Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) For Official Use Only Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510.383.4801 smckibben1@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Warriors 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 A. Name of Agency, Department or Unit of Tickel(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Lasl, First) Passas Sel Ceremonial Role Other X Income McKibben, Scott If checking "Ceremonial Role" or "Other" describe below: attached To investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other [Income [If checking "Ceremonial Role" or "Other" describe below. Number of Ticket(s)/ Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification I have read and understand FRPG Frequiations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the regilirements.

Scott-McKibben

Print Name

Comment:

(month, day, year)

OACCA Executive Director

Title

Warriors

January 2017

Scott McKibben

	Warriors v Nuggets	1.2.17	(4) tickets	\$800.00
\triangleright	- 	1.6.17	(4) tickets	\$1000.00
	Warriors v Heat	1.10.17	(4) tickets	\$800.00
	Warriors v Pistons	1.12.17	(4) tickets	\$800.00
	Warriors v Cavaliers	1.16.17	(4) tickets	\$2200.00
	Warriors v OKC	1.18.17	(4) tickets	\$1100.00
	Warriors v LAC	1.28.17	(4) tickets	\$2000.00

1. Agency Name		<u> </u>		Date Stamp	California 802	
Oakland Alameda County C	•				Form OUZ	
	Division, Department, or Region (if applicable)				1 of Official Ose Offig	
Scott McKibben, OACCA Ex						
Designated Agency Contact (Name,Title)					
Area Code/Phone Number	E-mail	1 /		Amendment (Must Pro	ovide Explanation in Part 3.)	
510.383.4801	smckibben1@gmai	il.com		Date of Original Filing: _	(month, day, year)	
2. Function or Event Inforr	nation					
Does the agency have a tick	et policy? Yes [⊠ No 🗆 🖠	ace Value of	Each Ticket/Pass \$ 80	0.00	
Event Description: Warriors	basketball		Date(s)01			
Event Beschiption.	Provide Title/ Explar	nation	Jate(s)			
Ticket(s)/Pass(es) provided	by agency? Yes [⊠ No 🗆 🛚	f no:			
Maa tiokat distribution made	at the babast of	1	f yes: McKibb	Name of Source en,Scott		
Was ticket distribution made of agency official?	at the benest Yes	ĭ No ☐ '	ı yes	Official's Name (Last, First)		
or agency official:						
B. Recipients						
 Use Section A to identify the agend 	cy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to identif	y an outside organization.	
Δ Name of Agency, Depa	rtment or Unit	Number	Describe 4h			
A. Name of Agency, Depa	runent of Oth	of Ticket(s)/ Passes	Describe in	public purpose made purs	uant to the agency's policy	
		<u> </u>				
		Number				
B. Name of Indiv (Last, Firs		of Ticket(s)/ Passes		Identify one of the fo	llowing:	
	**************************************	1 00000	Conom			
				onial Role Other Other Other Other Other Other Other	Income Income	
				•		
			Corom	onial Role Other	· · · · · · · · · · · · · · · · · · ·	
				ing "Ceremonial Role" or "Other" desc	Income Income	
Name of Outside Or		Number				
C. (include address and		of Ticket(s)/ Passes	Describe the	public purpose made pursi	ant to the agency's policy	
RR&T incurance	Fasses			to promote College of Complete for the large of the large		
3665 Glennwood Ave	BB&T insurance 3665 Glennwood Ave		to promote Coliseum Complex for use by general public and businesses to maximize revenues			
)					
Raleigh, North Carolina						
Vanification (Å					
. Verification						
have lead and understand fifth	Regulations 18944.	1 and 18942.	I have verified ti	nat the distribution set for	th above, is in accordance	
MINIMA	IW					
T-CHVITA IIII /V Y		McKibben	OA	CCA Executive Directo		
Signature of Adelical Head of Designa	e Pri	int Name		Title	(month, day, year)	
Comment:						

7	1. Agency Name	Date Stamp	California 000		
	Oakland Alameda County Colis	- Sato Stamp	Form 802		
	Division, Department, or Region (If Application)		For Official Use Only		
	Yui Hay Lee, Commissioner	noj			
	Designated Agency Contact (Name, Title)				
	Area Code/Phone Number E-mail	-		Amendment (Must pro	vide explanation in Part 3.)
	/ w = = x	LHay@YHLA	net	Date of Original Filing:	2 102
2	. Function or Event Information				(Month, Day, Year)
200	Does the agency have a ticket policy?				
	//	Yes X No	Face Value o	f Each Ticket/Pass \$	
	Event Description Warner	weeks	Date(s)	e,2016-	Em 2017
	Provide Title/Ex	planation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🖾 No	[] If no:		
	Man Mahat altatibut			Name of Source	0
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Yu	i Hay Lee	
				Official's Name (La.	st, First)
3.					
	 Use Section A to identify the egency's department or 	unit Use Sec	ction B to identify an individu	al. • Use Section C to identify	en outside organization.
	A. Name of Agency, Department or Unix	Number of Tickst(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
	YULLOY LEE	2000	40		
	Commissioner	The same	#3		
	(5	ceat	Jacket)		
	(Lext, First)	Number of Ticket(e)/		Identify one of the following	4.
	,,,	Pass(es)		restrict one of the following	·
		Rpero	am Ceremonial Role	Other Role" or "Other" describe below:	Income [
		Mr.	a Checking Cenimonii	n Role" or "Other" describe below:	
		-	Ceremonial Role	Other 🗍	
				Other Date or "Other" describe below:	Income
(Name of Outside Organization	Number of	Dane dt - 41 - 14		
	" (include address and description)	Ticket(s)/ Pass(es)	nescupe me bupi	ic purpose made pursuant to	the agency's policy
-					
A 3	Janisia akia ak				
4. 1	Verification	40040 11			
11	have read and understand FPPC Regulations 18944.1 and	10942, I have ver	med that the distribution set for	th above, is in accordance with ti	na requirements.
-	30 16 11	i Hay Lee	OA	CCA Commissioner	11/20/16
	Signalura of Agency Head or Designae	Print Neme		Title	(Month, Ofy, Year)
_					The second secon
C	ominent:				

Warriors January 2017

Yui Hay Lee

Warriors v Nuggets	1.2.17	(2) tickets	\$800.00
Warriors v Blazers	1.4.17	(2) tickets	\$800.00
Warriors v Grizzlies	1.6.17	(2) tickets	\$1000.00
Warriors v Heat	1.10.17	(2) tickets	\$800.00
Warriors v Pistons	1.12.17	(2) tickets	\$800.00
Warriors v Cavaliers	1.16.17	(2) tickets	\$2200.00
Warriors v OKC	1.18.17	(2) tickets	\$1100.00
Warriors v LAC	1.28.17	(2) tickets	\$2000.00

