_						
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Autho		Form OUZ		
	Division, Department, or Regi	on (If Applicable)			For Official Use Only
	Sabrina B. Landreth	Name Title				
	Designated Agency Contact (ivame, me)				
	City Administrator			Amendment (Must	provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Data of Oviginal Filling	
	(510) 238-6840	SLandreth@	oaklandnet.	com	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes⊠ No	_		
	Event Description Warriors	Provide Title/Expl	anation	Date(s)06	02 / 16	
	Ticket(s)/Pass(es) provided b	y agency?	Yes ⊠ No	If no:	Name of S	Source
	Was ticket distribution made a	at the behest	No □ Yes	If yes. Sabri	na Landreth	
	of agency official?		140 🗀 1631	il yes.	Official's Name	(Last, First)
2	Recipients					
J.	Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individe	ual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Departmen		Number of Ticket(s)/ Pass(es)		olic purpose made pursua	
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)	- F	Identify one of the follo	wing:
	Mlay, Serenity		2	Ceremonial Role Other Income If checking 'Ceremonial Role' or "Other" describe below: To provide incentives to City employees that provide services		
	:			the Authority		
				Ceremonial Role If checking "Ceremon	L Other L nial Role" or "Other" describe below	Income L
	C. Name of Outside Organ		Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursua	nt to the agency's policy
4.	Verification					
	I have read and understand FPPC Regu	ulations 18944 1 an	d 18942, I have ve Sabrina La		forth above, is in accordance City Administrator	1/6.
	Signature of Agency Head or Designe Comment:	е	Print Nan	ne	Title	(Mghth, Day, Year)

						711 000000
. Agency Na	ime				Date Stamp	California 802
Oakland Ala	meda County C	oliseum Autho	rity			Form OUZ
Division, Dep	artment, or Regi	on (If Applicable)			For Official Use Only	
Sabrina B. L			ėl.			
Designated A	gency Contact (Name, Title)				
City Adminis					Amendment (Must p	rovide explanation in Part 3.)
	hone Number	E-mail			_	
(510) 238-68		SLandreth@d	oaklandnet.d	com	Date of Original Filing:	(Month, Day, Year)
	or Event Infor				. /	10 200
-	ency have a ticke	t policy?	Yes⊠ No[☐ Face Value o	f Each Ticket/Pass \$ 🗸	1000
Event Descri	ption Warriors	Provide Title/Expla	nation	Date(s)06	19 , 16	
Ticket(s)/Pas	s(es) provided by		Yes⊠ No[If no:	Name of So	NUTCE
Was ticket di	stribution made a	at the behest		⊠ If yes: Sabri		
of agency o		it the penest	No 🗌 Yes [X If yes:	Official's Name (Last, First)
B. Recipients						
		y's department or u	nit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
A. Name o	of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
			Number of			
В.	Name of Individua (Last First)	al Regul	Ticket(s)/ Pass(es)		Identify one of the follow	
Landreth, S	abrina		2	If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income
				events that occur a	t the Coliseum Comp	
			2	Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income 🗌
	me of Outside Organ ude address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
4. Verification I have read and a signature of		ulations 18944.1 and	18942, I have ve Sabrina Lai	ndreth	forth above, is in accordance w City Administrator	ith the requirements. 1/4 (Month. Day, Year)
Comment	- Gray					

California 80 California 8							
Sabrina B. Landreth: Designated Agency Contact (Name Title)	1.	Agency Name		Date Stamp			
Sabrina B. Landreth Designated Agency Contact (Name, Title) City Administrator Area Code/Phone Number E-mail		Oakland Alameda County C	Coliseum Autho	ority			
Designated Agency Contact (Name, Title) City Administrator Area Code/Phone Number (510) 238-6840 SLandrethi@oaklandnet.com Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Division, Department, or Reg	ion (If Applicable)			For Official Use Only
Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year)		Sabrina B. Landreth					
Amondment (Must provide explanation in Part 3) Amondment (Must provide explanation in Part 3)		Designated Agency Contact	(Name, Title)				
Amondment (Must provide explanation in Part 3) Amondment (Must provide explanation in Part 3)		City Administrator					
Standreth@oaklandnet.com			TE-mail			Amendment (Must	provide explanation in Part 3.)
2. Function or Event Information Does the agency have a ticket policy? Event Description Warriors Watch Party Provide: Rife@Explanation Ticket(s)/Pass(es) provided by agency? Yes No Date(s) 06 16 16 16 Fronto: Rife@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 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 Number of Ticket(s)/ Pass(es) Identify one of the following: Robert Describe the public incentives to City employees that provide services to the Authority. Ceremonial Role Other Income Richeting Organization R			1	oaklandnet.	com	Date of Original Filing	(Month Day Vear)
Does the agency have a ticket policy? Yes No Face Value of Each Ticket(Pass \$	2.						
Event Description Warriors Watch Party Provide TitolExplanation Date(s) D6 16 16				Yes 🕅 No	☐ Face Value o	of Each Ticket/Pass \$.	200
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 Sobrina Landreth Officials Name (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 Unit Ticket(s)/ Pass(es) B. Name of Individual (Last First) Describe the public purpose made pursuant to the agency's policy Rennedy, Robert Ceremonial Role Other Income If checking/ Ceremonial Role Other Income If checking/ Ceremonial Role Other Income Ceremonial Role Other Income Ceremonial Role Other Income If checking/ Ceremonial Role Other Income Ceremonial Role Other Inc			•		W. Pa		
Was ticket distribution made at the behest of agency official? No Yes Sabrina Landreth Official Name (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. Number of Ticket(s)' Pass(es) B. Name of Individual (Last Fort) Remedy, Robert Number of Ticket(s)' Pass(es) Ceremonial Role Other Income Reference of incentives to City employees that provide services to the Authority. Ceremonial Role Other Income Reference of incentives to City employees that provide services to the Authority. Ceremonial Role Other Income Reference of incentives to City employees that provide services to the Authority. Ceremonial Role Other Income Reference of Course describe below: Describe the public purpose made pursuant to the agency's policy Pass(es) Course of Outside Organization Ticket(s)' Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Course of Outside Organization Ticket(s)' Pass(es) Repulsions 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Sabrina Landreth City Administrator		Event Description	Provide Title/Expl	anation	Date(s)		
Was ticket distribution made at the behest of agency official? No Yes Sabrina Landreth Official S Name (Last, First) Recipients Use Section A to identify the agency's department or unit. Number of Source Official S Name (Last, First) Number of Ticket(s)' Pass(es) B. Name of Agency, Department or Unit Number of Ticket(s)' Pass(es) Number of Ticket(s)' Pass(es) Rennedy, Robert Number of Ticket(s)' Pass(es) Ceremonial Role Official S Name (Last, First) Official's Name (Last, First) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)' Pass(es) Ceremonial Role Official S Name (Last, First) Official's Name (Last, First) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)' To provide incentives to City employees that provide services to the Authority. Ceremonial Role Official's Name (Last, First) Official's Name (Last, First) Describe the public purpose made pursuant to the agency's policy Pass(es) C. Name of Outside Organization Ticket(s)' Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Official's Name (Last, First) Describe the public purpose made pursuant to the agency's policy Pass(es) Official's Name (Last, First) Describe the public purpose made pursuant to the agency's policy Pass(es) Official's Name (Last, First) Identify an Individual official State (Last, First) Official's Name (Last, First) Describe the public purpose made pursuant to the agency's policy Official's Name (Last, First) Income (Last, First) Official's Name (Last, First) Official's Name (Last, First) Official's Name (Last, First) Describe the public purpose made pursuant to the agency's policy Official's Name (Last, First) Official's Name (Last, First) Income (Last, First) Official's Name		Ticket(s)/Pass(es) provided h	v agency?	Vos 🔽 Na	□ If no:		
A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy		Tionor(c)/T add(cd) provided b	y agency.	res 🔼 NU		Name of S	Source
3. Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Number of A. Name of Agency, Department or Unit Number of Ticket(s)' Pass(es) B. Name of Individual (Lam Pret) Pass(es) Number of Ticket(s)' Pass(es) Pass(es) Ceremonial Role Other Income Income		Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Sabri				na Landreth	A and Circle
See Section A to Identify the agency's department or unit. See Section B to Identify an Individual. See Section C to Identify an outside organization.		of agency official?				Official's Name	(Last, First)
A. Name of Agency, Department or Unit Number of Ticket(s) Pass(es)	3.	•					
B. Name of Individual (Leaf Free) Number of Ticket(s) Pass(es) Identify one of the following: Kennedy, Robert		Use Section A to identify the agence	y's department or	ual. • Use Section C to ide	entify an outside organization.		
B. Name of Individual (Lett. Peat) Rennedy, Robert Number of Ticket(s) Pass(es)		A. Name of Agency, Department or Unit		Ticket(s)/ Describe the pub		lic purpose made pursuant to the agency's policy	
Sabrina Landreth City Administrator Ceremonial Role Other Income				Pass(es)			
Rest. First Ticket(s) Rest. First Re							
Rest. First Ticket(s) Rest. First Re							
Kennedy, Robert Ceremonial Role Other Income Inc		D Name of Individual	Number of		Makes his war 7 of the triangle was 118		
Kennedy, Robert 2		B. Name of individu	al		Identify one of the following:		
To provide incentives to City employees that provide services to the Authority. Ceremonial Role Other Income In					Ceremonial Role	Other	Income
the Authority. Ceremonial Role Other Income Inco		Kennedy, Robert		2			
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Pass(es) Describe the public purpose made pursuant to the agency's policy 1 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 Ceremonial Role Other Income						es to City employees	s that provide services to
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 Number of Ticket(s)/ Pass(es) Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Sabrina Landreth City Administrator				-		Other D	Incomo [
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 Pass(es) 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							
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				2			
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							
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		C. Name of Outside Organ	nization	The second control of the second	Describe the put	ublic purpose made pursuant to the agency's policy	
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/./6		(include address and de	scription)				
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/./6							
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/./6							
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/./6							
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/./6							
Sabrina Landreth City Administrator 71./6	4.	Verification		1 1			
		I have read and understand FPPC Regu	ulations 18944 1 and	d 18942. I have ve	erified that the distribution set t	forth above, is in accordance	with the requirements
Signature of Agency Head or Design Print Name Title (Month, Day, Year)		Carle Jak		Sabrina La	ndreth	City Administrator	71.16
		Signature of Agency Head or Design		Print Nam	ne	Title	(Month Day Year)
Commont:		Comments					

