

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

A Public Document

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

2. Function or Event Information

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

Event Description Warriors Date(s) 06 / 02 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

 Signature of Agency Head or Designee	Sabrina Landreth Print Name	City Administrator Title	 (Month, Day, Year)
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Comment: _____

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 10,000

Event Description Warriors Date(s) 06 / 19 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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


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

Comment: _____

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 20⁰⁰

Event Description Warriors Watch Party Date(s) 06 / 16 / 16
Provide Title/Explanation

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

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


3. Recipients

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

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

4. Verification

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

 Sabrina Landreth City Administrator 7.1.16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

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

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 112.50

Event Description A's Game Date(s) 06 / 29 / 16
Provide Title/Explanation

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

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

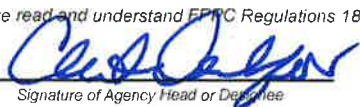
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Phan, Nai	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority.
	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	Sabrina Landreth	City Administrator	<u>7.1.16</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 90⁰⁰

Event Description A's Game Date(s) 06 / 19 / 16
Provide Title/Explanation

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

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


3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Zhan, Robert	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority.
	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	Sabrina Landreth	City Administrator	<u>7.1.16</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

2. Function or Event Information

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

Event Description A's Game Date(s) 06 / 21 / 16
Provide Title/Explanation

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

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

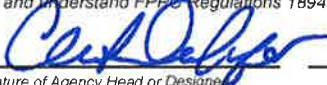
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Sams, Krystal	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide services to the Authority.
	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	Sabrina Landreth	City Administrator	<u>7.1.16</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 90.00

Event Description A's Game Date(s) 06 / 17 / 16
Provide Title/Explanation

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

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

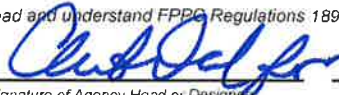
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Reed, Asha	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority.
	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	Sabrina Landreth	City Administrator	<u>7.1.16</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 6250

Event Description 106.1 KMEL Summer Jam Date(s) 06 / 12 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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


 Sabrina Landreth
 City Administrator
 7.1.16
Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Comment: _____

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

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

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 10,000

Event Description Warriors Date(s) 06 / 13 / 16
Provide Title/Explanation

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

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

3. Recipients

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


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

B. Name of Individual (Last First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Landreth, Sabrina		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To investigate the efficiencies of the operations of the various sporting and other events that occur at the Coliseum Complex.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

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

4. Verification

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

	Sabrina Landreth	City Administrator	<u>7.1.16</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 20.00

Event Description Warriors Watch Party Date(s) 06 / 08 / 16
Provide Title/Explanation

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

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

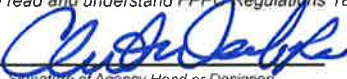
3. Recipients

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

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

4. Verification

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

	Sabrina Landreth	City Administrator	<u>7.1.16</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Jan SPA

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

A. Public Document

1. Agency Name <u>Oakland/Alameda County Coliseum Authority</u>		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) <u>Alameda County Supervisor Scott Haggerty, D1</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	Date of Original Filing: _____ (Month, Day, Year)
Lee Ann Ferguson, Ticket Administrator			
Area Code/Phone Number <u>510 272-1691</u>	E-mail <u>leeann.fergerson@acgov.org</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 10,000

Event Description Warriors Finals Game 6 Date(s) 6, 13, 16
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Gabriela Caballero</u>	<u>2</u>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. <input type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

[Signature] Lee Ann Ferguson Ticket Administrator 6/13/16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

A. Public Document

California Form **802**
For Official Use Only

1. Agency Name

Oakland/Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Alameda County Supervisor Scott Haggerty, D.I.

