name of Agency, Departme	SEARCH STREET, SALES OF STREET	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
			1			
	B. Name of Individua	d	Number of Ticket(s)/		Identify one of the following	
	jess, rang	## CANA 1 12 11	Pass(es)			
	Carden, Carma			Ceremonial Role If checking *Ceremonial*	ial Role" or "Other" describe below	Income
			2	To provide incentive	es to City and County e	mployees that provide
				services to the Auth		90 1750 175.1
				Ceremonial Role	Other	Income
			2	If checking "Ceremon	al Role" or "Other" describe below	
			_			
	A STATE OF THE PARTY OF THE PAR		Number of	rosersonos estados		
	C. Name of Outside Organi (include address and des		Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy
-		ESTATION OF	Pass(es)		in state and the state of	A DEATH LEDENA TO A WAY
-						
	Verification			80 NO. W. W. W. W. TOWN 1994 S.		
,	I have read and understand FPPC Regula	ations 18944 1 and			orth above, is in accordance with t	he requirements
	1 down Sail		Barbara J. I		Attorney/OAACA Offici	<del></del> , <del></del>
	*Signature of AgeAct/Head or Designee		Pont Nam	e	Title	(Month Day Year)
	Comment:					
	OUTHINGIR.					

eremonial Role	Event	s and Hei	(00, 000			California O.O.C
Agency Name					Date Stamp	California 802
Oakland-Alameda C	County Co	oliseum Autho	ority			For Official Use Only
Division, Department	, or Regio	on (If Applicable	)			
Barbara J. Parker, C	City Attori	ney/OAACA	Official			
Designated Agency (	Contact (/	Vame, Title)				
					Amendment (Must	provide explanation in Part 3)
Area Code/Phone Nu	ımber	E-mail			Date of Original Filing	:(Month, Day, Year)
(510) 238-3815			klandcityattor	ney.org		(Month, Day, 10a)
Function or Ever				— Fran Valu	e of Each Ticket/Pass \$.	1,000.00
Does the agency have	ve a tickel	policy?	Yes⊠ No [			
Event Description W	/arriors v	Provide Title/Exp	NS Tanation	Date(s)	12 , 3 , 16	
Ticket(s)/Pass(es) pr			Yes⊠ No[	] If no:	Name of S	Source
Was ticket distribution of agency official?	on made a	it the behest	No⊠ Yes [	If yes:	Official's Name	e (Last, First)
A, Name of Agence	y, Departm	ent or Unit	Number of Ticket(s)/ Pass(ea)	Describe the	public purpose made pursus	entify an outside organization. ant to the agency's policy
A. Name of Agenc	y, Departini	ent or Unit	Ticket(s)/ Pass(es)	Describe the		ant to the agency's policy
R Name	y, Departme		Ticket(s)/	Describe the	public purpose made pursua	owing:
R Name	of Individu		Ticket(e)/ Pass(es)	Ceremonial R	identify one of the folloole Other 🔀	owing:
R Name	of Individu		Ticket(e)/ Pass(es)	Ceremonial R it checking 'Cer	identify one of the following the control of the Other securior and the Other describe between the efficiencies of the Other of the Oth	owing:  Income  Income  Operations of the various
B. Name	of Individu		Number of Ticket(s)/ Pass(es)	Ceremonial R It checking "Cer To investigate to sporting and ofference of the control of the con	identify one of the follooie Other Semonial Role or Other describe belone efficiencies of the other events that occur at	owing:  Income  Income  Operations of the various
B. Name	of Individu		Number of Ticket(s)/ Pass(es)	Ceremonial R H checking 'Cer To investigate ti sporting and oth	identify one of the follooie Other Semonial Role or Other describe belone efficiencies of the other events that occur at	owing:  Income  perations of the various t Coliseum Complex
B. Name	of Individu	al al	Number of Ticket(s)/ Pass(es)  2	Ceremonial R it checking "Cer To investigate ti sporting and ott  Ceremonial R it checking "Cer	identify one of the following the control of the operation of the operatio	owing:  Income  Perations of the various t Coliseum Complex  Income
B. Name Parker, Barbara	of Individu	al al	Number of Ticket(s)  2  Number of Ticket(s)  2	Ceremonial R it checking "Cer To investigate ti sporting and ott  Ceremonial R it checking "Cer	Identify one of the folloole Other Semonial Role or Other describe beloner events that occur all ole Other Other describe beloner events that occur all ole Other Other describe beloner describe beloner describe beloner describe beloner describe beloner of the following semonial Role or Other describe beloner described beloner	owing:  Income  Coliseum Complex  Income
B. Name Parker, Barbara  C. Name of Or (Include add)	of Individu	al inization escription)	Number of Ticket(s) Pass(es)  2  Number of Ticket(s) Pass(es)  2  Number of Ticket(s) Pass(es)	Ceremonial R It checking "Cer To investigate ti sporting and oth  Ceremonial R It checking "Cer  Describe the	Identify one of the folion of the folion of the folion of the or other describe between the folion of the other events that occur at the folion of the other other of the other other of the other other of the other	owing:  Income  Perations of the various t Coliseum Complex Income  Income
B. Name Parker, Barbara  C. Name of O	of Individu	al inization escription)	Number of Ticket(s) Pass(es)  2  Number of Ticket(s) Pass(es)  2  Number of Ticket(s) Pass(es)	Ceremonial R It checking "Cer To investigate ti sporting and oth  Ceremonial R It checking "Cer  Describe the	Identify one of the folloole Other Semonial Role or Other describe beloner events that occur all ole Other Other describe beloner events that occur all ole Other Other describe beloner describe beloner describe beloner describe beloner describe beloner of the following semonial Role or Other describe beloner described beloner	owing:  Income  Coliseum Complex  Income  Income  Income  Income  Income

