Comment: _____

			- to a construction of the	Distributions	Date Stamp	California Q 0 2
. Agency	i va me Alameda County C	alianum Arith	oritu		Sale amulh	Form OUZ
	Department, or Regi				-	For Official Use Only
-	,			Say make		
	Muranishi, County d Agency Contact (r, Alameda t	ontry	1	
Pitziåuare	a Agency opinate [Nome, me,				
7	/Phone Number	E-mail			Amendment (Must p	orovida explanation in Part 5.)
510-272-		countyadmir	oistrator@ac	anv.ora	Date of Original Filing:	(Month, Day, Year)
	n or Event Infor					
	igency have a ticke		Yes 🕅 No	T Face Value o	of Each Ticket/Pass \$ _	275
	cription Oakland R	aiders - 2016				, ,
Event Des	aripilan 	Provide Title/č×p	lanation	Uale(s)		
Ticket(s)/E	ass(es) provided by	/ agency?	Yes 🗵 No	[]	Name of So	
. , ,	.,	, -	, , ,			
Was ticket of agency	distribution made a official?	t the behest	No⊠ Yes	☐ If yes:	Official's Name	Last, F(rst)
. Recipie:	1 ts n A la Identify the agency	r's dapartment or		pon B to Identify an individ	ual. • Use Section C to ider	tify an optalda organization.
A, Nam	e ol Agency, Dopartme	nt or Unit	Number of Ticket(s)/ Pass(os)	Describe the pul	niic purpose made pureuen	t to the agency's policy
		······································			***	TO A STATE SERVICE CONTRACT AND A STATE OF THE SERVICE CONTRACT AN
B.	Name of Individue	ul	Number of Ticket(s)/ Pass(os)		(dentify one of the follow	Ang:
Muranish	, Susan S.		2/date	to investigate the s	alla Rolle" or "Other" describe below: efficiencies of the oper	ations of the various
						ne Coliseum Complex
				Ceremonial Role It checking "Ceremon	Other C	Incoma C
	one of Outside Organ clude address and des		Number of Ticket(s)/ Pagg(68)	Gescribe the pul	pije brubose wage bruensu	t to the agency's policy
A CONTRACT OF THE PARTY OF THE	AND THE RESERVE OF THE PARTY OF					
	agagag gagagan ng garan na sang ang ang ang ang ang ang ang ang ang					
. Verificat	ion		1 tagas / bace co	riffert that the distribution get	forth above, is in accordance w	ith the requirements.
/ have read an	a understand FPFQ Köğül	5 /	susan S. Mu		County Administrator	- 1 1 .

Raider Games

November 2016

Susan Muranishi

11010000	•	WI 011003
	11010000	Raiders v

Raiders v Panthers

November 6, 2016

November 27, 2016

(2) tickets

(2) tickets

ENTRE DE LA CONTRACTOR				A Public Docume
1. Agency Name			Date Stamp	Callfornia 80
Oakland Alameda County Col:	isium Autho	ority		For Oldstelling Co.
Division, Department, or Region (If Applica	ible)	17		For Olficial Use Only
Yui Hay Lee, Commissioner				
Designated Agency Contact (Name, Tille)		1000		
			Peg .	
Area Code/Phone Number E-mail	Park and one with the contribution of the second		Amendment (Must)	novide explanation in Part 3.)
	y@YHLA.net		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information	terbuckoup and artistical	the second secon		01
Does the agency have a ticket policy?	Yes No [of Each Ticket/Pass \$ _	27500
Event Description RAIDER	GAME	S Date(s)	TIX/GAM	巳 , ,
20 (6 Provide Vite 16.	xplanution	RE	EGULAR S	EASON.
Tickel(s)/Pass(es) provided by agency?	Yes[] No[] If no:		.,
Was ticket distribution made at the behest	and the same	-	Name of So	Urce
of agency official?	No ☐ Yes [If yes:	Official's Name (I	ast First)
. Recipients		The state of the s		The state of the second
Use Section A to identify the agency's department of	or unit. • Ues Soci	on B to Identify an Individu	ual. • Use Section C to ident	lfy an outside organization
A. Name of Agency, Department or Unit	Number of Ticket(e)/		lic purpose made pursuant	
-	Pass(es)		, parposa mada panauan	to the agency a policy
Yui Hay Lee, Commissioner	16.	#3		
	12.		-	
Name of Individual	Number of			
(Last, Fusi)	Ticket(s)/ Pass(es)		Identify one of the following	ıg:
		Geremonial Role		Income
		If checking "Gereinants	ol Rolo" or "Other" describe below:	
		Ceremonial Role	Other [Income
		If chacking "Geremonia	il Rola" or "Other" describe helow:	Hastins E
Allows of Dutable Consideration	Number of			
C , Name of Outside Organization (include address and description)	Yickot(s)/ Pass(es)	Doscribe the publi	c purpose made pursuant t	o the agency's policy
	1 , 110(00)			
	1 1			
V. M. A.			The state of the s	
Verification แพร่ เอฟ ฟน แพนะสมบบ BPC Regulations 18944 1 and	18942, I have verille	d that the distribution set for	lh shove is in preordance with	lha tondramade
	l Hay Lee		CCA Commission	Solvalie
				0/24/10
Sandand Meland Alight or Designed	Print Norma		Tillo	Internation of the stand
HRA -	Print Norma		Tille	(Menth, Chy. Your)

Raider Games

November 2016

Yui Hay Lee

 Raiders 	v Broncos
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Raiders v Panthers

November 6, 2016

November 27, 2016

(2) tickets

(2) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: chrisdobbinslaw@yahoo.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 275.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Raider 2016 Season Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: of Ticket(s)/ В. (Last. First) Passes Ceremonial Role Income Other X Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 per to investigate efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Other 🗌 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. game 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 I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. **OACCA Commissioner** Chris Dobbins (month, day, year) Signature of Agency Head or Designee Print Name

Comment: __

Raider Games

November 2016

Chris Dobbins

Raiders v Broncos

Raiders v Panthers

November 6, 2016

November 27, 2016

(2) tickets

(2) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (If Applicable) Scott Haggerly, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Orlginal Filing: 510,272,6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass Does the agency have a ticket policy? Yes X No C Warriors Event Description Provide Tille/Explanation Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 Name of Source If yes: Haggerly, Scott Was ticket distribution made at the behest No ☐ Yes ☒ Official's Name (Lost, First) of agency official? 3. Recipients . Use Section A to identify the agency's department or unit. ... Use Section B to identify an Individual. ... Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual B. Identify one of the following: Ticket(s)/ (Lov. First) Pass(os) Caremonial Role Other [Income [If chacking "Caremonial Roler" or "Other" describe helow Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Tickel(s)/ (include address and description) Pass(es) 20 To reward a school or non-profit organization for its contributions to the community entir CA 94550 4. Verification They read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Supervisors Assistant Lee Ann Fergerson comment: To preserve the wellness and enhance the qu children in Northern CA - Living with FPPC Toil-Free Helpline: BGBIASK-FPPC (BGG1275-7772)

life-threatening and chronic illnesses, developmental disabilities

and youth at risk through unique therapeutic experiences and

Agency Report of:		Iro4IDano	Distributions		W. L. doug p.gogillour
Ceremonial Role Ever	nts and Hic	Kevrass	Distributions	Date Stamp	California
1. Agency Name	Palicaum Autho	srih.	•	Duto Statis	- Camorina
Oakland-Alameda County (For Official Use Only
OPTILIER (COMMERCE SANCE) (COMMERCE AND			county	-	
Susan S. Muranishi, Count Designated Agency Contact		, Alameda C	Journey	-	
Designated Agency assumer	(11441112) 11110)				
Area Code/Phone Number	[E-mail		1	322	t provide explanation in Part 3.)
510-272-3862	countyadmin	istrator@acg	ov.org	Date of Original Filing	:(Month, Day, Year)
2. Function or Event Info			***	*	11 - 10 -
Does the agency have a tick	et policy?	Yes 🗵 No	☐ Face Value o	of Each Ticket/Pass \$	See attacked
Eyent Description Golden S	tate Warriors E	Basketball anation	Date(s)See:	attached SL (attached
Ticket(s)/Pass(es) provided I	y agency?	Yes⊠ No	lf no:	Name of	Source
Was ticket distribution made of agency official?	at the behest	No 🗵 Yes	☐ If yes:	Otfi cial'a Nam	a (Lest, First)
3. Recipients				tunt a Hen Sassian A en Id	antité en autaido orgánization.
Use Section A to Identify the agen		Number of			
A. Name of Agency, Departm	ent or Unit	Ticket(e)/ Pass(es)	Descripe the put	oue brilbose wade bringns	ant to the agency's policy
	- A-		- Valley of the last of the la		
Name of Individu	uál	Number of Ticket(s)/ Pass(es)		(dentify one of the follo	owing:
•			Ceremoniai Roja	Other 🗵	Income
Muranishi, Susan S.		2/date		nial Role" of "Other" describe belo es to City and Count	
			provide services to	the Authority	,p,
	***************************************		Ceremonial Role If checking "Coromo	Other Initial Rale" or "Other" describe belo	ійсоше 🔲
Name of Outside Orga	nolzation	Number of	Pagariba the pu	ble purnose made pursu	ant to the agency's policy
G. Name of Outside Orga	escription)	Ticket(s)/ Pass(es)	очастия им ри	m) a bar bar o man dance	
					,
	*	.54			
4. Verification Thave read and understand FPPC Re-	gulations 18944.1 on	d 18942. I hove v	erlli ed that the distribution se	t ferih abova, is in accordanc	e with the requirements.
Sypa- (Travers) Scoperice of Adorest Head or Design	shippe	Susan S. M	uranishi	County Administra	
Comment:	/				F077 Farm 902 (4142)

Warriors November 2016

Susan Muranishi

•	Warriors v Thunder	11.3.16	(2) tickets	\$1125.00
6	Warriors v Pelicans	11.7.16	(2) tickets	\$675.00
•	Warriors v Mavericks	11.9.16	(2) tickets	\$675.00
0	Warriors v Suns	11.13.16	(2) tickets	\$1000.00
•	Warriors v Lakers	11.23.16	(2) tickets	\$1100.00
•	Warriors v Timberwolves	11.26.16	(2) tickets	\$1100.00
•	Warriors v Hawks	11.28.16	(2) tickets	\$1100.00

