Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) For Official Use Only Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510.383.4801 smckibben1@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 275.00 Does the agency have a ticket policy? Yes⊠ No 🗌 Event Description: Oakland Raiders Game Date(s) __09 18 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ If no: Name of Source If yes: McKibben, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Α. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other 🔀 Income Schaaf, Libby If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of the operations of the various sporting and other events that occur at Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

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<	Thave	read ai	nd understand

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

vith the leguirements

Signature or Agenty, fleet or Designee

Scott McKibben

Executive Director

Print Name

Title

(month, day, year)

Comment:

Varification

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 smckibben1@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Oakland Raiders Season 2016 Date(s) ____/___ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other X Income | McKibbben, Scott If checking "Ceremonial Role" or "Other" describe below: to investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4. Verification

I have read and understand	() ///				
J-have readland understand	FPPC/Regulations	18944.1 and 18942.	I have verified that the	distribution set forth above	, is in accordance
Committee of the second					* Constitution of the Cons

Print Name

Scott McKibben

Head of Designee

OACCA Executive Director

Title (month, day, year)

Comment:

Oakland Raiders

September 2016

Scott McKibben

•	Raiders v Seahawks	9.1.16	(4) ticket
	Raiders v Falcon	9.18.16	(2) ticket

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 275.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Raider 2016 Season Date(s) ____/___/_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income ___ Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 per to investigate efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: game Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification 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. Renee Savage OACCA Executive Assistant Signature of Agency Head or Designee

Comment:

(month, day, year)

Title

Oakland Raiders

September 2016

Chris Dobbins

•	Raiders v Seahawks	9.1.16	(2) tickets
•	Raiders v Falcon	9.18.16	(2) tickets

1. Agency N	lame				Date Stamp	California 802
	lameda County (For Official Use Only
Division, De	Division, Department, or Region (If Applicable)					,
Barbara J.	Parker, City Atto	rney/OAACA	Official			
Designated	Agency Contact	(Name, Title)				
					- Amandanan Marian	ide and a star in Cort 2.1
Area Code/F	Phone Number	E-mail			Amendment (Must pro	CONTROL TO THE CONTROL OF THE CONTRO
(510) 238-3	3815	bparker@oa	klandcityatto	rney.org	Date of Original Filing: _	(Month, Day, Year)
2. Function	or Event Infor	mation				lease See Attached
Does the ag	ency have a ticke	t policy?	Yes⊠ No[Face Value o	f Each Ticket/Pass \$	
Event Descr	iption Oakland F	Raiders 2016 S Provide Title/Expl	Season Ticke	Date(s)	or Dates, Please S	12 , 24 , 16 See Attached
Ticket(s)/Pa	ss(es) provided b	y agency?	Yes⊠ No[Control Water Control		
Was ticket d of agency o	istribution made a	at the behest	No⊠ Yes[☐ If yes:		ast, First)
3. Recipient	S					
• Use Section A	to identify the agenc	y's department or	T TENENT SET	tion B to identify an individu	al. • Use Section C to identif	fy an outside organization.
A. Name	of Agency, Departme	ent or Unit	Number of Ticket(s)/ Describe the pub		lic purpose made pursuant t	o the agency's policy
В.	Name of Individua (Lost, First)	al .	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
Barbara J. I	Barbara J. Parker			Ceremonial Role	Other A	Income
			2		efficiencies of the opera events that occur at Co	
#			2		Other al Role" or "Other" describe below.	Income
	me of Outside Organ ude address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
l. Verificatio		400	40040 11			The second secon
I have read and u	nderstand EPPC Regul				orth above, is in accordance with	
/ dubous	to park		Barbara J. P		Attorney/OAACA Offic	
Signature of	Agency Head or Designee		Print Name		Title	(Month. Day. Year)
Comment: _						

Oakland Raiders

September 2016

Barbara Parker

•	Raiders v Seahawks	9.1.16	(2) tickets
•	Raiders v Falcon	9.18.16	(2) tickets

A	gency Report of: eremonial Role Events and Tick	(et/Pass	Distributions		A Public Document
	Agency Name Oakland Alameda County Coliseum Autho Division, Department, or Region (II Applicable)	rity		Date Stamp	For Official Use Only
	Scott Haggerty, OACCA Commissioner Designated Agency Contact (Name, Title)				
	Area Code/Phone Number E-mail			Amendment (Must pr	
Langer	510.272.6691 leeann.ferger	son@acgov	.org	Date of Orlginal Filing: -	(Month, Day, Year)
2.	Da dosc -	Yes⊠ No[- 1	f Each Ticket/Pass \$ _	211/1.68 215
	Event Description Provide Tille/Exple Ticket(s)/Pass(es) provided by agency?	SW/	urce		
	Was tickel distribution made at the behest of agency official?	No ☐ Yes	☑ If yes: Haggo	erly, Scott Official's Name (L	ost, First)
3.	Recipients • Use Section A to Identify the agency's department or u	nit. » Use Sect	tion B (a identify an Individu	al. • Use Section G to ident	ify an outside organization.
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(as) Describe the public purpose made pursuant to the agency's policy			to the agency's policy		
	B. Name of Individual	Number of Ticket(s)/ Pass(os)		Identify one of the followi	
	WandaThompson	2	· · · · · · · · · · · · · · · · · · ·	imize potential cou	y sponsored even _{mo} □ nty revenue for
			Caremonial Role If checking "Caramon"	Other Discrete halow.	lneomb []
	C. Name of Outside Organization (include address and description)	Describe the pub	lic purpose made pursuant	to the agency's policy	
4.	Verlification I have lend and understand FPPC Regulations 18944.1 and L Signature of Agency Head or Designal	18942. I have ver ee Ann Ferg Pint Namu	gerson	onh above, is in necordance wit Supervisors Assistant	

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Aut	hority			Form OUZ
	Division, Department, or Regi	i on (If Applicab	nle)]	For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)				
	City Administrator					
	Area Code/Phone Number	E-mail			│	provide explanation in Part 3.)
	(510) 238-6840	SLandreth(@oaklandnet.	.com	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				27500
	Does the agency have a ticket	policy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$ _	2131
	Event Description Raiders Ga	ame	-	Date(s)09	, 01 , 16	/
	manuscript metals of Paragraphic	Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No	☐ If no:	Name of So	urca
	Was ticket distribution made a	t the hehest	No 🗖 Va	☑ If yes: Sabrir		uroo
	of agency official?	t and Delicot	No ☐ Yes	If yes:	Official's Name (Last, First)
	Recipients					
	Use Section A to identify the agency	's department o	r unit. • Use Sec	ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy
			Pass(es)			
	Name of Individual	ı	Number of Ticket(s)/ Pass(es)		Identify one of the following	ing:
	Silva, Walter			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other	Income
	Onva, vvaller		2	72 07001-05000 (4-75)	al Role" or "Other" describe below:	that provide services to
				the Authority	o to only employees i	mat provide services to
				Ceremonial Role		Income
			2	If checking "Ceremonia	al Role" or "Other" describe below:	
			Distri			
į	C. Name of Outside Organiz	ation	Number of	Terror de la company	THE PRIME WE WANTED	
	(include address and desc	ription)	Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant	to the agency's policy
-						****
	×					
	Verification					
1	have read and understand FPPC Regula	tions 18944.1 and	d 18942. I have ver	rified that the distribution set for	th above, is in accordance with	h the requirements.
8			Sabrina Lan	ndreth	City Administrator	9/15/16
	Signature of Agency Head or Designee		Print Name	,	Title	(Month, Day, Year)
,	Comment:					
1	JOHNICH,					