Comment: \_\_\_\_\_

					Date Stamp	California Q00
	Oakland-Alameda County C	oliseum Aut	hority			Form OUZ
	Division, Department, or Regi	on (If Applicab	le)			For Official Use Only
	Barbara J. Parker, City Attor	nev/OAACA	Official			
	Designated Agency Contact (		-			
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 238-3815		aklandcityat	torney ora	Date of Original Filing	•
2	Function or Event Inform		amanaonyai	tomey.org		(Month, Day, Year)
fin v	Does the agency have a ticket		Von 🔽 No	□ Face Value	of Each Ticket/Door 6	149.50
			Yes⊠ No	il Tara	of Each Ticket/Pass \$ .	
	Event Description Maxwell &	Provide Title/Exp	9 Vanation	Date(s)1	<u>2 , 7 , 16 </u>	
		CONTRACTOR	nanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No	If no:	Name of S	ource
	Was ticket distribution made at	the behest	No ⊠ Yes	_		
	of agency official?		140 25 163	п уез	Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agency'	's department or	unit. • Use Se	ection B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departmen	NEW RESIDENCE OF SECTION AND ADDRESS OF SECTION ADDRE	Number of Ticket(s)/	A MANGE TO THE REST OF THE RE	blic purpose made pursuan	For Baltz Supplemental American Street Street, in other
ē	The first of the second second		Pass(es)		-no parpose mass ponses	it to the agency's policy
	B. Name of Individual		Number of Ticket(s)/ Pass(ss)		Identify one of the follow	ring:
	(Last Fent)			Ceremonial Rote	Other 🛛	ring:
•	B. Name of Individual		Ticket(s)/	If checking "Ceremon	Other    Other    Other   Other    Other    Other    Other    Other    Other    Other	Income _
	(Last Fent)		Ticket(s)/ Pass(es)	To provide incentiv	Other   Other   or "Other describe below res to City and County	
•	(Last Fent)		Ticket(s)/ Pass(es)	To provide incentive services to the Aut	Other   Other	Income C
•	(Last Fent)		Ticket(s)/ Pass(es)	To provide incentive services to the Auto	Other   Other   or "Other describe below res to City and County	Income C
	(Last Fent)		Ticket(s)/ Pass(es)	To provide incentive services to the Auto	Other  one of Other describe below the sets of City and County thority  Other  Other	Income C
•	(Last Fent)		Ticket(s)/ Pass(es)	To provide incentive services to the Auto	Other  one of Other describe below the sets of City and County thority  Other  Other	Income complete that provide
•	Forte, Mark  Name of Outside Organiza		Ticket(s)/Pass(es)	If checking 'Ceremori To provide incentive services to the Auti Ceremonial Role If checking 'Ceremonial	Other  online Role or Other describe below res to City and County hority  Other  real Role or Other describe below.	employees that provide
•	Forte, Mark		Ticket(s) Pass(es)  2	If checking 'Ceremori To provide incentive services to the Auti Ceremonial Role If checking 'Ceremonial	Other  one of Other describe below the sets of City and County thority  Other  Other	employees that provide
•	Forte, Mark  Name of Outside Organiza		Ticket(s) Pass(es)  2  Number of Ticket(s)	If checking 'Ceremori To provide incentive services to the Auti Ceremonial Role If checking 'Ceremonial	Other  online Role or Other describe below res to City and County hority  Other  real Role or Other describe below.	employees that provide
	Forte, Mark  Name of Outside Organiza		Ticket(s) Pass(es)  2  Number of Ticket(s)	If checking 'Ceremori To provide incentive services to the Auti Ceremonial Role If checking 'Ceremonial	Other  online Role or Other describe below res to City and County hority  Other  real Role or Other describe below.	employees that provide
•	Forte, Mark  Name of Outside Organiza (include address and descri	iption)	Ticket(s) Pass(es)  2  Number of Ticket(s)	If checking 'Ceremori To provide incentive services to the Auti Ceremonial Role If checking 'Ceremonial	Other  online Role or Other describe below res to City and County hority  Other  real Role or Other describe below.	employees that provide
-	Forte, Mark  Name of Outside Organiza (include address and description)	iption)	Ticket(s)/Pass(es)  2  Number of Ticket(s)/Pass(es)	If checking 'Ceremon' To provide incentive services to the Aution Ceremonial Role of the Ce	Other  inial Role or "Other describe below res to City and County hority  Other  Other  or Other describe below.  All County describe below.	employees that provide
-	Forte, Mark  Name of Outside Organiza (include address and descri	iption)	Ticket(s)/Pass(es)  2  Number of Ticket(s)/Pass(es)	If checking 'Ceremon' To provide incentive services to the Aution Ceremonial Role of the Ce	Other  inial Role or "Other describe below res to City and County hority  Other  Other  or Other describe below.  All County describe below.	employees that provide
-	Forte, Mark  Name of Outside Organiza (include address and description)	iption) ons 18944 1 and	Ticket(s)/Pass(es)  2  Number of Ticket(s)/Pass(es)	If checking 'Ceremori To provide incentive services to the Auti Ceremonial Role If checking 'Ceremonial Ceremonial Ceremonial Role If checking 'Ceremonial Ceremonial	Other  inial Role or "Other describe below res to City and County hority  Other  Other  or Other describe below.  All County describe below.	to the agency's policy