		(요즘) (요즘 5명) 프라 그렇게 뭐하는데요!					
1.	. Agency Name				Date Stamp	California 802	
	Oakland Alameda County C	and the second s				Form OUZ For Official Use Only	
	Division, Department, or Reg					T of omological only	
	Scott McKibben, OACCA Ex						
	Designated Agency Contact	(Name, Fille)					
	Area Code/Phone Number	E-mail			Amendment (Must P	Provide Explanation in Part 3.)	
	510.383.4801	smckibben1@gm	ail com		Date of Original Filing:		
_			all.com	And in the State of the State o		(month, day, year)	
2.	Function or Event Infor		82			see attached	
	Does the agency have a tick		s⊠ No□ F	-ace Value of	Each Ticket/Pass \$	to diverge	
	Event Description: Warriors	2016 Season		Date(s) 1 See attached			
	Ticket(s)/Pass(es) provided	Provide Tille/ Explana					
	ricket(s)/r ass(es) provided	by agency: 168	S⊠ No□ I	f no:	Name of Source		
	Was ticket distribution made	e at the behest Yes	s□ No⊠ ^I	f yes:	Official's Name (Last, First)		
	of agency official?				Smolard Name (Edd., 1 noty		
3.	Recipients						
٥.	Use Section A to identify the agent	cy's department or unit.	• Use Section B to	identify an individ	dual. • Use Section C to ident	tify an outside organization.	
	A Name of Agency Days	artment or Unit	Number	Describe th	no public purpose made pur	cuant to the agency's policy	
	A. Name of Agency, Depart	artment or Onit	of Ticket(s)/ Passes	Describe th	ie public purpose made pur	suant to the agency's policy	
	<u> </u>						
			Number				
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:	
	1	5.9	Fasses	Caran	nonial Role Other X	Income	
	McKibben, Scott			If check	king "Ceremonial Role" or "Other" de	scribe below:	
						ne operations of various our at Coliseum Complex	
	A CONTRACTOR OF THE CONTRACTOR			1	nonial Role Other		
				If check	king "Ceremonial Role" or "Other" de	scribe below:	
	C. Name of Outside O		Number of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy	
	(include address and	description)	Passes				
	Pro-			-			
		1					
1	Verification						
	I have read and understand FP	RC Regulations 1894	4.1 and 18942.	I have verified i	that the distribution set fo	orth above, is in accordance	
-	with the regulirements.	W IF					
	A /WARHANA	1 AV SOO	lt Mc Kibben	OA	ACCA Executive Direct	tor	
	Signature WAgeney Healt or Design	66/	Print Name		Title	(month, day, year)	
	Comment:	U					

Warriors November 2016

Scott McKibben

•	Warriors v Thunder	11.3.16	(2) tickets	\$1125.00
•	Warriors v Pelicans	11.7.16	(2) tickets	\$675.00
•	Warriors v Mavericks	11.9.16	(4) tickets	\$675.00
•	Warriors v Suns	11.13.16	(4) tickets	\$1000.00
•	Warriors v Timberwolves	11.26.16	(4) tickets	\$1100.00
•	Warriors v Hawks	11.28.16	(4) tickets	\$1100.00

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510,383,4801 chrisdobbins@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass Yes ⊠ No □ Event Description: Warriors basketball 2016 Season Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ If no: Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ 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 A. of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ identify one of the following: (Last, First) Passes Ceremonial Role Other X Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below. 2 per to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role 🔲 Other 🔲 Income [if checking "Ceremonial Role" or "Other" describe below. game 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

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

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

Comment:

Warriors November 2016

Chris Dobbins

•	Warriors v Thunder	11.3.16	(2) tickets	\$1125.00
•	Warriors v Pelicans	11.7.16	(2) tickets	\$675.00
•	Warriors v Mavericks	11.9.16	(2) tickets	\$675.00
•	Warriors v Suns	11.13.16	(2) tickets	\$1000.00
•	Warriors v Lakers	11.23.16	(2) tickets	\$1100.00
•	Warriors v Timberwolves	11.26.16	(2) tickets	\$1100.00
•	Warriors v Hawks	11.28.16	(2) tickets	\$1100.00

A	Des H		PNs.	
A	rub	IIC	Doct	ment

1	. Agency Name			Date Stamp	California OOO
	Oakland Alameda County C	olisium Auth	ority	,	Form 802
	Division, Department, or Region (If Ap	plicable)			For Official Use Only
	Yui Hay Kee, Commissione	r			
	Designated Agency Contact (Name, Till		A CONTRACTOR OF THE PARTY OF TH		1
	Area Code/Phone Number E-mail	-		Amendment (Must pro	vide explanation in Part 3.)
	(510) 836-6688 Yu:	iHay@YHLA.ne	t	Date of Original Filing: _	
2	Function or Event Information				(Month, Day, Year)
	Does the agency have a ticket policy?	Yes No	☐ Face Value of	f Each Ticket/Pass \$	
	Event Description WARRIOR	25 FAM	EC CX	ナるかのし	2016
		tle/Explanation	Date(s)	E ATTACK	150
	Ticket(s)/Pass(es) provided by agency	? Yes 🗆 No	☐ If no:	2 1111114	1.
		TOOL NO		Name of Source	ce
	Was ticket distribution made at the beh of agency official?	lest No□ Yes	☐ If yes:		
MARIE				Official's Name (Las	st, First)
3.		ant as well			
	Use Section A to identify the agency's departm Name of Agency, Department or Unit	Number of			
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
	Yui Hay Lee, Commissioner	獎	#3		
		ape	2 game	see attack	zed
	Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	:
			Ceremonial Role If checking "Ceremonial	Olher Role" or "Olher" describe below:	Income 🗌
	н		Ceremonial Role	Other D	Income [
(Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the public	purpose made pursuant to t	he agency's policy
-		Pass(es)			
	Signaturo III Astrocy Horst or Designeo	Yui Hay Lee		ebove, is in accordance with the CA Commission Title	requirements. 9/28/16 (Month, glay, Yam)
Q	omnlent:				EDDC Form 902 (4142)

Warriors November 2016

Yui Hay Lee

•	Warriors v Thunder	11.3.16	(2) tickets	\$1125.00
•	Warriors v Pelicans	11.7.16	(2) tickets	\$675.00
•	Warriors v Mavericks	11.9.16	(2) tickets	\$675.00
•	Warriors v Suns	11.13.16	(2) tickets	\$1000.00
•	Warriors v Lakers	11.23.16	(2) tickets	\$1100.00
•	Warriors v Timberwolves	11.26.16	(2) tickets	\$1100.00
•	Warriors v Hawks	11.28.16	(2) tickets	\$1100.00

1.	Agency Name				Date Stamp	California 202
	Oakland Alameda County C	oliseum Auth	nority			Form OUZ
	Division, Department, or Regi	ion (If Applicabl	le)			For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)				
	City Administrator				Red of	
	Area Code/Phone Number	E-mail		,		ovide explanation in Part 3.)
	(510) 238-6840	SLandreth@	oaklandnet.	com	Date of Original Filing: _	(Month Day Year)
2.	Function or Event Inform	nation	26		(t)	(Month, Day, Tear)
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	1125.00
	Event Description Warriors			Data(s) 11	, 03 , 16	
	Event Description	Provide Title/Exp	olanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	☐ If no:	Name of Sou	
	VAT Al-Lot all - Lall - C					irce
	Was ticket distribution made a of agency official?	it the benest	No ☐ Yes	⊠ If yes: Sabrir	Official's Name (L	ast. First)
2			-		,	
ა.	Recipients • Use Section A to identify the agency	/'s department or	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Departme	THE PERSON NAMED IN	Number of		lic purpose made pursuant	
	7 to Maine or Agency, Departme	int or office	Ticket(s)/ Pass(es)	Describe the publi	ne purpose made pursuant	to the agency's policy
			Number of			
	B. Name of Individua	l e	Ticket(s)/ Pass(es)		Identify one of the following	ng:
	THE PROPERTY OF THE PROPERTY O		1 433(63)	Ceremonial Role	Other	Income
	Dillahunty, Gerry		2	von o vos vees	al Role" or "Other" describe below:	
					es to City employees the	hat provide services to
			-	the Authority		
				Ceremonial Role If checking "Ceremonial"	Other D	Income
			-	des l'assistantes estatutes et l'activate destruite à l'activate destruite à l'activate destruite à l'activate		
	C. Name of Outside Organi	ization	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	to the agency's policy
	(include address and desc	cription)	Pass(es)			
	1					
	Verification	1 1500 - 000-220-15700 M		Seal Mont When Denville 250 Per-		
	I have read and understand EPPC Regula	ations 18944.1 and				the requirements.
			Sabrina Lar		City Administrator	10/1/16
	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)
	Comment:					

1.	Agency Name Oakland Alameda County Co	olicoum Aut	hority	1.	Date Stamp	California 802
	Division, Department, or Region		7. W. C.		-	For Official Use Only
	-	on (iii ippiioas				
	Sabrina B. Landreth	· +0.5				
	Designated Agency Contact (N	lame, l itle)				
	City Administrator				Amendment (Must pi	rovide explanation in Part 3)
	20000000000000000000000000000000000000	E-mail				
_			@oaklandnet.	.com	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform					675.00
	Does the agency have a ticket	policy?	Yes 🛛 No	☐ Face Value of	of Each Ticket/Pass \$	675.00
	Event Description Warriors			Date(s)11	, 07 , 16	
	•	Provide Title/Ex	planation			
	Ticket(s)/Pass(es) provided by	agency?	Yes ⊠ No	☐ If no:	Name of Sou	
	Mos tisket distribution and a t	0-1-1-1				irce
	Was ticket distribution made at of agency official?	the benest	No 🗌 Yes	If yes: Sabri	Official's Name (L	act Firet)
_					Official's (Value (E	ast, 1 listy
3.	Recipients	o donariment o	runit - Haa Car	-4i D 4- id4/6 i 1/ id-		
	Use Section A to identify the agency's		Number of		C S ALEX MUNICIPAL PROPERTY OF THE PARTY OF	Street and section of the section of
	A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Holt, Christopher		2	If checking "Ceremon	Other I	Income
				To provide incentive the Authority	es to City employees t	hat provide services to
				Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below:	Income
	C. Name of Outside Organiza (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Verification	iono 19044 4	d 19042 house	rified that the distribution and		. The requirements
	Verification I have read and understand FPPC Regulation	ions 18944.1 an				the requirements.
		ions 18944.1 an	d 18942. I have ve Sabrina Lar Print Name	ndreth	orth above, is in accordance with City Administrator Title	the requirements. 12/1/6 (Month, Day, Year)

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C Division, Department, or Regi				_	Form For Official Use Only
	Division, Department, or Regi	іон (ІІ Арріісар	ie)			(11) (10)
	Sabrina B. Landreth					
	Designated Agency Contact (Name,Title)				
	City Administrator				Amendment (Must r	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
_	(510) 238-6840		@oaklandnet.	.com	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform					675.00
	Does the agency have a ticket	t policy?	Yes ⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	675.00
	Event Description Warriors			Date(s)11	, 09 , 16	
		Provide Title/Ex	olanation			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗵 No	☐ If no:	Name of So	WITCO.
	Was ticket distribution made a	t the hehest	N. 🗆 🗸			urce
	of agency official?	t the penest	No ☐ Yes	☑ If yes: Sabria	Official's Name (Last, First)
3	Recipients) By (#E)
٥.	Use Section A to identify the agency	's department o	r unit. • Use Sec	ction B to identify an individu	ıal. ● Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
	B. Name of Individua		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ing:
	William, Joseph			Ceremonial Role	Other all Role" or "Other" describe below:	Income
			2	To provide incentive the Authority	es to City employees t	that provide services to
			,	Ceremonial Role	Other al Role" or "Other" describe below:	Income
	Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
	Verification I have read and understand FPPC Regula	tions 18944.1 and	d 18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	h the requirements.
	1		Sabrina Lar	ndreth	City Administrator	12/1/1
	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)
	0					
	Comment:					