Designated Agency Contact (Name, Title)

Lee Ann Ferguson, Ticket Administrator

Area Code/Phone Number

E-mail

510 272-6691

leeann.fergerson@acgov.org

Date Stamp

☐ Amendment (Must provide explanation in Part 3)

Date of Original Filing: _____
(Month, Day, Year)

2. Function or Event Information

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

Face Value of Each Ticket/Pass \$ 10.00

Event Description Warriors
Provide Title/Explanation

Date(s) 6/2/16

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

If no: GSN

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Larry Davidson</u>	<u>2</u>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. <input type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Lee Ann Ferguson Ticket Administrator 6/2/16

Comment:

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

A Public Document

1. Agency Name <u>Oakland/Alameda County Coliseum Authority</u> <small>Division, Department, or Region (If Applicable)</small>		Date Stamp <div style="border: 1px solid black; padding: 5px;"> California Form 802 <small>For Official Use Only</small> </div>
Designated Agency Contact (Name, Title) <u>Alameda County Supervisor Scott Haggerty, D1</u> <u>Lee Ann Ferguson, Ticket Administrator</u> <small>Area Code/Phone Number</small> <u>510 272-6691</u> <small>E-mail</small> <u>leeann.fergerson@acgov.org</u>		
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)		Date of Original Filing: _____ <small>(Month, Day, Year)</small>

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 10,000

Event Description Warriors Provide Title/Explanation Date(s) 6, 5, 16

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

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

3. Recipients

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

A.	Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. <input type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
	<u>Mark Bernardini</u>	<u>2</u>	
C.	Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

[Signature] Lee Ann Ferguson Ticket Administrator 6/2/10
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 <u>Oakland Alameda County Coliseum Authority</u> <small>Division, Department, or Region (If Applicable)</small> Larry Reid, Chair <small>Designated Agency Contact (Name, Title)</small> <table style="width:100%;"> <tr> <td style="width:50%;"><small>Area Code/Phone Number</small> 510.383.4801</td> <td style="width:50%;"><small>E-mail</small> Lreid@oaklandnet.com</td> </tr> </table>		<small>Area Code/Phone Number</small> 510.383.4801	<small>E-mail</small> Lreid@oaklandnet.com	<div style="border: 1px solid black; padding: 5px;"> <small>Date Stamp</small> <div style="border: 1px solid black; padding: 5px;"> California Form 802 <small>For Official Use Only</small> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> <small>Amendment (Must provide explanation in Part 3.)</small> <small>Date of Original Filing: _____</small> <small>(Month, Day, Year)</small> </div>
<small>Area Code/Phone Number</small> 510.383.4801	<small>E-mail</small> Lreid@oaklandnet.com			

2. Function or Event Information

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

Event Description Warriors Season Date(s) see attached
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Reid, Larry</u>	<u>2 per game</u>	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>#3 to investigate efficiencies</u>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 189-14.1 and 189-14.2. I have verified that the distribution set forth above, is in accordance with the requirements.

<u>[Signature]</u> <small>Signature of Agency Head or Designee</small>	<u>Larry Reid</u> <small>Print Name</small>	<u>OACCA Chair</u> <small>Title</small>	<u>12/2015</u> <small>(Month, Day, Year)</small>
---	--	--	---

Comment: _____

WARRIORS BASKETBALL FINALS

Larry Reid

• Warriors v Cavaliers	June 2, 2016	2 tickets	\$10,000.
• Warriors v Cavaliers	June 5, 2016	2 tickets	\$10,000.
• Warriors Watch Party	June 8, 2016	2 tickets	\$20.00
• Warriors Watch Party	June 10, 2016	2 tickets	\$20.00
• Warriors v Cavaliers	June 13, 2016	2 tickets	\$10,000.
• Warriors Watch Party	June 16, 2016	2 tickets	\$20.00
• Warriors v Cavaliers	June 19, 2016	2 tickets	\$10,000.

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

A Public Document

1. Agency Name Oakland-Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title)		Date Stamp	52101 California For Official Use Only
Area Code/Phone Number 510-272-3862	E-mail countyadministrator@acgov.org	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ see attachedEvent Description Golden State Warriors Basketball
Provide Title/ExplanationDate(s) See attached / /Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐If no: _____
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: _____
Official's Name (Last, First)


3. Recipients

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

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

4. Verification

I have read and understand FPPC Regulations 18644.1 and 18642. I have verified that the distribution set forth above, is in accordance with the requirements.