	Agency Name	***************************************		Date Stamp	California 802
•	Oakland-Alameda County Coliseum Auth	ority			For Official Use Only
	Division, Department, or Region (If Applicable			1	For Official Use Only
	Barbara J. Parker, City Attorney/OAACA	Oliciai			
	Designated Agency Contact (Name, Title)				
				Amendment (Must pr	ovide explanation in Part 3.)
	Area Code/Phone Number E-mail	- 1.1 1.2 1.5	roou ora	Date of Original Filing:	Waste San Yang
	(0.0) ======	aklandcityatto	mey.org		(Month, Day, Tear)
2.	Function or Event Information		== Food Value	of Each Ticket/Pass \$	85.00
	Does the agency have a ticket policy?	Yes⊠ No			
	Event Description Not So Silent Night  Provide Title/Exp		Date(s)	2 , 9 , 16	
		olanation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No	]  fno:	Name of So	угсе
	Was ticket distribution made at the behest	No⊠ Yes	T If yes:		
	of agency official?	MO INDITION	LJ 11 yes	Official's Name (I	.ast. First)
			***************************************		***************************************
3.	Recipients  • Use Section A to identify the agency's department or	runit. + Use Sec	tion B to identify an indivi-	dual. • Use Section C to iden	lify an outside organization.
		Number of		iblic purpose made pursuant	
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)			
	B. Name of Individual	Number of Ticket(s)		identify one of the follow	Ing:
		Pass(es)	Ceremonial Role	Other 🗵	Income [
	Bears, Patrick		If checking Cerem	onial Role: or 'Other' describe below	
		2	To provide incent	ives to City and County	employees that provide
			services to the Au		
			Ceremonial Rote	Other  Other  Other describe below	Income
		2	If checking "Lerem	Wash Mose of Other Octor Fernan	
		Number of			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the p	ublic purpose made purevan	( to the agency's policy
		omes against the pro-			
	Be. 1 (D)				
	Course & Sect				200000000000000000000000000000000000000
4.	Verification  Thave read and understand FPPC Regulations 18944 1 a	and 18942 Thave v	erified that the distribution se	et forth above, is in accordance w	ith the requirements
	Thave Idao and understand cere (regulations 19344 ) o	Barbara J.		ity Attorney/OAACA Of	
		Barbara J.  Print Nat		Title	(Month Day Year)
	Signature of Agency Head or Designee	L sur Hat	-		
	Comment:	************************************	and the second s		EPPC Form 802 (4/12
	~ ~ ( , , , , ) ~ ( ) ·				EVEL: FAM KII/ (d/1)