C	eremonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name	······································	·····		Date Stamp	California 802
	Oakland-Alameda County	Coliseum Auth	nority			T DISTR
	Division, Department, or Re	gion (If Applicabl	le)		1	For Official Use Only
	Şusan S. Muranishi, Count	tv Administrato	or, Alameda (County		
	Designated Agency Contact				4	
	Area Code/Phone Number	E-mail			Amendment (Must p	vovida explanation in Part 3.)
	510-272-3862	countyadmi	nistrator@ad	gov.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation				00
	Does the agency have a tick	et policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	275 00
	Event Description Oakland	Raiders - 2016	dates attac	hed. Data(s)		, ,
	Event Description	Provide Title/Exp		Date(s)		
	Ticket(s)/Pass(es) provided i	by agency?	Yes⊠ No	☐ If no:		urce
			, ,		Name of So	urce
	Was ticket distribution made of agency official?	at the behest	No 🗵 Yes	If yes:	Official's Name (Last Firsti
_						
J.	Recipients • Use Section A to identify the agen	cv's department or	unit. • Use Ser	stlon B to identify an individ	uzi. • Uso Section C to Iden	tify an outside organization.
	A. Name of Agency, Departm		Number of Ticket(s)/			
	ALTHUR CALABORATION AND AND AND AND AND AND AND AND AND AN			Describe the public purpose made pursuant to the agency's policy		
	•					
	The state of the s					
			Number of			
	Name of Individu	機	Ticket(s)/ Pass(os)		identify one of the follow	ing:
				Ceremonial Role	☐ Other 🗵	Income
	Muranishi, Susan S.		2/date		nial Role" or "Other" describe below:	
					efficiencies of the opera events that occur at the	
				Ceremonial Role		income 🔲
			1		niei Role" or "Other" describe below:	Illinoities
	C. Name of Outside Orga		Number of Ticket(s)/			to the agency's policy
	futering manage attention		Pase(es)			
	•					
			<u> </u>			
_		·				
١.	Verification I have read and understand FPPC Reg.	ulations 18944.1 and	d 18942. I have ve	rified that the distribution set f	orth above, is in accordance wil	th the requirements.
	54 64 54	. /	Susan S. Mu		County Administrator	8/29/16
	Signature of Agency Head or Designe	- Jule	Print Nam		Title	(Month, Day, Yoar)
	-	,				;
	Comment:	· Naccommon ones — — — — — — — — — — — — — — — — — — —			A CONTRACTOR OF THE PARTY OF TH	FPPC Form 802 (4/12)
					FPPC Toll-Free Helpline: 8	(4/12) 166/ASK-FPPC (866/275-7772)

Oakland Raiders

September 2016

Susan Muranishi

•	Raiders v Seahawks	9.1.16	(2) tickets
6	Raiders v Falcon	9.18.16	(2) tickets

1.	Agency Name		Account of the second of the s	Date Stamp	O SUC SUCCESSION SUCCE
	Oakland Alameda County Coli	Ožam Austri	h	Date Stamp	California 802
	Division, Department, or Region (if Applicat	ole)	nority	-	For Official Use Only
	Yui Hay Kee, Commissioner				
	Designated Agency Contact (Name, Tille)				
	•				
7	Area Code/Phone Number E-mail			Amendment (Must pro	ovide explenation in Part 3.)
		y@YHLA.ne	et .	Date of Original Filing: _	*
2. 1	Function or Event Information			and an amount of the second	(Month, Day, Year)
	oes the agency have a ticket policy?	Yes No	T Face Value of	f Each Ticket/Pass \$	27500
	DAIRER		20 9-	TIX/GOME	7
ŧ	vent Description NATUER (A ROTVIE	Date(s)	CIU NO	
Т	icket(s)/Pass(es) provided by agency?		K.C.	GULLAR SE	ASON.
		Yes 🗌 No	[] If no:	Name of Source	00
M	las ticket distribution made at the behest	No ☐ Yes	☐ If yes:		
Name of the last o	of agency official?			Official's Name (La	st, First)
	ecipients				
	Use Section A to identify the agency's department or	unit, « Use Se	ction B to identify an individua	al. • Use Section C to identify	an outside organization.
<u>A</u>	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
<u>Y</u>	ui Hay Lee, Commissioner	16.	#3		
B	Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	
		,()	Ceremonial Role	Other 🗍	
				Role" or "Other" describe below:	Income [
•			Ceremonial Role		Income [
			ir cnecking "Gerømonial i	Role" or "Olher" describe below:	
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to t	he agency's policy
			8		
-					
Ver I have	ification real and understand PPC Regulations 18944.1 and 1 Yui	8942. I have veril Hay Lee	Ted that the distribution set forth OACC	above, is in accordance with the	requirements
H	Signatury Maganity Hourt or Designee	Print Name		Tille	Month, Cliy, Year)
Com	nglent:				#

Oakland Raiders

September 2016

Yui Hay Lee

•	Raiders v Seahawks	9.1.16	(2) tickets
•	Raiders v Falcon	9.18.16	(2) tickets

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Larry Reid, OACCA Chair Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510.383.4801 Ireid@oaklandnet.com (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 275.00 Yes⊠ No □ Event Description: Raider 2016 Season Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No If no: Name of Source Was ticket distribution made at the behest Yes ☐ No ☐ If yes: Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Reid, Larry Income If checking "Ceremonial Role" or "Other" describe below: to investigate the efficiencies of operations for various sporting and other events that occur at Coliseum Complex Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes**

Verification

Comment:

i nave read and unders	stana FPF	C Regulations	18944.1 and 18942.	I have verified that t	he distribution set forth	above, is in accordance
with the requirements.	1					and the first desired from

Tours (Les)	Larry Reid	OACCA Cha
Signature of Agency Head or Designee	Print Name	Title

air

8.11.16 (month, day, year)

Oakland Raiders

September 2016

Larry Reid

•	Raiders v Seahawks	9.1.16	(2) tickets
•	Raiders v Falcon	9.18.16	(2) tickets

A	Pi	ubl	lic	Do	CH	me	nt

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•	cy Name		_			Date Stamp	California 802
	nd Alameda County C				· · · · · · · · · · · · · · · · · · ·		7 V III
	on, Department, or Reg)				For Official Use Only
	Dobbins, OACCA Cor						
Design	nated Agency Contact ((Name,Title)					
Araa C	ode/Phone Number	II ^e no a i	MATTER OF THE TOTAL OF THE TOTA			Amendment (Must F	Provide Explanation in Part 3.)
		E-mail 				Data of Octobral Elling	
510.38	83.4801	chrisdobbin	slaw@y	ahoo.com		Date of Original Filing:	(month, day, year)
. Funct	tion or Event Infor	mation					
Does t	the agency have a tick	cet policy?	Yes [∑	No □	Face Value of	Each Ticket/Pass \$	
Event	Description: Oakland	A's Baseball			Data(s)	1	, ,
E ACUIT	Description.	Provide T	itle/ Explan	ation	• ,		
Ticket((s)/Pass(es) provided	by agency?	Yes 🛭	I No □ I	f no:	Name of Source	
\		-4 4b - 1 b			f yes: Dobbins		
	cket distribution made	at the benes	¹ Yes <u>P</u>	No □ '	i yes.	Official's Name (Last, First)	Total Control of the
or age	ency official?						
. Reci	ipients		Marie de la company de la comp	turpuset a la muse tra servina que et este anema este et en este a estado de la estado de la estado de la esta			
• Use S	ection A to identify the agen	cy's department o	runit. • (Jse Section B to	identify an individ	lual. • Use Section C to iden	tify an outside organization.
Α.	Name of Agency, Depa	rtment or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
-3				Passes			
	· · · · · · · · · · · · · · · · · · ·	WWW. 100 FD0 - 114 - 11	-			евитемический в политемический в политем	
В.	Name of India (Last, Firs			Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
**************************************					1	nonial Role Other String "Ceremonial Role" or "Other" de	- NAME OF THE PARTY OF THE PART
					l silosi		Solide Below.
					B .	onial Role Other 🗵	
					н слеск	ing "Ceremonial Role" or "Other" de:	SUIDE DEIUW.
Montestation	N			Number			
C.	Name of Outside Or (include address and			of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
Green	n Stampede Homewo	rk			to provide on	nortunities to commu	nity groups to utilize the
	O Apricot Street			18	facility	PHILIPPO TO CONTINUE	my groups to duite the
Oakla	ind, CA 94603						
		og yannakan ya ya ya ya kata ana a kata a				King kilibang anamat kanamatan kana	
Verific	A						
I have to with tipe;	ad and understand FPF requirements.	PC Regulations	18944.1	1 and 18942.	l have verified ti	hat the distribution set fo	orth above, is in accordance
V	///	The state of the s	Chris	Dobbins	O	ACCA Commissioner	08.02.16
Signati	ure of Agency Head or Designs	e		it Name	SERVICE SERVIC	Title	(month, day, year)
0.							
Comm	ent:			000000000000000000000000000000000000000		-	