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

Comment: _____

WARRIORS BASKETBALL FINALS

Susan Muranishi

• Warriors v Cavaliers	June 2, 2016	2 tickets	\$10,000.
• Warriors v Cavaliers	June 5, 2016	2 tickets	\$10,000.
• Warriors Watch Party	June 8, 2016	2 tickets	\$20.00
• Warriors Watch Party	June 10, 2016	2 tickets	\$20.00
• Warriors v Cavaliers	June 13, 2016	2 tickets	\$10,000.
• Warriors Watch Party	June 16, 2016	2 tickets	\$20.00
• Warriors v Cavaliers	June 19, 2016	2 tickets	\$10,000.

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

A Public Document

Agency Name Oakland-Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Barbara J. Parker, City Attorney/OAACA Official			
Designated Agency Contact (Name, Title)			
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ October-April 2016
playoffs & Finals
 Event Description Warriors Basketball Tickets Date(s) _____
Provide Title/Explanation
 Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source
 Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: _____
Official's Name (Last, First)

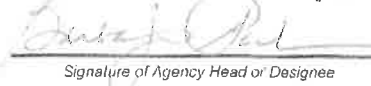
3. Recipients

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

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

4. Verification

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


 Barbara J. Parker City Attorney/OAACA Official 1/22/2016
Signature of Agency Head or Designee *Print Name* *Title* *(Month, Day, Year)*

Comment: _____

WARRIORS BASKETBALL FINALS

Barbara Parker

• Warriors v Cavaliers	June 2, 2016	2 tickets	\$10,000.
• Warriors v Cavaliers	June 5, 2016	2 tickets	\$10,000.
• Warriors Watch Party	June 8, 2016	2 tickets	\$20.00
• Warriors Watch Party	June 10, 2016	2 tickets	\$20.00
• Warriors v Cavaliers	June 13, 2016	2 tickets	\$10,000.
• Warriors Watch Party	June 16, 2016	2 tickets	\$20.00
• Warriors v Cavaliers	June 19, 2016	2 tickets	\$10,000.

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Christopher Dobbins, OACCA Commissioner		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	Date of Original Filing: _____ (Month, Day, Year)
Designated Agency Contact (Name, Title)			
Area Code/Phone Number 510.383.4801	E-mail Chrisdobbinslaw@yahoo.com		

2. Function or Event Information

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

Face Value of Each Ticket/Pass \$ see attached

Event Description Golden State Warriors Season
Provide Title/Explanation

Date(s) see attached

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

If no: _____
Name of Source

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

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

3. Recipients

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

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

4. Verification

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

	Chris Dobbins	OACCA Commissioner	2/2015
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

WARRIORS BASKETBALL FINALS

Chris Dobbins

• Warriors v Cavaliers	June 2, 2016	2 tickets	\$10,000.
• Warriors v Cavaliers	June 5, 2016	2 tickets	\$10,000.
• Warriors Watch Party	June 8, 2016	2 tickets	\$20.00
• Warriors Watch Party	June 10, 2016	2 tickets	\$20.00
• Warriors v Cavaliers	June 13, 2016	2 tickets	\$10,000.
• Warriors Watch Party	June 16, 2016	2 tickets	\$20.00
• Warriors v Cavaliers	June 19, 2016	2 tickets	\$10,000.

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority <hr/> Division, Department, or Region (if applicable) Scott McKibben, Executive Director <hr/> Designated Agency Contact (Name, Title) <hr/>		Date Stamp <hr/>	California Form 802 For Official Use Only
Area Code/Phone Number 510.383.4801	E-mail smckibben1@gmail.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) <hr/> 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 \$ 5000.00

Event Description: Warriors Playoffs 2016 Date(s) See attach
Provide Title/ Explanation

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

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


3. Recipients

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

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

4. Verification

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

 Signature of Agency Head or Designee	Scott McKibben Print Name	Executive Director Title	4.27.16 (month, day, year)
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Comment: _____

WARRIORS BASKETBALL FINALS

Scott McKibben

• Warriors v Cavaliers	June 2, 2016	4 tickets	\$10,000.
• Warriors v Cavaliers	June 5, 2016	2 tickets	\$10,000.
• Warriors v Cavaliers	June 13, 2016	2 tickets	\$10,000.
• Warriors v Cavaliers	June 19, 2016	2 tickets	\$10,000.