Ceremonial Role Events and Ticket/Pass Distributions

A marray Names				
I. Agency Name			Date Stamp	California 202
Oakland Alameda County Coliseum Auth		Form 002		
Division, Department, or Region (If Applicable	e)		1	For Official Use Only
Sabrina B. Landreth				
Designated Agency Contact (Name, Title)			-	
City Administrator				
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
	oaklandnet.	com	Date of Original Filing	:(Month. Day, Year)
2. Function or Event Information	goardanano.			(Month, Day, Year)
Does the agency have a ticket policy?	Yes⊠ No	= Face Value (of Each Ticket/Pass \$.	11200
	res 🔼 No			
Event Description A's Game Provide Title/Exp	nlanation	Date(s)	29 / 16	
Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No	If no:	Name of S	Cource
Was ticket distribution made at the behest	ina Landreth			
of agency official?	No ☐ Yes		Official's Name	(Last, First)
. Recipients				
Use Section A to identify the agency's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Describe the public purpose made pursuant to the agency's policy			
	Pass(es)			
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	wing:
	Pass(es)	Ceremonial Role	Other \(\square\)	Income
Phan, Nai				
	1	If checking "Ceremoi	nial Role" or "Other" describe below	
	4	To provide incentiv		
	4	To provide incention the Authority.	es to City employees	that provide services to
	4	To provide incention the Authority. Ceremonial Role	ves to City employees	that provide services to
	4	To provide incention the Authority. Ceremonial Role	es to City employees	that provide services to
		To provide incention the Authority. Ceremonial Role	ves to City employees	that provide services to
C. Name of Outside Organization	4 Number of	To provide incention the Authority. Ceremonial Role If checking "Ceremon	ves to City employees Other Other describe below	that provide services to
C. Name of Outside Organization (include address and description)	4	To provide incention the Authority. Ceremonial Role If checking "Ceremon	ves to City employees	that provide services to
	4 Number of Ticket(s)/	To provide incention the Authority. Ceremonial Role If checking "Ceremon	ves to City employees Other Other describe below	that provide services to
	4 Number of Ticket(s)/	To provide incention the Authority. Ceremonial Role If checking "Ceremon	ves to City employees Other Other describe below	that provide services to
	4 Number of Ticket(s)/	To provide incention the Authority. Ceremonial Role If checking "Ceremon	ves to City employees Other Other describe below	that provide services to
	4 Number of Ticket(s)/	To provide incention the Authority. Ceremonial Role If checking "Ceremon	ves to City employees Other Other describe below	that provide services to
	4 Number of Ticket(s)/	To provide incention the Authority. Ceremonial Role If checking "Ceremon	ves to City employees Other Other describe below	s that provide services to
(include address and description)	Number of Ticket(s)/Pass(es)	To provide incentive the Authority. Ceremonial Role If checking "Ceremonial Communication of the Communication of	ves to City employees Other Other describe below	that provide services to Income
(include address and description) Verification	Number of Ticket(s)/Pass(es)	To provide incentive the Authority. Ceremonial Role If checking "Ceremonial Properties of the Pull Properties of	ves to City employees Other Other describe below	that provide services to Income
(include address and description) Verification	Number of Ticket(s)/ Pass(es)	To provide incentive the Authority. Ceremonial Role If checking "Ceremonial Communication of the pull communication of the pull certified that the distribution set and reth.	Other Other Other describe below	that provide services to Income

. Agency Name	Agency Name					California 802
Oakland Alamed	da County Co	oliseum Autho	ority			Form OUZ
Division, Departr	nent, or Regi	on (If Applicable)		1	For Official Use Only
Sabrina B. Land	Ireth					
Designated Ager	cy Contact (/	Vame, Title)			1	
City Administrat	or				<u></u>	
Area Code/Phone		E-mail			Amendment (Must provide explanation in Part 3.)	
(510) 238-6840	**************************************	SLandreth@	oaklandnet.	com	Date of Original Filing:	(Month, Day, Year)
2. Function or E	vent Inforn	nation				
Does the agency	have a ticket	policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	90 00
Event Description	A's Game			Date(s) 06	5 , 19 , 16	1 1
Event Description	,	Provide Title/Expl	anation	Date(s)		
Ticket(s)/Pass(es	s) provided by	agency?	Yes 🛛 No	☐ If no:	Name of So	
\\\ 4:=14 d:=4.:b	Was ticket distribution made at the behest No T Ves X If yes: Sabri					burce
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Sabrof agency official?				na Landreth Official's Name	(Last, First)
 Recipients Use Section A to identification 	entify the agency	's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
A Name of Assess Department of Halfs			Describe the public purpose made pursuant to the agency's policy			
A. Name of Ag	ency, Departme	il or onic	Ticket(s)/ Pass(es)	Describe the put	one purpose made pursuan	t to the agency a policy
D No	Number of					
B. Na	me of Individua		Ticket(s)/ Pass(es)	Identify one of the following:		ving:
				Ceremonial Role	Other	Income
Zhan, Robert			4		nial Role" or "Other" describe below:	
				the Authority.	es to City employees	that provide services to
*				Ceremonial Role	Other 0	Income
			1		nial Role" or "Other" describe below	
			4			
	Outside Organi ddress and des		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
(auroso ana aco	onpaion,	Pass(es)			
l. Verification	stand EDOC Da	ations 18044 1 and	1 18012 have ve	orified that the distribution onto	forth above, is in accordance w	ith the requirements
Thave read and did	and I have	anors 10944.1 and				au III.
Signature of Agend	ry Head or Designee		Sabrina Lar		City Administrator	(Month Day, Year)
e.g.,a,aro ar Agoric	, o soughdo		,,,, ,,,,,,,,	·	11110	(MORES Day, 1841)
Comment:						

