

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

A Public Document

|  |                                    |  |   |
|--|------------------------------------|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority         |                                    | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)<br><br>Sabrina B. Landreth |                                    |  |   |
| Designated Agency Contact (Name, Title)<br>City Administrator              |                                    |  |   |
| Area Code/Phone Number<br>(510) 238-6840                                   | E-mail<br>SLandreth@oaklandnet.com | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 78<sup>75</sup>

Event Description WWE Date(s) 2, 13, 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Sabrina Landreth  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

|   |                              |  |
|---|------------------------------|--|
| <b>A.</b> Name of Agency, Department or Unit                                | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|   |                              |  |
|   |                              |  |
| <b>B.</b> Name of Individual<br><small>(Last, First)</small>                | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
| <u>Macias, Isabel</u>   | <u>2</u>                     | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>To provide incentives to City employees that provide services to the Authority |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| <b>C.</b> Name of Outside Organization<br>(include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|   |                              |  |
|   |                              |  |

**4. Verification**

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

[Signature] Sabrina Landreth City Administrator 3/3/17  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

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| Division, Department, or Region (If Applicable)<br>Sabrina B. Landreth |                                    |  |   |
| Designated Agency Contact (Name, Title)<br>City Administrator          |                                    |  |   |
| Area Code/Phone Number<br>(510) 238-6840                               | E-mail<br>SLandreth@oaklandnet.com | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 50.00

Event Description Monster Jam Date(s) 2, 18, 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Sabrina Landreth  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.


| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---------------------------------------|------------------------------|--|
|                                       |                              |  |
|                                       |                              |  |

| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
|-------------------------------------|------------------------------|--|
| <u>Paredes, Katmy</u>               | <u>2</u>                     | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>To provide incentives to City employees that provide services to the Authority |
|                                     |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |

| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|------------------------------|--|
|   |                              |  |
|   |                              |  |

**4. Verification**

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

|   |                                |                             |                                     |
|---|--------------------------------|-----------------------------|-------------------------------------|
| <br>Signature of Agency Head or Designee | Sabrina Landreth<br>Print Name | City Administrator<br>Title | <u>3/3/17</u><br>(Month, Day, Year) |
|---|--------------------------------|-----------------------------|-------------------------------------|

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

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| Division, Department, or Region (If Applicable)                    |                                    |  |   |
| Sabrina B. Landreth  |                                    | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| Designated Agency Contact (Name, Title)<br>City Administrator      |                                    |  |   |
| Area Code/Phone Number<br>(510) 238-6840                           | E-mail<br>SLandreth@oaklandnet.com |  |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 800.00

Event Description WARRIORS Date(s) 02 / 01 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Sabrina Landreth  
Official's Name (Last, First)


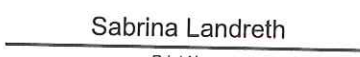
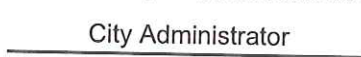
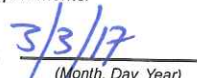
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                                | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|--|------------------------------|---|
|  |                              |   |
|  |                              |   |
| B. Name of Individual<br><small>(Last, First)</small>                | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
| UNABLE TO USE  | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>To provide incentives to City employees that provide services to the Authority |
|  | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization<br>(include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|  |                              |   |
|  |                              |   |

## 4. Verification

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


 Signature of Agency Head or Designee
 
 Sabrina Landreth
 Print Name
 
 City Administrator
 Title
 
 3/3/17
 (Month, Day, Year)

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

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

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## 1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Sabrina B. Landreth

Designated Agency Contact (Name, Title)

City Administrator

Area Code/Phone Number

(510) 238-6840

E-mail

SLandreth@oaklandnet.com

Date Stamp

California  
Form **802**

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(Month, Day, Year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ \_\_\_\_\_

Event Description ARMIN ONLY: EMBRACE

Provide Title/Explanation

Date(s) 02 / 03 / 17

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

If yes: Sabrina Landreth  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|---|------------------------------|---|
|   |                              |   |
|   |                              |   |
|   |                              |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
| UNABLE TO USE   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>To provide incentives to City employees that provide services to the Authority |
|   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |

## 4. Verification

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

Signature of Agency Head or Designee

Sabrina Landreth

Print Name

City Administrator

Title

3/3/17  
(Month, Day, Year)

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

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| Sabrina B. Landreth<br>Designated Agency Contact (Name, Title)     |                                    |  |   |
| City Administrator   |                                    | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| Area Code/Phone Number<br>(510) 238-6840                           | E-mail<br>SLandreth@oaklandnet.com |  |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$           

Event Description MONSTER ENREGY: SUPERCROSS Date(s) 02 / 04 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Sabrina Landreth  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|---|------------------------------|---|
|   |                              |   |
|   |                              |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
| UNABLE TO USE   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>To provide incentives to City employees that provide services to the Authority |
|   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |

## 4. Verification

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 Sabrina Landreth City Administrator 3/3/17  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

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

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| Sabrina B. Landreth<br>Designated Agency Contact (Name, Title)     |                                    |  |   |
| City Administrator   |                                    | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| Area Code/Phone Number<br>(510) 238-6840                           | E-mail<br>SLandreth@oaklandnet.com |  |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 1,200.00