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Yui Hay Kee, Commissioner Designated Agency Contact (Name, Title)		Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number (510) 836-6688	E-mail YuiHay@YHLA.net	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

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

Event Description Warriors play-offs series Date(s) N/A
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Yui Hay Lee, Commissioner	2	#3
		<u>for each game.</u>

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

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

4. Verification

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

[Signature] Yui Hay Lee OACCA Commission 4/4/2016
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

WARRIORS BASKETBALL FINALS

Yui Hay Lee

• Warriors v Cavaliers	June 2, 2016	2 tickets	\$10,000.
• Warriors v Cavaliers	June 5, 2016	2 tickets	\$10,000.
• Warriors v Cavaliers	June 13, 2016	2 tickets	\$10,000.
• Warriors v Cavaliers	June 19, 2016	2 tickets	\$10,000.

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 62.50

Event Description: KMEL Summer Jam Date(s) 06 / 12 / 16
Provide Title/Explanation

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

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

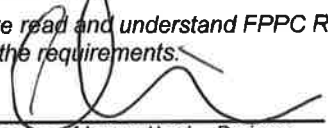
3. Recipients

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

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

4. Verification

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


 Chris Dobbins OACCA Commissioner 06.29.16
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

LPA

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

A Public Document

1. Agency Name <u>Oakland/Alameda County Coliseum Authority</u>		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) <u>Alameda County Supervisor Scott Haggerty, D.1</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3)	Date of Original Filing: _____ (Month, Day, Year)
Area Code/Phone Number <u>510 272-1691</u>	E-mail <u>leeann.fergerson@acgov.org</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 10,000

Event Description Warriors - Game 0 Date(s) 12, 12, 16
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: Gen

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Scott Haggerty</u>	<u>2</u>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. <input type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

[Signature] LeeAnn Ferguson Ticket Administrator 10/17/13
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)			
Krishna Pettitt, Oakland City Attorney			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
510.383.4801	kpettitt@oaklandcityattorney.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 20.00

Event Description: Warriors Watch Party Date(s) 06 / 08 / 16 06 / 10 / 16
Provide Title/Explanation

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

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

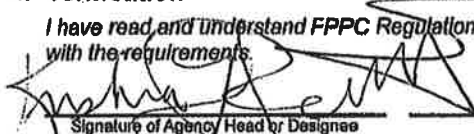
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
Pettitt, Krishna	2 & 3	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: to investigate the efficiencies of the operations for various sporting and other events that occur at Coliseum Complex
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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


 Signature of Agency Head or Designee

 Krishna Pettitt
Print Name

 Oakland City Attorney
Title

 06.23.16
(month, day, year)

Comment: _____

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority <hr/> Division, Department, or Region (if applicable) Larry Reid, OACCA Chair <hr/> Designated Agency Contact (Name, Title) <hr/>		Date Stamp <hr/>	California Form 802 For Official Use Only
Area Code/Phone Number 510.383.4801	E-mail lreid@oaklandnet.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) <hr/> 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 \$ 62.50

Event Description: KMEL Summer Jam Date(s) 06 / 12 / 16 _____/_____/_____
Provide Title/ Explanation

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

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

3. Recipients

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

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

4. Verification

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

 Signature of Agency Head or Designee	Larry Reid Print Name	OACCA Chair Title	5.6.16 (month, day, year)
Comment: _____			

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

A Public Document

1. Agency Name Oakland-Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Barbara J. Parker, City Attorney/OAACA Official			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 62.50

Event Description KMEL Summer Jam Date(s) 06 / 12 / 16
Provide Title/Explanation

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

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


3. Recipients

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

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

4. Verification

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

	Barbara J. Parker	City Attorney/OAACA Official	7/13/2016
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

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

A Public Document

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

2. Function or Event Information

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

Event Description: Oakland A's Season 2016 Date(s) _____
Provide Title/Explanation

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

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

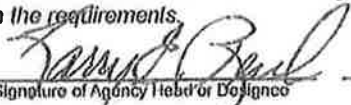
3. Recipients

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

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

4. Verification

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

	Larry Reid	OACCA Chair	4.6.16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: _____			