Ceremonial Role Events and Ticket/Pass Distributions

						A I abile becament
	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Auth	nority			Form OUZ
	Division, Department, or Regi	on (If Applicabl	le)			For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)				
	City Administrator				Amandment (Must n	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 238-6840	SLandreth@	Doaklandnet.	com	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				8000
	Does the agency have a ticker	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ 🕳	000
	Event Description A's Game			Date(s) 06	21 , 16	1 1
	Event Description	Provide Title/Exp	olanation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes ⊠ No	☐ If no:	Name of So	
						urce
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	⊠ If yes: Sabri	Official's Name (i	last First)
_						
3.	Recipients • Use Section A to identify the agency	i's denartment o	runit allea Sac	tion R to identify an individu	ual Allea Section C to iden	tify an outside organization
		27 P. 27 ST	Number of			
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy	
	10-					
	B. Name of Individua (Last First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Camaa Kanatal			Ceremonial Role	Other	Income
	Sams, Krystal		4	ľ	ial Role" or "Other" describe below:	that provide services to
				the Authority.	es to City employees	inal provide services to
				Ceremonial Role	Other	Income 🔲
			4		ial Role" or "Other" describe below:	_
			4			
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy
	(include address and des	cription)	Pass(es)			THE RESERVE OF THE PARTY OF THE
	T-1					
Į.	Verification	A22323				
	I have read and understand FPRG Regu	lations 18944.1 ar	nd 18942. I have ve	erified that the distribution set f	forth above, is in accordance wi	th the requirements
	- Cleft lef	10	Sabrina Lai		City Administrator	1.1.10
	Signature of Agency Head or Designed		Print Nam	e	Title	(Month, Day, Year)
	Comment:					
	OUTHIUM.					

						A I abile bocament	
1.	Agency Name		Date Stamp	California 802			
	Oakland Alameda County C	oliseum Auth	ority			roilli	
	Division, Department, or Regi	ion (If Applicable)			For Official Use Only	
	Sabrina B. Landreth						
	Designated Agency Contact (Name, Title)	0.		1		
	City Administrator						
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
	(510) 238-6840	SLandreth@)oaklandnet.	com	Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Inform	mation			· · · · · · · · · · · · · · · · · · ·	000	
	Does the agency have a ticke	t policy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$ _	90	
	Event Description A's Game			Date(s) 06	17 , 16	9000	
	Provide Title/Explanation						
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of S	0.1500	
						durce	
	of agency official?	110 T 163 Z 11 VES.					
٦	Recipients						
٠.	Use Section A to identify the agency	y's department or	ual. • Use Section C to ide	ntify 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 Individua	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
	Reed, Asha				Other I	Income	
	reced, risha		4	1		that provide services to	
				the Authority.	or to only amproyees	what provide convides to	
				Ceremonial Role	Other	Income	
			4	If checking "Ceremon	ial Role" or "Other" describe below		
	C. Name of Outside Organ	ization	Number of			The state of the s	
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy	
4.	Verification					-	
	I have read and understand FPPQ Regu	lations 18944.1 and	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance w	vith the requirements	
	_ Clubbel	for	Sabrina Lai	ndreth	City Administrator	7.1.10	
	Signature of Agency Head or Design		Print Nam	ne	Title	(Month, Day, Year)	
	Comment:						
	COMMENCE						

			~	
Agency Name	Date Stamp California 802			
Oakland Alameda County Coliseum Authori	ity			Form 002
Division, Department, or Region (If Applicable)			1	For Official Use Only
Sabrina B. Landreth				
Designated Agency Contact (Name, Title)			-	
City Administrator				
Area Code/Phone Number E-mail			1 —	provide explanation in Part 3.)
(510) 238-6840 SLandreth@oa	aklandnet.	com	Date of Original Filing	(Month, Day, Year)
Function or Event Information				62 ^{5D}
Does the agency have a ticket policy? Υ	of Each Ticket/Pass \$.	0× -		
Event Description 106.1 KMEL Summer Jan	6 , 12 , 16			
Provide Title/Explana				
Ticket(s)/Pass(es) provided by agency?	'es⊠ Nol	☐ If no:	Name of S	Source
Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Sabr				
of agency official?	No 🔲 Tes	if yes:	Official's Name	(Last, First)
Recipients				
Use Section A to identify the agency's department or un	it. • Use Sec	tion B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the put	blic purpose made pursua	nt to the agency's policy
	Pass(es)			
B. Name of Individual	Number of		Library Comments of the	
(Last First)	Ticket(s)/ Pass(es)		Identify one of the follow	wing:
		Ceremonial Role		Income
Garcia, Mai - Ling	2		nial Role" or "Other" describe below	
		To provide incentives to City employees that provide serv the Authority.		s that provide services to
		Ceremonial Role	Other	Income
	2	I	nial Role" or "Other" describe below	
	2			
97.	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursua	nt to the agency's policy
	F#35(E5)	N N N N N N		
•				
Verification I have read and understand FFFQ Regulations 18944.1 and 1.	8042 have	arified that the distribution	forth above in in accordance	with the requirements
(1) 1/11				with the requirements
Signature of Agency Head or Descript	Sabrina Lai		City Administrator	(Month Day Vers)
Signalare of Agency Fledu Of Designed	riiii wan	16	inte	(Month Day, Year)

						711 abile Becament
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	Coliseum Autho	ority			Form 002
	Division, Department, or Reg	ion (If Applicable)	0			For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact	(Name, Title)			1	
	City Administrator					
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3,)	
	(510) 238-6840	SLandreth@	oaklandnet.	com	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Infor					
	Does the agency have a ticke		Yes⊠ No	Face Value	of Each Ticket/Pass \$.	10,000
	- Warriors				6 , 13 , 16	
	Event Description Warriors	Provide Title/Expla	nation	Date(s)		
	Ticket(s)/Pass(es) provided b	v agency?	Yes⊠ No	☐ If no:		
Name of Source						Cource
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Sabrina Landreth					
	of agency official? Official's Name (Last, First)					
3.	Recipients					
	Use Section A to identify the agence		Number of	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)			Describe the pul	blic purpose made pursuar	nt to the agency's policy
			1000(00)			
	D. Norman attention	vanier was t	Number of			ATTOR TO THE NAME OF
	B. Name of Individual		Ticket(s)/ Pass(es)	Identify one of the following:		wing:
				Ceremonial Role	Other 🔲	Income
	Landreth, Sabrina				nial Role" or "Other" describe below	
	Landretti, Sabrilla					erations of the various the Coliseum Complex.
	(
				Ceremonial Role If checking "Ceremon	☐ Other ☐ nial Role" or "Other" describe below	Income L
	C. Name of Outside Organ		Number of Ticket(s)/			
	(include address and des	scription)	Pass(es)	THE WARREN		
4.	Verification					
	I have read and understand FPPC Requ	lations 18944.1 and	18942, I have ve	erified that the distribution set	forth above, is in accordance v	vith the requirements.
	autio	for	Sabrina Lai		City Administrator	
	Signalure of Agency Head or Designer		Print Nam	ne	Title	(Month, Day, Year)
	Comment:					
	GOMINION.					