Λ 1	Pul	ali	•	n	oc	1117	n	e	1
A	rui	911	C	u	UL	u	ш	CI	

	Agency Name			Date Stamp	California 802
	Oakland-Alameda County Coliseum Auth		Form For Official Use Only		
	Division, Department, or Region (If Applicable				For Official Old Offi
	Barbara J. Parker, City Attorney/OAACA Designated Agency Contact (Name. Title)	Official		•	
1	Designated Agency Contact (Name, Title)				
	•			Amendment (Must pro	vide explanation in Part 3.)
	Area Code/Phone Number E-mail	- Idea doit offor	nov ora	Date of Original Filing: _	(Month Day Year)
	(010) 200 00.0	aklandcityattor	ney.org		(Month, Day, Tear)
	Function or Event Information		T Face Value	of Each Ticket/Pass \$	85.00
	Does the agency have a ticket policy?	Yes⊠ No 🗆	_ race value (	10 16	
	Event Description Not So Silent Night  Provide Title/Ex		Date(s)	2 , 10 , 16	
	Provide Title/Ex	eplanation			
	Ticket(s)/Pass(es) provided by agency?	Yes⊠ No 🗆	] If no:	Name of Sou	rce
	Was ticket distribution made at the behest	No⊠ Yes [	T If yes		
	of agency official?	NO M TEST		Official's Name (L.	ast, First)
_	D . 1 4-				
3.	Recipients  • Use Section A to identify the agency's department of	or unit. • Use Sect	ion B to identify an individ	lual. • Use Section C to identi	fy an outside organization.
	The state of the s	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy
	A. Name of Agency, Department or Unit	Pass(es)			STURE FILE AND A CONTRACT OF A
		Number of	2000年1月1日	the second second	
	B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the followi	
			Ceremonial Role		Income
	Lah, Andrew	2		onial Role or "Other describe below	employees that provide
		-	services to the Au	thority	employees that provide
			Ceremonial Role		Income
				onial Role" or "Other" describe below.	
		2			
				The second second second second second	· · · · · · · · · · · · · · · · · · ·
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the p	ublic purpose made pursuant	to the agency's policy
	(include address and description)	Pass(es)	STATES IN LIFE AND LINES.	NAME OF BUILDING	製造政権がある。日本の日本に対応すると
	Canon Street				
4.	Varification	Name of the last o			the three meaniferent carbon
5.5	I have read and understand FPPC Regulations 18944.1				
		Barbara J. I	Parker C	ity Attorney/OAACA Off	
	Signature of Agency Head or Designee	Pant Nam	e	Title	(Month. Day Year)
	Comment:				EPPC Form 802 (4/12