Event Description WARRIORS Date(s) 02 / 08 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Sabrina Landreth  
Official's Name (Last, First)

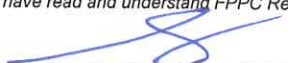
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                                | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|--|------------------------------|---|
|  |                              |   |
|  |                              |   |
| B. Name of Individual<br>(Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
| Gaines, Jasmine  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>To provide incentives to City employees that provide services to the Authority |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization<br>(include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|  |                              |   |
|  |                              |   |

## 4. Verification

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


 Signature of Agency Head or Designee
 
 Sabrina Landreth  
 Print Name
 

 City Administrator  
 Title
 

 3/3/17  
 (Month, Day, Year)

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

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| Division, Department, or Region (If Applicable)                    |                                    |   |   |
| Sabrina B. Landreth  |                                    | <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| Designated Agency Contact (Name, Title)<br>City Administrator      |                                    |   |   |
| Area Code/Phone Number<br>(510) 238-6840                           | E-mail<br>SLandreth@oaklandnet.com |   |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 800.00

Event Description WARRIORS Date(s) 02 / 15 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Sabrina Landreth  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|---|------------------------------|---|
|   |                              |   |
|   |                              |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
| Howard, Khamall   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>To provide incentives to City employees that provide services to the Authority |
|   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |

## 4. Verification

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 Signature of Agency Head or Designee
 Sabrina Landreth
 Print Name
 City Administrator
 Title
 3/3/17
 (Month, Day, Year)

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

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| Area Code/Phone Number<br>(510) 238-6840                           | E-mail<br>SLandreth@oaklandnet.com | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 1,350.00

Event Description Warriors Date(s) 02 / 23 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Sabrina Landreth  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                                | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|--|------------------------------|---|
|  |                              |   |
|  |                              |   |
| B. Name of Individual<br>(Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
| Levin, Brooke  | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>To provide incentives to City employees that provide services to the Authority |
|  | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization<br>(Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|  |                              |   |
|  |                              |   |

## 4. Verification

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

 Signature of Agency Head or Designee
 Sabrina Landreth Print Name
 City Administrator Title
 3/8/17 (Month, Day, Year)

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

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| Sabrina B. Landreth<br>Designated Agency Contact (Name, Title)<br>City Administrator |                                    |  |   |
| Area Code/Phone Number<br>(510) 238-6840   | E-mail<br>SLandreth@oaklandnet.com | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 1,100.00

Event Description Warriors Date(s) 02 / 25 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Sabrina Landreth  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                                | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|--|------------------------------|--|
|  |                              |  |
|  |                              |  |
| B. Name of Individual<br>(Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
| Chin, Lin  | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>To provide incentives to City employees that provide services to the Authority |
|  | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization<br>(include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|  |                              |  |
|  |                              |  |

## 4. Verification

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

 Sabrina Landreth City Administrator 3/2/17  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

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

A Public Document

|  |   |  |   |
|--|---|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority                                 |   | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| <b>Division, Department, or Region (if applicable)</b><br>Ignacio De La Fuente, OACCA Commissioner |   |  |   |
| <b>Designated Agency Contact (Name, Title)</b>   |   |  |   |
| <b>Area Code/Phone Number</b><br>510.383.4801  | <b>E-mail</b><br>idela Fuente2012@gmail.com | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><b>Date of Original Filing:</b> _____<br>(month, day, year) |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 79.50

Event Description: Armin Van Buuren Provide Title/Explanation Date(s) 02 / 03 / 17

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| De La Fuente, Ignacio   | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>Investigate efficiencies of operations of various sporting and other events occurring at coliseum complex |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

## 4. Verification

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


 Signature of Agency Head or Designee: \_\_\_\_\_ Print Name: Ignacio De La Fuente Title: OACCA Commissioner Date: 01.31.17  
(month, day, year)

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

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

**A Public Document**

|  |  |  |   |
|--|--|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority<br><b>Division, Department, or Region (if applicable)</b><br>Ignacio De La Fuente, OACCA Commissioner<br><b>Designated Agency Contact (Name, Title)</b> |  | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| <b>Area Code/Phone Number</b><br>510.383.4801  | <b>E-mail</b><br>idelafuente2012@gmail.com | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><b>Date of Original Filing:</b> _____<br>(month, day, year) |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 133.75

Event Description: Monster Energy Date(s) 02 / 04 / 17  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

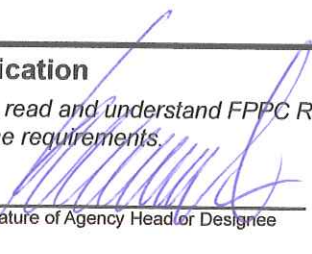
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| De La Fuente, Ignacio   | 4                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>to promote the Coliseum Complex for use by general public & businesses to maximize revenues |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

**4. Verification**

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

|   |                                    |                             |                                |
|---|------------------------------------|-----------------------------|--------------------------------|
| <br>Signature of Agency Head or Designee | Ignacio De La Fuente<br>Print Name | OACCA Commissioner<br>Title | 01.31.17<br>(month, day, year) |
|---|------------------------------------|-----------------------------|--------------------------------|