Ceremonial Role Events and Ticket/Pass Distributions

_	ordinal redic Everi		11001 400			A Fublic Document	
1.	Agency Name		Date Stamp	California 802			
	Oakland Alameda County C	oliseum Autho	ority				
	Division, Department, or Regi	on (If Applicable)			For Official Use Only	
	Sabrina B. Landreth						
	Designated Agency Contact (Name, Title)					
	City Administrator						
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3,)	
	(510) 238-6840	SLandreth@	oaklandnet.	com	Date of Original Filing:	(Month, Day, Year)	
_	Function or Event Infor	nation			U)	220	
	Does the agency have a ticke	t policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$ _	<u> </u>	
	Event Description Warriors V	Vatch Party		Data(a) 06	, 08 , 16	y	
	Event Description	Provide Title/Expl	anation	Date(s)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of Sc		
						ource	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Sabrir of agency official?				na Landreth Official's Name ((Last First)	
_					Omeiar s ivanie (Lust, 1 nsty	
3.	Recipients	ula danautmant av	unit - Hoo Coo	stion D to identify an individu	ust a line Section C to iden	atific an autoido organization	
		Number of	on B to identify an individual. • Use Section C to identify an outside organization.				
	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)			Describe the pub	lic purpose made pursuan	t to the agency's policy	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:				
	Lee-Stephens, Bernether		2	Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:			
	Lee-Stephens, bernether			To provide incentives to City employees that provide services to the Authority			
		2		Ceremonial Role If checking "Ceremon	ole Other Income emonial Role" or "Other" describe below:		
	C. Name of Outside Organ (include address and des	Number of Ticket(s)/ Pass(es)			t to the agency's policy		
	- 3						
4.	Verification I have read and understand FPPO Regu	ilations 18944 1 and	d 18942. I have ve	erified that the distribution set f	orth above, is in accordance w	ith the requirements.	
	Signature of Agency Head or Designed	Le_	Sabrina La	ndreth	City Administrator	(Month. Day, Year)	
	Comment:					_	

Geremonial Role Events and Tid	ket/Pass	Distributions		A Public Documen
1. Agency Name Oakland/Mameda Count Division, Department, or Region (If Applicable)	ty Colisei	AND DESCRIPTION OF THE PARTY OF	Date Stomp	For Official Use Only
bosignatou Agency Gorfract (value, 1110)		ggerty DI	E es.20 5	
		unistrator. son@acgovog	Amendment (Must pro	l vido explanation in Port 3.) (Manin, Day, Year)
Provide Title Expl 2. Function or Event Information Does the agency have a ticket policy? Event Description () Provide Title Expl Provide Title Expl.	Yes 2 No	Face Value of Date(s)	FEach Ticket/Pass \$ 10	0000
Tickel(s)/Pass(es) provided by agency?	Yes 🔯 No	If no: G-81	Name of Source	
Was ticket distribution made at the behest of agency official?	No ☐ Yes!	□ Ifyes: Hag	ggerty, Scott	
 Recipients Use Section A to identify the agency's department or a 	inii. • Uso Seci	llon B to identify an Individua	ul. • Use Saction C in Identify	DD Cultaide organization
A. Name of Agency, Department or Unit	Number of Tickel(s)/ Pass(es)		c purpose made pursuant to	The state of the s
P				
The same of the sa				
B. Namo of Individual	Number of Ticket(s)! Pass(es)		identify one of the following:	
Gobriela Caballero	2	To promote attend to maximize poten parking sales.	ance at a county sponsore tial county revenue for cond	d event in order cession and
***************************************	7.	Ceremonial Rote [Olher [] Rale ar Olhar describe bolow:	Incoma 🗀
C. Name of Outside Organization (include address and description)	Number of Tickel(s)/ Pass(es)	Describe the public	purpose made pursuent to ti	ho agency's policy
		(3r)		
Verification There must and understand FPFO Regulations 18944.1 and 18 Lec. Signature of Against Holyd Propriance	-		obove, is in accordance with the e+Administrati	Stranger Committee and Committee Com

Agency Report of: Ceremonial Role Events and 7	licket/l ^p as	s Distributions		A Public Docume
1. Agency Name Cakkand/Marveda Cou Division, Department, or Region (If Application) Alamada (Grunty Surely) Designated Agency Contact (Name, 1980)	uty Colise (Scott H	cum Authority aggerty, D.I	Date Stemp	Form 80
Lee Ann Fergerson, Tick Area Godel Phone Number E-mail 510 272 - Wall Lee an 2. Function or Event Information	A	ninnkator. NonCacquiog		provide explanation in Part 3.) (Manin, Day, Year)
Does the agency have a ticket policy? Event Description Provide Tileren Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	Date(s)	Feach Ticket/Pass \$	<u>O₁</u>
Was ticket distribution made at the behest of agency official?	No ☐ Yes	2m	Name of Sol	74
Recipients Use Section A to Identify the agency's department of A. Name of Agency, Department or Unit	Number of Teles(s)/ Pana(cs)). • Use Saction C to Identi purpose mado pursuant t	PARTY CONTRACTOR STATE OF THE PARTY CONTRACTOR OF THE
B. Name of Individual	Number of Ticket(e)/		dentify one of the followin	
Larry Davidson	Pass(èv)	To promote attenda	ince at a county sponsor al county revenue for co	ed avent in asda 3 [7]
Construction and a construction of the constru		Cetemonial Rote []	Other []	Incoma []
C. Name of Outside Organization (Include address and description)	Number of Ticket(e)/ Pass(es)	Describe the public p	ntoore wage brisness to	the agency's policy
Verification novoroad and understand PPD Regulations, 18944.1 and 11 Lee Spanne of Against Honger Dostana		ad thet the distribution soil forth of		

Agency Report of: Ceremonial Role Events and T	icket/Pa:	ss Distributions		A Public Docume
1. Agency Name Calchard Alameda County Coliseum Authority Blusson, Department, or Region (Mapplicania) Alameda County Supervisor Smit Haggerty. D. 1			Dale Stemp	For Oncol Use Only
Lee Ann Fergerson, Tick Area Godel Phone Number E-mail 510 272-1091 Lee aw 2. Function or Event Information	· A	nunistrator nson Cacgoulog	☐ Amendment (Must p. Date of Original Filing:	
Does the agency have a ticket policy? Event Description Way Constitution Provide Title/Eq.		Pace Value of Date(s)	Each Ticket/Pass \$	0,000
Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the beheat of agency official?	Yes No Yes	If no:	Namo of South	
3. Recipients • Use Section A to Identify the agency's department or	unii. • Uso Se	laublyling on villegal of H noite	e lies Rodion Cin Identifi	
A. Name of Agency, Department or Unit	Number of Tickel(e)/ Pass(as)		bnubase wage bnushaut to	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
			- sanothill Machiner of Spheroment Agencies	
B. Name of Individual (tail, First)	Number of Ticket(s)! Pass(co)		ionlify and of the following	
Mark Bernardy	2	To promote attenda to maximize potentia parking sales.	nce at a county sponsore al county revenue for con	d event in order cession and
10		Cotemonial Role [] If the sking "Coremonial Ro	Other Other describe below:	Income 🗀
C. Name of Outside Organization (Include address and description)	Number of Ticket(e)f Pass(as)	Describe the public p	urposo made purauant lo U	he agency's policy
Verification		A STATE OF THE STA		
Signature of Aggincy Houd or Dostings Lee A Signature of Aggincy Houd or Dostings Comment:	B	7-79045	ove, is in scoording or with the to HAGIN! NISTRETO Title	