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$  Event Description G-Eazy  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:  Officials Name (Last. First)	802
Division, Department, or Region (# Applicable)   Barbara J. Parker, City Attorney/OAACA Official	Use Only
Designated Agency Contact (Name, Title)  Area Code/Phone Number (510) 238-3815  Date of Original Filing:	OSC OIN
Area Code/Phone Number (510) 238-3815	
Area Code/Phone Number (510) 238-3815   bparker@oaklandcityattorney.org   Date of Original Filing:	
Date of Original Filling:	Part 3.)
2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$  Event Description G-Eazy  Prowde TitloExplanation  Ticket(s)/Pass(es) provided by agency? Yes No If no:  Name of Source  Was ticket distribution made at the behest of agency official?  3. Recipients  Use Section B to Identify an individual.  Use Section B to Identify an individual.  Use Section C to Identify an outside org  A. Name of Agency Department or Unit  Number of Ticket(s)/Pass(es)  B. Name of Individual  Source  Number of Ticket(s)/Pass(es)  Andrada, Cynthia  Number of Ticket(s)/Pass(es)  Event Describe the public purpose made pursuant to the agency's and the Identify one of the following:  Ceremonial Role Other Gesche below  To provide incentives to City and County employees the services to the Authority  Ceremonial Role Other Gesche below  To provide incentives to City and County employees the services to the Authority  Ceremonial Role Other Gesche below  To provide incentives to City and County employees the services to the Authority  Ceremonial Role Other Gesche below  To provide incentives to City and County employees the services to the Authority  Pass(es)  C. Name of Outside Organization  Ticket(s)/Pass(es)  Pascribe the public purpose made pursuant to the agency's and the public purpose made pursuant to the agency's and the public purpose made pursuant to the agency's and the public purpose made pursuant to the agency's and the public purpose made pursuant to the agency's and the public purpose made pursuant to the agency's and the public purpose made pursuant to the agency's and the public purpose made pursuant to the agency's and the public purpose made pursuant to the agency's and the public purpose made pursuant to the agency's and the public purpose made pursuant to the agency's and the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of	ar)
Event Description G-Eazy    Date(s)   12   14   16	
Ticket(s)/Pass(es) provided by agency? Yes No   If no:	125.00
Ticket(s)/Pass(es) provided by agency? Yes No   If no:	J
Was ticket distribution made at the behest of agency official?    No   Yes	
A. Name of Individual    Section A to Identify the agency's department or unit.     Section B to Identify an individual.     Section C to Identify an outside org.     Describe the public purpose made pursuant to the agency's pass(es)     Describe the public purpose made pursuant to the agency's pass(es)     Identify one of the following:     Ceremonial Role	
A. Name of Individual  Andrada, Cynthia  Andrada	
A. Name of Individual  Number of Ticket(s) Pass(es)  Describe the public purpose made pursuant to the agency's pass(es)  Number of Ticket(s) Pass(es)  Describe the public purpose made pursuant to the agency's pass(es)	
A. Name of Agency, Department or Unit    Number of Ticket(s)/ Pass(es)	
A. Name of Agency, Department or Unit  Ticket(s)/ Pass(es)    Describe the public purpose made pursuant to the agency's of	nization.
B. Name of Individual    Susc First	olicy
B. Name of Individual    Sear Food   Ticket(s)   Identify one of the following:   Ceremonial Role   Other   Ot	yey revenues
Andrada, Cynthia  2  Ceremonial Role  Other  If checking "Ceremonial Role" or "Other describe below  To provide incentives to City and County employees th services to the Authority  Ceremonial Role  Other  If the change "Ceremonial Role" or "Other describe below	
To provide incentives to City and County employees th services to the Authority  Ceremonial Role Other Interesting 'Ceremonial Role or Other describe below  C. Name of Outside Organization Ticket(s)  Number of Ticket(s)  Describe the public purpose made pursuant to the agency's page 1.5 purpose made pursuant to the agency	Income
C. Name of Outside Organization  Number of Ticket(s)  Describe the public purpose made pursuant to the agency's part of the public purpose made pursuant to the agency's part of the public purpose made pursuant to the agency's part of the public purpose made pursuant to the agency's part of the public purpose made pursuant to the agency's part of the public purpose made pursuant to the agency's part of the public purpose made pursuant to the agency's part of the public purpose made pursuant to the agency's part of the public purpose made pursuant to the agency's part of the public purpose made pursuant to the agency's part of the public purpose made pursuant to the agency's part of the public purpose made pursuant to the agency's part of the public purpose made pursuant to the agency's part of the public purpose made pursuant to the agency's part of the public purpose made pursuant to the agency's part of the public purpose made pursuant to the agency's part of the public purpose made pursuant to the agency's part of the public purpose made pursuant to the agency's part of the public purpose made pursuant to the agency's part of the public purpose made pursuant to the agency part of the public purpose made pursuant to the agency part of the public purpose made pursuant to the public purpose made purpose made purpose made pursuant to the public purpose made	at provide
C. Name of Outside Organization  Number of Ticket(s)  Describe the public purpose made pursuant to the agency's p	Income
C. Name of distance of description (Ticket(s)) Describe the public purpose made pursuant to the agency's p	
	olicy
	a kranjas ngjasih kitiw
	***************************************
Barry Care	
I. Verification	
have read and understand FPPC Regulations 18944 1 and 18942. I have venified that the distribution set forth above, is in accordance with the requirements	r 100 1 7
	5/2017 n. Day Year)
endurante en tudo de entreditos El tut téanto Histo (que que	· www redif
Comment:	

1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County Co					For Official Use Only
	Division, Department, or Regio	n (If Applicable	)			
	Barbara J. Parker, City Attorn	ey/OAACA	Official			
	Designated Agency Contact (N	ame, Title)			41	
					Amendment (Must pro	vide explanation in Part 3)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	E-mail			Date of Original Filing:	
	<u> </u>		klandcityatto	rney.org	Date of Original Filling.	(Month, Day, Year)
2.	Function or Event Inform				re-t TitleMo 6	1,100.00
	Does the agency have a ticket		Yes⊠ No[	<del></del>	of Each Ticket/Pass \$	
	Event Description Warriors v.	New York Ki Provide Tille/Expl	nicks enation	Date(s)	2 , 15 , 16	
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No[	] If no:	Name of Sour	ce
	Was ticket distribution made at of agency official?	the behest	No⊠ Yes[	☐ If yes:	Official's Name (La	est. First)
3.	Recipients					
	Use Section A to identify the agency'		unit. * Use Sec			AND
	A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant t	o the agency's policy
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	
	C-ith Innia			Ceremonial Role	Other  inial Role: or "Other" describe below	Income
	Smith, Jamie		2		es to City and County e	employees that provide
			1	Ceremonial Role	Other 🗌	Income [
			2	if checking "Ceremoi	mat Role" or "Other describe below	
	C. Name of Outside Organiz		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant t	o the agency's policy
	Bu 40	2				
4,	Verification  I have read and understand FPPC Regula	tions 18944 1 and	1 18942. I have ve	rified that the distribution set	forth above, is in accordance with	the requirements
	Sunta this and anadigment to be begind	economical comments and a segretar	Barbara J. F		y Attorney/OAACA Offic	
	Signature of Agency Head or Designee		Print Name		Tille	(Month Day Year)
	Comment					
	Comment:					

