					A Public Document
1. Agency Name		Date Stamp	California 802		
Oakland Alameda County C					
Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
Sabrina B. Landreth					
Designated Agency Contact ((Name, Title)		** *** *** *** *** *** *** *** *** ***	1	
City Administrator	15				
Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)
(510) 238-6840	SLandreth@	oaklandnet	.com	Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Inform	mation				do 75
Does the agency have a ticke		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	1/8/3
Event Description . WW	E		Data(a) A	13,17	1
Event bescription.	Provide Title/Exp	lanation	Date(s)		
Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:		17/
				Name of Sou	ırce
Was ticket distribution made a of agency official?	t the behest	No ☐ Yes	If yes: Sabring	na Landreth	
				Official's Name (L	.ast, First)
3. Recipients		W W W	4 _		
Use Section A to identify the agency		Number of	ction B to identify an individu	ial. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	ø				
Name of Individua	1 2 3 2 2	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
Macial, Isabe	2/	2	4:	al Role" or "Other" describe below:	Income _
			the Authority	es to City employees t	hat provide services to
			Ceremonial Role	Other all Role" or "Other" describe below:	Income
Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
. Verification I have read and understand FPPC Regula	ations 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements.
Signature of Agency Head or Designee		Sabrina Lar		City Administrator	(Month, Day, Year)
y sound of booking		i int rain	ē6	ine	(worth, Day, Year)
Comment:					

Agency Report of:

Comment: __

Ceremonial Role Events and Ticket/Pass Distributions

1	Agency Name				Date Stamp	California Q00
	Oakland Alameda County Co	olicoum Autho	ority		Date Starrip	Form 8UZ
	Division, Department, or Regi				-	For Official Use Only
	** ** ** ***	on (mr.ppmodbio,				
	Sabrina B. Landreth	0.00.00.00.00.00.00.00.00.00.00.00.00.0				
	Designated Agency Contact (Name, Title)				
	City Administrator				☐ Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				The second secon
	(510) 238-6840	SLandreth@	oaklandnet.c	com	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				5000
	Does the agency have a ticket	t policy?	of Each Ticket/Pass \$ -	30		
	Event Description Mons	Provide Title/Expla	18,17			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No[☐ If no:	Name of S	ource
	Was ticket distribution made a	t the behest	na Landreth			
	of agency official?		Official's Name	(Last, First)		
3.	Recipients					
	Use Section A to identify the agency	's department or	ual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Department or Unit Numl Tick Pass			Describe the pub	olic purpose made pursuar	nt to the agency's policy
	B. Name of Individua	ale e e	Number of Ticket(s)/ Pass(es)	n of	Identify one of the follow	wing:
	Paredet, Kut	mj	2	The contract of the contract o	nial Role" or "Other" describe below	Income Income state that provide services to
	5 			Ceremonial Role If checking *Ceremon	Other Inial Role" or "Other" describe below	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursua	nt to the agency's policy
						ii
4.	Verification I have read and understand FPPC Regu	lations 18944.1 and				with the requirements.
			Sabrina Lar	ndroth	City Administrator	3/6/14
			Sabilia Lai	ndretti	City Administrator	(Month, Day, Year)

seum Authority (If Applicable) ne, Title) mail andreth@oaklandne tion licy? Yes 🗵 No	o ☐ Face Value o	Date Stamp Date Stamp Must property (Must property)	
(If Applicable) ne, Title) mail _andreth@oaklandne tion licy? Yes ⊠ No	o ☐ Face Value o	Date of Original Filing: _	Form OU2 For Official Use Only Tovide explanation in Part 3.)
ne,Title) mail .andreth@oaklandne t ion licy? Yes⊠ No	o ☐ Face Value o	Date of Original Filing: _	ovide explanation in Part 3.)
mail .andreth@oaklandne t ion licy? Yes⊠ No	o ☐ Face Value o	Date of Original Filing: _	
mail .andreth@oaklandne t ion licy? Yes⊠ No	o ☐ Face Value o	Date of Original Filing: _	
.andreth@oaklandne t ion licy? Yes ⊠ No	o ☐ Face Value o	Date of Original Filing: _	
.andreth@oaklandne t ion licy? Yes ⊠ No	o ☐ Face Value o	Date of Original Filing: _	
t ion licy? Yes⊠ No	o ☐ Face Value o		(Month, Day, Year)
t ion licy? Yes⊠ No	o ☐ Face Value o		(Month, Day, Year)
100 🖸 110			
		f Each Ticket/Pass \$	800.00
vide Title/Explanation	0.2		
Thio Explanation	Date(s)		
ency? Yes 🔀 No	□ If no:		
) [] II IIO	Name of Sour	rce
e behest No 🗌 Yes	If yes: Sabrin	na Landreth	
	7.2.3.W		ast, First)
partment or unit. • Use Se	ection B to identify an individua	al. • Use Section C to identif	y an outside organization.
Unit Number of Ticket(s)/			
Number of Ticket(s)/		Identify one of the following	11
Pass(es)	Ceremonial Role If checking "Ceremonial To provide incentives	Other Role" or "Other" describe below:	Income
2	Ceremonial Role		Income
Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
8944.1 and 18942. I have ver	ified that the distribution set forth	above, is in accordance with th	e requirements.
			3/2/12
Print Name		Title	(Month, Day, Year)
	partment or unit. • Use Se Unit Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es) 2 8944.1 and 18942. I have ver Sabrina Lan	partment or unit. • Use Section B to identify an individual Unit Number of Ticket(s)/ Pass(es) Describe the public	partment or unit. • Use Section B to identify an individual. • Use Section C to identify Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to

Agency Name Oakland Alameda County Coli				A Public Docume
Inditional Conflict Coll	icoum AH '		Date Stamp	California QO
Division, Department, or Region	Seum Authority		1.6	Form OU
	і (ІІ Арріісавіе)]	For Official Use Only
Sabrina B. Landreth				
Designated Agency Contact (Nat	ne, Title)		1	
City Administrator				
	mail		Amendment (Must provi	de explanation in Part 3.)
(510) 238-6840 SI	Landreth@oaklandne	et.com	Date of Original Filing	
Function or Event Informa	tion			(Month, Day, Year)
Does the agency have a ticket po	olicy? Yes⊠ N	Jo □ Face Value o	f Each Ticket/Pass \$	
Event Description ARMIN ONLY		On Land Cardina Co	CO	
Pro	ovide Title/Explanation	Date(s)		
Ticket(s)/Pass(es) provided by ag	iency?	- "		
	.00 🖾 📉	o ∐ If no:	Name of Source	
Was ticket distribution made at the of agency official?	e behest No ☐ Ye	s 🗵 💮 If yes: Sabrir		
49)		ii yes	Official's Name (Last,	First)
Recipients				
Use Section A to identify the agency's de	partment or unit. • Use S	ection B to identify an individu	al. • Use Section C to identify a	n outoide avent ut
A. Name of Agency, Department or	Unit Number of Ticket(s)/			
	Pass(es)	a serior the publ	c purpose made pursuant to th	ne agency's policy
B. Name of Individual	Number of Ticket(s)/	Photographic Street,	Identify one of the following:	
	Pass(es)			· · · · · · · · · · · · · · · · · · ·
UNABLE TO USE	2	Ceremonial Role If checking "Ceremonial To provide incentives the Authority	l Other □ Role" or "Other" describe below: s to City employees that p	Income
				provide services to
	2	Ceremonial Role	Other Role" or "Other" describe below:	orovide services to
	2	To provide incentives	Role" or "Other" describe below: s to City employees that p	