***	ency Report of: remonial Role Events and Ticl	cet/Pass	Distributions		A Dublic Decomo
1. Agency Name Oak on A Manuela Court Division, Department, or Region (# Applicable)			oliseum Whon to	Date Stamp	California 802 For Official Use Only
	arry Reid, Chair Designated Agency Contact (Name, Title)	·	Line Brown		
		Doakla	nd net .com	Amendment (Must pro	ovide explanation in Part 3.) (Month, Day, Yeer)
D	Function or Event Information Does the agency have a ticket policy? Event Description Warriors Season Provide Title/Explain	Yes X No [Face Value o	f Each Ticket/Pass \$	ble Alfaoblo
	icket(s)/Pass(es) provided by agency?	Yes No [Name of Sou	rce
	Vas ticket distribution made at the behest of agency official?	No Yes [If yes:	Official's Name (L.	ast, First)
0	Recipients • Use Section A to Identify the agency's department or unit. • Use Section B to Identify the agency's department or unit.		ion B to identify an individu	nl. • Use Section C to identi	ly an outside organization.
-	Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describo the publ	ik purpose made pursuant f	o the agency's policy
- B	Name of Individual (Loss, First)	Number of Ticket(s)/ Pass(cs)		Identify one of the followin	ıg:
<u></u>	Beld, Larry	2 per game	Ceremonial Role [If chacking 'Ceremonia #3 +0 10	Other RI al Role" or "Other" describe below: VLS 1199-fl	efficiencies
Homes			Ceremonial Role [Other 1	Income
c	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
					3)
	erification nve read and understand FPPC Regulations 189-14 1 and 1 Signature of Agency Head or Designee	18942. I have veril	2000	rth above, is in accordance with	the requirements [2] 2015 [Month, Day, Year)

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.

	dency Name				Date Stump	california =
Oaldand-Alameda County Collseum Authority						
Division, Department, or Region (If Applicable)					7 "	For Official Use Only
9	usan S. Muranishi, Count	y Administra	tor, Alamedi	County	.[000
D	spignated Agency Contact	(Namo, Tillo)			-	1
***				10	-	<u> </u>
	ga Code/Phone Number	E-mail	A			myklo explanation in Part 3.)
	0-272-3862	countyadn	ninistrator@s	icgov.org	Date of Original Fillings	Manth Fills Vond
2. F	unction or Event Info	mation		And the second s		
Do	ips the agency have a licke	ol policy?	Yes 🗷 N	o 🔲 📗 Face Value	of Each Ticket/Pass \$	see attache
Ev	ent Description Golden Si	Ale Warriore Provide Tilletch	Daskethall planetten	CANO(A)ONE	attanhad /	0414-01-03-03-03-4
Tic	ket(a)/Pass(as) provided by	у адепсу?	Yes 20 No	lfno:	Mann of Squ	
We	s licket diskibution made a	it the behest	No 🗵 Ye			
of	agency official?		140 23 10	11 yes;	Officiata Namo (l.	aut, Flint)
- Fee	ciplents		0	- wywer big Balk	The state of the s	White land of the party of the same
A	in fingion Ata identity the agency	's doparlment o	Number of			
A.	Name of Agency, Departmen	it of Unit	Fanctary Fanctary	Devoribe the publ	ilo purposo mada pursuant i	o the agency's policy
			1	hannes of the state of the stat	A-41	
	-		-			20.700.000
					(K)	
B.	Hamp of Individual	***************************************	Number of Tresertelf Parales		identify one of the following	Q; ·
Mup	anishi, Susan S.		2/date	Communial Role Other ISI theome If the china community of the country of the cou		
				Ceremonial Rola [Other Other duvoiho belaw.	Іпсопне []
c.	Name of Cutatde Organiza (Include address and durant	ilan pt(on)	Number of Yickel(e)/ Pass(as)	Danariba the public	billione trade brishing to	the agency's policy
	***************************************					The state of the s
in the part	and the second	4-1				and the second s
	tractions ad and understand FPPC Benulate	UR 18044.1 and 1	6642. I havo vari	lidd that the dhidhution one own	i Abava, is in accordance with th	
	the contraction of a definition		· · · · · · · · · · · · · · · · · · ·	AIAMMANNAM UNI LINI	r montes, to it discontaining with th	a mull/mmand.
	ricin Stran		usan S. Mur		ounly Administrator	

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.

rigono, rich	ort or.			
Ceremonial	Role Eve	ents and	Ticket/Pass	Distributions

						A Public Document
. A	Igency Name				Date Stamp	California 802
	akland-Alameda County Coliseum Authority				TO THE RESERVE OF THE PARTY OF	
D	ivision, Department, or Reg	on (If Applicable)				For Official Use Only
В	sarbara J. Parker, City Attor	rnev/OAACA	Official			
	esignated Agency Contact (
Δ	rea Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	510) 238-3815	l	aklandcityatto	orney ora	Date of Original Filing: _	
	unction or Event Inform		anandonyan	orriey.org		(Month, Day, Year)
	pes the agency have a ticket			Econ Value o	f Feels Tielsel/Dees &	October-April2016
		• •	Yes 🛛 No	race value o	TEACH TICKET/Pass 5	October-April2016 YOFS a FUNAL
E١	vent Description Warriors B	asketball Lic	kets	Date(s)		J. J. J.
		Provide Title/Exp	lanation			
Tie	cket(s)/Pass(es) provided by	agency?	Yes 🗵 No	☐ If no:	Name of Sour	
\٨/	as ticket distribution made a	t the behost	NI REEL CO	П		u c
	as ticket distribution made a of agency official?	t trie benest	No ☑ Yes	☐ If yes:	Official's Name (La	st First)
_		-				=
	ecipients Jse Sectlon A to identify the agency	's denartment or	unit allee Sec	ction B to identify an individu	al a liga Sastian C to identify	
-			Number of			
A	Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy
-						
В	Name of Individual		Number of	TEX		
В	(Lost, First)		Ticket(s)/ Pass(es)		Identify one of the followin	g:
				Ceremonial Role	Other 🔀	Income
Ba	arbara J. Parker		2		al Role or "Olher" describe below	_
			-	To investigate the e	fficiencies of the opera	tions of the various
				sporting and other e	events that occur at Co	liseum Complex
				Ceremonial Role	Other _	Income
			2	Ії спескінд "Сегетопіа	al Role" or "Other" describe below:	
_	Name of Outside Outside		Number of			
C.	Name of Outside Organia (include address and desc		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
			1 030(03)			
-			-			
	rification					
I hav	ve read and understand FPPC Regula	tions 18944 I and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements
2	sinte fred		Barbara J. F	Parker City	Attorney/OAACA Offici	al 1/22/2016
	Signature of Agency Head or Designee	7 N	Print Name		Tille	(Month Day, Year)
_						
Co	mment:					

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.

