

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Oakland-Alameda County Coliseum Authority			
Division, Department, or Region (If Applicable)			
Susan S. Muranishi, County Administrator, Alameda County		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title)			
Area Code/Phone Number	E-mail		
510-272-3862	countyadministrator@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 275⁰⁰

Event Description Oakland Raiders - 2016 dates attached. Date(s) _____
Provide Title/Explanation

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

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

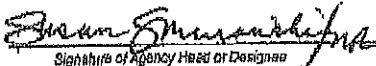
3. Recipients

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

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

4. Verification

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

	Susan S. Muranishi	County Administrator	8/29/16
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

Raider Games

November 2016

Susan Muranishi

- | | | |
|----------------------|-------------------|-------------|
| • Raiders v Broncos | November 6, 2016 | (2) tickets |
| • Raiders v Panthers | November 27, 2016 | (2) tickets |

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

A Public Document

1. Agency Name

Oakland Alameda County Coliseum Authority
Division, Department, or Region (If Applicable)

Yui Hay Lee, Commissioner
Designated Agency Contact (Name, Title)

Area Code/Phone Number
(510) 836-6688

E-mail
YuiHay@YHLA.net

Date Stamp

California
Form **802**
For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass \$ 275.00

Event Description RAIDER GAMES
2016-17
Provide Title/Explanation

Date(s) 2 TIX/GAME
REGULAR SEASON

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

If no: _____
Name of Source

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Yui Hay Lee, Commissioner	16	#3
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Yui Hay Lee
Signature of Agency Head or Designee

Yui Hay Lee

Print Name

OAGCA Commission

Title

8/24/16
(Month, Day, Year)

Comment: _____

Raider Games

November 2016

Yui Hay Lee

- | | | |
|----------------------|-------------------|-------------|
| • Raiders v Broncos | November 6, 2016 | (2) tickets |
| • Raiders v Panthers | November 27, 2016 | (2) tickets |

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority <hr/> Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner <hr/> Designated Agency Contact (Name, Title) <hr/>		Date Stamp <hr/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> California Form 802 For Official Use Only </td> </tr> </table>	California Form 802 For Official Use Only
California Form 802 For Official Use Only				
Area Code/Phone Number 510.383.4801	E-mail chrisdobbinslaw@yahoo.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) <hr/> Date of Original Filing: _____ (month, day, year)		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 275.00

Event Description: Raider 2016 Season Date(s) see attached
Provide Title/ Explanation

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

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

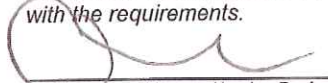
3. Recipients

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

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

4. Verification

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

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

Comment: _____

Raider Games

November 2016

Chris Dobbins

- | | | |
|----------------------|-------------------|-------------|
| • Raiders v Broncos | November 6, 2016 | (2) tickets |
| • Raiders v Panthers | November 27, 2016 | (2) tickets |

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Scott Haggerty, OACCA Commissioner Designated Agency Contact (Name, Title)		Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number 510.272.6691	E-mail leeann.fergerson@acgov.org	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 675.00

Event Description Warriors Date(s) 12.5.16
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below.
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>The Taylor Family Foundation</u>	<u>20/4</u>	To reward a school or non-profit organization for its contributions to the community
<u>5555 Arroyo Road, Livermore CA 94550</u>	<u>entire suite</u>	

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.

Lee Ann Ferguson Lee Ann Ferguson Supervisors Assistant 11/28/16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: To preserve the wellness and enhance the quality of life for children in Northern CA - living with life-threatening and chronic illnesses, developmental disabilities and youth at risk through unique therapeutic experiences and support.

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

A Public Document

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

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

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ See attachedEvent Description Golden State Warriors Basketball
Provide Title/ExplanationDate(s) See attached / see attachedTicket(s)/Pass(es) provided by agency? Yes ☒ No ☐If no: _____
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: _____
Official's Name (Last, First)**3. Recipients**

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

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

4. Verification

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

	Susan S. Muranishi	County Administrator	10/4/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

Warriors
November 2016

Susan Muranishi

• 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

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

A Public Document

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

2. Function or Event Information

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

Event Description: Warriors 2016 Season Date(s) See attached
Provide Title/ Explanation

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

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

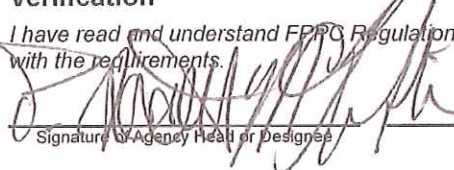
3. Recipients

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

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

4. Verification

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


 Scott McKibben
Signature of Agency Head or Designee

OACCA Executive Director
Title

(month, day, year)