1 A -	None I Nome					A Fublic Document
	gency Name		Date Stamp	California 802		
	akland Alameda County C					
אוט	rision, Department, or Reg	ion (If Applicabl	le)]	For Official Use Only
	brina B. Landreth					
Des	signated Agency Contact (Name, Title)				
00.000	y Administrator					
	a Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	0) 238-6840	SLandreth@	oaklandnet	.com	Date of Original Filing: _	(Month, Day, Year)
2. Fu	nction or Event Inforr	nation				(Monul, Day, Teal)
Doe	es the agency have a ticket	policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	
Eve	ent Description MONSTER	R ENREGY:S Provide Title/Exp	UPERCROS			
Tick	ket(s)/Pass(es) provided by		Yes⊠ No	☐ If no:		
۱۸/	Rate Late 190 B		100 🖂 110		Name of Sour	ce
vvas of a	s ticket distribution made at agency official?	t the behest	No ☐ Yes	If yes: Sabrir	na Landreth	
					Official's Name (La	st, First)
	cipients					
	e Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individua	al. • Use Section C to identify	y an outside organization.
Α.	A. Name of Agency, Department or Unit			Describe the publi	ic purpose made pursuant to	the agency's policy
Р	Name of Individual	10 (M. 1807) 10 7	Number of			,
B.	Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	j:
UNA	ABLE TO USE		2		Other Declaration of the Color of Color of Color of Color of Color of the Color of	Income In
			2	Ceremonial Role If checking "Ceremonial	Other Role" or "Other" describe below:	Income
C.	Name of Outside Organiz (include address and descr	ation iption)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
	fication			N. C.		
ı nave r	read and understand FPPC Regulati					e requirements.
3	Signature of Agency Head or Designee		Sabrina Lan Print Name		City Administrator	<u> 5/3/17</u>
			r mit ivaiñe		Title	(Month, Day, Year)
Comr	ment:					6

						A Public Document
1	. Agency Name		Date Stamp	California 802		
	Oakland Alameda County C					
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)		-		
	City Administrator					
	Area Code/Phone Number	E-mail			Amendment (Must pr	
	(510) 238-6840		@oaklandnet	.com	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform					
	Does the agency have a ticket		Yes⊠ No	Face Value o	f Each Ticket/Pass \$	1,200.00
	Event Description WARRIOR	S ·		Date(s) 02	, 08 , 17	
	3.5	Provide Title/Exp	olanation	Buto(0)		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No	☐ If no:	Name of Sou	
	Was ticket distribution made a	t the beheat				rce
	of agency official?	t the benest	No ☐ Yes	☑ If yes: Sabrir	Official's Name (La	ast First)
3.	Recipients				omoure reame (E	ust, i iistj
Ο.	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	al allea Section C to identi	from outside and the
	A. Name of Agency, Departmen	Number of Ticket(s)/		ic purpose made pursuant t	Park and the last of the last	
	The state of the s	English Control of the	Pass(es)			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
	Gaines, Jasmine			147	Other Delay Role" or "Other" describe below: es to City employees the	Income In
		5		Ceremonial Role If checking "Ceremonia	Other I	Income 🗌
	C. Name of Outside Organiz (include address and desc	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	o the agency's policy	
70		*		9		
	Verification	4				
	have read and understand FPPC Regulat	ions 18944.1 and	18942. I have ver	ified that the distribution set for	th above is in accordance with t	the requirements
			Sabrina Lan			and requirements.
٠	Signature of Agency Head or Designee	_	Print Name		City Administrator	(Month, Day, Year)
					i i i i i i i i i i i i i i i i i i i	(injointi, Day, real)
(Comment:					

7	A					A Public Docun	ien
1	. Agency Name		Date Stamp	California 80	10		
	Oakland Alameda County C	Coliseum Autl	hority			Form OL	16
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only	/
	Sabrina B. Landreth						
	Designated Agency Contact ((Name, Title)	-				
	City Administrator						
	Area Code/Phone Number	E-mail			☐ Amendment (Must provide explanation in Part 3.)		
	(510) 238-6840	SLandreth@	@oaklandnet	com	Date of Original Filing:		
2.	Function or Event Inform					(Month, Day, Year)	
	Does the agency have a ticket		Yes⊠ No	. □ Face Value o	of Each Ticket/Pass \$ _	800.0	00
		15 21	103 23 140				_
	Event Description WARRIOR	Provide Title/Exp	lanation	Date(s)	15 / 17	//	
	Ticket(s)/Pass(es) provided by						
	Hoket(3)/1 ass(es) provided by	agency?	Yes 🛛 No	lf no:	Name of Sou	urce	_
	Was ticket distribution made a	t the behest	na Landreth				
	of agency official?		No ☐ Yes	11 yes	Official's Name (L	.ast, First)	_
3.	Recipients						
	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departmen	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	SEATTLE STATE OF STAT		
					Ser delicate		
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following	ng:		
10.0	A PART OF THE PROPERTY OF THE PART OF THE		Pass(es)	Ceremonial Role			_
	Howard, Khamall				☐ Other ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Income	
			2	To provide incentives to City employees that provide ser		nat provide services t	0
:0				the Authority			J
					Other	Income	
			2	If checking "Ceremonial	I Role" or "Other" describe below:		
1							
(Name of Outside Organiz (include address and descr	ation ription)	Number of Ticket(s)/	Describe the public	c purpose made pursuant to	o the agency's policy	
- 2			Pass(es)				
. 1	Verification						_
	have read and understand FPPC Regulati	ons 18944.1 and	18942. I have ven	fied that the distribution set fort	h above, is in accordance with	the requirements	
	8		Sabrina Lan			3/3/13	
*	Signature of Agency Head or Designee		Print Name		City Administrator	3/5/17	_
					7110	(Month, Day, Year)	
C	Comment:						

Agency Name Oakland Alameda County Colin Division, Department, or Region	seum Authority			Date Stamp	California 802				
Division, Department, or Region	seum Authority				Earn (0)				
	(If Applicable)	Division, Department, or Region //f Applicable)							
	(pp. oabie)				For Official Use Only				
Sabrina B. Landreth									
Designated Agency Contact (Nar	ne, Title)			S					
City Administrator									
Area Code/Phone Number E-	mail				rovide explanation in Part 3.)				
(510) 238-6840 SI	₋andreth@oaklan	dnet.com		Date of Original Filing:					
Function or Event Informa					(Month, Day, Year)				
Does the agency have a ticket po	licy? Yes ⊠	No 🗆	Face Value of	Each Ticket/Pass \$ _	1,350.00				
Event Description Warriors									
Pro	vide Title/Explanation		Date(s)						
Ticket(s)/Pass(es) provided by ag	encv?	No □	If no:						
	100	МОЦ	1110.	Name of Sou	ırce				
Nas ticket distribution made at the of agency official?	e behest No 🗌	Yes 🗵	If yes: Sabrin	a Landreth					
				Official's Name (L	ast, First)				
Recipients									
Use Section A to identify the agency's de	partment or unit. • U	se Section B	to identify an individua	I. ● Use Section C to identi	fy an outside organization.				
A. Name of Agency, Department or	Unit Number Ticket Pass(er of (s)/		c purpose made pursuant t					
Name of Individual	Numbe Ticket		(2/30) (#//C	dentify one of the followin					
	Pass(e		TO STATE OF THE STATE OF	dentity one of the followin	g:				
evin, Brooke	2	To p		Role" or "Other" describe below:	Income ☐ at provide services to				
	2		Ceremonial Role	Other Role" or "Other" describe below:	Income				
Name of Outside Organization (include address and description	Number Ticket(s Pass(es	5)/	Describe the public	purpose made pursuant to	the agency's policy				
erification									
	8944.1 and 18942. I hav	e verified that	the distribution set forth	above, is in accordance with th	ne requirements.				
ve read and understand FPPE Regulations 1									
Signature of Agency Head or Designee		Landreth		City Administrator	3/8/17				