-				100110110		I done becamen
1.	Agency Name				Date Stamp	California 202
	Oakland Alameda County C			Form • U/4		
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Ignacio De La Fuente, OAC					
	Designated Agency Contact	(Name, Title)				
	Area Code/Phone Number	E-mail			Amendment (Must F	Provide Explanation in Part 3.)
	510.383.4801		anallaam		Date of Original Filing:	
<u> </u>		idelafuente2012@	gman.com			(month, day, year)
2.	Function or Event Infor				•	son alterno
	Does the agency have a tick		⊠ No 🗆 🛚	Face Value of	Each Ticket/Pass \$ 🗅	see efforting
	Event Description: Warriors	Basketball 2016-17 Provide Title/ Expla	Season [Date(s)	//	See ettached
	Ticket(s)/Pass(es) provided	<i>'</i>	1000			
			Name of Source	· · · · · · · · · · · · · · · · · · ·		
	Was ticket distribution made	e at the behest Yes	□No፟⊠	f yes:	Official's Name (Last, First)	
	of agency official?					
	A. Name of Agency, Department of Indian Control	vidual	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy
	(Last, Fir.	SI) ;	Passes			7
	De La Fuente, Ignacio		2 per	to investigate	onial Role Other Ming "Ceremonial Role" or "Other" desembles of the efficiencies of the ting and other events	scribe below:
			game	1	onial Role Other ing "Ceremonial Role" or "Other" dea	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
4.	Verification	1				
	I have read and understand FP with the requirements.	C Regulations 18944	.1 and 18942.	I have verified ti	hat the distribution set fo	orth above, is in accordance
	MIMMIN VA	Innacio I	De La Fuente		ACCA Commissioner	01.20.17
	Agency Head of Design		int Name		Title	(month, day, year)
f	Comment:					

Warriors

January 2017

Ignacio De La Fuente

Warriors v Nuggets	1.2.17	(2) tickets	\$800.00
Warriors v Blazers	1.4.17	(2) tickets	\$800.00
Warriors v Grizzlies	1.6.17	(2) tickets	\$1000.00
Warriors v Heat	1.10.17	(2) tickets	\$800.00
Warriors v Pistons	1.12.17	(2) tickets	\$800.00
Warriors v Cavaliers	1.16.17	(2) tickets	\$2200.00
Warriors v OKC	1.18.17	(2) tickets	\$1100.00
Warriors v LAC	1.28.17	(2) tickets	\$2000.00

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Musi Provide Explanation in Parl 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510,383,4801 chrisdobbins@oaklandnet.com (nionih, day, year) 2. Function or Event Information Yes No Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Event Description: Warriors basketball 2016 Season Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ If no: Name of Source Was ticket distribution made at the behest Yes ☐ No 図 If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual of Ticket(s)/ Passes В. Identify one of the following: (Last, First) Ceremonial Role Other 🔀 Dobbins, Chris If chocking "Ceremonial 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 🔲 Income 🔲 If checking "Ceremontal Role" or "Other" describe below: game Number Name of Outside Organization of Tickel(a)/ 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

Signature of Ageggy/Head or Designee	Chris Dobbins Prini Name	OACCA Commissioner	October 2016 (month, day, year)
Comment:			

Warriors January 2017

Chris Dobbins

	Warriors v Nuggets	1.2.17	(2) tickets	\$800.00
	Warriors v Blazers	1.4.17	(2) tickets	\$800.00
	Warriors v Grizzlies	1.6.17	(2) tickets	\$1000.00
\triangleright	Warriors v Heat	1.10.17	(2) tickets	\$800.00
\triangleright	Warriors v Pistons	1.12.17	(2) tickets	\$800.00
	Warriors v Cavaliers	1.16.17	(2) tickets	\$2200.00
	Warriors v OKC	1.18.17	(2) tickets	\$1100.00
	Warriors v LAC	1.28.17	(2) tickets	\$2000.00

	- 3100000					A Public Documen
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C			101111		
	Division, Department, or Regi	on (If Applicab		For Official Use Only		
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)			1	
	City Administrator					
	Area Code/Phone Number	E-mail			Amendment (Must pl	rovide explanation in Part 3.)
	(510) 238-6840	SLandreth(@oaklandnet	.com	Date of Original Filing: .	(Month Day Year)
2.	Function or Event Inforr	nation				(Month, Day, Tear)
	Does the agency have a ticket	policy?	Yes ⊠ No	☐ Face Value o	f Each Ticket/Pass \$	800.00
	Event Description Warriors			Data(s) 01	, 02 , 17	
	Event Description	Provide Title/Exp	olanation	Date(s)		
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:					
			100 🖂 110		Name of Sou	urce
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes	If yes: Sabri		1 = 1 0
-					Official's Name (L	.ast, First)
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.					
		CONTROL OF STREET	Number of	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Flores, Gladylen		2	1 1/107 1/2 1/2 1/2 1/2 1/2	Other al Role" or "Other" describe below: es to City employees t	Income _
-				tile / tatilonty		
				Coromonial Dala	7 04 0	
			2	*	Other all Role" or "Other" describe below:	
	C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	If checking "Ceremonia		Income
	C. Name of Outside Organiz (include address and desc Verification	ription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia Describe the publ	al Role" or "Other" describe below: ic purpose made pursuant (Income to the agency's policy
	(include address and desc	ription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia" Describe the public	al Role" or "Other" describe below: ic purpose made pursuant (Income to the agency's policy

			(0.000)			A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C					101111
	Division, Department, or Reg	ion (If Applicabl		For Official Use Only		
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)				
	City Administrator					
	Area Code/Phone Number E-mail				. Amendment (Must p.	1999 . 270 HEAD DECEMBER
	(510) 238-6840	SLandreth@	oaklandnet	t.com	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform				3	
	Does the agency have a ticker	t policy?	f Each Ticket/Pass \$ _	800.00		
	Event Description Warriors			Date(s) 01	, 04 , 17	
	*	Provide Title/Exp.	lanation			
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:			Name of Sou		
						irce
	of agency official?	t the benest	No ☐ Yes	If yes: Sabrir	Official's Name (L	ast First)
3.	Recipients					
	Use Section A to identify the agency	's department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization
	A. Name of Agency, Department or Unit		Number of Ticket(s)/		lic purpose made pursuant	CONTRACTOR INCOME.
	Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	DeMaria, Angelina		2	1	Other Del Role" or "Other" describe below: es to City employees the	Income ☐
			2	Ceremonial Role [Other I	Income 🗌
	C. Name of Outside Organia (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant t	o the agency's policy
	Verification have read and understand FPPC Regula	lions 18944.1 and	18942. I have ver	rified that the distribution set for	th above, is in accordance with	the requirements.
	0		Sabrina Lan		City Administrator	1/10/17
-	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
(Comment:					