_						diana Boodinone
1.	Agency Name				Date Stamp	California 202
	Oakland Alameda County C					Form 002
	Division, Department, or Reg	ion (If Applicab	ole)			For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact ((Name, Title)				
	City Administrator					
	Area Code/Phone Number	E-mail				ovide explanation in Part 3.)
	(510) 238-6840	SLandreth(@oaklandnet.	com	Date of Original Filing: _	(Month. Day. Year)
2.	Function or Event Inform	mation				(
	Does the agency have a ticke	t policy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$	1000.00
	Event Description Warriors			Data(s) 11	, 13 , 16	
	Event Description	Provide Title/Exp	planation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	□ If no:		
			100 [2] 110		Name of Sour	rce
	Was ticket distribution made a of agency official?	it the behest	No ☐ Yes	☑ If yes: Sabrir	na Landreth	
	Control Contro				Official's Name (La	est, First)
3.	Recipients					
	Use Section A to identify the agency		r unit. • Use Sec	tion B to identify an individu	al. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
			r ass(es)			
	B. Name of Individua		Number of		Telegraphics and the	
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followin	g:
	LINARIETO LIGE			ACTIVITIES OF THE PROPERTY OF	Other	Income
	UNABLE TO USE		2		al Role" or "Other" describe below:	
				the Authority	es to City employees th	at provide services to
			1	Ceremonial Role	Other	Income
				Action Control of High Control of London Control of	al Role" or "Other" describe below:	Income 🔲
	C. Name of Outside Organi		Number of Ticket(s)/	Describe the publi	ic purpose made pursuant to	the agency's policy
,	(include address and desc	cription)	Pass(es)			and agents) o penes
		9.7				
			3			
	Verification					
	I have read and understand FRPC Regula	ations 18944.1 and	d 18942. I have ver	ified that the distribution set for	rth above, is in accordance with i	the requirements.
	1		Sabrina Lan	dreth	City Administrator	12/1/16
	Signature of Agency Head or Designee		Print Name	77	Title	(Month Day, Year)
	Comment:					

_						A I ANIIO DOCUMENT
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C					Form OUZ
	Division, Department, or Reg	ion (If Applicabl	(e)			For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact ((Name, Title)				
	City Administrator					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 238-6840	SLandreth@	oaklandnet.	com	Date of Original Filing: _	(Month Day Year)
2.	Function or Event Inform	mation				(monin, buy, rour)
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	1,100.00
	Event Description Warriors			Data(a) 11	, 23 , 16	
	Event Description	Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	***********	***
	VA/a a Atalicak altakatka Atau			3	Name of Sou	rce
	Was ticket distribution made a of agency official?	it the benest	No ☐ Yes	☑ If yes: Sabrir	Official's Name (L	ast First)
_					omoid o Nume (El	
3.	Recipients • Use Section A to identify the agency	/'s department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization
	A. Name of Agency, Departme	Will East to the	Number of		lic purpose made pursuant t	THE RESERVE OF THE PERSON OF T
	74: Name of Agency, Bepartine	int or offic	Ticket(s)/ Pass(es)	Describe the publ	nc purpose made pursuant	to the agency's policy
			Number of			
	Name of Individua		Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other	Income
	Minor, Derin		2	5000	al Role" or "Other" describe below:	
			F	To provide incentive the Authority	es to City employees th	nat provide services to
					Other	Income 🔲
					al Role" or "Other" describe below:	Income 🔲
				l.		
5						
	Name of Outside Organi (include address and desc		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy
	(morade address and dest	cription)	Pass(es)			
	Verification	otiono 19044 d	148040 / 5	dE-d th-1 th-1 di-12th di-	# - L	
,	have read and understand FPPC Regula	auons 16944.1 and				tne requirements.
	Signature of Agency Head or Designee		Sabrina Lar		City Administrator	12/11/6
	Signature of Agency riedu of Designee		Print Name	3	Title	(Month, Day, Year)
	Comment:					

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name Oakland Alameda County O	:oliseum Aut	hority		Date Stamp	California 802
	Division, Department, or Reg				-	For Official Use Only
	Sabrina B. Landreth		122			
	Designated Agency Contact ((Name Title)			-	
	City Administrator	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Area Code/Phone Number	E-mail			☐ Amendment (Must μ	provide explanation in Part 3.)
	(510) 238-6840	III PONGHETSOE	@oaklandnet.	com	Date of Original Filing:	Month Day Von
2.	Function or Event Infor					(Month, Day, Year)
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	1,100.00
	Event Description Warriors					
	Event Description	Provide Title/Ex	planation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes ⊠ No	☐ If no:	Name of So	
	AAVES PLOTES HELDER HOLE		.00 🖂			urce
	Was ticket distribution made a of agency official?	it the behest	No ☐ Yes	☑ If yes: Sabri	na Landreth Official's Name (Last Eirst)
_					Official's Name (Last, i listy
ა.	Recipients • Use Section A to identify the agency	/'s department o	runit. • Use Sec	tion B to identify an individu	ial . a Use Section C to iden	tify an outside examination
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	WITH THE STREET PRINTED
	B. Name of Individua	ı	Number of Ticket(s)/			
	(Last, First)		Pass(es)		Identify one of the follow	
	Eve-Fisher, Saundra		2		ial Role" or "Other" describe below:	Income Lather that provide services to
				the Authority	es to City employees	irial provide services to
,				Ceremonial Role	Other In the sale of the second of the secon	Income
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
				T.		1
4.	Verification					
1	have read and understand FPPC Regula	ations 18944.1 an	d 18942. I have ver	rified that the distribution set fo	orth above, is in accordance wit	h the requirements.
	10	10	Sabrina Lan	dreth	City Administrator	12/1/16
						7
	Signature of Agency Head or Designee		Print Name	0	Title	(Month, Day, Year)

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

						711 dollo Doddillolle
1.	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					PER AN PER NEW YORK THEORY
	Area Code/Phone Number	E-mail			Amendment (Must pro	
	(510) 238-6840	SLandreth@	Doaklandnet.	com	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	1,000.00
	Event Description Warriors			Date(s) 11	<u>, 28 , 16</u>	1 1
		Provide Title/Exp	olanation	Dato(0)		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🛛 No	☐ If no:	Name of Sou	200
	Was ticket distribution made a	t the beheat		Sahrii		rce
	of agency official?	t the benest	No ☐ Yes	⊠ If yes: Sabriı	Official's Name (La	ast, First)
2	Recipients					000000
٠.	Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individu	ıal. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant t	SESSENCE OF VICTOR OF
	CALL PROPERTY OF THE PARTY OF THE		Pass(es)		No. 1965. The second se	
		A 60 AB 27	Number of			
	Name of Individua	l	Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Shelton, Susan			Ceremonial Role		Income
	Offelioff, Ousair		2		al Role" or "Other" describe below: es to City employees th	nat provide services to
				the Authority	oo to only omployees a	iat provide convices to
				Ceremonial Role	Other	Income
			2	If checking "Ceremoni	al Role" or "Other" describe below:	
	Name of Outside Organi	zation	Number of	STATE OF THE STATE		
	C. Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
	Verification					
	I have read and understand FPPC Regula	ations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.
	10		Sabrina Lar	ndreth	City Administrator	12/1/16
	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)
	Comment:					

						TIT METTO BOOMINGING
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C					Form For Official Use Only
	Division, Department, or Reg	ion (If Applicat	ole)			For Official Use Offig
	Sabrina B. Landreth					
	Designated Agency Contact	(Name, Title)				
	City Administrator					
	Area Code/Phone Number	E-mail			. Must p	provide explanation in Part 3.)
	(510) 238-6840	SLandreth	@oaklandnet	.com	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor				***	Se Stores outstand
	Does the agency have a ticke	t policy?	Yes ⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	148.00
	Event Description Family Bridge	dges		Date(s)11	, 05 , 16	
	,	Provide Title/Ex	planation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	☐ If no:	Name of So	(i)
	Was ticket distribution made a	at the hehest	N. C. V			urce
	of agency official?	it the beliest	No ☐ Yes	If yes: Land	reth, Sabrina Official's Name (i	Last, First)
3.	Recipients					Company of the Compan
٠.	Use Section A to identify the agency	y's department o	r unit. • Use Se	ction B to identify an individu	ıal. ● Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)	EAR SELVENIES (SEE	lic purpose made pursuant	WEST REPORT OF THE PERSON OF T
	B. Name of Individua	ıl	Number of Ticket(s)/		Identify one of the follow	ing
	(Last, First)		Pass(es)		identity one of the follow	ing.
	Chang, Bert			If checking "Ceremoni	Other Dial Role" or "Other" describe below: es to City employees	Income ☐
				Ceremonial Role	Other D	Income
				il checking Celetioni	ar Kole of Other describe below.	
	Name of Outside Organi (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
	Verification	ations 18944.1 an	nd 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wit	h the requirements.
	Signature of Agency Head or Designee		Sabrina Lar		City Administrator	12/1/16
	organizate of Agency Fledd of Designee		rant ivam	,	ine	(Monlh, Day, Year)
	Comment:		Manual Manageria			

Agency Nam Oakland Alame		Coliseum Aut	hority		Date Stamp	California 802
Division, Depart			C			For Official Use Only
Sabrina B. Lan	dreth					
Designated Age		(Name, Title)				
City Administra		***************************************				
Area Code/Phor		E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 238-6840		THE BUILDINGS	@oaklandnet.	com	Date of Original Filing:	(Month Day Voor)
2. Function or E	Event Infor	mation				(Month, Day, Year)
Does the agency	y have a ticke	t policy?	Yes ⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	105.50
Event Descriptio	Lil Wayne		7.00 🖾 7.10	 -		
Event Descriptio		Provide Title/Ex	planation	Date(s)		
Ticket(s)/Pass(e	s) provided by	y agency?	Yes ⊠ No	☐ If no:	Name of So	
147						urce
Was ticket distrib of agency offici		t the behest	No ☐ Yes	☑ If yes: Landr	eth, Sabrina Official's Name (i	Last Eirst)
	ui.				Onicial's Name (I	Last, Filsty
3. Recipients • Use Section A to id	lentify the agency	ı's denartment o	runit allea Sad	ction B to identify an individu	ıal. ● Use Section C to iden	415
	ency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
B. Na	ame of Individua (Last, First)	I	Number of Ticket(s)/		Identify one of the followi	ing:
UNABLE TO US	SE		Pass(es)		Other al Role" or "Other" describe below:	Income
			2	50/. 10 SXX-03		that provide services to
			2	Ceremonial Role	Other al Role" or "Other" describe below:	Income
	Outside Organi ddress and des		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
1. Verification	tand FPPC Pagette	ations 18944 1	d 18942 have vo	rified that the distribution set for	rth above, is in accordance with	h the requirements
, have read and unders	The Guld	200113 10344.1 dil	Sabrina Lar		City Administrator	12/1/16
Signature of Agenc	y Head or Designee	Y 8	Print Name		Title	(Month, Day, Year)
Comment:						