-	A NI					A Public Documer
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	Coliseum Aut	hority			Form OUZ
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact ((Name, Title)				
	City Administrator					
	Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)
	(510) 238-6840	SLandreth@	oaklandnet	.com	Date of Original Filing: .	
	Function or Event Inform				992 9 3	(Month, Day, Year)
	Does the agency have a ticker	t policy?	Yes⊠ No	□ Face Value o	f Each Ticket/Pass \$	1,100.00
	Event Description Warriors					
	Event Description	Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	□ If no:		
		2000 catavile (200	IES 🔼 INO		Name of Sou	irce
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Sabri of agency official?				na Landreth	
	or agency official?			,	Official's Name (L	ast, First)
	Recipients					
	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individua	al. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departmen		Number of Ticket(s)/ Pass(es)		ic purpose made pursuant t	A THE RESIDENCE OF THE
•						
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
	Chin, Lin		2	1000	Other D Role" or "Other" describe below: s to City employees th	Income Income at provide services to
			2	Ceremonial Role If checking "Ceremonial	Other Role" or "Other" describe below:	Income
(Name of Outside Organiz (include address and descr	ation ription)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
	Verification vave read and understand FPPC Regulati		18942. I have veri Sabrina Lan	140 100		he requirements
	Signature of Agency Head or Designee		Print Name	uretti	City Administrator	(Month, Day, Year)
С	omment:					

Agency Report of:

C	e	remonia	IR	ole	Events	and	Ticket/Pass	Distributions	٠

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1.	Agency Name				Date Stamp	California OOO
	Oakland Alameda County C	oliseum Authority				Form 802
	Division, Department, or Reg					For Official Use Only
	Ignacio De La Fuente, OAC	CA Commissioner				
	Designated Agency Contact (Name, Title)			1	
	Area Code/Phone Number	E-mail			Amendment (Must Pro	vide Explanation in Part 3.)
	510.383.4801	idelafuente2012@g	rmail com		Date of Original Filing: _	
			girian.com			(month, day, year)
2.	Function or Event Inform	nation			70	
	Does the agency have a tick	tet policy? Yes [⊠ No□ F	ace Value of I	Each Ticket/Pass \$ 79.	50
	Event Description: Armin Va	ın Buuren	Г	ate(s) 02	, 03 , 17	1 1
	Event Becomplien.	Provide Title/ Explai	nation	/atc(s)		
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🔲 If	no:	Name of Source	
	M. P. L. C. P. C. T P					
	Was ticket distribution made	at the behest Yes [☐ No⊠ II	yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
	• Use Section A to identify the agend	cy's department or unit. •	Use Section B to i	dentify an individ	ual. • Use Section C to identif	v an outside organization.
			Number	T		
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pursi	ant to the agency's policy
				1		
	R Name of Indiv	ridual.	Number		V 100 100 100	
	B. Name of Indiv (Last, Firs		of Ticket(s)/ Passes		Identify one of the fol	lowing:
	De La Fuente, Ignacio			Cerem	onial Role Other X	Income
	De La Fuerite, Igriacio		2	If checki	ing "Ceremonial Role" or "Other" desci	ribe below:
			-		fficiencies of operation ents occurring at colise	
					onial Role Other	Income
					ing "Ceremonial Role" or "Other" descri	
	Name of Outside Org	ganization	Number	Donariba tha	nublic numero med nume	
8	C. (include address and	description)	of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
NINGS.						
	Verification /					
	I have read and understand FPF	PC Regulations 18944.	1 and 18942. I	have verified th	hat the distribution set fort	h above, is in accordance
	with the requirements.					
	1111111111111111		e La Fuente	0	ACCA Commissioner	01.31.17
-	Signature of Agency Head or Designe	e Pri	nt Name		Title	(month, day, year)
/	Comment:					
/	Continient.	Section for the second section of the second section of the second section of the second section of the second				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383,4801 idelafuente2012@gmail.com **Date of Original Filing:** (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 133.75 Yes⊠ No□ Event Description: Monster Energy 02 Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ If no: . Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes De La Fuente, Ignacio Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: 4 to promote the Coliseum Complex for use by general public & businesses to maximize revenues Ceremonial Role Other | If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) 4. Verification

Income _ 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 (month, day, year) Comment:

						A Public Document
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County Coliseum Authority					
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)				
	City Administrator					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 238-6840	SLandreth@	oaklandnet	.com	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticker		Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	12500
	Event Description La A		lora	_	2007 No. 1 Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec.	
	Event Description	Provide Title/Expl		Date(s) <i>O</i>	2 <u> </u>	
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:				8	
			Tes 🔼 INO		Name of Sou	rce
	Was ticket distribution made a	t the behest	No ☐ Yes	If yes: Sabrir	na Landreth	
	of agency official?			W21	Official's Name (La	ast, First)
	Recipients					
	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
			rass(es)			"
•				Э.		
Ī	B. Name of Individua		Number of Ticket(s)/		rance ten kui e	* .
-	(Last, First)		Pass(es)	2, 3	Identify one of the followin	g:
	Avalos, Jase		2	Ceremonial Role Other Income		
-/	111001000			Constitution in consequences	al Role" or "Other" describe below: es to City employees th	not provide conject to
				the Authority	is to city employees th	iat provide services to
-	8			Ceremonial Role	Other	Income 🔲
			p.	If checking "Ceremonia	Role" or "Other" describe below:	зете
1						
(Name of Outside Organiz		Number of Ticket(s)/	Describe the publi	c purpose made pursuant to	o the agency's policy
-	The state of the second state of the second state of the second s		Pass(es)			
-						
-	7 18 11					
	Verification have read and understand EPPC Require	lions 18044 1 and	18042 have	rified that the distribution of	IL LESS FOR FOREST	
53	have read and understand FPPC Regula					the requirements.
_	Signature of Agency Head or Designee		Sabrina Lan		City Administrator	3/3/17
	Signature of Agunty Fredo of Designee		Print Name	=	Title	(Morlth, Ďay, Year)

	gency Report of:	and Ticke#D	loos Dietr	::h4: aa	4.5		
A COLUMN	Agency Name Oakland Alameda County Colis Division, Department, or Region Ignacio De La Fuente, OACCA Designated Agency Contact (Name	nent, or Region (if applicable) uente, OACCA Commissioner			Date Stamp	California Form 802 For Official Use Only	
		mail	т		☐ Amendment (Must Provided Pr		
_	Function or Event Informa	lelafuente2012@g	ymaii.com		Date of original raining.	(month, day, year)	
	Does the agency have a ticket Event Description: La Arrollado Ticket(s)/Pass(es) provided by Was ticket distribution made at of agency official?	policy? Yes [pra Provide Title/ Explain agency? Yes [nation No 🗌	Face Value of Date(s)			
3.	• Use Section A to identify the agency's department or unit. • A. Name of Agency, Department or Unit		Use Section B to Number of Ticket(s)/ Passes		ual. • Use Section C to identify a		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	Cerem	Identify one of the follow	Income	
	De La Fuente, Ignacio Name of Outside Organization (include address and description)		2	Investigate e and other ev	ing "Ceremonial Role" or "Other" describe ifficiencies of operations ents occurring at coliseur onial Role Other Other ing "Ceremonial Role" or "Other" describe	of various sporting m complex	
			Number of Ticket(s)/ Passes	1 12 12 12 12 12 12 12 12 12 12 12 12 12		nt to the agency's policy	
	Verification	Paralletiana 10011	1 and 10010	I house in the second			
	I have read and understand FPPC with the requirements. Signature of Agency Head or Designee Comment:	Ignacio E	1 and 18942. De La Fuente nt Name		ACCA Commissioner Title	above, is in accordance 01.31.17 (month, day, year)	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510.383.4801 idelafuente2012@gmail.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 80.00 Yes⊠ No□ Event Description: SC Warriors 02 12 Date(s). Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: . Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Official's Name (Last, First) of agency official? 3. Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X De La Fuente, Ignacio Income If checking "Ceremonial Role" or "Other" describe below: 2 Investigate efficiencies of operations of various sporting and other events occurring at coliseum complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