Ceremonial Role Events and Ticket/Pass Distributions

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 SLandreth@oaklandnet.com Date of Original Filling: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 1,000.00 Event Description Warriors Date(s) Date(s) Date of Original Filling: (Month, Day, Year) 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) Identify one of the following: Caremonial Role Other Income If thecking 'Coemonial Role Other Income If thecking 'Coemonial Role Other Income To provide incentives to City employees that provide services to the Authority.	4	A manay Nama					711 dane becamen		
Division Department, or Region (If Applicable) Sabrina B. Landreth	1	CONTROL OF THE CONTRO	2008			Date Stamp	California 802		
Sabrina B. Landreth Designated Agency Contact (Name, Table) City Administrator Area Code/Phone Number (500) 238-6840 S.Landreth@oaklandnet.com Date of Original Filings: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 1,000.00 Event Description Warriors Date(s) 01 06 17]	101111		
Designated Agency Contact (Name, 7itile) City Administrator Area Code/Phone Number (510) 238-8840 SLandreth@oaklandnet.com Date of Original Filling: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 1,000.00 Event Description Warriors Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source Was ticket distribution made at the behest No Yes If yes; Sabrina Landreth of agency official? 3. Recipients - Use Section At bientify 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) B. Name of Individual Aux or Name or Individual Aux or Name or Individual Aux or Name or Individual Aux or Name o		Division, Department, or Regio	n (If Applicab	_	For Official Use Only				
Amendment (Must provide explanation in Part 3.) Amendment (Must provide explanation in Part 3.)		Sabrina B. Landreth							
Area Code/Phone Number (510) 238-6840 Standreth@oaklandnet.com Date of Original Filing: (Month. Day, Yes)		Designated Agency Contact (N	lame, Title)			-			
Standerhouse Number Standerhouse		City Administrator				_			
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 1,000.00		Area Code/Phone Number F	E-mail			. Amendment (Must pr	ovide explanation in Part 3.)		
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 1,000.00		(510) 238-6840	SLandreth@	@oaklandnet	.com	Date of Original Filing:	(Month Day Year)		
Event Description Warriors Date(s)	2.	Function or Event Inform	ation				(Month, Day, Tear)		
Event Description Warriors 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? 3. Recipients * Use Section B to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) B. Name of Individual feet or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Jackson, Terisa 2 Ceremonial Role Other Individual feet or Uniter describe below. To provide incentives to City employees that provide services to the Authority. Ceremonial Role Other Individual feet or Other Obscribe below. To provide incentives to City employees that provide services to the Authority. Ceremonial Role Other Individual feet or Other Obscribe below. C. Name of Outside Organization Income Incom		Does the agency have a ticket	policy?	Yes 🖾 No	☐ Face Value o	of Each Ticket/Pass \$	1,000.00		
Ticket(s)/Pass(es) provided by agency? Yes \(\text{No} \) If no: \(\text{Name of Source} \) Was ticket distribution made at the behest of agency official? \(\text{No} \) Yes \(\text{If yes: } \text{Sabrina Landreth} \) 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 Vise Section B to identify an individual. * Use Section C to identify an outside organization. A. Name of Individual Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Jackson, Terisa 2 Identify one of the following: Income		Event Description Warriors							
Was ticket distribution made at the behest of agency official? 3. 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)		Event Description	Provide Title/Exp	olanation	Date(s)				
Was ticket distribution made at the behest of agency official? 3. Recipients • Use Section A to Identify the agency's department or unit. • Use Section B to Identify an individual. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)		Ticket(s)/Pass(es) provided by	agency?	V- 17 N	□ If no:				
Was ticket distribution made at the behest of agency official? 3. 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)		ricket(s)/r ass(es) provided by agency? Yes XI No II no:			Name of Sou	rrce			
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. * Name of Agency, Department or Unit Number of Ticket(s) Pass(s) Pass(s) 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		Was ticket distribution made at	the behest	No ☐ Yes					
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(s)		of agency official?				Official's Name (L	ast, First)		
A. Name of Agency, Department or Unit Number of Ticket(s) Pass(es)	3.	Recipients	Control of the Contro						
A. Name of Agency, Department or Unit Number of Ticket(s) Pass(es)		 Use Section A to identify the agency's 	department or	al. • Use Section C to identi	fy an outside organization.				
B. Name of Individual (Leaf, First) Jackson, Terisa 2 Ceremonial Role Other Income		A. Name of Agency, Department or Unit Number of Ticket(s)/					AND SECURE OF THE PERSON OF TH		
Jackson, Terisa 2 Ceremonial Role Other Income		D. Name of individual Ticket/sV				Identify one of the following:			
Jackson, Terisa 2		(Last, First)							
the Authority. Ceremonial Role Other Income		Jackson, Terisa		2	If checking "Ceremonia	al Role" or "Other" describe below:	Income Income		
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 EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina Landreth City Administrator					the Authority.	oo to oity employees ti	iat provide services to		
4. Verification I have read and understand EPPC Regulations 18944.1 and 18942. have verified that the distribution set forth above, is in accordance with the requirements. Sabrina Landreth City Administrator				2	and the second s		Income		
I have read and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sabrina Landreth City Administrator				Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy		
Sabrina Landreth City Administrator			ons 18944.1 and	1 18942. I have ve	rified that the distribution set for	rth above, is in accordance with	the requirements.		
Strandard A. W. Strandard A. W				Sabrina Lar	ndreth	City Administrator	1/6/12		
		Signature of Agency Head or Designee		[-9-000] Programme Col. [100]			(Month, Day Year)		
		Comment:							