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

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

A Public Document

|  |                                    |  |   |
|--|------------------------------------|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority                   |                                    | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)                                      |                                    |  |   |
| Designated Agency Contact (Name, Title)<br>Sabrina B. Landreth<br>City Administrator |                                    |  |   |
| Area Code/Phone Number<br>(510) 238-6840   | E-mail<br>SLandreth@oaklandnet.com | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 125<sup>00</sup>

Event Description La Arroyo Naderora Date(s) 2, 11, 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Sabrina Landreth  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

|   |                              |   |
|---|------------------------------|---|
| <b>A.</b> Name of Agency, Department or Unit                                | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |
| <b>B.</b> Name of Individual<br><small>(Last, First)</small>                | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
| <u>Avalos, Jose</u>   | <u>2</u>                     | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>To provide incentives to City employees that provide services to the Authority |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| <b>C.</b> Name of Outside Organization<br>(include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |

## 4. Verification

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

[Signature] Sabrina Landreth City Administrator 3/3/17  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

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

A Public Document

|  |  |  |   |
|--|--|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority                                 |  | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| <b>Division, Department, or Region (if applicable)</b><br>Ignacio De La Fuente, OACCA Commissioner |  |  |   |
| <b>Designated Agency Contact (Name, Title)</b>   |  |  |   |
| <b>Area Code/Phone Number</b><br>510.383.4801  | <b>E-mail</b><br>idelifuente2012@gmail.com | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><b>Date of Original Filing:</b> _____<br>(month, day, year) |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 125.00

Event Description: La Arrolladora Provide Title/Explanation Date(s) 02 / 11 / 17

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| De La Fuente, Ignacio   | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>Investigate efficiencies of operations of various sporting and other events occurring at coliseum complex |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

## 4. Verification

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

|   |                      |                    |                    |
|---|----------------------|--------------------|--------------------|
|  | Ignacio De La Fuente | OACCA Commissioner | 01.31.17           |
| Signature of Agency Head or Designee  | Print Name           | Title              | (month, day, year) |

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

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

A Public Document

|  |   |  |   |
|--|---|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority                                 |   | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| <b>Division, Department, or Region</b> (if applicable)<br>Ignacio De La Fuente, OACCA Commissioner |   |  |   |
| <b>Designated Agency Contact</b> (Name, Title)<br>Ignacio De La Fuente, OACCA Commissioner         |   |  |   |
| <b>Area Code/Phone Number</b><br>510.383.4801  | <b>E-mail</b><br>idela Fuente2012@gmail.com | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><b>Date of Original Filing:</b> _____<br>(month, day, year) |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 80.00

Event Description: SC Warriors Provide Title/Explanation Date(s) 02 / 12 / 17

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

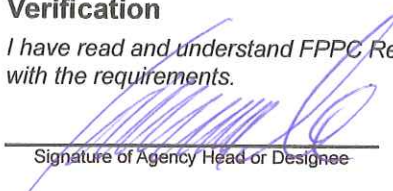
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| De La Fuente, Ignacio   | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>Investigate efficiencies of operations of various sporting and other events occurring at coliseum complex |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

## 4. Verification

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

|   |                      |                    |                    |
|---|----------------------|--------------------|--------------------|
|  | Ignacio De La Fuente | OACCA Commissioner | 01.31.17           |
| Signature of Agency Head or Designee  | Print Name           | Title              | (month, day, year) |

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

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

**A Public Document**

|  |  |  |   |
|--|--|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority<br><b>Division, Department, or Region (if applicable)</b><br>Ignacio De La Fuente, OACCA Commissioner<br><b>Designated Agency Contact (Name, Title)</b> |  | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| <b>Area Code/Phone Number</b><br>510.383.4801  | <b>E-mail</b><br>idelafuente2012@gmail.com | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><b>Date of Original Filing:</b> _____<br>(month, day, year) |   |

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes ☒    No ☐    Face Value of Each Ticket/Pass \$ 50.00

Event Description: Monster Jam    Date(s) 02 / 18 / 17  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes ☒    No ☐    If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes ☐    No ☒    If yes: \_\_\_\_\_  
Official's Name (Last, First)

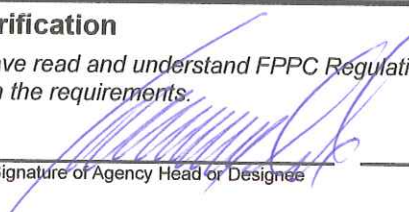
**3. Recipients**

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| De La Fuente, Ignacio   | 4                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>to promote the Coliseum Complex for use by general public & businesses to maximize revenues |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

**4. Verification**

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

|   |                                    |                             |
|---|------------------------------------|-----------------------------|
| <br>Signature of Agency Head or Designee | Ignacio De La Fuente<br>Print Name | OACCA Commissioner<br>Title |
|   | 01.31.17<br>(month, day, year)     |                             |

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

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

**A Public Document**

|  |  |  |   |
|--|--|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority<br><b>Division, Department, or Region (if applicable)</b><br>Ignacio De La Fuente, OACCA Commissioner<br><b>Designated Agency Contact (Name, Title)</b> |  | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| <b>Area Code/Phone Number</b><br>510.383.4801  | <b>E-mail</b><br>idelafuente2012@gmail.com | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><b>Date of Original Filing:</b> _____<br>(month, day, year) |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 78.75