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

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510.383.4801 idelafuente2012@gmail.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 50.00 Yes⊠ No □ Event Description: Monster Jam 02 18 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes De La Fuente, Ignacio Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: 4 to promote the Coliseum Complex for use by general public & businesses to maximize revenues Ceremonial Role Other | Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification

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:

Comment:

	gency Report of: eremonial Role Even	ts and Ticket/	Pass Dist	ributions	Δ.	Public Decument	
	Agency Name Oakland Alameda County Coliseum Authority				Date Stamp	Public Document California 802	
	Division, Department, or Reg				-	For Official Use Only	
	Ignacio De La Fuente, OAC						
	Designated Agency Contact						
					П		
	Area Code/Phone Number	E-mail			. Amendment (Must Pr	ovide Explanation in Part 3.)	
	510.383.4801	idelafuente2012@	gmail.com		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	(1000A3)(57X(T)37(E))			The state of the s		
	Does the agency have a tick	ret policy? Yes	⊠ No 🗆	Face Value of	Each Ticket/Pass \$ 78	.75	
	Event Description: WWE Liv	/e		Date(s)02	<u>, 13 , 17 </u>	1 1	
	Ticket(s)/Pass(as) provided	Provide Title/ Expla	anation		•		
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🔲 I	If no:	Name of Source		
	Was ticket distribution made	at the behest Yes	⊠ No□ I	If yes:	Official's Name (Last, First)		
	of agency official?				Official's Name (Last, First)		
3.	Recipients						
	Use Section A to identify the agence	cy's department or unit.	ual. • Use Section C to identif	y an outside organization.			
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe the	cribe the public purpose made pursuant to the agency's poli		
			No.				
	B. Name of Indiv		Number of Ticket(s)/ Passes	Identify one of the following:			
á	De La Fuente, Ignacio	2	Ceremonial Role Other Image Income If the Checking "Ceremonial Role" or "Other" describe below: Investigate efficiencies of operations of various sporting and other events occurring at coliseum complex				
				Ceremonial Role Other Inc. If checking "Ceremonial Role" or "Other" describe below:			
	C. Name of Outside Org	janization lescription)	Number of Ticket(s)/ Passes)/ Describe the public purpose made pursuant to the agency		ant to the agency's policy	
81							
	/erification						
l i	have read and understand FPP ith the requirements.	C Regulations 18944.	1 and 18942. I	have verified the	at the distribution set fortl	n above, is in accordance	
		Ignacio D	e La Fuente	O.A	ACCA Commissioner	01.31.17	
	Signature of Agency Head or Designee		nt Name		Title	(month, day, year)	

As Co	gency Report of: eremonial Role Even	ts and Ticl	ket/Pass Di:	stributions		A Public Document	
	Agency Name	COCCUMENTAL MARKET COCCUMENTS OF THE PROPERTY	CONTRACTOR A SURFACE OF THE PARTY OF THE PAR		Date Stamp	California 810/2	
••	Oakland Alameda County C	oliseum Autho	ority			For Official Use Only	
	Division, Department, or Reg	ion <i>(If Applicable</i> ,	,		ł 		
	Scott Haggerly, OACCA Commissioner						
	Designated Agency Contact (Name, Title)						
					Amendment (Must p	rovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	510.272.6691	leeann.ferge	rson@acgov.or	g	Date of Original Filing:	(Monlh, Day, Year)	
2.	Function or Event Infor	mation	A STATE OF THE PARTY OF THE PAR		,	133,75	
	Does the agency have a ticke		Yes⊠ No□	Face Value	of Each Ticket/Pass \$ _		
	Event Description	ercross		Date(s)	-,4,17		
	Event Description	Provide Tille/Expl	enation	Car	5W		
	Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐			If no:	Name of Sc	purce	
	Was ticket distribution made	at the behest	No ☐ Yes 🏻	If yes: Hage	gerty, Scott		
	of agency official?	at the period.	140 🗖 169 🖼	11]	Official's Name	(Lost, First)	
3	Recipients	Maritiment & disease & M. Far and Little Transcription	THE RESERVE THE PROPERTY OF TH	THE RESIDENCE OF THE PARTY OF T		Alés es suiteles arganization	
υ.	s Use Section A to identify the agency's department or unit Use Section B to me			B to identify an individ	Describe the public purpose made pursuant to the agency's policy		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	it to the agency's policy	
	DUTI		12.	T = ===	ard a county employe	se for his or her	
	D151-1 '		1-4-	ro rewa	kemplary service to t	he public	
						The statement of the st	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	And the second s	· · · · · · · · · · · · · · · · · · ·	T Madjedy	Ceromonial Role	☐ Other ☐	Incomo 🗌	
				Il checking "Comm	oulal Rule" or "Other" describe below	•	
				Caramonial Role	Olher 🗍	Incomo 🗌	
				if checking "Coroin	onial Rola" or "Ollior" dascribe ficiali		
			Number of	Doggille the n	ublic purpose made pursua	nt to the agency's policy	
	C. Name of Outside Org (include address and d	escription)	Tickel(s)/ Pass(es)	Ogserige the pr	, , , , , , , , , , , , , , , , , , ,		
4	Verlication I have rendend understand FPPC Re	OND THE COURSE OF THE ALL OF	ad tPC42 have verill	ied that the distribution so	at forth above, is in accordance	with the requirements.	
	Indvertendand understand FPPC Re	gurauons 18999.1 ai 1	Lee Ann Ferge		Supervisors Assista	n 1-31-1	
	Signature of Approxy Head or Design) 	Phat Nahin		Filtr:	(Alonili, Day, Year)	
	Comment:				PDD 7 11 Pr 11-1-11	FPPC Form 802 (4/12 b: 866/ASK-FPPC (866/275-7772	
					LLLP TOW-LING URIDING	or a manufactor to the A fooding on the	

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: -(month, day, year) chrisdobbinslaw@yahoo.com 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 50.00 Does the agency have a ticket policy? Yes⊠ No□ Date(s) _____/ Event Description: Monster Jam Provide Title/ Explanation If no: . Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients 3. • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) **Passes** Income Other X Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Dobbins, Chris to promote the Coliseum Complex for use by general 4 public & businesses to maximize revenues Income __ Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. **OACCA Commissioner** 01.31.17 Chris Dobbins (month, day, year) Title Print Name Signature of Agency Head or Designee

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (month, day, year) chrisdobbinslaw@yahoo.com 510.383.4801 2. Function or Event Information Face Value of Each Ticket/Pass \$ 78.75 Does the agency have a ticket policy? Yes⊠ No□ Date(s) __02__/ 13 / Event Description: WWE Live Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes 🖾 No 🔲 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 3. * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Recipients Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. **Passes** Number Identify one of the following: Name of Individual of Ticket(s)/ В. Passes (Last, First) Other X Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Dobbins, Chris investigate efficiencies of operations of various sporting 2 and other events occurring at coliseum complex Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 01.31.17 **OACCA** Commissioner Chris Dobbins (month, day, year) Title Print Name Signature of Agency Head or Designee