	n i u ilestado maner canar	Strong Actions-Section 10.50 Co.	- Sept. Sept			A Fublic Document
1.	Agency Name		Date Stamp	California 802		
	Oakland Alameda County C			101111		
	Division, Department, or Reg	ion (If Applicabl		For Official Use Only		
	Sabrina B. Landreth					
	Designated Agency Contact ((Name, Title)		1		
	City Administrator					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 238-6840	SLandreth@	oaklandnet.	com	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				(Month, Day, Year)
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	800.00
	Event Description Warriors					
	Event Description	Provide Title/Exp	olanation	Date(s)		
	Ticket(s)/Pass(es) provided by	v agency?	Yes⊠ No	□ If no:		
	es a se	b 220 #	TCS Z		Name of Sou	ırce
	Was ticket distribution made a of agency official?	it the behest	No ☐ Yes	✓ If yes: Sabrir		
					Official's Name (L	ast, First)
3.	Recipients	a 12: 0 72:				
	Use Section A to identify the agency		Number of	ction B to identify an individu I	al. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			r ass(es)		The state of the second section	
			*			
	3. Name of Individual		Number of			Section Section
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:
	FII: # 0			Ceremonial Role	Other	Income
	Elliott, Greg		2	If checking "Ceremonial Role" or "Other" describe below:		
				To provide incentives to City employees that provide services the Authority		
			+		Other	Income
			200		al Role" or "Other" describe below:	Income 🔲
			2			
	C. Name of Outside Organ	ization	Number of Ticket(s)/	Describe the nubl	ic purpose made pursuant t	to the agency's policy
	(include address and des	cription)	Pass(es)	begende the publ	no purpose made pursuant t	to the agency a policy
Į.	Verification					
	I have read and understand FPPC Regula	ations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements.
			Sabrina Lar	ndreth	City Administrator	1/6/17
	Signature of Agency Head or Designee		Print Name	e	Title	(Month, Day, Year)
	Comment:					

Ceremonial Role Even	is and in	ckeurass L	រាទពាររបពលាទ		A Public Document
1. Agency Name	Spirit of Second Solders	Territor at America American State S	MENUNCHAR ACTIVICATION CALL PRINCIPALITY	Date Stamp	Selucione 13: (0/2)
Oakland Alameda County C	oliseum Aut		5000		
Division, Department, or Regi		1	For Official Use Only		
Scott Haggerty, OACCA Co	Scott Haggerty, OACCA Commissioner				
Designated Agency Contact (1	
. Lee Sun I	erce	SEN			
Area Code/Phone Number	IE-mail		A CONTRACTOR OF THE PARTY OF TH	Amendment (Mus	provide explanation in Part 3.)
510.272.6691	leeann.ferg	erson@acgov.o	ırg	Date of Original Filing	(Month, Day, Year)
. Function or Event Inform	nation	The state of the s	CONTRACTOR AND	Treasure and treas	CONTRACTOR
Does the agency have a ticket	t policy?	Yes⊠ No□	Face Value of	of Each Ticket/Pass \$	see attach
Event Bannisting GSW)	Accessor Accessor	Date(s)	, 19 , XA	Soon attache
Event Description	Provide Tille/Exp	ofenation .	_ Date(s)		STORES TO THE ST
Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No□	If no:	SW	
		TOTAL MOD	11.2	Name of S	Source
Was ticket distribution made a of agency official?	t the behest	No ☐ Yes ☒	If yes: Hagg	erly, Scott	flast First)
A SCHOOL STREET, STREE			THE PERSON CONTRACTOR LANDS	Dinini Vinio	trool i not
 Recipients Use Section A to Identify the agency 	i's donadment or	ruoli – Han Socilor	s B to identify an individu	uni Una Saction C to kie	ntifu po enjeida prognization
•		Number of			
A. Name of Agency, Departmen	nt or Unit	Ticket(s)f Pass(os)	Dascriba (ne pilo	lle purposa mada pursua	nt to the agency's policy
DIST . 1		7			
7171		12		d a county employ	
8			exe	emplary service to	the public
B. Name of Individua	ľ	Number of)			
D, Name of flaterada		Ticket(a)/ (ao)aacq		Identify one of the follow	
					ounty sponsored even
					county revenue for
			concession a	and parking sales	
		1	Coremonial Role	Olher 🗌	Incomo [
			If checking "Caramon"	al Rolu'er 'Olhur' desembe helow	
<u> </u>		<u> </u>			
C. Name of Outside Organia (include address and desc		Number of Tickel(s)/	Describe the publ	lic purpose made pursual	t to the agency's policy
•		Pess(es)			
		 			
Verification	The color of the second		to the state of th		The state of the s
Litage lead and understand FPPC Regula	tions 16944.1 and	I 18942. I have verilled	d that the distriction set fo	nii above, is în ascordanse w	rith the requirements.
July Jun		Lee Ann Ferger	son	Supervisors Assistar	1-13-17
The state of the s					are at the stand
Signaturo el Apaner Heed at Dozigosa		Print Namu		Tille	(Month, Day, Year)

Warriors

January 2017

Scott Haggerty

Warriors v Nuggets	1.2.17	(2) tickets	\$800.00
Warriors v Heat	1.10.17	(2) tickets	\$800.00
Warriors v Pistons	1.12.17	(2) tickets	\$800.00



					A Labite Decamen
1. Agency Name		,		Date Stamp	California 802
Oakland Alameda County	Coliseum Auth	nority			AUTHOR STATE
Division, Department, or Re	gion (II Applicab	1	For Official Use Only		
Scott Haggerly, OACCA C	Commissioner				
Designated Agency Contac				1	
255 45m					
Area Code/Phone Number	IE-mail			Amendment (Must p	rovide explanation in Part 3.)
510.272.6691	The second secon	erson@acgov.	org.	Date of Original Filing;	(Monlh, Day, Year)
2. Function or Event Info	THE RESIDENCE OF THE PERSON NAMED IN COLUMN				CONTRACTOR OF THE PARTY OF THE
Does the agency have a tick		Yes 🗵 No 🗀	7 Face Value o	f Each Ticket/Pass \$ _	800.00
. 1	iors Port	1 1	1	4 17	
Event Description WOUNG	Provide Tille/Exp	land Ignation	Date(s)		
Ticket(s)/Pass(es) provided	by saepov?	V IZI N E	If no:	$\circ W$	
Hoket(s)/r ass(es) provided	by agency i	Yes⊠ No [-	Name of Sou	irce
Was ticket distribution made	at the behest	No ☐ Yes 🗵	If yes: Hagge	erly, Scott	
of agency official?			and the second second second	Official's Name (L	ost, First)
. Recipients					
. Use Section A to Identify the agen	cy's department or	Number of	on B (o Identify an Individu	al. " Use Section C to ident	ily an outside organization.
A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the publ	lc purpose made pursuant	to the agency's policy
*					
***************************************	-	-			
		Musharaf			
B. Name of Individu	ol 	Number of Ticket(s)/ Pass(es)	_	Identify one of the following	ng:
Tun Sbran	uti	2	event in c	e attendance at a co order to maximize po for concession and	otential county
(managana and a second	and the second s		Ceremonial Role [Other	іпсоте 🗌
C. Name of Outside Organ (include address and des		Number of Tickel(s)/ Pass(es)	Describe the public	c purpose made pursuant t	o the agency's policy
Verification I have rand and understand FPPC Regul		18942. I have verifie ee Ann Ferge Print Nario		h above, is in necordance with upervisors Assistant	tho requirements. - Or 7 (Month, Day, Year)
Comment:					