Event Description: WWE Live Date(s) 02 / 13 / 17  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)


**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| De La Fuente, Ignacio   | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>Investigate efficiencies of operations of various sporting and other events occurring at coliseum complex |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

**4. Verification**

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

|   |                                    |                             |                                |
|---|------------------------------------|-----------------------------|--------------------------------|
| <br>Signature of Agency Head or Designee | Ignacio De La Fuente<br>Print Name | OACCA Commissioner<br>Title | 01.31.17<br>(month, day, year) |
|---|------------------------------------|-----------------------------|--------------------------------|

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

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

A Public Document

## 1. Agency Name

Oakland Alameda County Coliseum Authority  
Division, Department, or Region (If Applicable)

Scott Haggerty, OACCA Commissioner  
Designated Agency Contact (Name, Title)

Area Code/Phone Number  
510.272.6691

E-mail  
leeann.fergerson@acgov.org

Date Stamp

California  
Form **802**

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(Month, Day, Year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description Supercross  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

Face Value of Each Ticket/Pass \$ 133.75

Date(s) 2, 4, 17

If no: GSW  
Name of Source

If yes: Haggerty, Scott  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|---|------------------------------|---|
| <u>DIST-1</u>   | <u>2</u>                     | To reward a county employee for his or her exemplary service to the public  |
|   |                              |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |

## 4. Verification

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

Lee Ann Ferguson  
Signature of Agency Head or Designee

Lee Ann Ferguson  
Print Name

Supervisors Assistant  
Title

1-31-17  
(Month, Day, Year)

Comment:

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

A Public Document

|  |                                     |  |   |
|--|-------------------------------------|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority                   |                                     | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Chris Dobbins, OACCA Commissioner |                                     |  |   |
| Designated Agency Contact (Name, Title)  |                                     |  |   |
| Area Code/Phone Number<br>510.383.4801   | E-mail<br>chrisdobbinslaw@yahoo.com | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)<br>Date of Original Filing: _____<br>(month, day, year) |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 50.00

Event Description: Monster Jam Date(s) 02 / 18 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| Dobbins, Chris  | 4                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>to promote the Coliseum Complex for use by general public & businesses to maximize revenues |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

## 4. Verification

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


 Chris Dobbins  
Signature of Agency Head or Designee

Chris Dobbins  
Print Name

OACCA Commissioner  
Title

01.31.17  
(month, day, year)

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

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

A Public Document

|  |                                     |  |   |
|--|-------------------------------------|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority                   |                                     | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Chris Dobbins, OACCA Commissioner |                                     |  |   |
| Designated Agency Contact (Name, Title)  |                                     |  |   |
| Area Code/Phone Number<br>510.383.4801   | E-mail<br>chrisdobbinslaw@yahoo.com | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)<br>Date of Original Filing: _____<br>(month, day, year) |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 78.75

Event Description: WWE Live Date(s) 02 / 13 / 17  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| Dobbins, Chris  | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>investigate efficiencies of operations of various sporting and other events occurring at coliseum complex |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

## 4. Verification

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


 Chris Dobbins OACCA Commissioner 01.31.17  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

A Public Document

|   |  |   |
|---|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority<br><b>Division, Department, or Region (if applicable)</b><br>Chris Dobbins, OACCA Commissioner<br><b>Designated Agency Contact (Name, Title)</b> |  | Date Stamp<br><br>California Form <b>802</b><br>For Official Use Only |
| <b>Area Code/Phone Number</b><br>510.383.4801   | <b>E-mail</b><br>chrisdobbinslaw@yahoo.com |   |
| <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><b>Date of Original Filing:</b> _____<br>(month, day, year)  |  |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 80.00

Event Description: SC Warriors Date(s) 02 / 12 / 17  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| Dobbins, Chris  | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>investigate efficiencies of operations of various sporting and other events occurring at coliseum complex |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

## 4. Verification

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


 Chris Dobbins OACCA Commissioner 01.31.17  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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

**A Public Document**

|   |  |  |   |
|---|--|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority                          |  | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| <b>Division, Department, or Region</b> (if applicable)<br>Chris Dobbins, OACCA Commissioner |  |  |   |
| <b>Designated Agency Contact</b> (Name, Title)<br>Chris Dobbins, OACCA Commissioner         |  |  |   |
| <b>Area Code/Phone Number</b><br>510.383.4801   | <b>E-mail</b><br>chrisdobbinslaw@yahoo.com | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><b>Date of Original Filing:</b> _____<br>(month, day, year) |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 125.00

Event Description: La Arrolladora Date(s) 02 / 11 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| Dobbins, Chris  | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>investigate efficiencies of operations of various sporting and other events occurring at coliseum complex |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

**4. Verification**

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

|   |               |                    |                    |
|---|---------------|--------------------|--------------------|
|  | Chris Dobbins | OACCA Commissioner | 01.31.17           |
| Signature of Agency Head or Designee  | Print Name    | Title              | (month, day, year) |

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

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

**A Public Document**

**1. Agency Name**

Oakland Alameda County Coliseum Authority

**Division, Department, or Region** (if applicable)

Chris Dobbins, OACCA Commissioner

**Designated Agency Contact** (Name, Title)

Date Stamp

California  
Form

**802**

For Official Use Only

**Area Code/Phone Number**

510.383.4801

**E-mail**

chrisdobbinslaw@yahoo.com

☐ **Amendment** (Must Provide Explanation in Part 3.)