A's Baseball

September 2016

Chris Dobbins

•	A's v Boston	September 2, 2016	(2) tickets	\$90.00
•	A's v Boston	September 3, 2016	(2) tickets	\$90.00
•	A's v Boston	September 4, 2016	(2) tickets	\$90.00
•	A's v Angels	September 5, 2016	(2) tickets	\$90.00
•	A's v Angels	September 6, 2016	(2) tickets	\$80.00
•	A's v Angels	September 7, 2016	(2) tickets	\$80.00
•	A's v Seattle	September 9, 2016	(2) tickets	\$80.00
•	A's v Seattle	September 11, 2016	(2) tickets	\$80.00
8	A's v Houston	September 19, 2016	(2) tickets	\$80.00
•	A's v Houston	September 20, 2016	(2) tickets	\$80.00
•	A's v Houston	September 21, 2016	(2) tickets	\$80.00
•	A's v Texans	September 24, 2016	(2) tickets	\$90.00
•	A's v Texans	September 25, 2016	(2) tickets	\$90.00

Ag	gency Report of: eremonial Role Even	ts and Ticket	/Pa	ss Distri	ibutions			lic Document
-	Agency Name					Date Stamp	Ca	lifornia 802
1.	Oakland Alameda County C	oliseum Authority					CONTRACTOR OF THE PARTY OF THE	The second secon
	Division, Department, or Reg		-					For Official Use Only
	Larry Reid, OACCA Chair							1
	Designated Agency Contact	Name, Title)						
						Amendment (M	ust Provide E	xplanation in Part 3.)
	Area Code/Phone Number	E-mail						
	510.383.4801	Ireid@oaklandno	et.co	m		Date of Original Fill	ng:(moi	nth, day, year)
2.	Function or Event Infor	mation					Can.	attached
	Does the agency have a tick			No□ I	Face Value of	Each Ticket/Pass	Succe	
	Event Description: Oakland	A's Season 2016 Provide Title/ E:	volana	lion	Date(s)	/		
	Ticket(s)/Pass(es) provided				f no:	Name of Source		
	Was ticket distribution made of agency official?	e at the behest γ _ε	es 🗌	No⊠ ¹	f yes:	Official's Name (Last, i	-irst)	
3.	Recipients * Use Section A to identify the agen	ncy's department or uni	t. • U		identify on individ	lual. • Use Section C to	identify an o	utside organization.
	A. Name of Agency, Depa	artment or Unit		Number of Ticket(s)/ Passes	Describe th	ne public purpose mad	e pursuant t	o the agency's policy
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of	the followin	g:
		ut/	+	1 43343	Ceret	nonial Role Off	ner 🗵	Income [
	Reid, Larry				to promote	the Coliseum Compusinesses to max	plex for u	se by the general
					F(0)(0)(0)(0)	monial Role Oli kking "Ceremonial Role" or "Oli	nor her describe be	income income
	C. Name of Outside O (Include address and	rganization I description)		Number of Ticket(s)/ Passes	Describe ti	ne public purpose mad	e pursuant t	o the agency's policy
	been dealer and a second a second and a second a second and a second a							
4.	Verification							
	I have read and understand FF with the readirements.	PPC Regulations 18	944.	1 and 18942.	I have verified	that the distribution	set forth at	ove, is in accordance
	Tant of To.	1/	Larr	y Reid		OACCA Chair		4.6.16
<u>.</u>	Signature of Agency Head or Design	nee	AND DESCRIPTION OF THE PERSON NAMED IN	nt Name		Title		(month, day, year)
	Comment:							- Books and a separate management of the control of

A's Baseball

September 2016

Larry Reid

	A's v Boston	September 2, 2016	(2) tickets	\$90.00
•	A's v Boston	September 3, 2016	(2) tickets	\$90.00
•	A's v Boston	September 4, 2016	(2) tickets	\$90.00
6	A's v Angels	September 5, 2016	(2) tickets	\$90.00
•	A's v Angels	September 6, 2016	(2) tickets	\$80.00
•	A's v Angels	September 7, 2016	(2) tickets	\$80.00
•	A's v Seattle	September 9, 2016	(2) tickets	\$80.00
•	A's v Seattle	September 11, 2016	(2) tickets	\$80.00
•	A's v Houston	September 19, 2016	(2) tickets	\$80.00
•	A's v Houston	September 20, 2016	(2) tickets	\$80.00
•	A's v Houston	September 21, 2016	(2) tickets	\$80.00
•	A's v Texans	September 24, 2016	(2) tickets	\$90.00
•	A's v Texans	September 25, 2016	(2) tickets	\$90.00

Λ	ο.	ıkli	~ f	nc.	11233	ant
/-At		FI 118	E : 1 :	J 6 14 .	3521	

Ι. Δι	gency Name				Date Stamp	California (2) (2)
	akland-Alameda County C	oliseum Auth	nority			Form 1070/2
	vision, Department, or Regi			For Official Use Only		
	arbara J. Parker, City Attor					
1,76	signated agency contact,	70(110)			s the a major possessor (1950-1955) is the contract of the con	
Λ t•	ea Code/Phone Number	É-mail			Amendment (Must	provide explanation in Part 3.)
	10) 238-3815		aklandcityatto	rney.org	Date of Original Filing	:(Month, Day, Year)
-	unction or Event Inform				1	
	es the agency have a ticket		Yes⊠ No[Face Value	of Each Ticket/Pass \$ _	SeeAttached
	ent Description Oakland A	s Tickets - 2	016 Season			
Ev	ent Description Canana A	Provide Title/Exp	nlanation	Date(s)		maconimistrative de la constantiva della constan
Tíc	cket(s)/Pass(es) provided by	agency?	Yes⊠ No[] If no:	Name of S	OUTCR
	as ticket distribution made a	t the behest	No⊠ Yes[If yes:		(Last First)
0	f agency official?				Official's Name	(Las! Firs!)
. R	ecipients					
٥٥	ise Section A to identify the agency	's department or	unit ouse Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A	. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	nt to the agency's policy
enterment entermenter			Number of			
В.	Name of Individua (Last Fast)	I	Ticket(s)/ Pass(es)		Identify one of the follow	wing:
Ва	arbara J. Parker		2	•	rial Role" or "Other describe below	
					efficiencies of the ope events that occur at (erations of the various Coliseum Complex
			2	Ceremonial Role If checking "Geremo	Other mel Role or Other describe below	Income
C.	Name of Outside Organi (include address and desc	zation cription)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
		· ————————————————————————————————————		·		
		and the state of t				
. Ve	erification ye read and understand FPPC Regula	otions 18044 t on	A 18942 Uhana vo	riled that the distribution set	Inch shaye is in secondance	with the requirements
i na	ve read and understand PPPC Regula	anuns 10944.I an				
Leading		Committee of the contract of t	Barbara J. F	CHARLES CONTRACTOR CON	y Attorney/OAACA Of	fficial 3/18/2015 (Month, Day, Year)
	Signature of Agency Head or Designee		र आस् १ ५८ १००		11612	(mount, Day, Feat)
Cn	mment:				annua kaan madalaha kaalaha kaan kala kaan kaan kaan kaan kaan kaa	
						EDDA F 000 (4)4/

A's Baseball

September 2016

Barbara Parker

•	A's v Boston	September 2, 2016	(2) tickets	\$90.00
•	A's v Boston	September 3, 2016	(2) tickets	\$90.00
•	A's v Boston	September 4, 2016	(2) tickets	\$90.00
•	A's v Angels	September 5, 2016	(2) tickets	\$90.00
•	A's v Angels	September 6, 2016	(2) tickets	\$80.00
•	A's v Angels	September 7, 2016	(2) tickets	\$80.00
6	A's v Seattle	September 9, 2016	(2) tickets	\$80.00
•	A's v Seattle	September 11, 2016	(2) tickets	\$80.00
•	A's v Houston	September 19, 2016	(2) tickets	\$80.00
6	A's v Houston	September 20, 2016	(2) tickets	\$80.00
•	A's v Houston	September 21, 2016	(2) tickets	\$80.00
•	A's v Texans	September 24, 2016	(2) tickets	\$90.00
0	A's v Texans	September 25, 2016	(2) tickets	\$90.00