Comment: _____

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

2. Function or Event Information

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

Event Description: Warriors basketball 2016 Season Date(s) See attached
Provide Title/Explanation

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

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

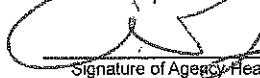
3. Recipients

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

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

4. Verification

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


 Chris Dobbins
Signature of Agency Head or Designee

Chris Dobbins
Print Name

OACCA Commissioner
Title

October 2016
(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

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

A Public Document

1. Agency Name

Oakland Alameda County Coliseum Authority
Division, Department, or Region (If Applicable)

Yui Hay Kee, Commissioner

Designated Agency Contact (Name, Title)

Area Code/Phone Number
(510) 836-6688

E-mail
YuiHay@YHLA.net

Date Stamp

California
Form **802**
For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass \$ _____

Event Description WARRIORS GAMES
Provide Title/Explanation

Date(s) OCT 2 NOV 2016
SEE ATTACHED.

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

If no: _____
Name of Source

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Yui Hay Lee, Commissioner	1	#3
	2 per game	see attached

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

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

4. Verification

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

Signature of Agency Head or Designee

Yui Hay Lee

Print Name

OACCA Commission

Title

9/20/16
(Month, Day, Year)

Comment: _____

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

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 1125.00

Event Description Warriors Date(s) 11 / 03 / 16
Provide Title/Explanation

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

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


3. Recipients

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

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

4. Verification

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

	Sabrina Landreth	City Administrator	12/1/16
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

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

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ _____ 675.00

Event Description Warriors Date(s) 11 / 07 / 16
Provide Title/Explanation

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

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


3. Recipients

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

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

4. Verification

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

	Sabrina Landreth	City Administrator	12/1/16
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

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

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 675.00

Event Description Warriors Date(s) 11 / 09 / 16
Provide Title/Explanation

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

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

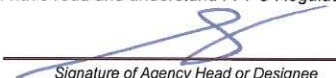
3. Recipients

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

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

4. Verification

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


 Signature of Agency Head or Designee

 Sabrina Landreth
 Print Name

 City Administrator
 Title

12/1/16
 (Month, Day, Year)

Comment: _____

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

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 1000.00

Event Description Warriors Date(s) 11 / 13 / 16
Provide Title/Explanation

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

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


3. Recipients

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

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

4. Verification

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


 Signature of Agency Head or Designee
 Sabrina Landreth
 Print Name
 City Administrator
 Title
 12/11/16
 (Month, Day, Year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 1,100.00

Event Description Warriors Date(s) 11 / 23 / 16
Provide Title/Explanation

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

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


3. Recipients

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

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

4. Verification

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


 Signature of Agency Head or Designee
 Sabrina Landreth
 Print Name
 City Administrator
 Title
 12/11/16
 (Month, Day, Year)

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 1,100.00

Event Description Warriors Date(s) 11 / 26 / 16
Provide Title/Explanation

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

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


3. Recipients

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

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

4. Verification

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


 Signature of Agency Head or Designee

 Sabrina Landreth
 Print Name

 City Administrator
 Title

 12/1/16
 (Month, Day, Year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 1,000.00

Event Description Warriors Date(s) 11 / 28 / 16
Provide Title/Explanation

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

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

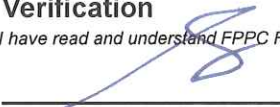
3. Recipients

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

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

4. Verification

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

	Sabrina Landreth	City Administrator	12/1/16
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 148.00

Event Description Family Bridges Date(s) 11 / 05 / 16
Provide Title/Explanation

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

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


3. Recipients

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

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

4. Verification

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

	Sabrina Landreth	City Administrator	12/1/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

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

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 105.50

Event Description Lil Wayne
Provide Title/Explanation Date(s) 11 / 10 / 16

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

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


3. Recipients

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

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

4. Verification

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


 Signature of Agency Head or Designee

 Sabrina Landreth
 Print Name

 City Administrator
 Title

 12/1/16
 (Month, Day, Year)

Comment: _____

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

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 150.00

Event Description Mana Date(s) 11 / 11 / 16
Provide Title/Explanation

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

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


3. Recipients

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

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

4. Verification

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

 Signature of Agency Head or Designee	Sabrina Landreth Print Name	City Administrator Title	12/1/16 (Month, Day, Year)
---	--------------------------------	-----------------------------	-------------------------------