**Date of Original Filing:** \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 133.75

Event Description: Monster Energy Date(s) 02 / 04 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. | Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|----|--|-----------------------------|--|
|    |  |                             |  |
|    |  |                             |  |
|    |  |                             |  |
| B. | Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
|    | Dobbins, Chris   | 4                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>to promote the Coliseum Complex for use by general public & businesses to maximize revenues |
|    |  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|    |  |                             |  |
|    |  |                             |  |

**4. Verification**

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

Signature of Agency Head or Designee

Chris Dobbins

Print Name

OACCA Commissioner

Title

01.31.17

(month, day, year)

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

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

A Public Document

|  |                                     |  |   |
|--|-------------------------------------|--|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority                   |                                     | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Chris Dobbins, OACCA Commissioner |                                     |  |   |
| Designated Agency Contact (Name, Title)  |                                     |  |   |
| Area Code/Phone Number<br>510.383.4801   | E-mail<br>chrisdobbinslaw@yahoo.com | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)<br>Date of Original Filing: _____<br>(month, day, year) |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 79.50

Event Description: Armin Van Buuren Date(s) 02 / 03 / 17  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

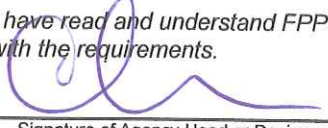
## 3. Recipients

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|---|-----------------------------|--|
|   |                             |  |
|   |                             |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| Dobbins, Chris  | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>investigate efficiencies of operations of various sporting and other events occurring at coliseum complex |
|   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small>   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy   |
|   |                             |  |
|   |                             |  |

## 4. Verification

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


 Signature of Agency Head or Designee
 Chris Dobbins
 Print Name
 OACCA Commissioner
 Title
 01.31.17
 (month, day, year)

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

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

**A Public Document**

|  |                                  |                            |   |
|--|----------------------------------|----------------------------|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority<br><hr/> <b>Division, Department, or Region (If Applicable)</b><br>Yui Hay Lee, Commissioner<br><hr/> <b>Designated Agency Contact (Name, Title)</b><br><hr/> |                                  | <b>Date Stamp</b><br><hr/> | <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>California Form 802</b><br/>                     For Official Use Only                 </div> <hr/> <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)<br><b>Date of Original Filing:</b> _____<br><small>(Month, Day, Year)</small> |
| <b>Area Code/Phone Number</b><br>(510) 836-6688  | <b>E-mail</b><br>YuiHay@YHLA.net |                            |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐      Face Value of Each Ticket/Pass \$ 50.00

Event Description Monster Jam      Date(s) 02 / 18 / 2017  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐      If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒      If yes: Yui Hay Lee  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|---|------------------------------|--|
| <u>YUI HAY LEE COMMISSIONER</u>                                   | <u>6</u>                     | <u># 3</u>   |
|   |                              |  |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                              |  |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|   |                              |  |
|   |                              |  |

**4. Verification**

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

|  |   |   |  |
|--|---|---|--|
| <br>_____<br><small>Signature of Agency Head or Designee</small> | Yui Hay Lee<br>_____<br><small>Print Name</small> | OACCA Commissioner<br>_____<br><small>Title</small> | <u>2/10/17</u><br>_____<br><small>(Month, Day, Year)</small> |
|--|---|---|--|

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

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

A Public Document

|  |   |   |   |
|--|---|---|---|
| <b>1. Agency Name</b><br>Oakland-Alameda County Coliseum Authority |   | Date Stamp  | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)                    |   |   |   |
| Susan S. Muranishi, County Administrator, Alameda County           |   |   |   |
| Designated Agency Contact (Name, Title)                            |   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____ (Month, Day, Year) |   |
| Area Code/Phone Number<br>510-272-3862                             | E-mail<br>countyadministrator@acgov.org |   |   |

**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ 1200<sup>00</sup>Event Description Golden State Warriors Basketball  
Provide Title/ExplanationDate(s) 02 / 08 / 17Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: \_\_\_\_\_ Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

If yes: \_\_\_\_\_ Official's Name (Last, First)

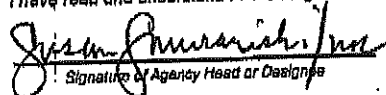
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. | Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|----|--|------------------------------|--|
|    |  |                              |  |
|    |  |                              |  |
| B. | Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
|    |  |                              | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|    | Riray, Nerissa   | 2                            | to provide incentives to City and County employees that provide services to the Authority  |
|    |  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:            |
| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|    |  |                              |  |
|    |  |                              |  |

**4. Verification**

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



Susan S. Muranishi

Print Name

County Administrator

Title

(Month, Day, Year)

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

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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

A Public Document

|  |   |  |   |
|--|---|--|---|
| <b>1. Agency Name</b><br>Oakland-Alameda County Coliseum Authority |   | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)                    |   |  |   |
| Susan S. Muranishi, County Administrator, Alameda County           |   |  |   |
| Designated Agency Contact (Name, Title)                            |   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| Area Code/Phone Number<br>510-272-3862                             | E-mail<br>countyadministrator@acgov.org |  |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 800<sup>00</sup>