	AND COLOR AND COLOR OF THE COLOR		The result was a second of the		A Lubiic Documen
1. Agency Name			2	Date Stamp	California 802
Oakland Alameda County Co	oliseum Aut		Form 002		
Division, Department, or Regi	on (If Applicab	1	For Official Use Only		
Nate Miley, Commissioner					
Designated Agency Contact (/	Vame, Title)		444	-	
Anna Gee Area Code/Phone Number	E-mail			☐ Amendment (Must p	provide explanation in Part 3.)
		000011000		Date of Original Filing:	
(510) 272-6694	anna.gee@	acgov.org		Dute of Original Filling.	(Month, Day, Year)
2. Function or Event Inform					26600
Does the agency have a ticket	20 020	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$ _	JPP
Event Description Manda/Dra	ke concerts		Date(s)	,14,16	
	Provide Title/Exp	olanation			
Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No	If no: GSW	Name of So	uroo
Mos tisket distribution made at	the beheat		Miley		urce
Was ticket distribution made at of agency official?	the benest	No 🗌 Yes	If yes: Miley,	Official's Name (I	Last. First)
 Recipients Use Section A to identify the agency' 	e department or	unit allen So	ction II to identify an individu	al a lieo Sastion C to Idont	iliu an outaldo espenization
		Number of	1		
A. Name of Agency, Departmen	it or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to the agency's policy	
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng;
Gomez, Alita	n day. Am arm ya kilika wata wa a ƙa	rass(es)	Ceremonial Role	Other Al Role" or "Other" describe below:	Income
		4.		sieum Complex for us	e by the general public
Should be a second of the seco			Ceremonial Role	Other 🛛	Income
Belliger, Perisha		4		al Role" or "Other" describe below:	
			To promote the Cols and businesses to n		e by the general public
C. Name of Outside Organiz		Number of Ticket(s)/	Describe the publi	ic purpose made pursuant	to the agency's policy
furdiene adalese ana asset		Pass(es)			
6					
. Verification I have read and understand FPPC Regulate	ions 18944 1 and	18942 have vo	rified that the distribution set for	th above is in accordance with	the requirements
A Committee of the control of the co					7 To 2000 Common
Signature of Agensy Head or Designee	7 —	Anna Ge		Operations Chief	10/4/16 (Month, Day, Year)
	.		©	THE	(MOIIII, Day, 1661)
Comment: Gomez received M	landa tickets	S.,			
OUTHINGING					

1.	Agency Name		***************************************		Date Stamp	California 802	
	Oakland Alameda County of	**********				Form GUZ For Official Use Only	
	Division, Department, or Reg	• • • •				For Official Ose Office	
	Scott McKibben, OACCA Ex		·				
	Designated Agency Contact ((Name, Litle)					
	Area Code/Phone Number	l E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)	
	510.383.4801	smckibben1@gma	ail com		Date of Original Filing: _	(month, day, year)	
_			an.oom			(month, day, year)	
Z.	Function or Event Infor	–				6.00	
	Does the agency have a tick	, ,			Each Ticket/Pass \$ 36	The second secon	
	Event Description: Drake &	Future		Date(s) <u>09</u>	, 14 , 16	JJ.	
	Ticket(s)/Pass(es) provided	Provide Title/ Expl.		f no:			
	rionet(syrr ass(cs) provided	by agency: 1es	יי בויי וב		Name of Source		
	Was ticket distribution made	at the behest Yes	⊠ No□ H	f yes: McKibb	en,Scott Official's Name (Last, First)		
	of agency official?				Onicials Name (Last, Filst)		
3.	Recipients	эў просуў тамарары кану барына айдарары кана аў тупана тупуст	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Military (mitralines) quantitativa santania anticonstruita anticonstruita anticonstruita anticonstruita antico		
٠.	• Use Section A to identify the agen	cy's department or unit.	• Use Section B to i	identify an individ	ual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Depa		Number of Ticket(s)/		e public purpose made purs		
	м-кио		Passes		WESTER STATE OF THE STATE OF TH		
				MOCO-00000000000000000000000000000000000		MANAGOCCA CACACATA CATACATA CACACATA CA	
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the following:		
	· · · · · · · · · · · · · · · · · · ·		rasses	Corom	onial Role Other	Income	
	Scott, Larry		4	If check	ing "Ceremonial Role" or "Other" desc	cribe below:	
			· '		ne Coliseum Complex usinesses to maximize		
			***************************************		onial Role Other O		
				i .	ing "Ceremonial Role" or "Other" desc		
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy	
						-	
	Verification	V.				бербербен кан берен баран каран каран Каран каран кар	
	Theve read and understand FP	P. Regulations 1804	1 1 and 180 <i>1</i> 0 i	I have verified to	hat the distribution sat for	th shove is in accordance	
	with trefrequirements		und 10342. I	TAVO VOINIGU U	านะ สาอ นเจนามนนอก จัย 101	an above, is in accordance	
1	A NOWN THE IT	MA Scot	l McKibben	ΩA	CCA Executive Directo	or 09.12.16	
	Signature oxagency/head br Design		Print Name		Title	(month, day, year)	
		•					
	Comment:				W6146-04-001		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California OAKLAND-ALAMEDA COUNTY COLISEUM AUTHORITY Form Division, Department, or Region (if applicable) For Official Use Only Office of the County Counsel Designated Agency Contact (Name, Title) Donna Ziegler Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mall 510-272-6700 Date of Original Filing: donna.ziegler@acgov.org (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \$366.00 Yes ☒ No ☐ Event Description: Drake/Future Concert Date(s) 09 / 13 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ if no: _ Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Ziegler, Donna Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Shaw, Bianca Ceremonial Role Other X Income If checking "Ceremontal Role" or "Other" describe below: 2 To promote the use of the complex by the general public and businesses and to maximize revenue Ceremonial Role Other | Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Donna R. Ziegler County Counsel 09/12/2016 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 Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 366.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Drake & Future Date(s) __09__/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: _ Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of the operations of various sporting and other events occurring at Coliseum Complex Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

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

	Chris Dobbins	OACCA Commissioner	8.18.16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:

Comment:

	gency Report of: eremonial Role Evel	nts and Ticket	/Pass Distr	ibutions	Α	Public Document	
1.	Agency Name				Date Stamp	C III	
	Oakland Alameda County	Coliseum Authority		Form 802			
	Division, Department, or Re	gion (if applicable)				For Official Use Only	
	Larry Reid, OACCA Char						
	Designated Agency Contact	: (Name, Title)		earreacterini -			
	Area Code/Phone Number	E-mail			Amendment (Must Pr	rovide Explanation in Part 3.)	
	510.383.4801		t.com		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Info	rmation					
	Does the agency have a tic	ket policy? Ye	s⊠ No□ 「	Face Value of	Each Ticket/Pass \$ 36	6.00	
	Event Description: Drake 8				<u>/ 13 / 16</u>	09 , 14 , 16	
	Ticket(s)/Pass(es) provided		This could be a second of the				
			Name of Source				
	Was ticket distribution mad of agency official?	e at the behest Ye	s□ No⊠ ^l	f yes:	Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the age	ncy's department or unit.	• Use Section B to	identify an individ	lual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy	
	B. Name of Ind	lethivi	Number			The state of the s	
	(Last, Fi		of Ticket(s)/ Passes	Identify one of the following:			
	Reid, Larry		2 per	Ceremonial Role Other Image Income In			
			event	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:			
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
				, many constant		***************************************	
1	Verification						
	vermcation I have read and understand FF	PC Regulations 1894	14.1 and 18942	I have verified t	hat the distribution set for	th above, is in accordance	
1	with the requirements.		, 10072	sormou t	are alguidadon set for	above, is in accordance	
	Mud & Amil	// L	arry Reid		OACCA Chair	09.01.16	
	/ Signature of Agency Head of Design	TOTAL VIOLENCE VIOLEN	Print Name		Title	(month, day, year)	