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 40.00

Event Description Intel Extreme Masters
Provide Title/Explanation Date(s) 11 / 19 / 16

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

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


3. Recipients

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

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

4. Verification

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

Signature of Agency Head or Designee: 
 Print Name: Sabrina Landreth
 Title: City Administrator
 Date: 12/11/16

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 40.00

Event Description Intel Extreme Masters Date(s) 11 / 20 / 16
Provide Title/Explanation

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

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


3. Recipients

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

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

4. Verification

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


 Signature of Agency Head or Designee

 Sabrina Landreth
Print Name

 City Administrator
Title

 12/1/12
(Month, Day, Year)

Comment: _____

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

A Public Document

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 275.00

Event Description Raiders Game Date(s) 11 / 27 / 16
Provide Title/Explanation

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

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


3. Recipients

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

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

4. Verification

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

 Sabrina Landreth City Administrator 12/1/16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Scott Haggerty, OACCA Commissioner			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 510.272.6691	E-mail leeann.fergerson@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 150.00

Event Description Mama Date(s) 11, 11, 16
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Javier Amezcua</u>	<u>4</u>	<input checked="" type="checkbox"/> To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales <input type="checkbox"/> Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18541.1 and 18542. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Ferguson Lee Ann Ferguson Supervisors Assistant 11/14/16
 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Oakland Alameda County Coliseum Authority			
Division, Department, or Region (If Applicable)			
Scott Haggerty, OACCA Commissioner		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title)			
Area Code/Phone Number	E-mail		
510.272.6691	leeann.fergerson@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 1100.00

Event Description Warriors/Lakers Date(s) 11, 23, 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

[Signature] Lee Ann Ferguson Supervisors Assistant 11/18/16
Signature of Agency Head or Designee First Name Title (Month, Day, Year)

Comment: _____

JPA

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

A Public Document

 California Form **802**
For Official Use Only

1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Scott Haggerty, OACCA Commissioner

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.272.6691

E-mail

leeann.fergerson@acgov.org

Date Stamp

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ 600Event Description Warriors
Provide Title/ExplanationDate(s) 11, 28, 10Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐If no: GSW Name of SourceWas ticket distribution made at the behest of agency official? No ☐ Yes ☒If yes: Haggerty, Scott
Official's Name (Last, First)

3. Recipients

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

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

4. Verification

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

Lee Ann Ferguson
Signature of Agency Head or Designee

Lee Ann Ferguson

Print Name

Supervisors Assistant

Title

10/14/10
(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Oakland Alameda County Coliseum Authority			
Division, Department, or Region (If Applicable)			
Scott Haggerty, OACCA Commissioner			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number	E-mail		
510.272.6691	leeann.fergerson@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 1,100

Event Description Warriors Date(s) 11, 26, 16
Provide Title/Explanation

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

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

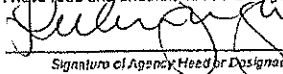

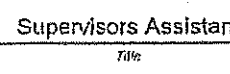
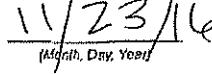
3. Recipients

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

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

4. Verification

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


 Signature of Agency Head or Designate
 
 Lee Ann Ferguson
 
 Supervisors Assistant
 
 11/23/16

Comment: _____

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 148.00

Event Description: Family Bridges Concert Date(s) 11 / 05 / 16 _____
Provide Title/ Explanation

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

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

3. Recipients

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

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Duong, Christine	8	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> to promote the Coliseum Complex for use by general public and businesses to maximize revenues	
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>	
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	Larry Reid	OACCA Chair	11.04.16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Nate Miley, Commissioner			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Anna Gee			
Area Code/Phone Number (510) 272-6694	E-mail anna.gee@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 150⁰⁰

Event Description Mana concert Date(s) 11 / 11 / 16
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Basoco-Villarreal, Anissa	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote the Coliseum complex for use by the general public and businesses to maximize revenues
	X	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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


	Anna Gee	Operations Chief	11/8/16
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

JPA

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority		Date Stamp	 For Official Use Only
Division, Department, or Region (If Applicable)			
Scott Haggerty, OACCA Commissioner			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 510.272.6691	E-mail leeann.fergerson@acgov.org		

2. Function or Event Information

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

Event Description Warriors
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 675.00

Date(s) 11 / 7 / 16

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

If no: GSW Name of Source

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

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

3. Recipients

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

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

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18542. I have verified that the distribution set forth above, is in accordance with the requirements.