	gency Report of:	ket/Beer Di	etributions		5 Dublic Decument
	eremonial Role Events and Tic	Keurass Di	201000000		A Public Document
1.	Agency Name			Date Stamp	California 802
	Oakland Alameda County Coliseum Auth		×		For Official Use Only
	Division, Department, or Region (If Applicable	9)			
	Scott Haggerly, OACCA Commissioner]	
	Designated Agency Contact (Name, Title)				
				Amendment (Must pr	roylde explanation in Part 3.1
	Area Code/Phone Number E-mail				♥
	510.272.6691 leeann.ferge	rson@acgov.or	g	Date of Original Filing: .	(Monlls, Day, Year)
2.	Function or Event Information				2.200
	Does the agency have a ticket policy?	Yes⊠ No□	Face Value of	of Each TickeUPass \$ _	-7200
	Event Description Warner	CAVS	_ Date(s)	11017	
	Provide Tille/Expl	enation	G	Eu	
	Ticket(s)/Pass(es) provided by agency?	Yes⊠ No□	If no:	Name of Sou	ICCR
			If yes: Hagg	100000000000000000000000000000000000000	
	Was ticket distribution made at the behest of agency official?	No ☐ Yes ☒	If yes: 11099	Official's Name (L	osl, Firsl)
gn.011			осненования от поточения дорого		
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's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency and the agency are agency as a section A to identify the agency and the a	unii. • Use Section	B to identify an Individu	ual Use Section C to identi	lfy an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(ss)		olic purpose made pursuant	
					,
					- 10 - 11 - 11 - 11 - 11 - 11 - 11 - 11
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following	ng:
		Pass(os)	To promot		
	ERIC HASSETT	7	event in	te attendance at a co order to maximize po	ounty sponsored
			revenue	for concession and	parking sales
			Caremonial Role	other District describe helow:	Income [
	C Name of Outside Organization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
	(include address and description)	Pass(es)			
					were produced to the control of the
4.	Verification		ali - 4 ali - alladella collacio 4 f-	adh abaya le la necardana with	the requirements
1	have read and understand FPPC Regulations 18944.1 and				17 110
1	Signituro c/Agency Heed or Dosignac	ee Ann Fergers	100	Supervisors Assistant	(Month, Day, Year)
	Californ of Arias I was a passive	(THERMS TOTTOWN)			

Comment: ___

Agency Report of: Ceremonial Role Events and Tic	ket/Pass Dis	stributions		A Public Document
Agency Name Oakland Alameda County Coliseum Authoritiston, Department, or Region (If Applicable Scott Haggerly, OACCA Commissioner)	Date Stamp	For Official Use Only		
Designated Agency Contact (Naina, Tille)				
Area Code/Phone Number E-mail			200	provide explanation in Part 3.)
510.272.6691 leeann.ferge 2. Function or Event Information	rson@acgov.org	THE RESIDENCE OF THE PERSONS ASSESSED.	Date of Original Filing;	(MONIN, DBY, YeBI)
Does the agency have a ticket policy? Event Description Warrant Provide Tule/Expt. Ticket(s)/Pass(es) provided by agency?	Date(s)	(Ku)		
Was ticket distribution made at the behest of agency official?	No ☐ Yes 🏻	If yes: Haggi	erly, Scott Official's Name (Losi, Firsi)
Recipients Use Section A to Identify the agency's department or		2 (o identify an Individu	al. • Use Socilan C to idea	atify on cutside organization.
Ä. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(os)	Describe the pub	lle purposa mada pursuan	t to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ring:
Kelly Bowers	Pass(06)	event in o	attendance at a co rder to maximize po for concession and	otential county
		Coremonial Rola If checking "Coromonial	Other	Іпсолю 🗆
C. Name of Outside Organization (include address and description)	Number of Tickel(s)/ Pass(os)	Describe the pub	lic purpose made pursvan	t to the agency's policy
4. Verification they rendered understand FPSC Regulations 18944.1 and Synature of Aspect these or National	18842. I have verified Lee Ann Fergers		onh ahove, is in necardance w Supervisors Assistan	0 1-7
Comment:				E3PC Form 807 (4/12)

Ceremonial Role Events and 110	Kettrass Dis	ខពលាមបញ្ជា		A Public Document
1. Agency Name		Charles and the Control of the Contr	Date Stamp	remoine (2/1/2)
Oakland Alameda County Coliseum Auth	ority			
Division, Department, or Region (II Applicab)	9)		1	For Official Use Only
Scott Haggerly, OACCA Commissioner				
Designated Agency Contact (Neme, Title)		· · · · · · · · · · · · · · · · · · ·	-	
√.				
Area Code/Phone Number E-mail			Amondment (Must p	rovide explanation in Part 3.)
510,272,6691 leeann.ferge	erson@acgov.org		Data of Original Filing:	(Monilly, Day, Year)
2. Function or Event Information	The state of the s	the state of the s	AC S. H.L. STORY ESSENCE CO. Co.	The straightful train of the state of the st
Does the agency have a ticket policy?	Yes No 🗆	Face Value o	of Each TickeUPass \$ _	2,000
Event Description Warriors	Lippers	Date(s)	, 28 (7	
Provide Tillerexp	lanation	Calcion	541	
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No□	If no:	///	1144
		Hang:	Nəme of So erly, Scott	ште
Was ticket distribution made at the behest of agency official?	No ☐ Yes ☒	If yes: Haggi	Official's Name (Losi, Firsi)
CARLO COMPANIE DE SERVICIO DE		The state of the s		Monte and the second of the se
3. Recipients • Use Section A to Identify the agency's department or	unit. • Use Section B	to Identify an Individu	ual. • Use Saction C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(ss)	WE 300 ST	lic purposo made pursuant	
View Committee of the C				
B. Name of Individual	Number of Ticket(a)/ Pass(es)		Identify one of the follow	ing:
Jeff Marchelli	2	event in o	e attendance at a co order to maximize po for concession and	tential county
		Caramonial Roje	Other	Incomo 🗌
		II checking "Caremon"	ist Role or "Olhur" dosenbo helow,	
C Name of Outside Organization	Number of	Describe the pub	lic purpose made pursuant	to the proper's palicy
C. Name of Outside Organization (include address and description)	Tickel(s)/ Pass(as)	Describe the pos	The purpose made pursuant	To the against a posicy
			*	
0	No. of Contract of	gy s home or well by life but a line beginning to the	و المعالمة و المعالمة المعالمة والموالة المعالمة والمعالمة والمعالمة والمعالمة والمعالمة والمعالمة و	CONTRACTOR OF THE PROPERTY OF
4. Verification		d st eliadelm sidam nat de	adi ahara is in nasardansa wi	th the requirements
They lead and understand FPPC Regulations 18941.1 and				
Syanturo al Agenty Heed or Designes	Lee Ann Fergers	D(1	Supervisors Assistant	(Month, Day, Year)
a administrative and result and a religious			ONE CONSISS	60 mpathwale 2 003 - 12 60 8
Comment:				FPPC Form 802 (4/12)