Ceremonial Role Events				A Public Documen
1. Agency Name			Date Stamp	California 802
Oakland Alameda County Col Division, Department, or Region		Form Official Use Only		
Christopher Dobbins, OACCA	Commissioner		1	
Designated Agency Contact (Na			-	
Area Code/Phone Number E	-mall		Amendment (Must pi	ovide explanation in Part 3.)
	hrisdobbinslaw@yah	noo.com	Date of Original Filling:	(Moully Day Veer)
. Function or Event Informa	ation	Marie District		
Does the agency have a ticket p	olicy? Yes⊠ N	lo ☐ Face Value	of Each Ticket/Pass \$	Leattace
civent Description.	Warriors Season	Date(s)	see attac	hed ,
Ticket(s)/Pass(es) provided by a	gency? Yes 🛛 N	lo 🗌 If no:	Name of Sou	rce
Was ticket distribution made at the of agency official?	ne behest No⊠ Yo	es 🗌 💮 If yes:		
Recipients			The state of the s	
Use Section A to identify the agency's of A. Name of Agency, Department of Agency of A	Number o	f		
A. Name of Agoncy, Department	or Unit Ticket(s)/ Pass(ea)	Describe the pu	iblic purpose made pursuant (to the agency's policy
Name of Individual	Number o			
(Lust, Fost)	Ticket(s)/ Pass(es)		Identify one of the followin	ng:
Dobbins, Chris	2 per	to investigate the	☐ Other ☑ onlint Role" or "Other" describe below: efficiencies of the operal 'events that occur at the	lions of the various
	2 per	Ceremonial Role If checking "Ceremo	Other	Incomé
Name of Outside Organizati (include address and descrip		Describe the pu	blic purpose made pursuant le	o the agency's policy
Verification				
I have read and understand FPPC Regulation	s 18944.1 and 18942.1 have	verified that the distribution set	forth above, is in accordance with	the requirements.
Signature of Agailts, Head or Designed	Chris Do	Charles over 1 to the assembled	OACCA Commissioner	(Msinth, Day, Year)

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 Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Scott McKibben, Executive Director 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 smckibben1@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 5000.00 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Warriors Playoffs 2016 Date(s) -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🖾 No 🗀 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Number Name of individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Income see McKibben, Scott If checking "Ceremonial Role" or "Other" describe below: attach to investigate efficiencies of the operations of the 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification

→ have read and understand	FPPC Regulations 18944	.1 and 18942.	I have verified that th	ie distribution set fo	rth above,	is in accordance
with the requirements I A						

Signature of Agency Head or Designee

Scott McKibben

Executive Director

4.27.16

Print Name

Title

(month, day, year)

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.

Yui Hay kee, Commissioner Designated Agency Contact (Name, Title) Area Code/Phone Number (510) 836-6688 Yui Hay@YHLA.net Date of Original Filing: (Month, Do Does the agency have a ticket policy? (Month, Do Does the agency have a	fornia 802		
Yui Hay Kee, Commissioner Designated Agency Contact (Name, Title) Area Code/Phone Number	r Official Use Only		
Designated Agency Contact (Name, Title) Area Code/Phone Number (510) 836-6688 YuiHay@YHLA.net Date of Original Filing: (Month, D. 2.) Provide Titler(Explanation) Does the agency have a ticket policy? Yes No Date(s) Ticket(s)/Pass(es) provided by agency? Yes No Date(s) Ticket(s)/Pass(es) provided by agency? Yes No Yes Source Was ticket distribution made at the behest of agency official? Recipients Use Section 8 to identify the agency's department or unit. Use Section 8 to identify an individual. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Yui Hay Lee, Commissioner #3 Name of individual (Lea, Frei) Pass(es) Pass(es) Ceremonial Role Other Other D			
Area Code/Phone Number (510) 836-6688	1		
(510) 836-6688 YuiHay@YHLA.net Date of Original Filling:			
2. Function or Event Information Does the agency have a ticket policy? Event Description Ticket(s)/Pass(es) provided by agency? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nation in Part 3.)		
2. Function or Event Information Does the agency have a ticket policy? Event Description Ticket(s)/Pass(es) provided by agency? Yes \[\] No \[\] If no: Neme of Source Was ticket distribution made at the behest of agency official? No \[\] Yes \[\] Official's Name (i.ast, First) 3. Recipients • Use Section A to kientify 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) Yu1 Hay Lee, Commissioner #3 Name of Individual (i.ast, First) Pass(es)	Day, Year)		
Ticket(s)/Pass(es) provided by agency? Yes No Date(s) Nome of Source Was ticket distribution made at the behest of agency official? No Yes No From No Nome of Source No Secretary No No Nome of Source No Secretary No No Nome of Source No Nome of agency official? No Nome of agency official? No Nome of Agency Nome (Last, First) No Nome of Agency Nome of Individual (Last, First) No Nome of Agency Nome of Individual (Last, First) No Nome of Individual (Last, First)	The second secon		
Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (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 A. Name of Agency, Department or Unit Number of Ticket(se)' Pass(es) Yui Hay Lee, Commissioner #3 Fundament of Individual (Last, First) Name of Individual (Last, First) Recipients Use Section B to identify an individual. Use Section C to identify an outside purpose made pursuant to the agence in the public purpose			
of agency official? Official's Name (Last, First) Recipients Use Section B to identify an individual. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Pass(es) Pass(es) B. Name of Individual (Lost, First) Name of Individual Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Pass(es) Ceremonial Role Other			
Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Pass(es) Yui Hay Lee, Commissioner Number of Ticket(s)/ Pass(es)	*************************		
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Yui Hay Lee, Commissioner #3 **Pass(es) Number of Ticket(s)/ Pass(es) #3 **Pass(es) Number of Ticket(s)/ Pass(es) **Identify one of the following: Ceremonial Role Other	de organization.		
B. Name of Individual (Leat, Firel) Number of Ticket(e)! Identify one of the following: Ceremonial Role Other	Describe the public purpose made pursuant to the agency's policy		
B. Name of Individual Number of Ticket(e)/ Pass(es) Identify one of the following: Ceremonial Role Other			
Ceremonial Role Other Other			
	Income 🗔		
Ceremonial Role Other Hacking "Ceremonial Role" or "Other" describe below:	Income [
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agence	ncy's policy		
	teriorary to a constant		
. Veri@cation	U.N. e Samone de la violencia de l'acciona de l'acciona		
I have lead inclumers and FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirement of the commission. Yui Hay Lee OACCA Commission	ments. 4/4/2016		
Significan of Nigerics Hoad or Designee Print Name Title Comment:	(Month, Day, Yeer)		

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.

	monial Role Even	ts and Ticket/Pa	ass Distri	butions	Α	Public Document
. Age	ency Name				Date Stamp	California 802
Oak	land Alameda County C	oliseum Authority				
Divis	sion, Department, or Reg	ion (if applicable)				For Official Use Only
Chri	is Dobbins, OACCA Con	nmissioner				
Desi	ignated Agency Contact ((Name,Title)				
					Amendment (Must F	Provide Explanation in Part 3.)
Area	Code/Phone Number	E-mail			Date of Original Ellins	
510).383.4801	Chrisdobbinslaw@y	/ahoo.com		Date of Original Filing:	(month, day, year)
2. Fur	nction or Event Infor	mation				
Doe	es the agency have a tick	ket policy? Yes 2	No□ F	ace Value of	Each Ticket/Pass $\$\frac{6}{2}$	2.50
Eve	ent Description: KMEL S	ummer Jam Provide Title/ Explan	etion C	oate(s)06	, 12 , 16	
Tick	cet(s)/Pass(es) provided	·		no:		8
104	C. L. A. P. L. D. C	4.4b - lo alo a.4	16	yes:	Name of Source	
	s ticket distribution made agency official?	e at the benest Yes [] No⊠ "	yes	Official's Name (Last, First)	
	ecipients Use Section A to identify the agen	ncy's department or unit.	Use Section B to i	dentify an individ	lual. • Use Section C to ider	itify an outside organization.
_			Number			
A .	Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
_						
В.	Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	following:
Do	obbins, Chris		2	to investigat		
-				Cerer	nonial Role Other C kking "Ceremonial Role" or "Other" d	Income
C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
1.						
l ha		PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
with	the requirements:	Chri	s Dobbins		OACCA Commission	
- 5	Signature of Agency Head or Desig	nee P	rint Name	6	Title	(month, day, year)