Lee Ann Ferguson Supervisors Assistant 11-8-16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 148.00

Event Description: Family Bridges Date(s) 11 / 05 / 16
Provide Title/ Explanation

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

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

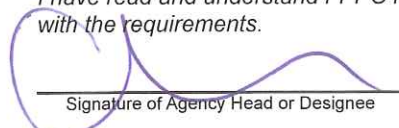
3. Recipients

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

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

4. Verification

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

 _____
Signature of Agency Head or Designee

Chris Dobbins _____
Print Name

OACCA Commissioner _____
Title

11.2.16 _____
(month, day, year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 105.50

Event Description: Lil Wayne Collegrove Tour Date(s) 11 / 10 / 16
Provide Title/ Explanation

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

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

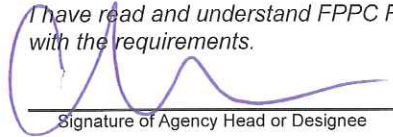
3. Recipients

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

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

4. Verification

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


 Chris Dobbins
Signature of Agency Head or Designee

Chris Dobbins
Print Name

OACCA Commissioner
Title

11.2.16
(month, day, year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 150.00

Event Description: Mana Provide Title/ Explanation Date(s) 11 / 11 / 16

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

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

3. Recipients

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

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

4. Verification

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


 Chris Dobbins OACCA Commissioner 11.2.16
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 40.00
Event Description: Intel Extreme Masters Date(s) 11 / 19 / 16 11 / 20 / 16
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

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

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

4. Verification


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

Signature of Agency Head or Designee: Chris Dobbins OACCA Commissioner 11.2.16
Print Name Title (month, day, year)

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	 For Official Use Only
Oakland Alameda County Coliseum Authority			
Division, Department, or Region (If Applicable)			
Scott Haggerty, OACCA Commissioner			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Lee Ann Ferguson, Ticket Admin.			
Area Code/Phone Number	E-mail		
510.272.6691	leeann.fergerson@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 675.00

Event Description Warriors / Dallas Date(s) 11 / 9 / 16

Provide Title/Explanation

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

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

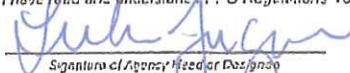
3. Recipients

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

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

4. Verification

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

 Lee Ann Ferguson Supervisors Assistant 11/9/16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Oakland Alameda County Coliseum Authority			
Division, Department, or Region (If Applicable)			
Scott Haggerly, OACCA Commissioner			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number	E-mail		
510.272.6691	leeann.fergerson@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 275.00

Event Description Raiders / Carolina Date(s) 11, 27, 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

Lee Ann Ferguson Lee Ann Ferguson Supervisors Assistant 11/3/16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Oakland Alameda County Coliseum Authority			
Division, Department, or Region (If Applicable)			
Scott Haggerty, OACCA Commissioner		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title)			
Area Code/Phone Number	E-mail		
510.272.6691	leeann.fergerson@acgov.org		

2. Function or Event Information

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

Event Description Raiders/Broncos Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 275.00

Date(s) 11, 16, 16

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

If no: CSW Name of Source

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

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

3. Recipients

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

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

4. Verification

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

Lee Ann Ferguson Supervisors Assistant 11/3/16

Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 275⁰⁰

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

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

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

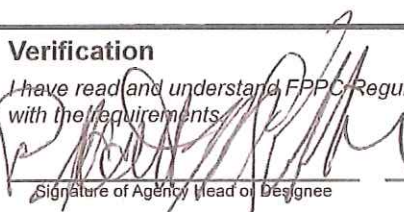
3. Recipients

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

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

4. Verification

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

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

Comment: _____

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

Oakland Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Scott McKibben, OACCA Executive Director

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.383.4801

E-mail

smckibben1@gmail.com

Date Stamp

California
Form

802

For Official Use Only

☐ **Amendment** (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 275.00

Event Description: Raider Football Date(s) 11 / 06 / 16
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Proforma Construction 4439 Stoneridge Drive Suite 220 Pleasanton, CA 94588	4	to promote the Coliseum Complex for use by general public and businesses to maximize revenues

4. Verification

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

Signature of Agency Head or Designee

Scott McKibben

Print Name

OACCA Executive Director

Title

10.31.16

(month, day, year)