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	A ara sa arr Mana a					The second secon
	Agency Name				Date Stamp	California 802
	Oakland Alameda County C					Form For Official Use Only
	Division, Department, or Reg	ion (If Applicat	ole)			For Official Use Offiy
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)			1	
	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:	
-	Function or Event Infor		godinariariot.			(Month, Day, Year)
den s	Does the agency have a ticke		V 57 N	□ Food Volue o	of Food Tielset/Dees &	150.00
		t policy !	Yes 🛛 No	2 	of Each Ticket/Pass \$ _	
	Event Description Mana	Provide Title/Ex	-1	Date(s) <u>11</u>	<u>, 11 , 16 </u>	
			pianation			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗵 No	☐ If no:	Name of Sc	NITCO
	Was ticket distribution made a	t the hehest	N \square V			Miles
	of agency official?	i ille pellesi	No ☐ Yes	If yes:	reth, Sabrina Official's Name (Last, First)
_						
ა.	Recipients • Use Section A to identify the agency	ı's denartment o	runit allsa Soc	ction B to identify an individu	ual a Usa Saction C to iden	tifu an autoida azzanizatian
		TO LANGUE TO THE	Number of			
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
	B. Name of Individua	I A	Number of Ticket(s)/	The Harris	Identify one of the follow	ing:
2	B. Name of Individua (Last, First) UNABLE TO USE		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon		ing:
7 1100	(Last, First)		Ticket(s)/	If checking "Ceremon	Other I	
1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive the Authority Ceremonial Role	Other I	Income
	(Last, First)	zation	Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive the Authority Ceremonial Role If checking "Ceremoni	Other Dial Role" or "Other" describe below: es to City employees	Income [that provide services to Income [
4.	UNABLE TO USE Name of Outside Organi	zation pription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive the Authority Ceremonial Role If checking "Ceremonial Describe the pub	Other	Income that provide services to Income to the agency's policy
4.	UNABLE TO USE Name of Outside Organi (include address and description)	zation pription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive the Authority Ceremonial Role If checking "Ceremoni Describe the pub	Other	Income that provide services to Income to the agency's policy

4						THE RESIDENCE OF THE PARTY OF T
١.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C			×		FOIIII
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)				
	City Administrator					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 238-6840	SLandreth(@oaklandnet.	.com	Date of Original Filing:	(Markle Day Vari
2.	Function or Event Inform	nation				(Month, Day, Year)
	Does the agency have a ticker	t policy?	Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$ _	40.00
	Event Description Intel Extre	me Masters	0.000	<u> 10 − 5=</u> 0		
	Event Description	Provide Title/Exp	olanation	Date(s)		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	□ If no:		
	20, 30, 30, 30, 30, 30	• •	103 🔼 110		Name of So	ource
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes	☑ If yes: Landı	eth, Sabrina Official's Name (7 - 4 Find)
					Official's Name (Last, First)
3.	Recipients					
	Use Section A to identify the agency		Number of	ction B to identify an individu	ial. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
	B. Name of Individua	1	Number of Ticket(s)/		Identify one of the follow	ing:
	(Last, First)			Ceremonial Role	Other	ing:
	B. Name of Individua (Last, First) UNABLE TO USE	1	Ticket(s)/	If checking "Ceremoni	Other all Role" or "Other" describe below:	
	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive the Authority Ceremonial Role	Other all Role" or "Other" describe below:	Income ☐
	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive the Authority Ceremonial Role	Other all Role" or "Other" describe below: es to City employees	Income □
20	(Last, First)	zation	Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive the Authority Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below: es to City employees	Income that provide services to
TO 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UNABLE TO USE Name of Outside Organi	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoni To provide incentive the Authority Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below: es to City employees to City employees to Other all Role" or "Other" describe below:	Income that provide services to
	UNABLE TO USE Name of Outside Organi	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoni To provide incentive the Authority Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below: es to City employees to City employees to Other all Role" or "Other" describe below:	Income that provide services to
	UNABLE TO USE Name of Outside Organi (include address and desc	zation pription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive the Authority Ceremonial Role If checking "Ceremoni Describe the publ	Other all Role" or "Other" describe below: es to City employees to Other all Role" or "Other" describe below: all Role" or "Other" describe below: dic purpose made pursuant	Income that provide services to Income to the agency's policy
	UNABLE TO USE Name of Outside Organi (include address and description)	zation pription)	Number of Ticket(s)/ Pass(es)	If checking *Ceremoni To provide incentive the Authority Ceremonial Role If checking *Ceremoni Describe the publication set for	Other all Role" or "Other" describe below: es to City employees to Other all Role" or "Other" describe below: all Role" or "Other" describe below: dic purpose made pursuant	Income that provide services to Income to the agency's policy

1						STATE OF THE STATE
١.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C					
	Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)				
	City Administrator					
	Area Code/Phone Number	E-mail			☐ Amendment (Must μ	provide explanation in Part 3.)
	(510) 238-6840	III S	@oaklandnet	com	Date of Original Filing:	
,	Function or Event Infor		goakiai iui iet	COM	Date of Original Filing:	(Month, Day, Year)
	Does the agency have a ticket		V 🖾 N	□ Face Velve a	f Fack Tielest/Dees &	40.00
	AND THE PERSON OF THE PERSON O		Yes 🗵 No		f Each Ticket/Pass \$ _	
	Event Description Intel Extre	me Masters Provide Title/Exp	olanation	Date(s)11		
	Ticket(s)/Pass(es) provided by	/ agency2	V 157 N	□ If no:		
	riokat(a)/r dad(aa) provided by	agency:	Yes 🛛 No		Name of So	urce
	Was ticket distribution made a	t the behest	No ☐ Yes	If yes: Landr	eth, Sabrina	
	of agency official?			,	Official's Name (Last, First)
	Recipients					
	Use Section A to identify the agency	's department or		ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		ē .				v
	B. Name of Individua		Number of Ticket(s)/		Identify one of the follow	ing:
	(Last, First)			Ceremonial Role [Identify one of the follow	
	B. Name of Individua (Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremonia	Other al Role" or "Other" describe below:	Income
	(Last, First)		Ticket(s)/	If checking "Ceremonia	Other al Role" or "Other" describe below:	
	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive the Authority Ceremonial Role	Other Dal Role" or "Other" describe below: es to City employees to	Income C
	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive the Authority Ceremonial Role	Other Dal Role" or "Other" describe below: es to City employees t	Income C
	(Last, First) UNABLE TO USE Name of Outside Organia	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremonia To provide incentive the Authority Ceremonial Role If checking "Ceremonia	Other Dal Role" or "Other" describe below: es to City employees to	Income [that provide services to Income [
	(Last, First) UNABLE TO USE	zation	Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive the Authority Ceremonial Role If checking "Ceremonia	Other al Role" or "Other" describe below: es to City employees t Other al Role" or "Other" describe below:	Income Chat provide services to
	(Last, First) UNABLE TO USE Name of Outside Organia	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremonia To provide incentive the Authority Ceremonial Role If checking "Ceremonia	Other al Role" or "Other" describe below: es to City employees t Other al Role" or "Other" describe below:	Income In
	UNABLE TO USE Name of Outside Organia (include address and description)	zation cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive the Authority Ceremonial Role [If checking "Ceremonia Describe the publication of the publication	Other Sal Role" or "Other" describe below: es to City employees to Other Sal Role" or "Other" describe below: dic purpose made pursuant	Income In
	UNABLE TO USE Name of Outside Organiz (include address and description)	zation cription)	Number of Ticket(s)/ Pass(es)	If checking *Ceremonia. To provide incentive the Authority Ceremonial Role [If checking *Ceremonia. Describe the publication of the publicatio	Other Sal Role" or "Other" describe below: es to City employees to Other Sal Role" or "Other" describe below: dic purpose made pursuant	Income In

_						711 dono boodinone
1.	Agency Name		Date Stamp	California 202		
	Oakland Alameda County C	oliseum Autl		Form OUZ		
	Division, Department, or Reg	ion (If Applicab	1	For Official Use Only		
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)				
	City Administrator					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 238-6840	NO CONTRACTOR	@oaklandnet.	.com	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform		965 FAS	(Month, Day, Year)		
	Does the agency have a ticke		f Each Ticket/Pass \$ _	275		
		Yes ⊠ No	_			
	Event Description Raiders G	Provide Title/Exp	olanation	Date(s) <u>11</u>	<u>, 06 , 16 </u>	
	Ticket(s)/Pass(es) provided by	V . 1571 N	□ If no:			
	Ticket(s)/Pass(es) provided by agency? Yes ☑ No				Name of So	urce
	Was ticket distribution made a	t the behest	No ☐ Yes	☑ If yes: Landr	eth, Sabrina	
	of agency official?				Official's Name (I	Last, First)
3.	Recipients			- voide (North Control of North		
	Use Section A to identify the agency	r's department or		ction B to identify an individu	al. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit			lic purpose made pursuant to the agency's policy	
			Pass(es)			
	B. Name of Individua	Number of		30 37 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tea Train	
	(Last, First)		Ticket(s)/ Pass(es)	Identify one of the following:		
	NAPIU NII I			Ceremonial Role	Other	Income
	Williams, Nicholas		10 10 10 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	al Role" or "Other" describe below:		
				the Authority	es to City employees t	hat provide services to
				Ceremonial Role	Other	
				Annual Control Control (A)	al Role" or "Other" describe below:	Income
	C. Name of Outside Organi		Number of Ticket(s)/	Describe the publ	Describe the public purpose made pursuant to the agency's policy	
11	(include address and desc	cription)	Pass(es)			
	Verification					
1	have read and understand FPPC Regula	ations 18944.1 and	d 18942. I have vei	rified that the distribution set fo	rth above, is in accordance with	h the requirements.
	8		Sabrina Lar	ndreth	City Administrator	12/1/16
	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)
	Comment:					
- 1	Comment:					