Comment: ___

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number **Date of Original Filing:** 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 80.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: SC Warriors Date(s) 02 / 12 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source Was ticket distribution made at the behest Yes ☐ No 🖾 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) Passes Ceremonial Role Other X Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 investigate efficiencies of operations of various sporting and other events occurring at coliseum complex Ceremonial Role Other Income _ If checking "Ceremonial Role" or "Other" describe below. Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 01.31.17 OACCA Commissioner Chris Dobbins Title (month, day, year) Print Name Signature of Agency Head or Designee

Comment:

Agency Report of:						
Ceremonial Role Events a	nd Ticket/P	ass Distr	ibutions	AF	Public Document	
1. Agency Name	Agency Name				California 802	
Oakland Alameda County Colise						
Division, Department, or Region (ii	applicable)]	For Official Use Only	
Chris Dobbins, OACCA Commiss	sioner					
Designated Agency Contact (Name	,Title)			1		
				Amondment 44 48	11.5.1.11.15.15.151	
Area Code/Phone Number E-ma	ail			. Must Pro	vide Explanation in Part 3.)	
510.383.4801 chri	sdobbinslaw@y	/ahoo.com		Date of Original Filing:	(month, day, year)	
2. Function or Event Information	on					
Does the agency have a ticket po	olicy? Yes [⊠ No □	Face Value of	Each Ticket/Pass \$ <u>125</u>	5.00	
Event Description: La Arrolladora	ì					
T-1-1/-\(\)\(\)\(\)	Provide Title/ Explai					
Ticket(s)/Pass(es) provided by a	gency? Yes	X No □ I	f no:	Name of Source		
Was ticket distribution made at th	e hehest Voc F					
of agency official?	e poricot Tes [T NOM .	. ,	Official's Name (Last, First)	VV IV I	
3. Recipients • Use Section A to identify the agency's de	partment or unit. •	Use Section B to	identify an individ	ual. • Use Section C to identify	y an outside organization.	
	Number	T		, an outside organization.		
A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's polic		
B, Name of Individual		Number		Identify and of the fall	Jourism:	
(Last, First)		of Ticket(s)/ Passes		Identify one of the foll	lowing:	
Dobbins, Chris		2	investigate e	emonial Role Other Memorial Role of Other Memorial Role of Other describe below: efficiencies of operations of various sporting events occurring at coliseum complex		
				onial Role Other of "Other" descripting "Ceremonial Role" or "Other" descriptions	Income Libe below:	
C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Describe the Passes		he public purpose made pursuant to the agency's policy		
4. Verification						
I have read and understand FPPC Rewith the requirements.	egulations 18944.	1 and 18942.	l have verified t	hat the distribution set fort	h above, is in accordance	
	Chris	Dobbins		ACCA Commissioner	01.31.17	
Signature of Agency Head or Designee		nt Name		Title	(month, day, year)	
Comment:						

Agency Report of:

Ceremonial Role Eve	ents and Ticket/Pass Distributions	P	Public Document
1. Agency Name		Date Stamp	
Oakland Alameda County	Coliseum Authority		California 802
Division, Department, or R	egion (if applicable)		For Official Use Only
Chris Dobbins, OACCA C	ommissioner		1,000
Designated Agency Contac	t (Name,Title)	7	
Area Code/Phone Number	[E-mail	Amendment (Must)	Provide Explanation in Part 3.)
510 383 4801	chrisdahhinslaw@yahaa aam	Date of Original Filing:	

	Oakland Alameda County C					Form OUZ
		Division, Department, or Region (if applicable)				For Official Use Only
	Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title)				-	
	besignated Agency Contact (Name, Title)					
	Area Code/Phone Number E-mail				Amendment (Must Pro	vide Explanation in Part 3.)
	510.383.4801	chrisdobbinslaw	@vahoo.com		Date of Original Filing:	
2	Function or Event Infor	1	C) anostonii			(month, day, year)
4					122	75
	Does the agency have a tick				Each Ticket/Pass \$ 133	
	Event Description: Monster	Provide Title/ E	volonotion	Date(s)02	<u>, 04 , 17 </u>	
	Ticket(s)/Pass(es) provided			If no:		
			100000 10 000000		Name of Source	
	Was ticket distribution made	at the behest Ye	es 🗌 No 🗵	If yes:	Official's Name (Last, First)	
	of agency official?				emoiaro riamo (zadi, r ndi)	
3.	Recipients					
	Use Section A to identify the agen-	cy's department or unit	. • Use Section B to	identify an individ	ual. • Use Section C to identify	an outside organization.
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes		e public purpose made pursu	
	No constant of the control of the co					
	B. Name of Indiv	Number of Ticket(s)/ Passes	Identify one of the following:			
	Dobbins, Chris				onial Role Other X	Income
			4	If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum Complex for use by gene		or use by general
				public & busi	nesses to maximize rev	enues
					onial Role Other Other on "Other of the control of	ncome Income
	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		
			j			
	Verification					
	I have read and understand FPP with the requirements.	C Regulations 1894	14.1 and 18942. I	I have verified th	at the distribution set forth	above, is in accordance
			de Debli	20		
	Signature of Agency Head or Designee		ris Dobbins Print Name		ACCA Commissioner	01.31.17 (month, day, year)
						(month, day, year)

/ / /	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 Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 chrisdobbinslaw@yahoo.com Date of Original Filing: . (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 79.50 Yes⊠ No□ Event Description: Armin Van Buuren Date(s) 02 / 03 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: __ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Dobbins, Chris Ceremonial Role Other X Income | If checking "Ceremonial Role" or "Other" describe below: 2 investigate efficiencies of operations of various sporting and other events occurring at coliseum complex Ceremonial Role Other Income __ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification

With the requirements.

Chris Dobbins
OACCA Commissioner
O1.31.17

Print Name
Title
Omnoth, day, year)

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

Comment:

1. Agency Name			Date Stamp	California QOO	
Oakland Alameda County Colisi	Oakland Alameda County Colisium Authority Division, Department, or Region (if Applicable)				
Yui Hay Lee, Commissioner	Yui Hay Lee, Commissioner				
Designated Agency Contact (Name, Title)					
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
	Hay@YHLA.net		Date of Original Filing: _	(Month, Day, Year)	
2. Function or Event Information				50 00	
Does the agency have a ticket policy?	Yes 🛛 No 🗆		f Each Ticket/Pass \$	30 -	
Event Description Provide Tille/Exp	Tanalion	Date(s)	2, 18, 2017		
Ticket(s)/Pass(es) provided by agency?	Yes 🖾 No 🗌	If no:	Name of Sour	Co	
Was ticket distribution made at the behest	No 🗌 Yes 🖾	If yes:Yu	i Hay Lee		
of agency official?			Official's Name (La	est, First)	
3. Recipients	10 10 10 10 10 10 10 10 10 10 10 10 10 1				
Use Section A to Identify the agency's department or unit. Number of		o identify an Individu	usl. • Use Section C to identif	y an outside organization.	
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	ilc purpose made pursuant t	o the agency's policy	
YUI HAY VEE	6	# 0			
COMMISSIONER	Q	1 7			
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
		Ceramonial Role If checking "Ceremoni	Other Selective Delow:	Income 🔲	
		Ceremonial Role	Other	Income []	
		If checking "Ceremoni	al Role" or "Olher" describe below:		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
Verification					
I have read and understand PPPC Regulations 18944.1 and Yu	<i>18942. I have verifled tha</i> i Hay Lee		orth above, is in accordance with ACCA Commissioner		
Signature of Agency Head or Designee	Print Name		Tille	(Monlin, Day, Year)	
Comment:				EDDC Corm 200 (4448)	