Ceremonial Role Ever	nts and Tid	cket/Pass Di	istributions		A Public Document	
1. Agency Name			<u>ara mana kana mata dan kana d</u>	Date Stamp	California 802	
Oakland Alameda County	Coliseum Auth	nority			For Official Use Only	
Division, Department, or Re	gion (If Applicab)	le)			Ful Officies OSE Only	
Scott Haggerly, OACCA C	ommissioner					
Designated Agency Contact						
Area Code/Phone Number	E-mail			Amendment (Musi p	roylde explanation in Part 3.)	
510.272.6691	leeann.ferg	erson@acgov.oi	rg	Date of Original Filing: .	(Monili, Day, Year)	
2. Function or Event Info	rmation	THE THE PART WAS THE PARTY OF T			21.1.00	
Does the agency have a tick		Yes⊠ No□	Face Value of	of Each Tickel/Pass \$ 🗘	31010,00	
Fund Description DV	sco		_ Date(s) <u> </u>	12,10		
Event Description	Provide Tille/Exp	olenation		1.)		
Ticket(s)/Pass(es) provided I	oy agency?	Yes⊠ No□	If no: 99	Name of So	11275	
			Hono	*******	n ce	
Was ticket distribution made of agency official?	at the behest	No ☐ Yes 🏻	If yes: Hagg	Official's Name (L	.ost, First)	
graph between group and the property of the pr	The Burning Course to Course the Superior States	MONEY OF THE WASHINGTON OF THE WASHINGTON		and the state of t	Company are not been been designed and the control of the control	
3. Recipients • Use Section A to Identify the agen-	cy's department or	unit. » Use Section	B (a identify an individu	ual. • Usa Section C to ident	lfy an outside organization.	
A. Name of Agency, Departm		Number of Ticket(s)/ Pass(as)		ile purposa made pursuant		
,		1				
					•	
B. Namo of Individu	tal .	Number of Ticket(s)/ Pass(ss)		identify one of the following:		
0 011			Ceremonial Role		Incomo 🔲	
Conner Gibbo	NS	2	If checking "Cerembit	laf Role" or "Other" describe below:		
			Caremonial Role	Olher 🔲	Income 🗌	
			*	or Role or 'Other' describe helow:	Hooms L	
C. Name of Outside Orga		Number of Ticket(s)/	Describe the pub	blic purpose made pursuant to the agency's policy		
fillelant segrens also de	201/2/2013	Pass(es)				
		<u> </u>				
4. Venilcation	and the second of the second o	and the second s				
I have read and understand FPPC Reg					Chimal	
July		Lee Ann Ferger	SON	Supervisors Assistant	(kforth, Day, Year)	
Signntuny of Agendy Hyza of Dossignar	u.	esta Hans		•	C. Samor and Comp.	
Comment:		,			FPPC Form 802 (4/12)	
			ı	FPPC Toll-Free Helpline: 8	66/ASK-FPPC (866/275-7772)	

Comment: -

Ceremonial Role Ever	nts and Tic	ket/Pass Dis	stributions		A Public Document	
1. Agency Name			and the second s	Date Stamp	california (2012)	
Oakland Alameda County	Coliseum Auth					
Division, Department, or Reg	gion <i>(If Applicable</i>		For Official Use Only			
Scott Haggerly, OACCA Co	ommissioner	}				
Designated Agency Contact						
*						
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
510.272.6691	ŀ	rson@acgov.org	ļ	Date of Original Filing:	(Monil), Day, Year)	
2. Function or Event Info			CONTRACTOR OF THE CONTRACTOR ASSESSMENT	A STATE OF THE PARTY OF THE PAR	AND THE RESIDENCE OF THE PARTY	
Does the agency have a lick		of Each Ticket/Pass \$ _	366,00			
\mathcal{D}	va lo	. Date(s)	7.14.16	,		
Event Description	Provide Tille/Exp!	enation	. Date(s)			
Ticket(s)/Pass(es) provided b	ov agency?	Yes⊠ No□	If no:	JW		
			Name of So	urce		
Was ticket distribution made	at the behest	No ☐ Yes 🗵	If yes: Haggerly, Scott Official's Name (Lost, First)			
of agency official?	Saga Thanking Lawrence or only lack Albert with Delivery Delivery			Output a retirio (really a start.	
 Recipients Use Section A to Identify the agent 			to kientifu su Individu	rai - Lica Saction C to Mag	illi en autoide econtration	
		Number of				
A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(as)	Describe (ne pub	lic purposa mada pursuant	to the agency's policy	
•						
B. Namo of Individu	al	Number of Ticket(s)/		identify and of the following:		
(Los), f!/x1)		Pas(0s)		-	<u> </u>	
	$\overline{}$		Ceremonial Role	☐ Other ☐ Ial Rule' or "Other" describe celon:	Incomo 🛄	
Casandra (DINGE	17.1	•			
0 11 110 - 600 600	10,00					
			Caremonial Role	Olher 🗌	Incomo 🗌	
			II checking "Caramon!	at Rolu" or "Other" describe helow.		
*·V		Number of				
C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy	
	-	1 233(23)				
		 				
\wedge						
with the second	and a second			and the state of the second	THE THE STATE OF THE PROPERTY	
. Verification Thele legal and understand IPPC Regu	italions 18544.1 and	16942. I have verified h	hot the distribution set fo	orth above, is in accordance wit	h the requirements.	
Mulle PRIA	(15)	ee Ann Fergers		Supervisors Assistant	(1-15-1)	
		Tile	(Month, Day, Year)			

_	÷	_		•	_		8-	_	- '	-	-				
C	е	r	en	no	n	ia	ı	F	c	ı	е	Events	and	Ticket/Pass	Distributions

1.	Agency Name	Saliaarina Arithan				Date Stamp	California 802	
	Oakland Alameda County C Division, Department, or Reg		ty	WANTED W			For Official Use Only	
	· · · · · · · · · · · · · · · · · · ·	ноп (п аррпсавіе)						
	Larry Reid, OACCA Char Designated Agency Contact (/Ala *P'(II-)	**************************************					
	Designated Agency Contact ((Name, Litle)						
	Area Code/Phone Number	E-mail			- Markon Company Compa	Amendment (Must F	Provide Explanation in Part 3.)	
	510.383.4801	Ireid@oakland	net.co	m		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	<u>l</u> mation					(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Does the agency have a tick	ket policy?	Yes ⊠	l No □ □	Face Value of I	Each Ticket/Pass \$ 2	05.00	
	Event Description: Black Sa				Date(s)			
		Provide Title	,	tion	. ,			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🛚	No 🗌	f no:	Name of Source		
	Was ticket distribution made	at the behest	f yes:					
	of agency official?		163	I NO ES		Official's Name (Last, First)	- THE PROPERTY OF THE PROPERTY	
3.	• Use Section A to identify the agen A. Name of Agency, Depa		nit. • U	se Section B to Number of Ticket(s)/ Passes			tify an outside organization.	
		344000-4440-4		White Go de Addition To				
	B. Name of India (Last, Firs			Number of Ticket(s)/ Passes		Identify one of the following:		
	Reid, Larry			2	to investigate	onial Role Other Daing "Ceremonial Role" or "Other" de the of operations of that occur at Coliseur	scribe below: various sporting and	
						onial Role Other Other Officer or "Other" de		
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	s)/ Describe the public purpose made pursuant to the agency's p				
	With the Control of t	·		3000 <u>-111-</u> 201-1		1117-11160-0520		
	Verification		CONTRACTOR					
	I have read and understand FPF with the requirements.	PC Regulations 18	3944.1	and 18942.	l have verified th	hat the distribution set fo	orth above, is in accordance	
	Daniel (Sil	//	Larr	Reid		OACCA Chair	09.01.16	
	Signature of Agency Head of Designe	ee		Name		Title	(month, day, year)	
	Comment:	III. III. FOR THE STATE OF THE						