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1	. Agency Name					A Public Documen	
			Date Stamp	California 802			
	Oakland Alameda County C	oliseum Aut		Form OUZ			
	Division, Department, or Regi	on (If Applicab		For Official Use Only			
	Sabrina B. Landreth						
	Designated Agency Contact (Vame, Title)					
	City Administrator						
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)	
	(510) 238-6840	SLandreth(@oaklandnet	t.com	Date of Original Filing:		
2.	Function or Event Inform			(Month, Day, Year)			
	Does the agency have a ticket		.☐ Face Value o	f Each Ticket/Pass \$ _	0150		
	Event Description Raiders Game						
	Event Description	Provide Title/Exp	olanation	Date(s)	Date(s)		
	Ticket(s)/Pass(es) provided by	agency?	Vaa 🔽 Na	□ If no:			
		(S	Yes 🗵 No	11 110.	Name of So	urce	
	Was ticket distribution made at	the behest	No ☐ Yes	☑ If yes: Landre	eth, Sabrina		
	of agency official?	Ţ.,		2000 F-000	Official's Name (L	_ast, First)	
	Recipients						
	Use Section A to identify the agency's	s department or	unit. • Use Sec	ction B to identify an individua	al. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departmen	t or Unit	Number of Ticket(s)/	Describe the publi	public purpose made pursuant to the agency's policy		
		ALCOHOLD WAY	Pass(es)				
			_				
	B. Name of Individual	Number of					
	(Lest, First)		Ticket(s)/ Pass(es)		ng:		
	2 591 791 791			Ceremonial Role	Other \square		
	Jones, Sabrina			1 Table 1	Role" or "Other" describe below:	Income	
			2	To provide incentives to City employees that provide services to			
				the Authority			
				Ceremonial Role		Income	
				If checking "Ceremonial	Role" or "Other" describe below:		
(Name of Outside Organization		Number of				
12	(include address and descri		Ticket(s)/ Pass(es)	Describe the public	Describe the public purpose made pursuant to the agency's policy		
						Constant State Section 19 For 19	
)/	
1	/erification						
	have read and understand FPPC Regulation	ns 18944.1 and	18942. I have veri	ified that the distribution set for the	a above in in es		
	0			o • Newton •		ine requirements.	
-	Signature of Agency Head or Designee		Sabrina Lan	ureth	City Administrator	12/1/16	
			, mic ivalile		Title	(Month, Day, Year)	
C	comment:						

A	gency Report of: eremonial Role Even	ts and Tic	ket/Pass Dis	tributions		A Public Document
and the	Agency Name	Charles and Control of the Control		mante e constituto por proprio de selección de la constitución de la c	Date Stamp	California 802
	Oakland Alameda County C	oliseum Auth			Form CV -	
	Division, Department, or Reg		THE PERSON		For Official Use Only	
	Scott Haggerly, OACCA Co		М			
	Designated Agency Contact (Name,Title)				
					Amendment (Must p	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510.272.6691	leeann.ferge	erson@acgov.org		Date of Original Filing:	(Monill, Day, Year)
2.	Function or Event Inform	mation				5000
	Does the agency have a ticke	f policy?	Yes 🗵 No 🗌	Face Value of	of Each Ticket/Pass \$	
	Event Description	Provide Tille/Expl	lanation	Date(s)	Name of Source	
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No□	If no:		
				If yes: Hagg		
	Was ticket distribution made a of agency official?	t the benesi	No ☐ Yes ☒	If yes: 11498	Official's Name (L	ost, First)
3.	Recipients • Use Section A to identify the agency	y's department or	unit. » Use Section B	(o identify an Individu	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Ticket(s)/ Describe the public purpose ma		to the agency's policy
	B. Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the following	
	1 Land		1	W		inty sponsored even
	Javier Amez	.cya	T	in order to maximize potential county revenue for concession and parking sales		
				Caremonial Role	Olher 🗌	Income [
					lai Rolu" or "Olhur" dascribo helow:	11199/119
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	fillingse ongines till has	- Parati	Pass(es)			
					2	
4.	Verification	-1	1100.12 I have smalled the	al the distribution on the	nul alune is it accordance with	h tha requirements
(July syr		Lee Ann Fergerso		Supervisors Assistant	1/14/16
	Signature of Agency Head of Pasignaa		Print Namu		Title	(Month, Day, Year)

Comment: _

Agency Name	Date Stamp	California 802			
Oakland Alameda County Coliseum Author	All	TO THE STATE OF TH			
Division, Department, or Region (If Applicable)		For Official Use Only			
	ļ				
Scott Haggerly, OACCA Commissioner	Designated Agency Contact (Name, Title)				
besignated Agency Contact (Name, 1995)					
Area Code/Phone Number E-mail			Amendment (Must pr	rovide explanation in Part 3.)	
7.11.04.0.7.11.11.11.11.11.11.11.11.11.11.11.11.1	rson@acgov.org	ang the State State of Charles and Aspendiculations	Date of Original Filing: .	(Monin, Day, Year)	
Function or Event Information			Value of the control	1100 80	
Does the agency have a ticket policy?		1100			
Event Description Warners / Las	vers nation	Date(s)	123 16		
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No□	If no: 65	W		
minor(e), besteep provided by against	TOSES NO E	11	Name of So	urce	
Was ticket distribution made at the behest of agency official?	No ☐ Yes ☒	If yes: Hagg	Official's Name (L	.osl, Firsl)	
Recipients • Use Section A to identify the agency's department or u	ual. • Use Section C to ident	ily an outside organization.			
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy	
,					
B. Name of Individual	Number of Ticket(s)/	1	Identify one of the followi	ing:	
(Lov, First)	Pass(os)	***	\$15 - 097000 000 \$2 00000000 0000000 0000000 000	10	
Tobin Broadhuist	-2	event in c	e attendance at a co order to maximize po for concession and p	unty sponsored etential county	
		Caremonial Role If checking "Caramon	Other	Income [
C. Name of Outside Organization (include address and description)	Number of Tickel(s)/ Pass(es)	Describe the pub	Nic purpose made pursuant	to the agency's policy	

Verification	18942. I have verilied th	of the distribution set f	orth above, is in nacordance wit	h tho requirements.	
The read his directions in a regulation of the				grande and a second	

Comment: _

A	gency Report of: eremonial Role Events and	Ticket/Pass	Distributions		A Public Document
	Agency Name Oakland Alameda County Coliseum Division, Department, or Region (If App.	Date Stamp	Form SUZ For Official Use Only		
	Designated Agency Contact (Name, Title	Amendment (Must	provide avalanation in Part 3.)		
	Area Code/Phone Number E-mail leeann.	.fergerson@acgov.	org	Date of Original Filing:	
2.	Function or Event Information Does the agency have a ticket policy? Exert Prescription Wary to a	Ne/Explenation ? Yes ⊠ No □	Date(s)	of Each Ticket/Pass \$	
3.	Recipients • Use Section A to Identify the agency's department of Unit	on 8 to identify an individu	ual. • Use Section C to ider dic purpose made pursuan	ntify an outside organization. It to the agency's policy	
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)		,	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	2111 Land 121 Maria 49 K	7	To promote a	lal Role" or "Other" describe below:	nty sponsored even
	Whitney Weaver			nd parking sales	Junty revenue for
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
egovitei .					
. ,	Verification Inaversed and understand FPPC Regulations 18944 Signature of Agency Head of Oesignoe	Lee Ann Ferge		nn ehove, is in accordance with Supervisors Assistant	(Month, Day, Yaar)
(Comment:		F	PPC Toll-Free Helpline: 86	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document callorna 8 Dete Stamp 1. Agency Name Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (If Applicable) Scott Haggerly, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: ieeann.fergerson@acgov.org (Month, Day, Year) 510,272.6691 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🗵 No 🗌 26 11010 **Event Description** Provide Tille/Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source Was ticket distribution made at the behest No ☐ Yes ☑ Official's Name (Lost, First) of agency official? 3. Recipients - Use Section B to identify an individual. • Use Section C to identify an outside organization. . Use Section A to identify the agency's department or unit. Number of Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual identify one of the following: В. Ticke((s)/ Pass(es) , \square To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales Income 🔲 Caramonial Role Other 🗌 If checking "Caremonial Role" or "Ollius" describe helow. Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. Ticket(s)/ (include address and description) Poss(es) 4. Verification and FPPC Regulations 18944.1 and 18942. I have verified that the distribution set lonk above, is in accordance with the requirements Supervisors Assistant Lee Ann Fergerson Title Print Natru Comment: -

Ceremonial Role Events and Ticket/Pass Distributions	A Public Document			
I. Agency Name	Date Stamp	California 802		
Oakland Alameda County Coliseum Authority		Form GUZ		
Division, Department, or Region (if applicable)		For Official Use Only		

Oakland Alameda County Coliseum Authority				Form SGE
Division, Department, or Region (if applicable)		For Official Use Only		
Larry Reid, OACCA Chair				
Designated Agency Contact (Name, Title)	1			
Area Code/Phone Number E-mail			. Amendment (Must Pi	rovide Explanation in Part 3.)
510.383.4801 Ireid@oaklandnet	t.com		Date of Original Filing: _	(month, day, year)
2. Function or Event Information				
Does the agency have a ticket policy? Yes	s⊠ No□ F	ace Value of	Each Ticket/Pass \$ <u>14</u>	8.00
Event Description: Family Bridges Concert Provide Title/ Exp		Date(s)11		
TORREST TRANSPORT THAN IN A PROCESSOR TORREST	S⊠ No□ I		Name of Source	
Was ticket distribution made at the behest Yes	s⊠ No□ l	f yes: Reid, La	Official's Name (Last, First)	
of agency official?				
3. Recipients • Use Section A to identify the agency's department or unit.	• Use Section B to	identify an individ	ual. • Use Section C to identi	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the fo	ollowing:
(Last, First)	Passes			
Duong, Christine	8	to promote the	nonial Role Other X ting "Ceremonial Role" or "Other" des the Coliseum Complex usinesses to maximize	for use by general
		1	onial Role Other of "Other" des	San Carrier Property
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy
				ě
. Verification				
I have read and understand FPPC Regulations 1894 with the requirements.	14.1 and 18942.	I have verified t	hat the distribution set fo	rth above, is in accordance
	arry Reid		OACCA Chair	11.04.16
Comment:	i unt Name		Tiqe	(month, day, year)

4						The Late Council of the Council of t	
7.	Agency Name		Date Stamp	California 802			
	Oakland Alameda County C	THE PARTY OF THE STATE OF THE PARTY OF THE P		Form OOZ			
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only	
	Nate Miley, Commissioner						
	Designated Agency Contact	Name, Title)					
	Anna Gee						
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6694	anna.gee@	acaon ota		Date of Original Filing: _		
2			acgov.org			(Month, Day, Year)	
4.	Function or Event Infor		_		(F LT' 15 A	15000	
	Does the agency have a ticker		Yes 🗵 No	longs.	f Each Ticket/Pass \$	100	
	Event Description Mana cond	cert		Date(s)11	<u>, 11 , 16 </u>		
		Provide Title/Exp	olanation				
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: GSW	Name of Sou	rce	
	Was ticket distribution made a	t the hehest	N. El V.	If yes: Miley,			
	of agency official?	t tile beliest	No ☐ Yes	If yes:	Official's Name (L.	ast, First)	
2	Recipients						
2.	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identi	fv an outside organization.	
9	A. Name of Agency, Departmen		Number of				
1	74; Hante of Agoney, Departme	int of othe	Ticket(s)/ Pass(es)	Describe the publ	cribe the public purpose made pursuant to the agency's policy		
•							
1/2							
	B. Name of Individual (Last First)		Number of Ticket(s)/		Identify one of the following:		
			Pass(es)		radially one of the follows:	9.	
	Basoco-Villarreal, Anissa			Ceremonial Role		Income	
	Dasoco-Villai real, Allissa		4	If checking "Ceremonial Role" or "Other" describe below: To promote the Coliseum complex for use by the general public			
				and businesses to n		by the general public	
				Ceremonial Role	Π Other Π	Income [
			×	AND CONTRACTOR AND CO	I Role" or "Other" describe below:		
			A				
(Name of Outside Organia (include address and desc	zation	Number of Ticket(s)/	Describe the publi	ic purpose made pursuant to the agency's policy		
-	(include address and desc	ription)	Pass(es)				
						¥	
-					, pr		
-	/erification					19	
I have read/and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirement							
	THAT -		Anna Ge	ee	Operations Chief	11/8/16	
-	Signature of Agency Head or Designee		Print Name		Title .	(Month, Day, Year)	
(Comment:						