Event Description Golden State Warriors Basketball Date(s) 02 / 15 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|---|------------------------------|---|
|   |                              |   |
|   |                              |   |
|   |                              |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
| Garcia, Al  | 2                            | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>to provide incentives to City and County employees that provide services to the Authority |
|   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|   |                              |   |
|   |                              |   |

## 4. Verification

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

 Susan S. Muranishi County Administrator  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

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

A Public Document

|   |   |  |   |
|---|---|--|---|
| 1. Agency Name<br>Oakland-Alameda County Coliseum Authority |   | Date Stamp   | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (If Applicable)             |   |  |   |
| Susan S. Muranishi, County Administrator, Alameda County    |   |  |   |
| Designated Agency Contact (Name, Title)                     |   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| Area Code/Phone Number<br>510-272-3862                      | E-mail<br>countyadministrator@acgov.org |  |   |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ 1350<sup>00</sup>Event Description Golden State Warriors Basketball  
Provide Title/ExplanationDate(s) 02 / 23 / 17Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐If no: \_\_\_\_\_  
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: \_\_\_\_\_  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. | Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|----|--|------------------------------|---|
|    |  |                              |   |
|    |  |                              |   |
| B. | Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:  |
|    | Ziegler, Donna   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>to provide incentives to City and County employees that provide services to the Authority |
|    |  | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. | Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy  |
|    |  |                              |   |
|    |  |                              |   |

## 4. Verification

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

 Susan S. Muranishi County Administrator  
 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

JPA

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

A Public Document

|   |                            |   |  |
|---|----------------------------|---|--|
| 1. Agency Name                                  |                            | Date Stamp  | California<br><b>Form 802</b><br>For Official Use Only |
| Oakland Alameda County Coliseum Authority       |                            |   |  |
| Division, Department, or Region (If Applicable) |                            |   |  |
| Scott Haggerty, OACCA Commissioner              |                            |   |  |
| Designated Agency Contact (Name, Title)         |                            | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____ (Month, Day, Year) |  |
| Area Code/Phone Number                          | E-mail                     |   |  |
| 510.272.6691                                    | leeann.fergerson@acgov.org |   |  |

|  |  |   |
|--|--|---|
| 2. Function or Event Information   |  | Face Value of Each Ticket/Pass \$ <u>800.00</u>                 |
| Does the agency have a ticket policy? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |  | Date(s) <u>2, 1, 1</u>  |
| Event Description <u>Warriors / Hornets</u><br><small>Provide Title/Explanation</small>  |  | If no: <u>GSW</u><br>Name of Source                             |
| Ticket(s)/Pass(es) provided by agency? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                         |  | If yes: <u>Haggerty, Scott</u><br>Official's Name (Last, First) |
| Was ticket distribution made at the behest of agency official? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> |  |   |

|  |                              |  |
|--|------------------------------|--|
| 3. Recipients  |                              |  |
| • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. |                              |  |
| A. Name of Agency, Department or Unit  | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|  |                              |  |
|  |                              |  |
| B. Name of Individual (Last, First)  | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
| <u>Neil Link</u>   |                              | To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales <input type="checkbox"/>                          |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|  |                              |  |
| C. Name of Outside Organization (include address and description)  | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|  |                              |  |
|  |                              |  |

|   |                                |                                |                                      |
|---|--------------------------------|--------------------------------|--------------------------------------|
| 4. Verification   |                                |                                |                                      |
| I have read and understand FPDC Regulations 18544.1 and 18542. I have verified that the distribution set forth above, is in accordance with the requirements. |                                |                                |                                      |
| <u>[Signature]</u><br>Signature of Agency Head or Designee  | Lee Ann Ferguson<br>Print Name | Supervisors Assistant<br>Title | <u>1-31-17</u><br>(Month, Day, Year) |

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

FPDC Form 802 (4/12)  
FPDC Toll-Free Helpline: 866/ASK-FPDC (866/275-7772)

JPA

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

A Public Document

|  |                                      |   |   |
|--|--------------------------------------|---|---|
| <b>1. Agency Name</b><br>Oakland Alameda County Coliseum Authority<br>Division, Department, or Region (If Applicable)<br>Scott Haggerly, OACCA Commissioner<br>Designated Agency Contact (Name, Title) |                                      | Date Stamp  | California Form <b>802</b><br>For Official Use Only |
| Area Code/Phone Number<br>510.272.6691   | E-mail<br>leeann.fergerson@acgov.org | <input type="checkbox"/> Amendment (Must provide explanation in Part 2.)<br>Date of Original Filing: _____ (Month, Day, Year) |   |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 1,350

Event Description Warriors/Clippers Date(s) 2, 23, 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: GAW Name of Source \_\_\_\_\_

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Haggerly, Scott Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|---|------------------------------|--|
| District 1  | 2                            | To reward a County employee for his or her exemplary service to the public or to encourage staff development   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below.</small> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below.</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|   |                              |  |

**4. Verification**

I have read and understand FPPC Regulations 18544.1 and 18542. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Ferguson Lee Ann Ferguson Supervisors Assistant 2/23/17  
Signature of Agency Head or Designee First Name Title (Month, Day, Year)