1. Agency Name	1 N.N. 15.1 N.N.1	Date Stamp California Form 802							
Oakland-Alameda County C				1	For Official Use Only				
Division, Department, or Regi	on (If Applicable	?)							
Barbara J. Parker, City Attor	ney/OAACA								
Designated Agency Contact (Name, Title)	1	3						
Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)				
(510) 238-3815	bparker@oa	klandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)				
2. Function or Event Inform	nation								
Does the agency have a ticket	policy?	of Each Ticket/Pass \$ _	205.00						
Black Sabl	ath								
Event Description Black Sabbath Date(s) 09 / 15 / 16/									
Ticket(s)/Pass(es) provided by	anency?	□ If no:							
ricket(s)// ass(es) provided by	agency:	Yes 🛛 No	L 1110	Name of So	ource				
Was ticket distribution made a	t the behest		(Last, First)						
of agency official?	Official's Name (Last, First)							
3. Recipients			A 50/10 MA 10 MA 1						
 Use Section A to identify the agency 	's department or	ual. • Use Section C to iden	tify an outside organization.						
A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant to the agency's policy					
A STATE OF THE STA	and the second	Pass(es)	The second second second second						
		Number of							
B. Name of Individua		Ticket(s)/ Pass(es)		Identify one of the following:					
Barbara J. Parker			Ceremonial Role	Other A	Income				
barbara of Farnor		2	177	efficiencies of the ope	rations of the various				
				events that occur at C					
	Variable Control Contr		Ceremonial Role	Other 🗌	Income [
		2	If checking "Ceremon	ial Role" or "Other" describe below.					
Marie Committee									
C. Name of Outside Organi (include address and desc		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	t to the agency's policy				
(monde address and desc	inpuon)	Pass(es)							
. Verification									
I have read and understand FPPC Regula	ations 18944.1 and	18942. I have ve	nified that the distribution set fo	orth above, is in accordance wi	th the requirements.				
(Jouland Soul		Barbara J. F	Parker City	Attorney/OAACA Off	icial 09/30/2016				
Signature of Agency Head or Designee		Print Nam		Tille	(Month, Day, Year)				
- t									
Comment:									

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 205.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Black Sabbath Date(s) __09 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No If no: _ Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Dobbins, Chris Income If checking "Ceremonial Role" or "Other" describe below. 2 to investigate the efficiencies of the operations of various sporting and other events occurring at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

Comment:

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.	and an analysis of the state of	m accordance

	Chris Dobbins
0: 1 61 11 1 1	

OACCA Commissioner

8.18.16

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

1.	Agency Name	Valianum Auth	a with a		Date Stamp	California 802					
	Oakland-Alameda County C Division, Department, or Reg	- In the contract of the contract of			-	For Official Use Only					
		9 (53									
	Barbara J. Parker, City Atto										
	Designated Agency Contact (Name, Title)									
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)						
	(510) 238-3815		aklandcityatto	orney ora	Date of Original Filing:						
2	Function or Event Infor			(Month, Day, Year)							
۷.	Does the agency have a ticke		of Each Ticket/Pass \$ _	88.00							
	1001	(a) (a) (b)	Yes⊠ No								
	Event Description Sonu Nigam & Atif Date(s) 09 / 24 / 16 // /										
	Ticket(s)/Pass(es) provided by			□ If no:							
	ricket(s)/Fass(es) provided by	y agency?	Yes 🗵 No		Name of Se	ource					
	Was ticket distribution made at the behest No ⊠ Yes ☐ If yes:										
	of agency official? Official's Name (Last, First)										
3.	Recipients										
	Use Section A to identify the agency	s department or	ual. • Use Section C to ider	ntify an outside organization.							
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	(s)/ Describe the public purpose made pursuant to the agency's p							
		Alexander (Philips School)	1 445(65)	Such as Tobal are participation and a fit							
			†		ummane version en						
	B. Name of Individua	l.	Number of Ticket(s)/		Identify one of the following:						
	(Lest, First)		Pass(es)	The second second second	identity one of the follow						
	Barbara J. Parker			Ceremonial Role	Other X	Income					
	Dalbala J. Faikei		2		efficiencies of the ope	rations of the various					
	¥				events that occur at C						
				Ceremonial Role	Other	Income					
			2	If checking "Ceremon	ial Role" or "Other" describe below.						
			_								
9			Number of	popular en a signa a como	KSPOK ARON JOHNSON DE LE						
	 Name of Outside Organi (include address and desc 		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy					
			Pass(85)			Market Share For the North Color M.					
				j. D							
. 50											
	Verification have read and understand FPPC Regula	ations 18944 1 and	1 180/12 have ve	rified that the distribution sot fo	orth above is in accordance wi	th the requirements					
3	A CONTROL OF CHEGUIE	100110 10344.1 dllU									
10	Signature of Agency Head or Designee		Barbara J. F		Attorney/OAACA Off	icial 09/30/2016 (Month. Day. Year)					
į,	Signature of rigority mean or Designed		e ant ivalin	~	une	(wonth. Day, Year)					
- 8	Comment:										

A	Pu	ıbli	C	Do	CU	ım	er	11	t

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C			20-4		
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Larry Reid, OACCA Char	· · · · · · · · · · · · · · · · · · ·				
	Designated Agency Contact	(Name, Title)				
	Area Code/Phone Number	E-mail			Amendment (Must)	Provide Explanation in Part 3.)
	510.383.4801	lreid@oaklandnet.	com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	⊠ No □ F	Face Value of I	Each Ticket/Pass \$ 8	8.00
	Event Description: Sonu Nic			Date(s)		1 1
		Provide Title/ Expla	anation			
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🗆 I	f no:	Name of Source	The second secon
	Was ticket distribution made	at the behest Yes	□ No⊠ ^I	f yes:	Official's Name (Last, First)	
	of agency official?	103		•	Official's Name (Last, First)	
3.	Recipients					
<i>J</i> .	• Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to iden	tify an outside organization
	A. Name of Agency, Depa		Number of Ticket(s)/			suant to the agency's policy
	· · · · · · · · · · · · · · · · · · ·	STOREGARD	Passes		· · · · · · · · · · · · · · · · · · ·	
	WEST-STEPHING TO SECTION OF STATE OF SECTION	· · · · · · · · · · · · · · · · · · ·			TOP TO THE	TO THE PROPERTY OF THE PROPERT
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	Reid, Larry		, , , , , , , , , , , , , , , , , , ,		onial Role Other 🗵	
	·		2	to investigate	ng "Ceremonial Role" or "Other" de: e the of operations of	scribe below: Various sporting and
		· · · · · · · · · · · · · · · · · · ·			that occur at Coliseur	
					onial Role Other C	
				ii checkii	ng "Ceremonial Role" or "Other" des	scribe below:
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
		2010				
						- AND THE STATE OF
	1					
	Verification I have read and understand FPF	PC Regulations 19044	1 and 19040	house verified 4	ent the distribution ' "	untha minana da da ara da
1	with the requirements.	C Negulations 10944.	. r anu 10942. r	nave vermeu in	at the distribution set to	rtn above, is in accordance
	Xary J. Soul	Lar	ry Reid		OACCA Chair	09.01.16
Same of the last o	Signature of Agendy Alead of Designe	e Pr	int 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 Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: . chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 88.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Sonu Nigam & Atif Date(s) __09 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: _ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Dobbins, Chris Income If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of the operations of various sporting and other events occurring at Coliseum Complex Ceremonial Role Other Income | If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

Verification

Comment: ___

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.		s a series elemente de la companya d	

Sig	nature	of A	ency Head or Designee	

Chris Dobbins

OACCA Commissioner

8.18.16

Print Name

(month, day, year)

1.	Agency Name	1-1' AII			Date Stamp	California 802
	Oakland-Alameda County C Division, Department, or Reg		-	For Official Use Only		
	Barbara J. Parker, City Atto					
	Designated Agency Contact (Name,Title)				
	Area Code/Phone Number	E-mail			Amendment (Must prov	vide explanation in Part 3.)
	(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform					
	Does the agency have a ticke	t policy?	Yes ⊠ No	☐ Face Value of	of Each Ticket/Pass \$	137.25
	Event Description Bad Boys	Concert			9 , 30 , 16	1 1
	Event Description	Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Source	200
	Was ticket distribution made a	t the beheet	N G V			
	of agency official?	t the benest	No ⊠ Yes	☐ If yes:	Official's Name (Las	st, First)
3.	Recipients					
,.	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to identify	an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
	B. Name of Individua		Number of Ticket(s)/ Pass(es)		Identify one of the following	l .
	Barbara J. Parker	=		Ceremonial Role If checking Ceremoni	Other X	Income 🗌
		2	To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex			
	12		2	Ceremonial Role If checking "Ceremoni	Other Sal Role or Other describe below	Income
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy
	Verification	utions 18044 1 and	18042 I have ver	offind that the distribution and	dh abaya is in a sandan a '''	
,	Jahn J. (P)		Barbara J. F			
2	Signature of Agency Head or Designee		Print Name		Attorney/OAACA Officia	09/30/2016 (Month, Day, Year)
					NMED)	Transport 1944
-	Comment:					