Agency Report of: Ceremonial Role Events and Tir	:ket/Pass Dis	tributions		A Public Document		
Agency Name		County of the County Co	Date Stamp	Se Homes of ave		
Oakland Alameda County Collseum Auti		For Official Use Only				
Division, Department, or Region (II Applicab						
The second secon	The control of the co					
Designated Agency Contact (Name, Title)	Scott Haggerty, OACCA Commissioner Designated Agency Contact (Name Title)					
budgiment, general control of the co						
Area Code/Phone Number E-mail			Amendment (Musi	provide explanation in Part 3.)		
	erson@acgov.org		Date of Original Filing	(Month, Day, Year)		
2. Function or Event Information	The second secon	Service Control Control Control Control	draint and a state of the state	61600		
Does the agency have a ticket policy?						
Event Description War Vor S		Date(s)	116			
Provide Tille/Ex	olanation	Co	54)			
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No□	If no:	Name of S	Source		
Was ticket distribution made at the behest	□ V□	If yes: Hagg				
of agency official?	No ☐ Yes ☒	ii yes,	Official's Name	(Last, First)		
3. Recipients	Recipients					
 Use Section A to identify the agency's department of 		o identify an individual. • Use Section C to identify an outside organization.				
A. Name of Agency, Department or Unit	Number of Ticket(s)f Pass(os)	Describe the public purpose made pursuant to the agency's policy				
•						
B. Name of Individual	Number of Ticket(s)/ Pass(os)		Identify one of the follo			
	7,135,037	선 전 환경 경기		ounty sponsored even		
Corme Reed	2	in order to maximize potential county revenue for concession and parking sales				
			Other 🗌	Income [
		Caremonial Role If checking 'Caremon	will Redu" at "Other" describe helen	THE STATE OF THE S		
C. Name of Outside Organization (include address and description)	Number of Tickel(s)/ Pess(cs)	Describe the pul	olic purpose made pursua	nt to the agancy's policy		
			Venue Venue			
A Vallentia		Control of the Contro		and the second state of th		
4. Verification Index read and understand FPPC Regulations 18944.1 to	Verification Input read and understand FPPC Regulations 16944.1 and 16542. I have verified that the distinction set for					
Julyan	Lee Ann Fergerson					
Signature of Appensy Head of Designoo	Pint Nanu		fila	(Month, Dny, Year)		
Comment: FPPC Form FPPC Toll-Free Helpline: DGG/ASK-FPPC (86						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Family Bridges Date(s) __11__/ 05 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: . Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit 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 Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events occurring at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4. Verification

1	have read and understand FPPC Regulations	18944.1 and	18942. 1	have verified that	the distribution	set forth above,	is in accordance
1	with the requirements.						
	viai vio Jogaii ciriorito.						

Chris Dobbins

Signature of Agency Fread of Designee	1 Till Name	Hac	(month, day, year)
Comment:			

11.2.16

OACCA Commissioner

Agency Report of:

Ceremonial	Role	Events	and	Ticket/Pass	Distributions	

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Authority				Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Chris Dobbins, OACCA Cor	nmissioner				
	Designated Agency Contact	(Name, Title)			i	
	Area Code/Phone Number	E-mail			. Amenament (Must Pro	ovide Explanation in Part 3.)
	510.383.4801	chrisdobbinslaw@y	/ahoo.com		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes [⊠ No □ F	ace Value of	Each Ticket/Pass \$ 10	5.50
	Event Description: Lil Wayn				<u>, 10 , 16</u>	
	Ticket(s)/Pass(es) provided			f no:	Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes [□ No⊠ ^{li}	f yes:	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the ager	ncy's department or unit. •	Use Section B to	identify an individ	dual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
		-				
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	Dobbins, Chris		2	to investigat	nonial Role Other M king "Ceremonial Role" or "Other" des te efficiencies of operat vents occurring at Colis	cribe below: ions of various sporting
				Ceren	nonial Role Other king "Ceremonial Role" or "Other" des	Income
	C. Name of Outside C (include address and	•	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
4.	Verification					
1	Thave read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set fo	rth above, is in accordance
			s Dobbins	(DACCA Commissioner	
	Signature of Agency Head or Design	nee P	rint Name		Title	(month, day, year)
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: chrisdobbinslaw@yahoo.com 510.383.4801 (month, day, year) 2. Function or Event Information Yes ⊠ No □ Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Date(s) __11__/__11__/ Event Description: Mana 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit 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 Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events occurring at Coliseum Complex Income Ceremonial Role Other 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

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

Comment:

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

Chris Dobbins

Verification

with the requirements

11.2.16

OACCA Commissioner

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 Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 40.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Intel Extreme Masters Date(s) 11 / 19 / 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 Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Income Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 per to investigate efficiencies of operations of various sporting and other events occurring at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: date Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

6	4.	Verification
1		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

11.2.16

Signature of Agency Head or Designee

Comment: ___

Print Name

Title

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (If Applicable) Scott Haggerly, OACCA Commissioner Designated Agency Contact (Neme, Title) Amondment (Must provide explanation in Part 3.) Area Code/Phone Number Date of Original Filing; 510.272.6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No D Event Description Ticket(s)/Pass(es) provided by agency? Yes X No 1 Name of Source Haggerly, Scott Was ticket distribution made at the behest No ☐ Yes ☒ Official's Name (Lost, First) of agency official? 3. Recipients » Use Section B to identify an individual. • Use Section C to identify an outside organization. . Use Section A to identify the agency's department or unit. Number of A. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)! Pass(os) Number of Name of Individual B. Identify one of the following: Ticket(a)/ Pass(os) To promote attendance at a county sponsored even-Olivia Sanu in order to maximize potential county revenue for concession and parking sales Incomo 🗌 Coromonial Role If checking "Caremonial Role" or "Ollier" describe below, Number of Tickel(s)/ Pess(es) Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (include address and description) Verification These and and anderstand PPC Regulations 16944.1 and 16942. These verified that the distunction set forth above, is in accordance with the requirements Supervisors Assistant Lee Ann Fergerson Print Nama fille Signature of Agency Heed or Desig

Comment:

Agency Report of:

	eremoniai Kole Even	ts and 11c	Keurass	Distributions		A Public Document
1.	Agency Name	September to second balled a second		MARIE MANAGEMENT ACTIONS OF PRINCIPAL MANAGEMENT	Date Stamp	Content anomale
	Oakland Alameda County C	Coliseum Auth	ority			
	Division, Department, or Reg	ion (II Applicable)			For Official Use Only
	Scott Haggerly, OACCA Co	mmissioner				
	Designated Agency Contact ((Name, Title)				
					Amendment (Must pro	ovide explanation in Part 3.1
	Area Code/Phone Number	E-mail				svice Capitalian art and any
	510,272.6691	leeann.ferge	rson@acgo\	v.org	Date of Original Filing:	(Monlh, Day, Year)
2.	Function or Event Inform	mation	A CONTRACTOR OF THE PARTY OF TH			275.00
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	
	Event Description Range	lers /	Caro	una Date(s) 1	77 16	
	Lient Description	Provide Tille/Expl	onation .	000	11.	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	If no:	Name of Sou	ora .
			7790 - 42	Hann	erly, Scott	Table
	Was ticket distribution made a of agency official?	it the behest	No ☐ Yes	X) If yes: Tragg	Olficial's Nama (L.	ast, First)
man)	Colonia de la Co	Davidson (SUO) and Succession (·	OCCUPATION OF THE PROPERTY OF	manus producers, name of the drivers for a hand your distribution of the State of t
3.	Recipients • Use Section A to Identify the agency	y's department or o	unil Use Sec	tion B (a identify an individu	al. • Uso Saction G to Identi	fy an outside organization.
	A. Name of Agency, Departme	- 100 miles - 1000	Number of		lle purpose made pursuant	8
	74. Haine of Agenoy, population		Ticket(s)f Pass(es)			
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			1 11			
	B. Name of Individua	1	Number of Ticket(a)/		Identify one of the following	រថ្ម:
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	Julian Ke	elly	7	in order to n	naximize potential co	ounty revenue for
	0	0	<u>_</u>	concession a	and parking sales	
				·		
				Ceremonial Roje	Other Describe helow:	Incomo L
	C. Name of Dutside Organ	ization	Number of	Describe the pub	lic purpose made pursuant l	n the agency's policy
	(include address and dea	cription)	Tickel(s)/ Pess(es)		no parpose made paradativ	
	Maria - 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100					
4.	Verification		de mariante de la constante de	NATIONAL DESCRIPTION OF THE PARTY OF THE PAR		The second secon
	I have read and understand FPPC Reput	alions 16944.1 und	16942. I have ve		- Y	the requirements.
	Mann the	Ms 1	ee Ann Fer	3-1	Supervisors Assistant	Which the Vent
	Signaturo of Agency Head on Dosignao	1)	Print Name	u	Fille	(records), Disk, Tooly
	Comment:	V				
			•		PPC Toll-Free Helpline: 81	FFPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