Comment: _____

Agency Report of: Geremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland/Alameda County Coliseum Division, Department, or Region (Mappilicable) Form For Official Use Only Ann Fergerson Amondment (Must provide explanation in Port 3.) Area Code/Phone Number gerson Cacqoviora Date of Original Filing: (Manin, Day, Year) **Function or Event Information** Does the agency have a ticket policy? Yes A No **Event Description** Ticket(s)/Pass(es) provided by agency? Yes 🖾 No 🗆 Name of Source Was ticket distribution made at the behest No ☐ Yes 🖸 of agency official? 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section 8 to identify an individual. . Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit . Describe the public purpose made pursuant to the agency's policy Ticket(a)/ Pass(as) Number of B. Name of Individual identify one of the following: Pass(op) To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. Ceremonial Rote Other Income 🗀 if checking "Commonial Rais" or "Other" describe below. Numbar of Tickel(s)/ Pass(es) Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (Include address and description)

Verification I have read and understand FPPO Regulations 18944.1 and 18942. I have vertised that the distribution sal forth above, is in accordance with the requirements Lee Ann Fergerson Ticket Adminis Print Name Comment: FPPC Form 802 (4/12)
FPPC Toll-Fran Helpiine: 866/ASK-FPPC (859/276-7772)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if epplicable) Krishna Pettitt, Oakland City Attorney Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Parl 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 \$ 20.00 Does the agency have a ticket policy? Yes 🔯 No 🗆 Event Description: Warrlors Watch Party Date(s) __06__/ 06 10 , 16 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗀 If no: Was ticket distribution made at the bahest Yes ☐ No ☑ If yes: _ Official's Name (Lest, First) of agency official? Recipients Use Section A to identify the agency's department or unit.
 Use Section B to identify the agency's department or unit.
 Use Section B to identify the agency's department or unit. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy Passes 8. Name of individual of Ticket(e)/ Passes Identify one of the following: (Last, First) Ceremonial Role Other 🗵 Pettitt, Krishna If checking "Caremonial Role" or "Other" describe below 2&3 to investigate the efficiencies of the operations for various sporting and other events that occur at Coliseum Complex Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification I have read, and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the refulrements Krishna Pettitt **Oakland City Attorney** 06.23.16 Print Name (month, day, year)

Comment:

	gency κερο ι τ οτ: eremonial Role Even	ts and Ticket/P	ass Distri	butions	A	Public Document
1.	Agency Name				Date Stamp	California 000
	Oakland Alameda County C	coliseum Authority		Form 802		
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Larry Reid, OACCA Chair					
	Designated Agency Contact	(Name, Title)			1	
			Amendment (Must Pr	ovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Amonamone (maser m	Ovide Explanation III T art 5.)
510.383.4801 Ireid@oaklandnet.com			com		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation			60	50
	Does the agency have a tic		⊠ No□ F	ace Value of	Each Ticket/Pass \$ $\frac{62}{}$.50
	Event Description: KMEL S	ummer Jam Provide Title/ Expla	[Date(s)06	<u>, 12 , 16</u>	
	Ticket(s)/Pass(es) provided	· · · · · · · · · · · · · · · · · · ·				
	ricket(a)/r add(cd) provided	by agency: 1es	⊠ No □ If	110.	Name of Source	
	Was ticket distribution made at the behest Yes ☐ No ☒ If yes:				Official's Name (Last, First)	
	of agency official?				Onicial's (Valle (Last, 1 list)	
	Vise Section A to identify the agen Name of Agency, Department	Number of Ticket(s)/	1	ne public purpose made purs		
	B. Name of Ind	Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
	Reid, Larry	2	to investigat	nonial Role Other X king "Ceremonial Role" or "Other" des te efficiencies of operat vents that occur at Coli	cribe below: tions of various sporting	
					nonial Role Other Other king "Ceremonial Role" or "Other" des	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
						· · · · · · · · · · · · · · · · · · ·
4.	Verification			**		
945	I have read and understand FF with the requirements.	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance
	Jan 1 /2	en La	arry Reid		OACCA Chair	5.6.16
/	Signature of Agency Head of Besign		Print Name		Title	(month, day, year)

Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name					Date Stamp	California 202	
	Oakland-Alameda County C	oliseum Auth		Form 002			
	Division, Department, or Reg	1	For Official Use Only				
	Barbara J. Parker, City Atto	rney/OAACA	Official				
	Designated Agency Contact (Name, Title)			1		
						-	
	Area Code/Phone Number E-mail				. Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 238-3815 bparker@oaklandcityattorney.org			Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Infor	mation				00.50	
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	62.50	
	Event Description KMEL Sur	nmer Jam		Date(s) 06	5 , 12 , 16	1 1	
	Event Description	Provide Title/Exp	lanation	Date(3)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of Sou		
	Was ticket distribution made a of agency official?	it the benest	No 🛛 Yes	If yes:	Official's Name (L	ast. First)	
_							
3.	Recipients • Use Section A to identify the agence	v's department or	unit. • Use Sec	tion B to identify an individu	ual. ■ Use Section C to ident	ify an outside organization.	
			Number of				
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	to the agency's policy		
	B. Name of Individua	al	Number of Ticket(s)/	Identify one of the following:			
	(Last First)		Pass(es)				
	Barbara J. Parker			Ceremonial Role If checking 'Ceremon	Other X ial Role" or "Other" describe below	Income	
			2		efficiencies of the opera	ations of the various	
				sporting and other events that occur at Coliseum Complex			
				Ceremonial Role	Other	Income	
			2	If checking "Ceremon.	ial Role" or "Other" describe below		
			Number of				
	Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	ublic purpose made pursuant to the agency's policy		
			F d 3 5 (0 5)				
	Bal Colo	<u></u>					
1.	Verification /		-				
	I have read and understand FPPC Regu	lations 18944 1 an	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	n the requirements.	
	Bro the		Barbara J. F	Parker City	Attorney/OAACA Offic	cial 7/13/2016	
	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day. Year)	
	0						
Comment:							

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Larry Reid, OACCA Chair Designated Agency Contact (Namo, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383,4801 Ireid@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 1 Does the agency have a ticket policy? Yes⊠ No □ 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 If yes: Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. Passes Number Name of Individual of Ticket(s)/ Identify one of the following: В. (Last, First) Passes Ceremonial Role Other 🗵 Income Reid, Larry 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 Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(B)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the regulirements Larry Reid OACCA Chair 4.6.16 Print Name Title (month, day, year) Signature of Agency