A	gency Report of:	3 MP3 or	lec4/Dana	Friateilantiane		U. Haug eggguesir
	eremonial Role Events	s and Hc	Reveass	DISTIDUTIONS	Dale Slamp	California
7.	Agency Name Oakland-Alameda County Co	liceum Auth				
	Division, Department, or Regio			J		For Official Usa Only
	Susan S. Muranishi, County /			ountv		
	Designated Agency Contact (N	amo, Tille)	117 112011-11-11-			1
			El Assendent Obular	auto synlanation in Bod 3.)		
	Area Code/Phone Number	E-mall			- Amendment (Must po	
		countyadmir	nistrator@acg	gov.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform					en attached
	Does the agency have a ticket	policy?	Yes 🗵 No		of Each Ticket/Pass \$ 🧘	
	Eyent Description Golden Star	te Warriors I Provide Tille/Exp	Basketbál) Ianalloñ		attached J. S.L. (I	ttached.
	Tipket(s)/Pass(es) provided by	agency?	Yes⊠ No.	lf no:	Nama of Soi	ireo .
	Was licket distribution made at of agency official?	the behest	No⊠ Yes	If yes:	Olfi clal's Nama (l	.ast, First)
3.	Recipients • Pao Section A to Identify the agency's	ត dopariment or	unit v Veo Sec	alon B to identify an individ	lug). • Uso Sótijan O ta Ideni	lly an outside organization.
	A. Hame of Agency, Departmen		Number of Ticket(e)/ Pass(cs)	Descripe the pu	blie purpose made pursuant	to the agency's policy
		1.7		, , , , , , , , , , , , , , , , , , , ,	•	
	Nama of Individual		Number of Ticket(a)/ Pass(66)	m-1-7	(dantify one of the follow	ing:
	Muranishi, Susan S.		Oldele		ntal ftolo" of "Other" describe helow:	lucomo []
			2/date	to provide incentiv provide services to	es to City and County of the Authority	employees that
				Ceremonial Role If chadding "Goromo	Other glel Ralo* or "Other" describa below:	Іпсото 🔲
	G. Name of Outelde Organiz (Include address end desc	ription)	Number of Tjekel(a)/ Pass(as)	Dascribe the pu	plic bruboco wago bruanay	to the agency's policy
		1				
4.	Verification These and and understand FPPC Regula	ฟอกต 18944.1 on	nd 18942. I hava ve	edli ed that the distribution se	f forth abovo, is In accordance w	ili) lije raquiroments.
	Franchis Commania		Susan S. Mi	uranishi	County Administrator	
	ระกอแหล่ง คลักแรง Heed or Decignon	1	Pánt Phá	19	, TRIS	(udah, thy. Year)
	Comment:				pppG Toll-Free Helpline:	FPPC Form 602 (4/42) 886/ASK-FPPC (866/275-7772)

Warriors January 2017

Susan Muranishi

Warriors v Nuggets	1.2.17	(2) tickets	\$800.00
Warriors v Pistons	1.12.17	(2) tickets	\$800.00
Warriors v Cavaliers	1.16.17	(2) tickets	\$2200.00