C	eremonial Role Events and Tic	ket/Pass Dis	tributions		A Public Document
1.	Agency Name	CONTRACTOR	amende de Profit Suprigue Profit à Bacharit Confes	Date Stamp	California 802
	Oakland Alameda County Coliseum Author	ority			For Official Use Only
	Division, Department, or Region (If Applicable)			7 G. Cilician GGC Only
	Scott Haggerly, OACCA Commissioner				
	Designated Agency Contact (Name, Title)				
	·			☐ Amandment (Must	provide explanation in Part 3.)
	Area Code/Phone Number E-mail				3
	510,272,6691 leeann.ferge	rson@acgov.org	20000	Date of Original Filing	(Monlh, Day, Year)
2.	Function or Event Information				275.00
	Does the agency have a ticket policy?	Yes⊠ No□		of Each Ticket/Pass \$ _	
	Event Description_ Rauders	Bronco S	Date(s)	., le, le	
	Provide Tille/ xpf	anation	((Su)	
	Ticket(s)/Pass(es) provided by agency?	Yes⊠ No□	If no:	Name of S	ource
	Was ticket distribution made at the behest	No ☐ Yes ☒	If yes: Hagg	erly, Scott	
	of agency official?	NO D Tes M	11 7 00.	Official's Name	(Lost, First)
3.	Recipients	THE RESERVE THE PERSON NAMED IN		e manuscriptor de production de consection de la consecti	
	Use Section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency and the agency are agreed to a to identify the agency and the agency are agreed to a to identify the agency and the agency are agreed to a to agency and the agency are agency and the agency and	Number of	to identify an Individu	uzl Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuan	it to the agency's policy
	,				
				and the second s	As an agree of the months of the second
	B. Name of Individual	Number of Ticket(s)/ Pass(os)		Identify one of the follow	ving:
	Brandon Gomez	2	event in	te attendance at a coorder to maximize for concession and	potential county
			Caremonial Role If checking "Caramon	Other	Inconte 🗀
	C. Name of Outside Organization (include address and description)	Number of Tickel(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	it to the agency's policy
	\bigcap		oor kannen een geskerd kannen skalans oor oor oor oo oo oo oo oo oo oo oo oo		
1	Verification Level rend and understand FPPC Regulations 18944.1 and Signature of Agency Head or Dodginen	18342. I have verilled II Lee Ann Fergerso Print Manu		orth above, is in necordanea w Supervisors Assistan Tille	11/2/1/
	Comment:			FPPC Toll-Free Helpline:	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Scott McKibben, OACCA 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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description: Oakland Raiders Season 2016 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⋈ No □ If no: Was ticket distribution made at the behest Yes ☐ No ☒ If yes: , Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Number Name of Individual В. of Ticket(s)/ Passes Identify one of the following: (Last, First) Ceremonial Role Other X Income McKibbben, Scott If checking "Ceremonial Role" or "Other" describe below: to investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) Passes

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Verification ///			
	ulations 18944.1 and 18942. I ha	ve verified that the distribution set forth abo	ove, is in accordance
with the Requirements	1		
VP AVOSORIJA XIJI V	Scott McKibben	OACCA Executive Director	
Signature of Agency Mead of Designee	Print Name	Title	(month, day, year)
.)			
Comment:			

4.

Raider Games

November 2016

Scott McKibben

Raiders v Panthers

November 27, 2016

(4) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383,4801 Date of Original Filing: smckibben1@gmail.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No 🗆 Event Description: Raider Football Date(s) __11__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No 🗌 If no: Name of Source Was ticket distribution made at the behest Yes ⊠ No □ If yes: McKibben, Scott Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Proforma Construction to promote the Coliseum Complex for use by general 4 4439 Stoneridge Drive Suite 220 public and businesses to maximize revenues Pleasanton, CA 94588

Income Income [] 4. Verification RPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I have read and understand with the requirement Scott McKibben OACCA Executive Director 10.31.16 Print Name Title (month, day, year) Comment: FPPC Form 802 (2/2016)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Larry Reid, OACCA Chair Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Ireid@oaklandnet.com 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 \$ 150.00 Event Description: Mana Date(s) __11__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: _ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ identify one of the following: (Last, First) Passes Reid, Larry Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: 6 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 C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Verification

I have read and understand FPPC Regulations 18044 1 and 18043. I have verified that the distriction is a second se

with the requirements	i stanu r.	rru Re g	uiauons 189	144.7 and	1 18942.	I have verified	that the	distribution	set forth	above, is i	n accordance
The state of the s		A 4.00	1								

Signature of Agency Head or Designee

Larry Reid

OACCA Chari

11.9.16 (month, day, year)

Comment: _

U	eremoniai Noie Even	ts and no	NCIT GOO	Diotributions		ATUBIODO	damone
1.	Agency Name				Date Stamp	California	802
	Oakland-Alameda County C	Coliseum Autho	ority			Form For Official Us	e Only
	Division, Department, or Regi	ion (If Applicable,)			1 of Official Os	oc Only
	Barbara J. Parker, City Attor	rney/OAACA (Official				
	Designated Agency Contact (Name, Title)					
	Area Code/Phone Number	E-mail			Amendment (Must pro		
	(510) 238-3815	bparker@oa	klandcityatto	rney.org	Date of Original Filing: _	(Month, Day, Year)	
2	Function or Event Infor						
fier +	Does the agency have a ticke		Yes⊠ No[7 Face Value o	of Each Ticket/Pass \$	1,	125.00
	Marriara	. Oklahoma C			, 3 , 16		
	Event Description	Provide Title/Expla	anation	Date(s)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No[¬ If no:	Name of Sou.		
	Ticket(s)/r ass(es) provided b	y agency.	IES M INO		Name of Sou	rce	
	Was ticket distribution made a	at the behest	No⊠ Yes[☐ If yes:	Official's Name (I	ast, First)	
	of agency official?				Official's Ivanie (Le	131, 1 1131)	
3.	Recipients					f. an autaida argani	zation
	Use Section A to identify the agency	y's department or u	unit. • Use Sec		THE RESERVE THE PARTY OF THE PA		
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant (o the agency's pol	licy
			1 455(65)				
	B. Name of Individua	al B	Number of	ASSETT OF THE STATE OF	Identify one of the following	aa.	
	(Lest, First)		Ticket(s)/ Pass(es)		identity one of the following	19.	
				Ceremonial Role			Income
	Bee, Maria		2		nial Role" or "Other" describe below: yes to City and County (employees that	provide
				services to the Aut	hority	simpley coo triat	. provido
				Ceremonial Role	Other		Income
			/		nial Role" or "Other" describe below:		
			A				
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's pol	licy
	(include address and des	ecription)	Pass(es)				
4.	Verification				600	3 Mags 80 80	
	I have read and understand FPPC Regu	lations 18944.1 and	18942. I have ve				
	Partara Jan	Re	Barbara J. F	Parker City	y Attorney/OAACA Offic		0/2016
	Signature of Agency Head or Designee		Print Nam	е	Title	(Month.	Day, Year)
	Comment:						

Comment: ____

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Agency Name			Date Stamp	California 802
Oakland-Alameda County Coliseum Author	ority			For Official Use Only
Division, Department, or Region (If Applicable	•)			
Barbara J. Parker, City Attorney/OAACA	Official		0	
Designated Agency Contact (Name, Title)				
			Amendment (Must pr	rovide explanation in Part 3.)
Area Code/Phone Number E-mail	Mandaityatta	rnev ora	Date of Original Filing: .	(Month Day Year)
(010) 200	klandcityatto	mey.org		
Function or Event Information Does the agency have a ticket policy?	Yes□ No[¬ Face Value o	of Each Ticket/Pass \$ _	148.00
Does the agency have a licker policy:		_	1 , 05 , 16	
Event Description FAMILY BRIDGES feat Provide Title/Exp	lanation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes No [If no:	Name of So	ource
Was ticket distribution made at the behest	No ☐ Yes [If yes:	Official's Name (l ast First)
of agency official?			Official's (Value (Edot, 1 1127
Recipients • Use Section A to identify the agency's department or		than D to identify an individ	dual • Use Section C to iden	ntify an outside organization.
	Number of	Describe the pu	iblic purpose made pursuan	t to the agency's policy
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the po	Blic purpose made parsass	
			9	
			,	
B. Name of Indivídual	Number of Ticket(s)/		Identify one of the follow	ving:
B. Name of Individual		Ceremonial Role	Other 🛛	Income
	Ticket(s)/ Pass(es)	If checking "Cerem	Other Other onial Role" or "Other" describe below.	Income [
(Lost, First)	Ticket(s)/	If checking "Cerem To provide incent	onial Role" or "Other" describe below.	Income
(Lost, First)	Ticket(s)/ Pass(es)	To provide incent services to the Au	onial Role" or "Other" describe below. ives to City and County uthority	Income [
(Lost, First)	Ticket(s)/ Pass(es)	If checking "Cerem To provide incent services to the Au Ceremonial Role	onial Role" or "Other" describe below.	Income [y employees that provide
(Lost, First)	Ticket(s)/ Pass(es)	If checking "Cerem To provide incent services to the Au Ceremonial Role	onial Role" or "Other" describe below. ives to City and County uthority	Income [y employees that provide
Li, Sophia	Ticket(s)/ Pass(es)	If checking "Cerem To provide incent services to the Au Ceremonial Role If checking "Cerem	Other onial Role" or "Other" describe below ives to City and County athority Other onial Role" or "Other" describe below	Income [y employees that provide Income [
(Lost, First)	Ticket(s)/ Pass(es)	If checking "Cerem To provide incent services to the Au Ceremonial Role If checking "Cerem	onial Role" or "Other" describe below. ives to City and County uthority	Income [y employees that provide Income [
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Li, Sophia Name of Outside Organization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Cerem To provide incent services to the Au Ceremonial Role If checking "Cerem	Other onial Role" or "Other" describe below ives to City and County athority Other onial Role" or "Other" describe below	Income [y employees that provide Income [
Li, Sophia Name of Outside Organization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Cerem To provide incent services to the Au Ceremonial Role If checking "Cerem	Other onial Role" or "Other" describe below ives to City and County athority Other onial Role" or "Other" describe below	Income [y employees that provide Income [
Li, Sophia Name of Outside Organization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Cerem To provide incent services to the Au Ceremonial Role If checking "Cerem	Other onial Role" or "Other" describe below ives to City and County athority Other onial Role" or "Other" describe below	Income [y employees that provide Income [
Li, Sophia C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	To provide incent services to the Au Ceremonial Role If checking "Cerem	onial Role" or "Other" describe below ives to City and County athority Other Donial Role" or "Other" describe below ublic purpose made pursuan	Income [
Li, Sophia Name of Outside Organization	Number of Ticket(s)/ Pass(es)	To provide incent services to the Au Ceremonial Role If checking "Cerem Describe the p	onial Role" or "Other" describe below ives to City and County athority Other Donial Role" or "Other" describe below ublic purpose made pursuan	y employees that provide Income [

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp Form 1. Agency Name For Official Use Only Oakland-Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: -(Month, Day, Year) bparker@oaklandcityattorney.org (510) 238-3815 2. Function or Event Information 675.00 Face Value of Each Ticket/Pass \$ ____ Does the agency have a ticket policy? Yes⊠ No□ Event Description Warriors v. New Orleans Pelicans Date(s) -Ticket(s)/Pass(es) provided by agency? Yes X No 1 Was ticket distribution made at the behest No X Yes □ If yes: __ Official's Name (Last, First) of agency official? • 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. 3. Recipients Describe the public purpose made pursuant to the agency's policy Number of Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Identify one of the following: Name of Individual Ticket(s)/ B. Pass(es) (Last, First) Income Other X Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that provide Ferran, Elias 2 services to the Authority Income Other \square Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. X Describe the public purpose made pursuant to the agency's policy Number of Name of Outside Organization Ticket(s)/ (include address and description) Pass(es) I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 4. Verification 11/30/2016 City Attorney/OAACA Official Barbara J. Parker (Month. Day, Year) Title Print Name Signature of Agency Head or Designee