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

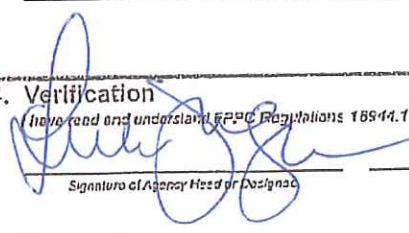
# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

|   |                                      |   |  |
|---|--------------------------------------|---|--|
| 1. Agency Name<br>Oakland Alameda County Coliseum Authority<br>Division, Department, or Region (if Applicable)<br>Scott Haggerty, OACCA Commissioner<br>Designated Agency Contact (Name, Title) |                                      | Date Stamp  | California Form 802<br>For Official Use Only |
| Area Code/Phone Number<br>510.272.6691  | E-mail<br>leeann.fergerson@acgov.org | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____ (Month, Day, Year) |  |

|  |   |   |
|--|---|---|
| 2. Function or Event Information   |   | Face Value of Each Ticket/Pass \$ <u>129.00</u> |
| Does the agency have a ticket policy? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          | Event Description <u>La Arrolladora</u><br><small>Provide Title/Explanation</small> | Date(s) <u>2, 11, 17</u>                        |
| Ticket(s)/Pass(es) provided by agency? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                         | If no: _____<br><small>Name of Source</small>                                       | If yes: <u>GSM</u>                              |
| Was ticket distribution made at the behest of agency official? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> | If yes: <u>Haggerty, Scott</u><br><small>Official's Name (Last, First)</small>      |   |

|  |                              |  |
|--|------------------------------|--|
| 3. Recipients<br><small>• 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.</small> |                              |  |
| A. Name of Agency, Department or Unit  | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|  |                              |  |
| B. Name of Individual (Last, First)  | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
| <u>Erika Orozco</u>  | <u>4</u>                     | To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales <input type="checkbox"/>                          |
|  |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below.</small> |
| C. Name of Outside Organization (include address and description)  | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|  |                              |  |

|   |                                     |
|---|-------------------------------------|
| 4. Verification<br><small>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.</small> |                                     |
| <br>Signature of Agency Head or Designate  | Lee Ann Ferguson<br>Print Name      |
| Supervisors Assistant<br>Title  | <u>2-8-17</u><br>(Month, Day, Year) |

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

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

A Public Document

|   |                            |   |  |
|---|----------------------------|---|--|
| 1. Agency Name                                  |                            | Date Stamp  | California Form 802<br>For Official Use Only |
| Oakland Alameda County Coliseum Authority       |                            |   |  |
| Division, Department, or Region (If Applicable) |                            |   |  |
| Scott Haggerly, OACCA Commissioner              |                            |   |  |
| Designated Agency Contact (Name, Title)         |                            | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____ (Month, Day, Year) |  |
| Area Code/Phone Number                          | E-mail                     |   |  |
| 510.272.6691                                    | leeann.fergerson@acgov.org |   |  |

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 1.100

Event Description Golden State Warriors Date(s) 2, 2, 5 02 25 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: GSW Name of Source \_\_\_\_\_

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Haggerly, Scott Official's Name (Last, First) \_\_\_\_\_

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

|   |                              |  |
|---|------------------------------|--|
| A. Name of Agency, Department or Unit   | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
|   |                              |  |
|   |                              |  |
| B. Name of Individual (Last, First)   | Number of Ticket(s)/Pass(es) | 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 <input type="checkbox"/>                          |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below.</small> |
| C. Name of Outside Organization (include address and description)                                   | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy   |
| <u>Marilyn Ave Elementary</u><br><u>800 Marilyn Ave</u><br><u>Livermore CA</u><br><u>94550-2600</u> | <u>2</u>                     | To reward a school or non-profit organization for its contributions to the community   |

## 4. Verification

I have read and understand FPFC Regulations 16944.1 and 10542. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Ferguson Lee Ann Ferguson Supervisors Assistant 3-6-17  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

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

A Public Document

|   |                      |   |  |
|---|----------------------|---|--|
| 1. Agency Name                                  |                      | Date Stamp  | California Form 802<br>For Official Use Only |
| Oakland Alameda County Coliseum Authority       |                      |   |  |
| Division, Department, or Region (if applicable) |                      |   |  |
| Scott McKibben, OACCA Executive Director        |                      | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)<br>Date of Original Filing: _____ (month, day, year) |  |
| Designated Agency Contact (Name, Title)         |                      |   |  |
| Area Code/Phone Number                          | E-mail               |   |  |
| 510.383.4801                                    | smckibben1@gmail.com |   |  |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ see attached

Event Description: Warriors 2016 Season Date(s) 1/22, 2/10, 2/11, 2/12  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy  |
|---|----------------------------|---|
|   |                            |   |
|   |                            |   |
|   |                            |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/Passes | Identify one of the following:  |
| McKibben, Scott   | <u>see attached</u>        | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>To investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex |
|   |                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy  |
|   |                            |   |
|   |                            |   |