Agency Report	t of:	•	
Ceremonial Ro	le Events a	and Ticket/Pass	Distribution

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eremonial Role Events and Ticke	t/Pass I	Distributions		A Public Document
. Agency Name			Date Stamp	California 802
Oakland-Alameda County Coliseum Authorit	ty			For Official Use Only
Division, Department, or Region (If Applicable)		,		,
Susan S. Muranishi, County Administrator, A	Alameda C	ounty		
Designated Agency Contact (Name, Title)		<u> </u>		
_			☐ Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail	······································		1 —	
510-272-3862 countyadminis	trator@acg		Date of Original Filing	
Function or Event Information	.	- Food Voluge	of Each Ticket/Pass \$.	120000
Does the agency have a ticket policy?	es⊠ No[Face value	o na 17	
Event Description Golden State Warriors Base	2 1 00 1 11			
	Name of S			
Ticket(s)/Pass(es) provided by agency? Y	Name of S	Source		
Was:ticket distribution made at the behest of agency official?	No 🗵 Yes	☐ If yes:	Official's Name	e (Läst, First)
Recipients - Use Section A to Identify the agency's department or un	it, • Use Sec	tion B to identify an Indivi	dual. • Use Section C to id	entify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(ss)	Describe the pu	ibilo purpose made pursua	int to the agency's policy
	Number of		identify one of the follo	owina:
B. Name of Individual	Ticket(s)/ Pass(es)	Ceremonial Role		Income [
Rirgy, Nertssa		If checking "Ceroп	ionial Role" or "Other" describe belo	sw:
May, Nonda	2	to provide incenti services to the A	ves to City and Count uthority	ty employees that provide
		Ceremonial Role		Income I
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the p	oublic purpose made purst	ant to the agency's policy
(Incides sure described	· Pass(es)			
			Section 1994 Annual	
1 Validianties				
4. Verification I have read and understand FPPC Regulations 18944.1 and			set forth above, is in accordance County Administra	e with the requirements.
Signature of Agency Head or Designife	Susan S. N Print No	Control of the contro	Title	(Month, Day, Year)

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

Cakland-Alameda County Coliseum Authority Division, Department, or Region (if Applicable) Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail	- · 1	Agency Name			(Company)	Date Stamp	California Ong
Susan S. Muranishi, County Administrator, Alameda County	••	- · · -			sec. mit sege, plan is seen 2 is blan.		
Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail				-		1	For Official Use Only
Area Code/Phone Number E-mail					County		
Area Code/Phone Number 510-272-3862 countly administrator@acgov.org Date of Original Filing:							
Area Code/Phone Number E-mail countyadministrator@acgov.org 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 \$ DOO Passed Titket/Pass Date(s) O2 15 17 Passed Titket/Pass Date(s) O2 15 17 Passed Titket/Pass Date(s) O2 15 17 Passed Titket/Passed Tit						712	
2. Function or Event Information Does the agency have a ticket policy? Event Description Golden State Warriors Basketball Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Date(s) 02 / 15 / 17 Ticket(s)/Pass(es) provided by agency? Yes No Date(s) 02 / 15 / 17 Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) B. Name of Individual (see Fast) Pass(es) Ceremonial Role Date of Other Date Agency's policy Ceremonial Role Date of Other Date Agency's policy Ceremonial Role Date of Other Date Agency's policy Ceremonial Role Date of Other Date Date of Other Date Role Date		Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
2. Function or Event Information Does the agency have a ticket policy? Yes \(\) No \\ Event Description \(\frac{\text{Golden State Warriors Basketball}{\text{Provide TitlerExplanation}} \) Event Description \(\frac{\text{Golden State Warriors Basketball}{\text{Provide TitlerExplanation}} \) Ticket(s)/Pass(es) provided by agency? Yes \(\) No \\ Was ticket distribution made at the behest of agency official? \) No \(\) Yes \\ If no:		•	1	istrator@ac	gav.org	Date of Original Filing:	(Month, Day, Year)
Event Description Golden State Warriors Basketball Date(s) . 02 / 15 / 17 Ticket(s)/Pass(es) provided by agency? Yes No Date(s) . 02 / 15 / 17 Was ticket distribution made at the behest of agency official? Officials Name (Lest, First) Recipients • Use Section A to Identify the agency's department or unit. • Use Section B to Identify an Individual. • Use Section C to Identify an outside organization A. Name of Agency, Department or Unit Number of Ticket(e)/ Pass(es). B. Name of Individual (Ast, First) Carcina, Al 2 Identify one of the following: Identify one of the following: Carcinal Role Official Role O	2.	Function or Event Infor	mation				(20 °
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Ticket(s)/Pass(es) provided by agency? Yes No If no:		Event Description Golden St	ate Warriors B	lasketball	Date(s)02	2 , 15 , 17	
Was ticket distribution made at the behast of agency official? No Yes		ms t with t - 7-7-1-	Provide Title/Expla	anation	` '		
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Official? Official? 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(e) Pass(es)		Was ticket distribution made a	it the behest	No ⊠ Yes	_		
B. Name of Individual Number of Ticke(e)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual Number of Ticke(e)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual Number of Ticke(e)/ Pass(es) Identify one of the following: Ceremonial Role Other Other describe below: To provide incentives to City and County employees that provide incentives to the Authority Ceremonial Role Other Other Inconservices to the Authority Ceremonial Role Other Other Inconservices to the Authority Ceremonial Role Other Other Inconservices to the Authority Ceremonial Role Other Describe below: C. Name of Outside Organization Number of Ticke(e)/ Ticke(e)/ Ticke(e)/ Ticke(e)/ Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy				110 23 100		Official's Name	(Last, First)
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B. Name of Individual [Ass. First] Number of Ticket(s) Pass(es) Cancia, Al	,	 Use Section A to identify the agenc 	y's department or u	1-11	1		
B. Name of Individual (Lest, Frest) Gancia, Al Ceremonial Role Other Image: It operating "Ceremonial Role" or "Other" describe below: to provide incentives to City and County employees that proviservices to the Authority Ceremonial Role Other Image: Ceremonial Role Other Im		A. Name of Agency, Departme	nt or Unit	Ticket(s)/	Describe the put	plic bittbose wage brisnau	it to the agency's policy
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C. Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy		1	***************************************				Income 🗌
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As · · · · · · · · · · · · · · · · · ·		Name of Outside Organ	Ization	Number of	Danarihe the nut	ille nuronse made nursušd	at to the agency's policy
		(Include address and dea	cription)	Pass(es)			
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		, , , , , , , , , , , , , , , , , , ,					
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.	4.	Verification I have read and understand FPPC Regu	ialions 18944.1 and	18942. I have ve	erified that the distribution set t	farth above, is in accordance w	rith the requirements.
County Administrator	•	Que Smannial	۱,۰				
	(Signature of Agency Head or Designas	<u> </u>				(Month, Day, Year)
Comment:							