1.	Agency Name			Date Stamp	California 802
	Oakland-Alameda County Colis	eum Authority			For Official Use Only
	Division, Department, or Region				For Official Osc Only
	Barbara J. Parker, City Attorney	//OAACA Official			
	Designated Agency Contact (Nam				
	- Constitution of the cons	,			
		ma II		Amendment (Must prov	nde explanation in Part 3)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nail arker@oaklandcityati	tornev ora	Date of Original Filling:	(Month, Day, Year)
	(,	-	omey.org		(Morian, Day, Year)
2.	Function or Event Informal		□ Face Value o	of Each Ticket/Pass \$	1,100.00
	Does the agency have a ticket po		·		
	Event Description Warriors v. Po	ortland Trail Blazers vide Title/Explanation	Date(s)	2 17 16	
	File	vide Tilesexplanation	.,		
	Ticket(s)/Pass(es) provided by ag	jency? Yes⊠ No	Il no:	Name of Source	te
	Was ticket distribution made at the	e behest No ☑ Yes	s ☐ If yes:		
	of agency official?	O DOMOGO NO MO MO	5 L.1 11 y = 5	Official's Name (La	st, First)
	Recipients				
J,	Use Section A to identify the agency's definition	epartment or unit. • Use S	ection B to identify an individ	ual. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Department o	r Unit Number of	Describe the pul	olic purpose made pursuant to	the agency's policy
		Pass(es)			
		Number of			
	B. Name of Individual	Ticket(s)/	1 225 Contain	Identify one of the followin	<b>g:</b>
		Pass(es)	Ceremonial Role	Other 🛛	Income 🔲
	Richardson, Ryan	_		nial Role" or "Other" describe below	
		2		es to City and County e	mployees that provide
		,	services to the Aut	hority	
			Ceremonial Role		Income
		2	Il checking 'Ceremo	nial Role" or "Other describe below	
		Number of			
	C. Name of Outside Organizati (include address and descrip	ion	Describe the pul	blic purpose made pursuant t	o the agency's policy
	A - 11	) .			
	( Sula f )				
4.	Verification (		و د د د د الله الله الله الله الله الله ا	forth alanca we in announteres with	the requirements
	I have read and understand FPPC Regulation				
		Barbara J.		y Attorney/OAACA Offic	
	Signature of Agency Head or Designee	Print No	ene	Tale	(Month Day Year)

### Agency Report of:

### Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C					Form 002
	Division, Department, or Regi	on (If Applicab	le)		1	For Official Use Only
	Barbara J. Parker, City Attor	nev/OAACA	Official			
	Designated Agency Contact (				1	
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 238-3815	bparker@o	aklandcityat	torney.org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform			, ,		(Month, Day, Year)
	Does the agency have a ticket	policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ .	125.00
	552 E.	3. A.	937—C			
	Event Description KMEL Hip I	Provide Title/Exp	lanation	Date(s)	18 , 16	
	Ticket(s)/Pass(es) provided by		Yes⊠ No			
	manufaction provided by	agency:	res 🔼 No	) II III III III III III III III III II	Name of Si	ource
	Was ticket distribution made at	the behest	No ⊠ Yes	If yes:	Official's Name	
	of agency official?				Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agency'	s department or	unit. • Use Se	ection B to identify an individu	al. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departmen	t or Unit	Number of Ticket(s)/	Describe the publ	lic purpose made pursuan	t to the agency's policy
	- CHARLES OF THE	A State of the sale	Pass(es)		1994	
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ing:
	Parker, Barbara	PHATA MATERIA	. Pass(es)	Ceremonial Role		Income
			2	To investigate the e	fficiencies of the oper	rations of the various
				sporting and other e	vents that occur at C	oliseum Complex
				Ceremonial Role		Income [
			2	If checking 'Ceremonia	l Role" ar "Other" describe below	
7	Name of Outside Organiza	ition	Number of	es un Engandental (1914).		
,	(include address and descri		Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant	to the agency's policy
-	ALL STREET, ST	THE RESIDENCE OF THE PARTY.			CHARLES ATEXAND	
-						
	Count Pre					
	/erification					
11	have read and understand FPPC Regulation	ons 18944.1 and	18942. I have ver	nfied that the distribution set fort	h above, is in accordance with	the requirements
-			Barbara J. F	Parker City A	Attorney/OAACA Offic	cial 1/25/2017
	Signature of Agency Head or Designee		Pont Name		Title	(Month Day Year)
	comment:					