4. Verification

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


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

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

# Warriors Basketball

## Scott McKibben

|                       |         |             |           |
|-----------------------|---------|-------------|-----------|
| ➤ Warriors v Hornets  | 2.1.17  | (4) tickets | \$800.00  |
| ➤ Warriors v Bulls    | 2.8.17  | (4) tickets | \$1200.00 |
| ➤ Warriors v Kings    | 2.15.17 | (4) tickets | \$800.00  |
| ➤ Warriors v Clippers | 2.23.17 | (4) tickets | \$1350.00 |
| ➤ Warriors v Nets     | 2.25.17 | (4) tickets | \$1100.00 |

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

**A Public Document**

**1. Agency Name**

Oakland Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Yui Hay Lee, Commissioner

Designated Agency Contact (Name, Title)

Area Code/Phone Number  
(510) 836-6688

E-mail

YuiHay@YHLA.net

Date Stamp

California  
Form **802**

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(Month, Day, Year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ \_\_\_\_\_

Event Description Warrior Tickets  
Provide Title/Explanation

Date(s) Dec 2016 - Jan 2017

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

If yes: Yui Hay Lee  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

**A. Name of Agency, Department or Unit**

Number of  
Ticket(s)/  
Pass(es)

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

YUI HAY LEE  
Commissioner

200

#3

(See attached)

**B. Name of Individual  
(Last, First)**

Number of  
Ticket(s)/  
Pass(es)

Identify one of the following:

2 per game

2 per game

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

**C. Name of Outside Organization  
(include address and description)**

Number of  
Ticket(s)/  
Pass(es)

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

**4. Verification**

I have read and understand FPFC Regulations 16944.1 and 16942, I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Yui Hay Lee

Print Name

OACCA Commissioner

Title

11/20/16  
(Month, Day, Year)

Comment:

# Warriors Basketball

## Yui Hay Lee

|                       |         |             |           |
|-----------------------|---------|-------------|-----------|
| ➤ Warriors v Hornets  | 2.1.17  | (2) tickets | \$800.00  |
| ➤ Warriors v Bulls    | 2.8.17  | (2) tickets | \$1200.00 |
| ➤ Warriors v Kings    | 2.15.17 | (2) tickets | \$800.00  |
| ➤ Warriors v Clippers | 2.23.17 | (2) tickets | \$1350.00 |
| ➤ Warriors v Nets     | 2.25.17 | (2) tickets | \$1100.00 |

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

**A Public Document**

**1. Agency Name**

Oakland Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Ignacio De La Fuente, OACCA Commissioner

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.383.4801

E-mail

idela Fuente2012@gmail.com

Date Stamp

**California Form 802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ See attached

Event Description: Warriors Basketball 2016-17 Season

Date(s) \_\_\_\_\_

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. | Name of Agency, Department or Unit                             | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy   |
|----|--|----------------------------|--|
|    |  |                            |  |
|    |  |                            |  |
| B. | Name of Individual (Last, First)                               | Number of Ticket(s)/Passes | Identify one of the following:   |
|    |  |                            | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|    | De La Fuente, Ignacio  | 2 per                      | to investigate the efficiencies of the operations of the various sporting and other events at Coliseum Complex   |
|    |  | game                       | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:            |
| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy   |
|    |  |                            |  |
|    |  |                            |  |

**4. Verification**

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

Signature of Agency Head or Designee

Ignacio De La Fuente

Print Name

OACCA Commissioner

Title

01.20.17

(month, day, year)

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

# Warriors Basketball

## Ignacio De la Fuente

|   |                     |         |             |           |
|---|---------------------|---------|-------------|-----------|
| ➤ | Warriors v Hornets  | 2.1.17  | (2) tickets | \$800.00  |
| ➤ | Warriors v Bulls    | 2.8.17  | (2) tickets | \$1200.00 |
| ➤ | Warriors v Kings    | 2.15.17 | (2) tickets | \$800.00  |
| ➤ | Warriors v Clippers | 2.23.17 | (2) tickets | \$1350.00 |
| ➤ | Warriors v Nets     | 2.25.17 | (2) tickets | \$1100.00 |

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

**A Public Document**

**1. Agency Name**

Oakland Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Chris Dobbins, OACCA Commissioner

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.383.4801

E-mail

chrisdobbins@oaklandnet.com

Date Stamp

California  
Form **802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ See attached

Event Description: Warriors basketball 2016 Season Date(s) See attached  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)


**3. Recipients**

\* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. \* Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|---|-----------------------------|---|
|   |                             |   |
|   |                             |   |
|   |                             |   |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:  |
| Dobbins, Chris  | 2 per                       | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:<br>to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex |
|   | game                        | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below:   |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy  |
|   |                             |   |
|   |                             |   |

**4. Verification**

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

 Chris Dobbins OACCA Commissioner October 2016  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

# Warriors Basketball

## Chris Dobbins

|   |                     |         |             |           |
|---|---------------------|---------|-------------|-----------|
| ➤ | Warriors v Hornets  | 2.1.17  | (2) tickets | \$800.00  |
| ➤ | Warriors v Bulls    | 2.8.17  | (2) tickets | \$1200.00 |
| ➤ | Warriors v Kings    | 2.15.17 | (2) tickets | \$800.00  |
| ➤ | Warriors v Clippers | 2.23.17 | (2) tickets | \$1350.00 |
| ➤ | Warriors v Nets     | 2.25.17 | (2) tickets | \$1100.00 |