Agency Report of:

	monial Role Events and Ti	cket/Pass	s Distributions		A Public Documen
l. Ag	ency Name			Date Stamp	California 802
	kland-Alameda County Coliseum Aut		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Div	lsion, Department, or Region (<i>If Applicab</i>	le)	11 11 11 11 11 11 11 11 11 11 11 11 11	1	For Official Use Only
Su	san S. Muranishi, County Administrat				
Des	Designated Agency Contact (Name, Title)			1	
				Amondanas ///	
	a Code/Phone Number E-mail				provide explanation in Part 3.)
		inistrator@a	cgov.org	Date of Original Filing:	(Month, Day, Year)
	nction or Event Information				350°
	s the agency have a ticket policy?	Yes⊠ No	· //	of Each Ticket/Pass \$ _	
Eve	mt Description Golden State Warriors Provide Title/Ex	Basketball	Date(s)	2 , 23 , 17	
77 al.	·				
HCK	et(s)/Pass(es) provided by agency?	Yes 🔀 No	If no:	Name of So	ource
	sticket distribution made at the behest	No⊠ Yes	i□ If yes:	Official's Name (i	
	agency official?			Official's Name (i	Last, First)
	cipients				ALA
	e Section A to identify the agency's department of	runis. • Use 5a : Number of			
A.	Name of Agency, Department or Unit	Ticket(s)/ Pass(ss)	Describe the pub	ilic purpose made pursuant	to the agency's policy
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В.	Name of Individual	··· Number of Ticket(s)/		: Identify one of the followi	ing:
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Agency Report of: Ceremonial Role Events a	nd Ticket/Pass Dis	stributions		A Public Document
1. Agency Name	ن الذي يعد المامية الم المامية المامية	Company of the world of the Company	Date Stamp	130 (S. 4 (10 (10 (10 (10 (10 (10 (10 (10 (10 (10
Oakland Alameda County Colise	um Authority			For Official Use Only
Division, Department, or Region (III	Applicable)			, , ,
Scott Haggerly, OACCA Commis Designated Agency Contact (Name	Tille)			
Designated Agents J Comment & Comment	,,			Attack to Control
Area Code/Phone Number E-m	n11	<u></u>	Amendment (Musi p	rovide explanation in Part 3.)
View operations transaction	an.fergerson@acgov.org	g	Date of Original Filing:	(Monli), Day; Year)
2. Function or Event Informati			A CONTRACTOR OF THE PARTY OF TH	$\alpha M \alpha \gamma$
Does the agency have a ticket poli-		Face Value o	of Each Tickel/Pass \$.	00.00
L) ascla		_ Date(s) 2	\cdot , \cdot , \cdot , \cdot	
Cuant Decogning "	ide Tille/Explanation		2 1 \	
Ticket(s)/Pass(es) provided by age	ency? Yes⊠ No□	If no:	Name of Sc	100TA
HORBI(S) Fass(es) provided by age		Ueno		in the
Was lickel distribution made at the of agency official?	behest No□ Yes 🗵	If yes: Hagg	Official's Name (Losi, Firsi)
3. Recipients • Use Section A to Identify the agency's de	partment or unit Use Section	E to identify on Individ	val. • Use Section C to itle:	stify on culside organization.
A. Name of Agency, Department or	Number of	Describe the pul	pila barbaza waga barzawi	t to the agency's policy
*				
B. Name of individual	Number of Ticket(3)/ Pass(68)		Identify one of the follow	
Mel Luna		event in	e atlendance at a co order to maximize p for concession and	otential county
		Caremonial Role # checking "Carains	Other Donler Rolle or 'Other describe helem	інсоте 🗌
C. Name of Outside Organizati (include address and descript	on Number of Ticket(s)/ Pass(cs)	Describe the at	iblic purpose made pursua	nt to the agency's policy
4. Verification Theyelread and understand FPPC Regulation Synature of Agency held or Dyshaso	is 18944.1 and 18942. I have verific Lee Ann Ferge	ed that the distribution se	t lanh shove, is in necordance Supervisors Assista	with the requirements. It
Comment:			FPAC Toil-Free Halpling	FPPC Form 802 (4/12 o: 866/ASK-FPPC (866/275-7772

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp Oakland Alameda County Collseum Authority For Official Use Only Division, Department, or Region (If Applicable) Scott Haggerly, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.272.6691 leeann_fergerson@acgov.org (Month, Day, Yesr) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a licket policy? Yes⊠ No□ Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 Name of Source If yes: Haggerly, Scott Was ticket distribution made at the behest No ☐ Yes 図 of agency official? Official's Nama (Losi, First) 3. Recipients . Uso Section A to identity the agency's department or unit. • Use Section B to kientify an individual. • Use Section C to identify an outside organization. Kumberol Name of Agency, Dapartment or Unit Describe the public purpose made pursuant to the agency's policy Tickel(s)/ Pass(ss) To reward a County employee for his or her District exemplary service to the public or to encourage staff development Number of Ticket(s)/ Pass(os) Namo of Individual В. identify one of the following: Coramonial Role 🔲 Other 🔲 Income [If checking "Commontal Rule" or "Other" describe below: Incomo 🔲 Caramontal Role Other 🗌 If checking "Communicat Right" or "Other" describe helpsy. Number of Name of Outside Organization C. Describe the public purpose made pursuent to the agency's policy Tickel(s)/ Pass(as) (include address and description) Verification PPC Regulations 16544.1 and 18942. I have verified that the distribution set forth above, is in recordance with the requirements

Lee Ann Fergerson

Comment:

Supervisors Assistant

Agency Report of: Ceremonial Role Events and Tic	ket/Pass Di	stributions		A Public Document
Agency Name Oakland Alameda County Coliseum Auth Division, Department, or Region (II Applicable Scott Haggerty, OACCA Commissioner)		And the second of the second o	Date Stamp	Confidence
Designated Agency Contact (Name, Title)		V.		
Area Code/Phone Number E-mail			Amondment (Music	provide explanation in Part 3.)
	rson@acgov.or	9	Date of Original Filing;	(Month, Day, Year)
2. Function or Event Information Does the agency have a ticket policy? Event Description La Arrollado Provide Tule/Expl Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?	Yes \(\times \) No \(\times \) Yes \(\times \) No \(\times \) No \(\times \) Yes \(\times \)	Face Value of Date(s) If no: Hagge	Rame of Scienty, Scott	
2 Davinionic	Company of Company of the State	THE RESIDENCE OF THE PROPERTY		
Use Section A to identify the agency's department or A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(ds)		ic purposa mado pursuan	
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Erika Orozco	4	event in o	attendance at a corder to maximize poor concession and	otential county
		Coremonial Role [It checking "Carainan"	Other	Incomit
C. Name of Outside Organization (include address and description)	Number of Tickel(s)/ Pass(es)	Describe the publ	lic purpose made pursuar	nt to the agency's policy
	Compression of the Control of Con	and the state of t	ng pangganggang kital kita ka kanggang panggang kanggang kada Na dang milihad	AND ADDRESS OF THE PROPERTY ADDRESS OF THE
4. Verification Indiversed and understand RPPC Regulations 18944.1 un Signature of Agency Head of Postignad	d 18542. I have verifie Lee Ann Ferge Print Nurra		orth ahove, is in accordance w Supervisors Assistar rave	
Comment:			FPPC Toll-Free Helpline:	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)