Comment: ___

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp Form 1. Agency Name For Official Use Only Oakland-Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title) ☐ Amendment (Must provide explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: .. (Month, Day, Year) bparker@oaklandcityattorney.org (510) 238-3815 675.00 2. Function or Event Information Face Value of Each Ticket/Pass \$ ___ Does the agency have a ticket policy? Yes⊠ No□ Event Description Warriors v. Dallas Mavericks Date(s) -Provide Title/Explanation If no: __ Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Was ticket distribution made at the behest If yes: __ No X Yes □ Official's Name (Last, First) of agency official? • 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. 3. Recipients Describe the public purpose made pursuant to the agency's policy Number of Name of Agency, Department or Unit Ticket(s)/ A. Pass(es) Number of Identify one of the following: Name of Individual Ticket(s)/ B. Pass(es) Income Other X Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that provide Sotelo, Amadis 2 services to the Authority Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy Number of Name of Outside Organization Ticket(s)/ (include address and description) Pass(es) I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 4. Verification 11/30/2016 City Attorney/OAACA Official Barbara J. Parker (Month. Day, Year) Title Print Name Signature of Agency Head or Designee

Comment: __

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp Form 1. Agency Name For Official Use Only Oakland-Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title) ☐ Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (Month, Day, Year) bparker@oaklandcityattorney.org (510) 238-3815 150.00 2. Function or Event Information Face Value of Each Ticket/Pass \$ ____ Does the agency have a ticket policy? Yes No No Event Description MANA Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No No Was ticket distribution made at the behest No ☐ Yes ☐ If yes: _ Official's Name (Last, First) of agency official? • 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. 3. Recipients Describe the public purpose made pursuant to the agency's policy Number of Name of Agency, Department or Unit Ticket(s)/ A. Pass(es) Number of Identify one of the following: Name of Individual Ticket(s)/ B. (Last, First) Pass(es) Income Other X Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that provide Fierro, Rocio 2 services to the Authority Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy Number of Name of Outside Organization (include address and description) Pass(es) Lhave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 4. Verification

Signature of Agency Head or Designee FPPC Form 802 (4/12) Comment: ____ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Barbara J. Parker

Print Name

City Attorney/OAACA Official

Title

11/30/2016

(Month, Day, Year)

		CONTRACTOR CONTRACTOR OF THE CONTRACTOR CONT	AND ACTION MADE TO A CONTROL			711 done Boodinent
1.	Agency Name		Date Stamp	California 802		
	Oakland-Alameda County C	Coliseum Auth		Form 002		
	Division, Department, or Reg	ion (If Applicabl		For Official Use Only		
	Barbara J. Parker, City Atto	rney/OAACA				
	Designated Agency Contact					
						L.
	Area Code/Phone Number	E-mail	Amendment (Must provide explanation in Part 3.)			
	(510) 238-3815		aklandcitvatt	ornev ora	Date of Original Filing: _	
	(510) 238-3815 bparker@oaklandcityattorney.org Function or Event Information					(Month, Day, Year)
				□ Face Value o	f Each Ticket/Pass \$	40.00
	Event Description Intel Extreme Masters Date(s)					
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No			☐ If no:	Name of Sou	rce
	Was ticket distribution made at the behest No ☐ Yes ☐ If yes:					
	of agency official?		Official's Name (L	ast, First)		
3.	Recipients					
	 Use Section A to identify the agency 	y's department or	al. • Use Section C to identi	fy 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		to the agency's policy
		2000.00	Pass(es)			
	B. Name of Individual		Number of			
			Ticket(s)/ Pass(es)	Identify one of the following:		
				Ceremonial Role	Other 🛛	Income [
	Ortiz, Celso		2	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City and County employees that provide services to the Authority		
			-			
			201	Ceremonial Role	Other al Role" or "Other" describe below:	Income L
			X			
-	C. Name of Outside Organization		Number of Ticket(s)/	Describe the publ	io purposa mada purayant t	a the assessed seller.
2	(include address and description)		Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
•						
. ,	Verification					
	have read and understand FPPC Regula	ations 18944.1 and	18942. I have ve	rified that the distribution set for	rth above, is in accordance with	the requirements.
7	Subar J Jack		Barbara J. F	Parker City	Attorney/OAACA Offic	ial 11/30/2016
/-	Signature of Agency Head or Designee		Print Name		Title	(Month. Day, Year)
						service processional services that is a consistent of the consistency of the consisten
	S					

1 Agamay Name	acc germanication instruction				A Public Documer
1. Agency Name				Date Stamp	California 802
Oakland-Alameda County Col			Form OUZ		
Division, Department, or Region	n (If Applicab		For Official Use Only		
Barbara J. Parker, City Attorne	ev/OAACA	Official			
Designated Agency Contact (Na		Official		-	
3,	21110, 11110)				
A				Amendment (Must pr	rovide explanation in Part 3.)
TO THE RESIDENCE OF THE PROPERTY OF THE PROPER	E-mail			1	
		aklandcityatt	torney.org	Date of Original Filing: _	(Month, Day, Year)
. Function or Event Informa					
Does the agency have a ticket p		Yes ☐ No	Face Value o	f Each Ticket/Pass \$	40.00
Event Description Intel Extreme	e Masters		Data(a) 11		7 9
Pr	Provide Title/Exp	lanation	Date(s)		
Ticket(s)/Pass(es) provided by a	agency?	Yes ☐ No	□ If no:		
		100 🗀 110		Name of Sou	rce
Was ticket distribution made at the	he behest	No ☐ Yes	☐ If yes:	Official's Name (La	
of agency official?				Official's Name (La	ast, First)
Recipients					
Use Section A to identify the agency's contact the section A to identify the agency and a section A to identify the agency are also according to the section A to identify the agency are also according to the section A to identify the agency and a section A to identify the agency at the section A to identify the agency and a section A to identify the agency at the agency	department or		ction B to identify an individu	al. • Use Section C to identif	fy an outside organization.
A. Name of Agency, Department of	or Unit	Number of Ticket(s)/	Describe the pub	ic purpose made pursuant t	o the agency's policy
		Pass(es)			
B					
Rame of Individual (Lest, First)		Number of Ticket(s)/		Identify one of the following	g:
				Identify one of the followin	
		Ticket(s)/ Pass(es)	Ceremonial Role	Other 🛛	
(Last, First)		Ticket(s)/	If checking "Ceremonia	Other X	Income
(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremonia	Other Role" or "Other" describe below: Is to City and County e	
(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremonia" To provide incentive	Other Role" or "Other" describe below: Is to City and County e	Income Comployees that provide
(Last, First)		Ticket(s)/ Pass(es)	To provide incentive services to the Auth	Other Role" or "Other" describe below: s to City and County e ority	Income
(Last, First)		Ticket(s)/ Pass(es)	To provide incentive services to the Auth	Other I Role" or "Other" describe below: s to City and County e ority Other	Income Comployees that provide
Guerrero, Laura		Ticket(s)/ Pass(es)	To provide incentive services to the Auth	Other I Role" or "Other" describe below: s to City and County e ority Other	Income Comployees that provide
Guerrero, Laura Name of Outside Organization	on ijon)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia	Other In It is a control of the cont	Income mployees that provide
Guerrero, Laura	on tion)	Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia	Other I Role" or "Other" describe below: s to City and County e ority Other	Income mployees that provide
Guerrero, Laura Name of Outside Organization	on tion)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia	Other In It is a control of the cont	Income comployees that provide
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Guerrero, Laura Name of Outside Organization	on tion)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia	Other In It is a control of the cont	Income Comployees that provide
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Guerrero, Laura C. Name of Outside Organization (include address and descript)	tion)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia" To provide incentive services to the Auth Ceremonial Role [If checking "Ceremonia Describe the public	Other Describe below: Is to City and County estroy Other Describe below: Role" or "Other" describe below: County below:	Income comployees that provide Income comployees that provide
Guerrero, Laura C. Name of Outside Organizatio (include address and descript	s 18944.1 and 1	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role [If checking "Ceremonia to the public services the public servi	Other Describe below: Is to City and County est to City Other Describe below: Copurpose made pursuant to the balance with the county and	Income Imployees that provide Income
Guerrero, Laura C. Name of Outside Organization (include address and descript)	s 18944.1 and 1	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role [If checking "Ceremonia to the public services the public servi	Other Describe below: Is to City and County estroy Other Describe below: Role" or "Other" describe below: County below:	Income mployees that provide Income the requirements.

1. Agency Name	The second secon				
gonoy name				Date Stamp	California 802
Oakland-Alameda County C					Form OUZ
Division, Department, or Regi	ion (If Applicab	le)		1	For Official Use Only
Barbara J. Parker, City Attor	rnev/OAACA	Official			
Designated Agency Contact (Omolai		-	
J J ,					
A O1-/DI				Amendment (Must pro	vide explanation in Part 3 \
	E-mail	. 1			
(510) 238-3815		aklandcityatt	torney.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform					
Does the agency have a ticket	policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	1,000.00
Event Description Warriors v.	Atlanta Haw	<i>ı</i> ks	Data(a) 11	, 28 , 16	. # ¥
	Provide Title/Exp	lanation	Date(s)		
Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	□ If no		
		100 EN 110	·	Name of Source	ce
Was ticket distribution made at	the behest	No ⊠ Yes	☐ If yes:		
of agency official?				Official's Name (Las	st, First)
. Recipients					
 Use Section A to identify the agency' 	s department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identify	an outside organization.
A. Name of Agency, Departmen	ıt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	ic purpose made pursuant to	the agency's policy
		1 433(63)			
Name of Individual		Number of		7. 20.22	
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ı.
		Ticket(s)/ Pass(es)	Ceremonial Role		:
(Lost, First)		Ticket(s)/	If checking "Ceremonia	Other Role" or "Other" describe below: s to City and County er	Income
(Lost, First)		Ticket(s)/ Pass(es)	If checking "Ceremonia" To provide incentive	Other I Role" or "Other" describe below: s to City and County en	Income In
(Lost, First)		Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth	Other Role" or "Other" describe below: Sto City and County en	Income
(Lost, First)		Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth	Other Role" or "Other" describe below: s to City and County enority Other	Income In
(Lost, First)		Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth	Other Role" or "Other" describe below: s to City and County enority Other	Income In
Bowen, Colin Name of Outside Organiza	ition	Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia	Other I Role" or "Other" describe below: s to City and County enority Other Role" or "Other" describe below:	Income In
Bowen, Colin	ition ption)	Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia	Other Role" or "Other" describe below: s to City and County enority Other	Income In
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Bowen, Colin C. Name of Outside Organiza (include address and descri	ition iption)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia	Other I Role" or "Other" describe below: s to City and County enority Other Role" or "Other" describe below:	Income Imployees that provide
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Bowen, Colin C. Name of Outside Organiza (include address and descri	i ption) ons 18944.1 and 1	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive services to the Auth Ceremonial Role If checking "Ceremonia Describe the public ified that the distribution set fort	Other Role" or "Other" describe below: s to City and County enority Other Role" or "Other" describe below: purpose made pursuant to the	Income Imployees that provide Income