Ceremonial	Role	Events and	Ticket/Pass	Distributions
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_						w Laplic Decallett
1.	Agency Name		Date Stamp	California 802		
	Oakland-Alameda County C	oliseum Auth		3.00		
	Division, Department, or Regi	on (If Applicable		For Official Use Only		
	Susan S. Muranishi, County	Administrato	r. Alameda (County	:	
	Designated Agency Contact (***************************************		
	,	·				
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	510-272-3862	countyadmir	nistrator@ad	aov.ora	Date of Original Filing:	
2.	Function or Event Infor		Heller (Sec	.900.8		(Manth, Day, Year)
	Does the agency have a ticket		· Yes⊠ No	□ Face Value o	f Each Ticket/Pass \$	1000 00
	• •	•			• "	
	Event Description Golden Sta	Provide Title/Expl	enetion	Date(s)	, 06 , 17	
				IÉ		
	Ticket(s)/Pass(es) provided by	agency	Yes 🗵 No	II II II O:	Name of Sou	rce
	Was ticket distribution made a	t the behest	No⊠ Yes	☐ If yes:		NAME OF THE PARTY
	of agency official?				Officiei's Name (L	est, First)
3.	Recipients					
	 Use Section A to Identify the agency 	's department or		ction B to identify an individu	al. • Use Section C to Identi	fy an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/	Describe the pub	ilc purpose made pureuant i	to the agency's policy
			Pass(es)			
	B. Name of Individua		Number of Ticket(s)/ Pass(es)	Ceremonial Role	identify one of the followin	ng:
	Patțillo, Joni		2	i e	al Role" or "Other" describe below:	
				to provide incentive services to the Auth		mployees that provide
				Ceremonial Role	•	
					el Role" or "Other" describe below:	Income 🛄
:	C. Name of Outside Organi (include address and desc	zation	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	to the agency's policy
	fürinen saniabe Bur dast	inhanni.	Pass(es) .			
				,		
	,					
		A STATE OF THE STA				
	Verification					
ł	have read and understand FPPC Regula	!				tne requirements.
	Justin muranich /	Mr	Susan S. Mu	the same of the sa	County Administrator	Marcon Ma
	Signalitie of Agency Head or Designife		Print Nem	p	Tilla	(Month, Day, Year)
	Comment:					
,						2000 F 046 (4(44)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1. Agency Name	Date Stamp	California 802			
Oakland-Alameda County Coliseum Auth		Form For Official Use Only			
Division, Department, or Region (If Applicable	Division, Department, or Region (If Applicable)				
Susan S. Muranishi, County Administrato	r, Alameda	County			
Designated Agency Contact (Name, Title)		· · · · · · · · · · · · · · · · · · ·	1		
Area Code/Phone Number E-mail				provide explanation in Part 3.)	
510-272-3862 countyadmir	nistrator@ad	ogov.org	Date of Original Filling:	(Month, Day, Year)	
2. Function or Event Information					
Does the agency have a ticket policy?	Yes ⊠ No	Face Value o	f Each Ticket/Pass \$ _	80000	
Event Description Golden State Warriors E	Basketball	Date(s) 01	10 , 17	1 1	
Provide Title/Expl	anation				
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No	If no:	Name of Sc		
383-	guen .				
Was ticket distribution made at the behest of agency official?	No 🖾 Yes	If yes:	Official's Name	(Last, First)	
3. Recipients				the state of the s	
 Recipients Use Section A to identify the agency's department or 	unit. • Usa Se	ction B to identify an individu	ial. • Use Section C to Ider	ntify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/	1	lic purpose made pursuan	· · · · · · · · · · · · · · · · · · ·	
	Pass(es)				
·					
	Number of		,	Walder Co.	
B. Name of Individual (List, Fix)	Ticket(s)/ Pass(es)		Identify one of the follow	ringt	
		Ceremonial Role	Other 🗵	Income	
Jackson, Regina, EOYDC	2	1	al Role" or "Other" describe below:		
		to provide opportur	ities to community gr	oups to utilize the facility	
		Ceremoniai Role	Other	Income 🗆	
			al Role" or "Other" describe below:	lincontie L	
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy	
furnace and see all a rescribitott	Pass(es) .		. , , , , , , , , , , , , , , , , , , ,		
				•	
1. Verification I have read and understand FPPC Regulations 18944.1 and	18047. I heve v	erified that the distribution set to	orth above, is in accordance w	ith the regulrements.	
			County Administrator		
Signeture of Englosy Head or Designee	Susan S. Mi Print Nan	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL	Title	(Month, Day, Year)	
Comment:	·			EDDC Energ 802 (4/12)	

Ceremonial Role Ev	ents and Ticket/Pass Distributions		A Public Document
Agency Name Oakland-Alameda Coun Division, Department, or I Susan S. Muranishi, Cou Designated Agency Conta	nty Administrator, Alameda County	Date Stamp	California 802 For Official Use Only
Area Code/Phone Number 510-272-3862	E-mail countyadministrator@acgov.org	Amendment (Must	provide explanation in Part 3.) :(Month, Day, Year)

Caldello-Mailloge Confirs College III Val	literity			
Division, Department, or Region (if Applicat]	For Official Use Only		
Susan S. Muranishi, County Administrat	tor, Alameda (County		
Designated Agency Contact (Name, Title)			1	
			Amendment (Must pr	aude aveltes in Det 21
Area Code/Phone Number E-mail			1 -	ovide explanation in matt 3.)
510-272-3862 countyadm	inistrator@ac	gov.org	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Information				110000
Does the agency have a ticket policy?	Yes 🗵 No	_	of Each Ticket/Pass \$	1100-
Event Description Golden State Warriors	Basketball planation	Date(s)	1 , 18 , 17	
Ticket(s)/Pass(es) provided by agency?	Yes 🗵 No	If no:	Name of Sou	rca
Was ticket distribution made at the behest of agency official?	No 🗵 Yes	☐ If yes:	Official's Name (L	ast, First)
. Recipients - Use Section A to identify the agency's department of	r unji. • Use Sec	ction B to identify an individ	ual, • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pess(es)	Describe the put	bilo purpose mado pursuant	to the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	191
Coletto, Peter	2	, · · · · ·	Other Other Other Other Other Other Other Other Other Other Other Other	Income molovees that provide
		services to the Aut		tide (m) and river brains
The state of the s		Ceremonial Role If checking "Ceremon	Other Discribe bulow:	fncome 🗖
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	ilic purpose made pursuant i	o the agency's policy
Verification	J 400.40 Lb			. Alexander
I have read and understand FPPC Regulations 18944.1 ar				те requirements.
Susan formanish (MA)	Susan S. Mu	Company of the compan	County Administrator	Marie Day Marie
Signature of Agency Hood or Designate	Print Nam	o	t style	(Month, Day, Year)

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Q	C	ranish	. /	1 14 1/1
Signali	ing of agency i	Head or Dasignee	7	ev <u>ev</u>

Comment: _

4.				#1			
• •	Agency Name	Date Stamp	California 802				
	Oakland-Alameda County Coliseur Division, Department, or Region (If A			For Official Use Only			
	Susan S. Muranishi, County Admir						
	Designated Agency Contact (Name, To	•					
	Area Code/Phone Number E-mail	1		Amendment (Must p	rovide explanation in Part 3.)		
	510-272-3862 count	yadministrator@ad	egov.org	Date of Original Filing:	(Month, Day, Year)		
	Function or Event Information		Face Volume	of Each Ticket/Pass \$	2000		
	Does the agency have a ticket policy Event Description Golden State Wa		, ,				
	Provide	Title/Explanation	Date(s)				
	Ticket(s)/Pass(es) provided by agend	Name of So	urce				
1	Was ticket distribution made at the be of agency official?	ehest No 🗵 Yes	☐ If yes:	Official's Name (L	Last, 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 Uni	lic purpose made pursuant					
•	B Name of Individual			identify one of the followi			
	(Last, First)	Pass(es)	Ceremonial Role	· · · · · · · · · · · · · · · · · · ·	Income D		
	Chạn, Wilma		to investigate the efficiencies of the operations of the various sporting and other events that occur at the Collseum Complex				
•	A A A A A A A A A A A A A A A A A A A		Ceremonial Role If checking "Ceremon	Other Aescribe below:	Income [
•	C. Name of Outside Organization Number of Ticket(s)/ (include address and description) Pass(es)		Describe the pub	lic purpose mado pursuant	to the agency's policy		
	Verification have read and understand FPPC Regulations 186	944.1 and 18942. I have ve	prified that the distribution set fo	orth above, is in accordance with	h the requirements.		
	Jusan Thuramish for	Z Susan S. Mu	talescence	County Administrator	Mask Post		
	Signature of Agency Head or Designee	Print Nam	PP .	Title	(Month, Day, Year)		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{68.25}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: PBR Date(s) 01 / 07 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 10 to provide opportunities to community groups to utilize the facility Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

Comment: _

I nave read and unders	tand FPPC Regulations	18944.1 and	18942. I have	verified that the	distribution set forth	above	is in accordance
with the requirements.						asoro,	io iii addoraanide

X	1	
Signatu	ire of Agency Head or Designee	0. 6.