Agency Report of: Ceremonial Role Events and Tic	ket/Pass I	Distributions		A Public Document
Agency Name Oakland Alameda County Coliseum Autho Division, Department, or Region (II Applicable)		german de la companya	Date Stamp	For Official Use Only
Scott Haggerly, OACCA Commissioner Designated Agency Contact (Name, Title)				
Area Code/Phone Number E-mail 510,272.6691 leeann.ferge	rson@acgov,	.org	Amendment (Must) Date of Orlginal Filing;	grovide explanation in Part 2.) (Manil), Day, Year)
2. Function or Event Information Does the agency have a licket policy? Event Description Provide Title/Explo Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest	Feach TickeUPass S	102 25 17		
of agency official? 3. Recipients • Use Section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency is department or the section A to Identify the agency is department or the section A to Identify the agency is department or the section A to Identify the agency is department or the section A to Identify the agency is department or the section A to Identify the agency is department or the section A to Identify the agency is department or the section A to Identify the agency is department or the section A to Identify the agency is department or the section A to Identify the agency is department or the section A to Identify the agency is department or the section A to Identify the agency is department or the section A to Identify the agency is department or the section A to Identify the agency is department or the agency is department or the section A to Identify the agency is department or the agency is department.	No ☐ Yes ∑	TYPES	Olficial's Name (d Carrenna amusining and has been present despite the design band
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(cs)	Describe the publ	ic purpose made pursuan	L to the agency's policy
Marylyn Ave Dementary 800 Maryly Ave Livermore CA 94550-2600	2		a school or non-procontributions to the	rofit organization for e community -
4. Verification Ingle read and understand FPPC Regulations 18914.1 and	18942. I have veri Lee Ann Ferg		rih ahove, is in accordance w Supervisors Assistan sire	

	gency Report of: eremonial Role Even	ris and Ticket	/Pass Distr	ihutions	Λ	Public Document
	Agency Name	ILO CITO TTOMOE	11 030 5130	ibations	Date Stamp	Cellianie (2012)
	Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable)					For Official Use Only
						For Official Dise Only
	Scott McKibben, OACCA E Designated Agency Contact				2/	
	Designated Agency Comact	(Name, Inte)				
	Area Code/Phone Number	E-mall			Amendment (Must I	Provide Explanation in Part 3.)
	510.383.4801	smckibben1@gr	nall.com		Date of Original Filing:	(month, day, year)
$\overline{2}$.	Function or Event Infor	mation				
	Does the agency have a tick		s図 No口 I	Face Value of	Each Tickel/Pass \$ _	see navn nee
	Event Description: Warriors	2016 Season	[Dale(s)	1.21.0110	July !
	Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:					
			TORS AND A		Name of Source	
	Was ticket distribution made of agency official?	e at the behest Ye	s∐ No⊠	f yes:	Official's Name (Lest, First)	
3.	Recipients · Use Section A to identify the agen	cy's department or unit.	· Use Section B to	identify an individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of Tickel(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	B. Name of Indi (Losi, Firs		Number of Ticket(s)/ Posses		Identify one of the I	following:
	McKibben, Scott		see	II check To investigat		
			91.2	Cerem	onial Role Other L Ing "Coremental Role" or "Other" de] Income [
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the) public purpose made pur	suant to the agency's policy
	Ψ.					
		1				
	Verification have read and undorstand FRI vith the realling the property	PG Rygulalions 1894	14.1 and 18942. I	I have verified th	hal the distribution set fo	orth above, is in accordance
	A /MOUNT 49/	A MA Soo	II-McKibben	OA	CCA Executive Direct	lor
1	Signature W/Agency Hable or passign's		Print Name		Title	(month, day, year)
10	Common!					

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	s Distributions		A Public Documen
1. Agency Name			Date Stamp	California 000
Oakland Alameda County Col:	isium Autho	rity		Form 802
Division, Department, or Region (If Appl	(cable)		-	For Official Use Only
Yui Hay Lee, Commissioner				
Designated Agency Contact (Name, Tille)				
Area Gode/Phone Number E-mail			Amendment (Must pr	ovide explenation in Part 3.)
(510) 836-6688	uiHay@YHLA	net.	Date of Original Filling:	
2. Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes X No	☐ Face Value o	f Each Ticket/Pass \$	
Event Description Warner	Tuckets		C 2016 - 5	Jan 2917
Ticket(s)/Pass(es) provided by agency?	Yes 🖾 No	[] If no:		
Was ticket distribution made at the befree		atred.	Name of Sou	rce
of agency official?	St No ☐ Yes	If yes: Yu	i Hay Lee Official's Name (L.	net Fireh
3. Recipients	WHITE CONTROL OF THE PERSON NAMED IN		Omora d trains (C	ost, Filiati
o Use Section A to identify the egency's departmen	torunit Uso Sec	ction B to identify an individu	al. s Use Section C to Identi	Dr. om audalda 1
A. Name of Agency, Department or Unix	Number of Ticket(s)/	1	ic purpose made pursuant (
VIII HOW LEE	Paga(es)		io perpose in sea person i	o me agency's policy
Commissioner	TOD.	#3		
Ca	see at	Jacker)		
🗟 . Name of Individual (Leu, हन्म)	Number of Ticket(e)/ Pase(ee)		identify one of the followin	g:
	aperg	apple Ceremonial Role [Other []	Income
En-Streenshampung Agentu gan pana-				
		Ceremonial Role [and the land	Incoma
		If checking "Geramonia	l Role" or "Other" describe below:	4
C. Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to	the agency's policy
Verification (
I have read and understand FPPC Regulations 18944.1 at	nd 16942, I havə vəri ul Hay Lee	fled that the distribution set forti OAC	h above, is in eccordance with t CA Commissioner	ho requirements.
Signal ura of Agancy Facet or Designee	Print Nemo	5210		11/20/16
	2.11.11.11.11.11		Title	(Manth, Day, Year)

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 California Date Stamp 1. Agency Name Form Oakland Alameda County Collseum Authority For Official Use Only Division, Department, or Region (if applicable) Ignacio De La Fuente, OACCA Commissioner Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mall Date of Original Filing: 510.383.4801 idelafuente2012@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Sel. ethoche Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors Basketball 2016-17 Season Date(s) _____/__ Provide Title/ Explanation If no: _ Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No 🔼 Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ (Last, First) Passes Other 🗵 Ceremonial Role De La Fuente, Ignacio If checking "Ceremonial Role" or "Other" describe below: to investigate the efficiencies of the operations of the 2 per various sporting and other events at Coliseum Complex Income ___ Other ___ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: game Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ (include address and description) Passes 4. Verification PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I have read and understand with the regulirements, 01.20.17 **OACCA** Commissioner Ignacio De La Fuente (month, day, year) Print Name

Comment:

Warriors Basketball Ignacio De la Fuente

	Warriors v Hornets	2.1.17	(2) tickets	\$800.00
\triangleright	Warriors v Bulls	2.8.17	(2) tickets	\$1200.00
	Warriors v Kings	2.15.17	(2) tickets	\$800.00
\triangleright	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 Dale Slamp Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Parl 3.) Area Code/Phone Number 510,383,4801 chrisdobbins@oaklandnet.com Date of Original Filing: (nionlin, day, yeer) 2. Function or Event Information Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each TickeUPass \$ ⊆ Event Description: Warriors basketball 2016 Season Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ If no: Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ if yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Ticket(s)/ Passes Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Number 8. Name of Individual of Ticket(s)/ (Last, First) Identify one of the following: Passes Dobbins, Chris Ceremonial Role Other 🔀 Income | If checking "Geremonial Role" or "Other" describe halow 2 per to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other 🔲 Ілсета 🔲 If checking "Ceremontal Role" or "Other" describe below: game Number Name of Outside Organization Ċ. of Tickef(e)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the cequirements. Chris Dobbins OACCA Commissioner October 2016 Signature of Ageggy flead or Designee Print Name Tille (month, day, year) Comment:

Warriors Basketball Chris Dobbins

Warriors v Hornets	2.1.17	(2) tickets	\$800.00
	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