1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	Coliseum Auth	ority			Form 002
	Division, Department, or Reg					For Official Use Only
	Barbara J. Parker, City Attor	rnev/OAACA	Official			
	Designated Agency Contact		Omoidi		-	
	poolgnater rigency a sense (					
	Area Code/Phone Number	IE mail			Amendment (Must pro	vide explanation in Part 3.)
	The season it will be a season as	E-mail bparker@oa	klandoituatte	ornov ora	Date of Original Filing:	
	(510) 238-3815		Kianucityatti	omey.org		(Month, Day, Year)
2.	Function or Event Infor			- Face Value a	of Cook Ticket/Door &	1,000.00
	Does the agency have a ticke		Yes 🗵 No	_	of Each Ticket/Pass \$	
	Event Description Warriors v	Provide Title/Exp.	lanation	Date(s)12	2 , 20 , 16	
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Sour	rce
	Was ticket distribution made a	at the behest	No⊠ Yes	□ If yes:		
	of agency official?	it the bonest	NO M Tes	☐ If yes:	Official's Name (La	ist, First)
3	Recipients					
٠.	Use Section A to identify the agency	y's department or	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
			-			
			Number of		20.22.92.92.92.92.92.1V.S	No of the Hard House of the Control
	B. Name of Individua	d	Ticket(s)/ Pass(es)		Identify one of the following	<b>g</b> :
	Schubert, Dylan			Ceremonial Role  If checking *Ceremonial*	Other  ial Role or Other describe below	Income
			2	To provide incentive services to the Auth	es to City and County e nority	mployees that provide
	Name and the second sec			Ceremonial Role	Other	Income
			2	If checking 'Ceremoni	al Role" or "Other" describe below	
		4. Marchel /12. E 20. 2-0	N	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	SEE AT BEST SHAPE OF THE	To American American Street Company
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy
5	Service September 1997		Pass(es)		Change and the Conference of the	Million dean Course (EV-CO)
	=======================================					
	(Sar )	Herl_				
1.	Verification /					
	have read and understand FPPC Regula	ations 18944.1 and	1 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements
			Barbara J. F	Parker City	Attorney/OAACA Offic	ial 1/25/2017
	Signature of Agency Head or Designee		Print Name	9	Title	(Month Day Year)
	•					
1	Comment:					

Δ	P.	ıhl	ic	Document	i
_		w	16	DOLUHCH:	ı

1.	Agency Name		.,		Dale Stamp	California 802
	Oakland-Alameda County C			For Official Use Only		
	Division, Department, or Reg	ion (If Applicab	ie)			For Chicial Use Only
	Barbara J. Parker, City Atto	rney/OAACA	Official			
	Designated Agency Contact	Name, Title)				
	Area Code/Phone Number	E-mail			Amendment (Mast)	provide explanation in Part 3.)
	(510) 238-3815		aklandcityatt	ornev ora	Date of Original Filing:	
2	Function or Event Infor	I	amanaonyan			(Month, Day, Year)
•	Does the agency have a ticke		Yes⊠ No	. □ Face Value	of Each Ticket/Pass \$ _	1,125.00
		•	<del></del>	<del></del>		
	Event Description Warriors v	Provide Title/Ex	planation	Date(s)	2 , 28 , 10	
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	If no:	Name of So	
	Was ticket distribution made a	the beheet		_		urce
	of agency official?	t the benest	No⊠ Yes	☐ If yes:	Official's Name (	Last, First)
3.	Recipients			WANTE CONTROL OF THE		
	Use Section A to identify the agency	's department o	runit. • Use Se	ction B to identify an individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursuani	to the agency's policy
			Pass(es)			
	B. Name of Individua	original and the second of the	Number of Ticket(s)/	<u>or</u> ne og fromtiggerede	Identify one of the follow	ing:
			Pass(es)	Ceremonial Role	Other 🔀	Income 🔲
	Millner, Dianne		2		nial Role" or "Other" describe below	means
			2			employees that provide
		***************************************		services to the Aut		
				Ceremonial Role	Other    Other   Other   Other    Other   Other     Other     Other     Other        Other	Income [
			2		the stand of Salada Official College	
ł	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy
	(iiik-ioue audiess ailu dest	inpuoit)	Pass(es)	12 (12 (12 (13 (13 (13 (13 (13 (13 (13 (13 (13 (13	antinos gradas	
	Aug Ca					
	Verification 🗸					
Ī	have read and understand FPPC Regula	nons 18944 1 and	l 18942. I have ve	nfied that the distribution set fo	orth above, is in accordance with	the requirements
			Barbara J. F	Parker City	Attorney/OAACA Offic	cial 1/25/2017
	Signature of Agency Head or Designee		Print Name	· · · · · · · · · · · · · · · · · · ·	Title .	(Month Day Year)
1	Comment:					
•	~ ~ · · · · · · · · · · · · · · · · · ·	***************************************				