Chris Dobbins

OACCA Commissioner

01.06.17

Print Name

litle

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{82.25}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Globetrotters Date(s) __01 / 01 21 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number 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 Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below. 8 to provide opportunities to community groups to utilize the 7

		facility
	4 per day	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)/ Passes	Describe the public purpose made pursuant to the agency's policy
Verification have read and understand FPPC Regulations 18	8944.1 and 18942. I	have verified that the distribution set forth above, is in accordance

Chris Dobbins

Print Name

with the requirements.

Comment:

Signature of Agency Head or Designee

01.06.17

(month, day, year)

OACCA Commissioner

Title

1	. Agency Name			Date Stamp	California 802		
	Oakland Alameda County Colisi		101111				
	Division, Department, or Region (If Applicable		For Official Use Only				
	Yui Hay Lee, Commissioner						
	Designated Agency Contact (Name, Title)						
	Area Code/Phone Number E-mail	~		Amendment (Must pro	ovide explanation in Part 3.)		
	(510) 836-6688 Yuil	Hay@YHLA.	net	Date of Orlginal Filing: _	(Month, Day, Year)		
2.	Function or Event Information				Control of the last of the las		
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	8225		
	Event Description LIBREM GLOT	BETROT	1	,21,17 2:00 Pm			
	Ticket(s)/Pass(es) provided by agency?	Yes 🖾 No	☐ If no:	Name of Sou	rce		
	Was ticket distribution made at the behest	No ☐ Yes	X If yes: Yu	i Hay Lee			
	of agency official?			Official's Name (Li	est, First)		
3.	Recipients						
	Use Section A to identify the agency's department or	The state of the s	tion B to identify an individu	al. • Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	bilc purpose made pursuant to the agency's policy			
	YUI HAY LEE		#2				
	CAMMISSIONER	6.	#3				
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:		
		1.000(00)	Ceremonial Role	Other [Income [
			Particle in the second of	al Rofe" or "Other" describe below:	illouis []		
			Ceremonial Role	Other D	Income		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant (to the agency's policy		
	•						

, '	Verification						
	have read and understand FPPC Regulations 18944.1 and	18942.Ihave ve i Hay Lee		orth above, is in accordance with			
,	Signature of Agency Neted or Designee	Print Name		Tilla	10/1/2016		
(Comment:	rink iyana		rae	(Mjónih, Díly, Year)		

A Public I	Document
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1.	Agency Name		Date Stamp	California 202		
	Oakland Alameda County Co	•				Form OU/2
	Division, Department, or Regi	ion (if applicable)			For Official Use Only	
_	Ignacio De La Fuente, OAC					
٠	Designated Agency Contact (Name,Title)				
					Amendment /Must De	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
***************************************	510.383.4801	idelafuente2012@g	gmail.com		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	ret policy? Yes I	⊠ No 🗆 F	ace Value of I	Each Ticket/Pass \$ <u>82</u>	2.25
	Event Description: Globetrot				, 21 , 17	1 1
		Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided I	by agency? Yes	No □ I	f no:	Name of Source	
	Was ticket distribution	at the behost		f yes:		
	Was ticket distribution made of agency official?	arme nenest Yes[. у оо	Official's Name (Last, First)	
um-	z. agoncy omoles:	St	ALD DAMES AND ASSESSMENT OF THE PARTY OF THE	MATERIAL PROPERTY AND ADDRESS OF THE PARTY AND	W000000000000	
3.	Recipients	nggarnáiteireann				· · · · · · · · · · · · · · · · · · ·
	Use Section A to identify the agence	cy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Depar	rtment or Unit	Number of Ticket(s)/	Describe the	e public purpose made purs	uant to the agency's policy
			Passes	\$1. ************************************		
			Number			
	B. Name of Indiv (Last, Firs		of Ticket(s)/ Passes		Identify one of the fo	ollowing:
		The second secon		Cerem	ionial Role Other 🗵	Income
	De La Fuente, Ignacio		6	If check	sing "Ceremonial Role" or "Other" desc	cribe below:
				to provide op facility	oportunities to commur	nity groups to utilize the
				† · · · · ·	onial Role Other	Income [
				1	ring "Ceremonial Role" or "Other" desc	
	Name of Outside On	ganization	Number	Dosark	a public nuescos	uant to the assessed
	C. (include address and		of Ticket(s)/ Passes	Describe the	e public purpose made purs	ruant to the agency's policy
	Microsomoreamoreamoreamoreamoreamoreamoreamore	Margattetische segmentelle in der		SOURCE STATE OF THE STATE OF TH		
	Verification /	ACTIVITY OF THE PROPERTY OF TH				
1	I have read and understand F/PF	PC Regulations 18944.	1 and 18942.	l have verified ti	hat the distribution set for	rth above, is in accordance
١	with the requirements.					
	[[[]][[[]][[]][[]][[]][[]][[]][[]][[]]	Ignacio E	De La Fuente	C	ACCA Commissioner	01.20.17
-	Signature of Agency Head of Designe		int Name		Title	(month, day, year)
	Commont:					
	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 For Official Use Only Division, Department, or Region (if applicable) Krishna Pettitt, Oakland City Attorney Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 kpettitt@oaklandcityattorney.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 82.25 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Globetrotter Date(s) __01 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: Was ticket distribution made at the behest Yes ☐ No ☒ If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number 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 Ceremonial Role Other 🔽 Pettitt, Krishna If checking "Ceremonial Role" or "Other" describe below: 4 to investigate the efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization

4.			c		

(include address and description)

mave read and understand FPPC Regulations	8 18944.1 and	1 18942. I nave	e verified that the	aistribution set	forth above.	is in accordance
with the requirements					,	

of Ticket(s)/

Passes

STATE OF THE PARTY	Krishna Pettitt	Oakland City Attorney	01.13.17
Signally of Agendy Head or Designee	Print Name	Title	(month, day, year)
Comment:			

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