1.									
	Agency Name				Date Stamp	California 802			
	Oakland Alameda County C		_	Form For Official Use Only					
	Division, Department, or Reg	ion (If Applicat		r or ornalar osc orny					
	Sabrina B. Landreth								
	Designated Agency Contact	(Name, Title)	1						
	City Administrator		Amendment (Must provide explanation in Part 3.)						
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)			
lesses.	(510) 238-6840	@oaklandnet	.com	Date of Original Filing:(Month, Day, Year)					
2.	Function or Event Inform	mation				0.00			
	Does the agency have a ticke		Yes 🛛 No		of Each Ticket/Pass \$ _	8000			
	Event Description A's Game) , 19 , 16						
		Provide Title/Ex	olanation						
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	☐ If no:	Name of So	urca			
	Was ticket distribution made a	t the hehest	control and Market						
	of agency official?	t the benest	na Landreth Official's Name (i	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, Departme	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's po						
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:				
	(Lasi, Firsi)		Pass(es)	BUT HE STEEL FOR A STEEL BUT A					
		* **	Pass(es)						
	Satterfield, Ivan		Pass(es)		Other	Income 🔲			
	Satterfield, Ivan		4	If checking "Ceremoni	al Role" or "Other" describe below:	Income In			
	Satterfield, Ivan			If checking "Ceremoniated To provide incentive the Authority Ceremonial Role	al Role" or "Other" describe below:				
2	Satterfield, Ivan Name of Outside Organi (include address and description)		4	If checking "Ceremoni To provide incentive the Authority Ceremonial Role If checking "Ceremoni	al Role" or "Other" describe below: es to City employees 1	hat provide services to			
	C. Name of Outside Organi	ription)	4 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive the Authority Ceremonial Role If checking "Ceremonia If checking "Ceremo	al Role" or "Other" describe below: es to City employees t Other al Role" or "Other" describe below: ic purpose made pursuant	Income Income to the agency's policy			
	C. Name of Outside Organi (include address and desc	ription)	4 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive the Authority Ceremonial Role If checking "Ceremonia Ceremonia	al Role" or "Other" describe below: es to City employees t Other al Role" or "Other" describe below: ic purpose made pursuant	Income Income to the agency's policy			

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1.	Agency Name					California 802
	Oakland Alameda County C					Form OUZ
	Division, Department, or Reg	on (If Applicab	le)			For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)				
	City Administrator					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 238-6840	SLandreth(@oaklandnet	.com	Date of Original Filings	(Month, Day, Year)
2.	Function or Event Inform	nation				The state of the s
	Does the agency have a ticket	policy?	Yes ⊠ No	☐ Face Value o	f Each Ticket/Pass \$ _	8000
	Event Description A's Game			Data(a) 09	, 20 , 16	1 1
	Event Description	Provide Title/Ex	planation	Date(s)		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No	☐ If no:	Name of S	
	\^/oo					ource
	Nas ticket distribution made at the behest No ☐ Yes ☒ If yes: Sabriof agency official?				Official's Name	(Last First)
_						(200), 1100
	Recipients • Use Section A to identify the agency	's department o	runit. • Use Se	ction B to identify an individu	al. • Use Section C to idea	ntify an outside organization
1	A Name of Agency Department of Unit Number of					SECTION STATES
	Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to the agency's policy		
2						
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:		
	Mora, Luis			Ceremonial Role		Income
	Word, Luis		4	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide services to		
				the Authority	es to City employees	triat provide services to
34				Ceremonial Role	Other	Income
			4	V285 st 7457 3745 57	al Role" or "Other" describe below:	
Į	9 N		Number of		The same and the	70.20.51.57
(Name of Outside Organiz		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuan	t to the agency's policy
-				SECURITION OF THE PROPERTY OF		
					· · · · · · · · · · · · · · · · · · ·	
	Verification					
	have read and understand FPPC Regula	tions 18944.1 and	d 18942. I have ve	rified that the distribution set for	rth above, is in accordance wi	th the requirements/
	1		Sabrina Lar		City Administrator	9/15/16
-	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
						anger med at 1995 in the state of the
(Comment:					

. Agency Name						
. Agency Name)			217	Date Stamp	California 802
Oakland Alamed	A-1000 13-0-4-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9					Form OUZ
Division, Departn	nent, or Regi	on (If Applicab	ole)		1	For Official Use Only
Sabrina B. Land	reth					
Designated Agen	cy Contact (Name, Title)	1			
City Administrate	or					
Area Code/Phone		E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 238-6840		SLandreth(@oaklandnet	.com	Date of Original Filing:	(Month, Day, Year)
Function or E	vent Inforn	nation				
Does the agency	have a ticket	policy?	Yes⊠ No	☐ Face Value of	f Each Ticket/Pass \$ _	9000
Event Description	A's Game			Date(s)	, 23 , 16	1 1
Event Description		Provide Title/Ex	planation	Date(s)		
Ticket(s)/Pass(es)) provided by	agency?	Yes⊠ No	☐ If no:	Name of S	
			100 🖾 110			ource
Was ticket distribution of agency official		t the behest	No ☐ Yes	☑ If yes: Sabri	na Landreth Official's Name	(I set Firet)
					Official's Ivallie	(Last, Filst)
Recipients	ntify the agency	'e danartmant a	runit elles Co	otion B to identify an individu	ral - Una Castian C to idea	ntify an outside organization.
以 供用的 1000000000000000000000000000000000000	WAS DELLEVED BUY	Yall have been	Number of			REAL PROPERTY OF THE PARTY OF T
A. Name of Age	ncy, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy	
B. Nan	ne of Individual (Lest, First)		Number of Ticket(s)/		Identify one of the follow	ving:
B. Nan				Ceremonial Role	Other	ving:
#			Ticket(s)/	If checking "Ceremoni	Other al Role" or "Other" describe below:	
#			Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive the Authority Ceremonial Role	Other al Role" or "Other" describe below:	Income that provide services to
Macias, Gabriel		zation	Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive the Authority Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below: es to City employees Other	Income that provide services to
Macias, Gabriel	(Lest, First) Outside Organiz	zation	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	If checking "Ceremoni To provide incentive the Authority Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below: es to City employees Other all Role" or "Other" describe below:	Income that provide services to
Macias, Gabriel C. Name of Conclude add	(Lest, First) Dutside Organiz dress and desc	zation ription)	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive the Authority Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below: es to City employees Other all Role" or "Other" describe below: all Role" or "Other" describe below: ic purpose made pursuant	that provide services to Income
Macias, Gabriel C. Name of Conclude add	(Lest, First) Dutside Organiz dress and desc	zation ription)	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive the Authority Ceremonial Role If checking "Ceremoni Describe the publication set for	Other all Role" or "Other" describe below: es to City employees Other all Role" or "Other" describe below: all Role" or "Other" describe below: ic purpose made pursuant	that provide services to Income