(510) 238-3815 bparker@oaklandcityattorney.org Date  2. Function or Event Information  Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Eac  Event Description Warriors v. Dallas Mavericks  Provide TitlerExplanation  Date(s) 12 /	te of Original Filing:	(Month, Day, Year)
Division, Department, or Region (If Applicable)  Barbara J. Parker, City Attorney/OAACA Official  Designated Agency Contact (Name, Title)  Area Code/Phone Number (510) 238-3815  E-mail bparker@oaklandcityattorney.org  Date  2. Function or Event Information  Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Event Description Warriors v. Dallas Mavericks  Provide Title/Explanation  Date(s) 12 /	te of Original Filing:	(Month, Day, Year)
Area Code/Phone Number (510) 238-3815	te of Original Filing:	(Month, Day, Year)
Area Code/Phone Number (510) 238-3815  E-mail bparker@oaklandcityattorney.org  Date  2. Function or Event Information  Does the agency have a ticket policy? Yes No Face Value of Eac Event Description  Warriors v. Dallas Mavericks  Provide Title/Explanation  Description	te of Original Filing:	(Month, Day, Year)
Area Code/Phone Number (510) 238-3815	te of Original Filing:	(Month, Day, Year)
(510) 238-3815 bparker@oaklandcityattorney.org Date  2. Function or Event Information  Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Eac  Event Description Warriors v. Dallas Mavericks  Provide TitlerExplanation  Date(s) 12 /	te of Original Filing:	(Month, Day, Year)
(510) 238-3815 bparker@oaklandcityattorney.org Date  2. Function or Event Information  Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Event Description Warriors v. Dallas Mavericks  Provide TitlerExplanation Date(s) 12 /	ch Ticket/Pass \$	(Month, Day, Year)
2. Function or Event Information  Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Eac  Event Description Warriors v. Dallas Mavericks  Provide TitlerExplanation  Date(s) 12 /	ch Ticket/Pass \$	(Month, Day, Year)
Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Eac  Event Description Warriors v. Dallas Mavericks  Provide Title/Explanation  Date(s) 12		1,200.00
Event Description Warriors v. Dallas Mavericks  Provide Title/Explanation  Date(s) 12 /		•
Provide Hilla/Explanation		
	Name of Sour	¢
Was ticket distribution made at the behest No ☑ Yes ☐ If yes:	Official's Name (La:	
	Official's Name (La:	st. First)
Recipients		
Use Section A to identify the agency's department or unit.     Use Section B to identify an individual.	Use Section C to identify	/ an outside organization.
A. Name of Agency, Department or Unit Ticket(s) Describe the public purp	pose made pursuant to	the agency's policy
B. Name of Individual Number of Ticket(e) Identi	lify one of the following	:
Catemonial Role	Other 🔀	
Parker, Barbara  #I checking 'Ceremonial Role o	******	Income
I o investigate the efficien	ncies of the operati	ions of the various
sporting and other events	s that occur at Coli	seum Complex
Ceremonial Role	Other	Income [
If checking "Geremonial Role" of	a. Viner vescribe belok	
C. Name of Outside Organization Number of Ticket(s) Describe the public purp	and the second second second	
(include address and description)  Ticket(s) Pass(es)  Describe the public purports  Pass(es)	xose made pursuant to :	the agency's policy
But I Re		
Verification		
I have read and understand FPPC Regulations 18944 1 and 18942. I have venfied that the distribution set forth above	e, is in accordance with the	e requirements
<b>5</b> 1	ney/OAACA Officia	
Signature of Agency Head or Designes Print Name	Talle	
Comment:	Title	(Month Day Year)