Comment: _____

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

A Public Document

1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Larry Reid, OACCA Chair

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.383.4801

E-mail

lreid@oaklandnet.com

Date Stamp

California
Form **802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 150.00

Event Description: Mana Date(s) 11 / 11 / 16
Provide Title/Explanation

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

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

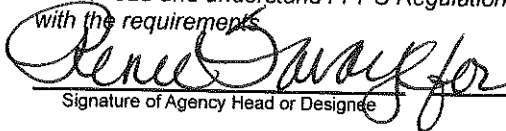
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Reid, Larry	6	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum Complex for use by the general public and businesses to maximize revenues
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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



Larry Reid
Print Name

OACCA Chair
Title

11.9.16
(month, day, year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 1,125.00

Event Description Warriors v. Oklahoma City Thunder Date(s) 11 / 3 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

	Barbara J. Parker	City Attorney/OAACA Official	11/30/2016
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 148.00

Event Description FAMILY BRIDGES featuring Sam Hui Date(s) 11 / 05 / 16
Provide Title/Explanation

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

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

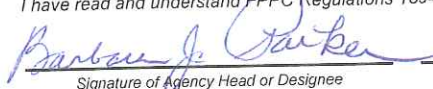
3. Recipients

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

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

4. Verification

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

 Barbara J. Parker City Attorney/OAACA Official 11/30/2016
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name

Oakland-Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Barbara J. Parker, City Attorney/OAACA Official

Designated Agency Contact (Name, Title)

Area Code/Phone Number
(510) 238-3815

E-mail
bparker@oaklandcityattorney.org

Date Stamp

California Form **802**

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass \$ 675.00

Event Description Warriors v. New Orleans Pelicans
Provide Title/Explanation

Date(s) 11 / 7 / 16

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

If no: _____
Name of Source

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

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

3. Recipients

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

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

4. Verification

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

Barbara J. Parker
Signature of Agency Head or Designee

Barbara J. Parker
Print Name

City Attorney/OAACA Official
Title

11/30/2016
(Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name

Oakland-Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Barbara J. Parker, City Attorney/OAACA Official

Designated Agency Contact (Name, Title)

Area Code/Phone Number
(510) 238-3815

E-mail
bparker@oaklandcityattorney.org

Date Stamp

California Form **802**

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass \$ 675.00

Event Description Warriors v. Dallas Mavericks
Provide Title/Explanation

Date(s) 11 / 9 / 16

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

If no: _____
Name of Source

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

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

3. Recipients

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

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

4. Verification

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

Barbara J. Parker
Signature of Agency Head or Designee

Barbara J. Parker
Print Name

City Attorney/OAACA Official
Title

11/30/2016
(Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name

Oakland-Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Barbara J. Parker, City Attorney/OAACA Official

Designated Agency Contact (Name, Title)

Area Code/Phone Number
(510) 238-3815

E-mail
bparker@oaklandcityattorney.org

Date Stamp

California Form **802**

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass \$ _____ 150.00

Event Description MANA
Provide Title/Explanation

Date(s) 11 / 11 / 16

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

If no: _____
Name of Source

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

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

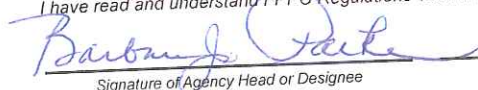
3. Recipients

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

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

4. Verification

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


Signature of Agency Head or Designee

Barbara J. Parker
Print Name

City Attorney/OAACA Official
Title

11/30/2016
(Month, Day, Year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 40.00

Event Description Intel Extreme Masters Date(s) 11 / 19 / 16
Provide Title/Explanation

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

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

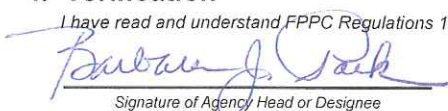
3. Recipients

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

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

4. Verification

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


 Barbara J. Parker City Attorney/OAACA Official 11/30/2016
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 40.00

Event Description Intel Extreme Masters Date(s) 11 / 20 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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


 Signature of Agency Head or Designee

 Barbara J. Parker
 Print Name

 City Attorney/OAACA Official
 Title

 11/30/2016
 (Month, Day, Year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ _____ 1,000.00

Event Description Warriors v. Atlanta Hawks Date(s) 11 / 28 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

 <small>Signature of Agency Head or Designee</small>	Barbara J. Parker <small>Print Name</small>	City Attorney/OAACA Official <small>Title</small>	11/30/2016 <small>(Month, Day, Year)</small>
---	--	--	---