OAKLAND A's

June 2016

Larry Reid

• A's v Texas	6.13.16	2 tickets	\$80.00
• A's v Texas	6.14.16	2 tickets	\$80.00
• A's v Texas	6.15.16	2 tickets	\$80.00
• A's v Angels	6.17.16	2 tickets	\$90.00
• A's v Angels	6.19.16	2 tickets	\$90.00
• A's v Brewers	6.21.16	2 tickets	\$80.00
• A's v Brewers	6.22.16	2 tickets	\$80.00
• A's v Giants	6.29.16	2 tickets	\$112.50
• A's v Giants	6.30.16	2 tickets	\$112.50

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

A Public Document

1. Agency Name Oakland-Alameda County Coliseum Authority <hr/> Division, Department, or Region (If Applicable) <hr/> Barbara J. Parker, City Attorney/OAACA Official <hr/> Designated Agency Contact (Name, Title) <hr/>		Date Stamp <hr/>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> California Form 802 For Official Use Only </div>
Area Code/Phone Number (510) 238-3815	E-mail bparker@oaklandcityattorney.org	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) <hr/> Date of Original Filing: _____ <div style="text-align: right; font-size: small;">(Month, Day, Year)</div>	

2. Function or Event Information

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

Event Description Oakland A's Tickets - 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 of agency official? No ☒ Yes ☐ If yes: _____

Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <div style="font-size: x-small;">(Last, First)</div>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Barbara J. Parker	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <div style="font-size: x-small;">If checking "Ceremonial Role" or "Other" describe below:</div> To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <div style="font-size: x-small;">If checking "Ceremonial Role" or "Other" describe below:</div>
C. Name of Outside Organization <div style="font-size: x-small;">(Include address and description)</div>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

 Signature of Agency Head or Designee	Barbara J. Parker Print Name	City Attorney/OAACA Official Title	3/18/2015 (Month, Day, Year)
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Comment: _____

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

OAKLAND A's

June 2016

Barbara Parker

• A's v Texas	6.13.16	2 tickets	\$80.00
• A's v Texas	6.14.16	2 tickets	\$80.00
• A's v Texas	6.15.16	2 tickets	\$80.00
• A's v Angels	6.17.16	2 tickets	\$90.00
• A's v Angels	6.19.16	2 tickets	\$90.00
• A's v Brewers	6.21.16	2 tickets	\$80.00
• A's v Brewers	6.22.16	2 tickets	\$80.00
• A's v Giants	6.29.16	2 tickets	\$112.50
• A's v Giants	6.30.16	2 tickets	\$112.50

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Christopher Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title)		Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number 510.383.4801	E-mail Chrisdobbinslaw@yahoo.com	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

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

Event Description Golden State Warriors Season Date(s) see attached
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

Signature of Agent, Head or Designee

Chris Dobbins

Print Name

OACCA Commissioner

Title

2/20/15
(Month, Day, Year)

Comment:

OAKLAND A's

June 2016

Chris Dobbins

• A's v Texas	6.13.16	2 tickets	\$80.00
• A's v Texas	6.14.16	2 tickets	\$80.00
• A's v Texas	6.15.16	2 tickets	\$80.00
• A's v Angels	6.17.16	2 tickets	\$90.00
• A's v Angels	6.19.16	2 tickets	\$90.00
• A's v Brewers	6.21.16	2 tickets	\$80.00
• A's v Brewers	6.22.16	2 tickets	\$80.00
• A's v Giants	6.29.16	2 tickets	\$112.50
• A's v Giants	6.30.16	2 tickets	\$112.50

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 112.50

Event Description A's Date(s) 06 / 30 / 16
Provide Title/Explanation

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

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

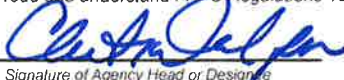
3. Recipients

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

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

4. Verification

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

 Signature of Agency Head or Designee	Sabrina Landreth Print Name	City Administrator Title	<u>7.1.16</u> (Month, Day, Year)
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Comment: _____

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

A Public Document

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

2. Function or Event Information

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

Event Description A's Date(s) 06 / 22 / 16
Provide Title/Explanation

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

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


3. Recipients

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

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

4. Verification

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

 Sabrina Landreth City Administrator 7.1.16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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