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

1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County Coliseum Authority					Form 002
	Division, Department, or Regi	on (If Applicabl		For Official Use Only		
	Barbara J. Parker, City Attor		Official			
	Designated Agency Contact (Cinicial			
	budginatou riguinoy a amater (
		E-mail			Amendment (Must provide	explanation In Part 3.)
	Area Code/Phone Number		aklandcityatto	rnev ora	Date of Original Filing:	
_	(510) 238-3815		ananuchyano		(M	lonih, Day, Year)
2.	Function or Event Inform		(5)	Ecce Volue o	of Each Ticket/Pass \$	SeeAttached
	Does the agency have a ticket		Yes 🛛 No [
	Event Description Oakland A	's Tickets - 2	2016 Season	Date(s)		
		Provide Title/Exp	pjenadon			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗵 No	☐ If no:	Name of Source	
	Was ticket distribution made a	t the behest	No ⊠ Yes	☐ If yes:		
	of agency official?		MORDI ICOL	ii yes	Official's Name (Last, F	irst)
3.	Recipients					
•	Use Section A to identify the agency	's department o	runit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identify an	outside organization.
	A. Name of Agency, Department or Unit Number of Ticket(s)/			Describe the public purpose made pursuant to the agency's policy		
			Pass(es)			
			Number of			
	B. Name of Individua	ıl	Ticket(s)/ Pass(es)		identify one of the following:	
				Ceremonial Role	Other 🛛	Income
	Barbara J. Parker			If checking "Ceremor	niel Role" or "Other" describe below:	_
			2	To investigate the efficiencies of the operations of the various sporting and other events that occur at Collseum Complex		
		./\				
				Ceremonial Role	Other Lanial Role" or "Other" describe below:	Income
			2	ii cheddig Geleniai	ila) Note of Other describe below.	
	Name of Outside Organ	Ization	Number of			
	C. Name of Outside Organ (Include address and des		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant to th	e agency's policy
					(w)	
					······································	
				1		
4	Varification					
4.	Verification I have read and understand FPPC Regulation	lalions 18944.1 a	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance with the	requirements.
	1 2	į	Barbara J. I		y Attorney/OAACA Official	3/18/2015
	Signature of Agency Head or Designee	<u></u>	Print Nam		Tille	(Month, Day, Year)
	All The state of t				28	
	Comment:					
						EDDC E 902 /4/40

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

Ceremoniai Role Even	its and 110	CKet/Pass	Distributions		A Public Document		
1. Agency Name				Date Stamp	California 000		
Oakland Alameda County (Form 002		
Division, Department, or Reg	ion (If Applicab		For Official Use Only				
Christopher Dobbins, OAC	CA Commissi	oner					
Designated Agency Confact	(Name, Tille)				1		
Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)		
510.383.4801	10-00000 (1140)	ıslaw@yahod	o.com	Date of Original Filing:	-		
. Function or Event Infor		7-12-12-12-12-12-12-12-12-12-12-12-12-12-		and the second	(Month, Day, Your)		
Does the agency have a ticket		Yes 🗵 No	111 Face Value o	of Each Tickel/Page \$ "	Deattache		
Event Description Golden St			Date(s)	see attac	shed		
Event Description	Provide Tille/Exp	gar per tor	140				
Ticket(s)/Pass(es) provided b			[] If no;				
neket(a)n aaatea) provided b	y agency r	Yes 🖾 No	1110,	Name of Sc	писе		
Was ficket distribution made at the behest No ☒ Yes ☐ If yes:							
of agency official?				Official's Name (Lost, First)		
. Recipients							
 Use Section A to Identify the agence 	y'e department or	ınl. 🄞 Use Section C to iden	tilly an outside organization.				
A. Name of Agency, Department or Unit		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's polic				
		Pass(co)					
B. Name of Individual Num							
D. (Lind, Fort)	Ticket(s)/ Pass(es)		Identify one of the follow	lng:			
100			Ceremonial Role	Other 🛭	Income		
Dobbins, Chris	Dobbins, Chris			al Role" or "Ollier" (lescribe below:	,_,		
			to investigate the ef	fliciencies of the opera	ations of the various		
				events that occur at the	le Collseum Complex		
		1	Geremonial Role Uchacidna Geremonia	Other	Income		
		2 per	•	only the burner burner.			
C. Name of Outside Organ	zation	Number of	D				
(include address and des		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy		
Verification		L1		Constitution (1)			
Have read light understand FPPC Regula	njions 18944 1 and	18942, Hava vei	rified that the distribution set fo	rth above, is in eccordance wil	h the requirements		
		Chris Dobl		DACCA Commissione			
Signature of Agent, Head or Designed		Print Norma		Tille	(M. oth, Day, Year)		
•					paymin, say, reary		
Comment:							
				11117 T-11 15 1	FPPC Form 802 (4/12)		
Comment:			[:	PPC Toll-Free Helpline: 8	FPPC Form 802 (4/ 66/ASIC FPPC (866/275-77)		

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
0	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

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name		Date Stamp	California 802		
	Oakland Alameda County C	oliseum Autho	ority			Form OUZ
	Division, Department, or Regi	on (If Applicable		For Official Use Only		
	Sabrina B, Landreth					
	Designated Agency Contact (Name, Title)				
	City Administrator				Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number E-mail				1 -	
	(510) 238-6840 SLandreth@oaklandnet.com				Date of Original Filing	(Month, Day, Year)
2.	Function or Event Infor	mation		-	of Each Ticket/Pass \$.	11250
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$.	116		
	Event Description A's Date(s)				30 , 16	
	·	Provide Title/Expl				
	Ticket(s)/Pass(es) provided by	y agency?	☐ If no:	Name of S	Source	
	Was ticket distribution made a	t the behest	na Landreth			
	of agency official?		No ☐ Yes [∆ ii yes	Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agence	y's department or	unit. • Use Sec	tion В to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit			Describe the public purpose made pursuant to the agency's policy		
				· · · · · · · · · · · · · · · · · · ·		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:		
	Chak, Victoria			Ceremonial Role	Other Dial Role' or 'Other' describe below	income [
	ondry violend	Char, victoria		_		s that provide services to
	*		2	Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below	Income [
			2			
	Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agend		nt to the agency's policy
	(interpretation of the control of th					
-	Verification					
	I have read and understand FPD6 Regu	lations 18944.1 and	d 18942. I have ve	rified that the distribution set	forth above, is in accordance	with the requirements.
	Che In las	en	Sabrina Lar	ndreth	City Administrator	7.1.16
	Signalure of Agency Head or Design		Print Name	e	Title	(Month Day Year)
	Comment:					

Ceremonial Role Events and Ticket/Pass Distributions

						AT ablic bocallicht
I. Agency Name					Date Stamp	California 802
	Oakland Alameda County Coliseum Authority					Form 002
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only
	Sabrina B. Landreth Designated Agency Contact (Name, Title)				
	City Administrator					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 238-6840		oaklandnet.	com	Date of Original Filing:	(Month, Day, Year)
,	Function or Event Inform					
•	Does the agency have a ticker		Yes⊠ No	□ Face Value o	f Each Ticket/Pass\$ _	8000
	A.I			_		1 1
	Event Description A's	Provide Title/Exp	lanation	Date(s)	, 22 , 16	
	Ticket(s)/Pass(es) provided by			□ If no:		
	ricket(s)/i ass(es) provided by	y agency:	Yes 🛛 No	11110,/	Name of Sc	ource
	Was ticket distribution made a	t the behest	No ☐ Yes	✓ If yes: Sabrir	na Landreth	
	of agency official?			-	Official's Name (Last, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or		tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
			Pass(es)			
)		-			
	B. Name of Individua	ıl	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
				Ceremonial Role	Other	Income 🗌
	Delmage, Michelle		2	-	ial Role" or "Other" describe below:	
				To provide incentive the Authority	es to City employees	that provide services to
	:		·			
				Ceremonial Role If checking "Ceremoni	☐ Other ☐ ial Role" or "Other" describe below:	Income L
			2			
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the nub	lic purpose made pursuan	t to the agency's policy
	(include address and des	cription)	Pass(es)		no parposa mada paradan	to the agency o pency
						*
١.	Verification					
	I have read and understand FPDC Regul	lations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wi	th the requirements
	Clushela	leger	Sabrina Lar	ndreth	City Administrator	7.1.16
	Signature of Agency Head or Designer		Print Nam	e	Title	(Month, Day, Year)
	Comment:					