1.	Agency Name		Date Stamp	California 802			
	Oakland Alameda County C				J	Form For Official Use Only	
	Division, Department, or Reg	ion (If Applicab	le)			1 of official odd offiny	
	Sabrina B. Landreth						
	Designated Agency Contact	(Name, Title)			1		
	City Administrator				Amendment (Must	provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
_	(510) 238-6840		@oaklandnet	.com	Date of Original Filing	(Month, Day, Year)	
2.						27500	
	Does the agency have a ticke	å 85	Yes 🛛 No		of Each Ticket/Pass \$ _		
	Event Description Raiders Game Provide Title/Explanation Date(s) 09) , 18 , 16		
	Tielest/a\/Dasa/as\varietasla			_ 16			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of S	ource	
	Was ticket distribution made a	t the behest	No ☐ Yes	☑ If yes: Sabria	na Landreth		
	of agency official?				Official's Name	(Last, First)	
3.	Recipients						
	Use Section A to identify the agency	's department or	ıal. ● Use Section C to ide	ntify an outside organization.			
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy	
			Pass(es)	or the wind Birth Target West		三····································	
			*				
	B. Name of Individual Number of Ticket(s)/				Identify one of the following:		
	(Last, First)	Ticket(s)/ Pass(es)	Identify one of the following:				
	Dotson, Troy				Other	Income	
	Dotson, Troy		2	822	al Role" or "Other" describe below:	that provide services to	
				the Authority	es to City employees	that provide services to	
				Ceremonial Role	Other	Income	
			2	If checking "Ceremoni	al Role" or "Other" describe below:	; 	
						E	
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/	Describe the publ	lic purpose made pursuan	t to the agency's policy	
			Pass(es)	Mary Manager Strategy			
				(2)			
	\/!\$!4!						
	Verification I have read and understand FPPC Regula	ations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wi	th the requirements	
	- The state of the					91,511	
	Signature of Agency Head or Designee		Sabrina Lar		City Administrator	(Month, Day, Year)	
			, maram	ज्यं । -		(month, pay, real)	
	Comment:						

Agency Name Oakland Alameda County (Division, Department, or Reg Sabrina B. Landreth Designated Agency Contact	Coliseum Aut			Date Stamp	California Ong
Division, Department, or Reg Sabrina B. Landreth	Coliseum Aut				
Sabrina B. Landreth			¥		Form 802
	gion (If Applicab	le)		1	For Official Use Only
Designated Agency Contact					
Designated Agency Contact	(Name, Title)			-	
City Administrator					
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 238-6840	(300) 5.555555	@oaklandnet	com	Date of Original Filing:	
	Function or Event Information				(Month, Dav. Year)
	5 TANS CHESTER SAME AND THE SAME CONTROL OF TH			of Each Ticket/Pass \$ _	13650
0.50	100				
Event Description Golden St	Provide Title/Exp	olanation	Date(s)	14 , 16	
Ticket(s)/Pass(es) provided b					
ricket(s)/Fass(es) provided b	y agency?	Yes 🗵 No	☐ If no:	Name of Soc	urce
Was ticket distribution made a	at the behest	No ☐ Yes		na Landreth	
of agency official?				Official's Name (L	Last, First)
Recipients					
Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.					
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
1. 图 2017 A 2017 E		Pass(es)			
B. Name of Individua	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
B. Name of Individua (Last, First)	al	Ticket(s)/	Table 1 Section	Other al Role" or "Other" describe below:	Income
(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremonia	Other al Role" or "Other" describe below:	
(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive the Authority Ceremonial Role	Other al Role" or "Other" describe below: es to City employees to	Income

1.	Agency Name				Date Stamp	California 802	
	Oakland Alameda County Co					Form OUZ	
	Division, Department, or Region	on (If Applicab	le)	II.	1	For Official Use Only	
	Sabrina B. Landreth						
	Designated Agency Contact (N	lame, Title)			-		
	City Administrator						
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
			@oaklandnet	.com	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation				. 00	
	Does the agency have a ticket	3 5	Yes ⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	200	
	Event Description Drake & Fut	ture			13 , 16	1 1	
	Provide Title/Explanation						
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No	☐ If no:	Name of Sol		
	Was ticket distribution made at	Was ticket distribution made at the behest No ☐ Yes ☒				ırce	
	of agency official?	the benest	No ∐ Yes	If yes: Sabri	Official's Name (L	ast. First)	
3	Recipients				200 C		
v.	• 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		VILLES SENTENCES TO THE SET OF	Madagaran marakan kalendaran	
	genoy, Boparament	t or office	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individual (Last, First) Landingham, A'Janee		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
			2	Ceremonial Role Other In If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide service		Income _	
				the Authority		hat provide services to	
			2	Ceremonial Role	Other Dala Role" or "Other" describe below:	Income	
107	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agenc		to the agency's policy	
	Verification have read and understand FPPC Regulation	ons 18944.1 and				the requirements.	
	Signature at America		Sabrina Lar		City Administrator	7/15/16	
	Signature of Agency Head or Designee		Print Name	,	Title	(Month, Day, Year)	
(Signature of Agency Head or Designee Comment:		Print Name		Title	(Month, Day, Y	

1.	. Agency Name				Date Stamp	California 802	
	Oakland Alameda County C]	Form For Official Use Only	
	Division, Department, or Reg	ion (If Applicat	ole)			1 of Official Ose Offiy	
	Sabrina B. Landreth						
	Designated Agency Contact	(Name,Title)			1		
	City Administrator				Amendment (Must	provide evaluation in Rest 2.)	
	Area Code/Phone Number	E-mail			800000 800 8	Amendment (Must provide explanation in Part 3.)	
	(510) 238-6840		@oaklandnet	.com	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform					36600	
	Does the agency have a ticke		Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ _	000	
	Event Description Drake & F	uture		Date(s) 09) , 14 , 16		
	ANTICOLOGIC CONTRACTOR SECURITARISMOSTICS OF PROPERTY OF THE P	Provide Title/Ex	planation	24.5(0)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	☐ If no:	Name of So		
	Mas ticket distribution made	4460 606004	_	— Sahri		ource	
	Was ticket distribution made a of agency official?	t the benest	No ☐ Yes	☑ If yes: Sabria	Official's Name ((Last First)	
2					ometa, e rrame (2001, 1 1101	
٥.	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, Departme	The second of the last		NEWS BUILDING TO BE AND THE			
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's polic		t to the agency's policy		
	B. Name of Individual (Last, First) Morgan, Tom		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
			2	If checking "Ceremoni	Other al Role" or "Other" describe below:	Income that provide services to	
				the Authority		rise na mateix. The employ contains a detailed in the script, of the employees of the section of	
			2	Ceremonial Role [Other I all Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy	
	Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distril			rified that the distribution set fo	rth above, is in accordance wit	h the requirements.	
	8		Sabrina Lar	ndreth	City Administrator	9/15/16	
	Signature of Agency Head or Designee		Print Name	е	Title	(Month, Day, Year)	
	_						
	Comment:						

						7 T abile becamen
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	Coliseum Autl	hority			roilli
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact	(Name, Title)				
	City Administrator	City Administrator				
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 238-6840	@oaklandnet.	com	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation				2 -00
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$ _	205-
	Event Description Black Sab	bath			, 15 , 16	i i
	Event Description	Provide Title/Exp	olanation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of So	
	Mas ticket distribution made at the behant			_		ource
	Was ticket distribution made at the behest No ☐ Yes ☒ of agency official?			☑ If yes: Sabrir	Official's Name	(Last First)
2						(
3.	Recipients • Use Section A to identify the agency	/'s department or	runit. • Use Sec	ction B to identify an individu	al. • Use Section C to ider	ntify an outside organization
	A. Name of Agency, Departme		Number of			
			Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's polic		t to the agency's policy
1	D News of Individual Num					
	Name of Individua		Ticket(s)/ Pass(es)	Identify one of the following:		ring:
) ji				Ceremonial Role	Other	Income
	Reynoso, Francisco		2	A STATE OF THE SAME OF THE SAM	al Role" or "Other" describe below:	, , , , , , , , , , , , , , , , , , , ,
				the Authority	es to City employees	that provide services to
8				Ceremonial Role	Other [Income 🔲
				Company was seen to the company of t	al Role" or "Other" describe below:	ilicollie 🗀
			2			
(Name of Outside Organi (include address and desc		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	t to the agency's policy
1	(moneto acuaroso ana aco	inpulou)	Pass(es)			
	Verification have read and understand FPPC Regula	ations 18044 1 and	d 18042 have ye	rified that the distribution set fo	rth shove is in accordance with	th the requirements
	have read and understand TTT of Negure	10013 10344.1 and				th the requirements.
	Signature of Agency Head or Designee		Sabrina Lan		City Administrator	(Month Day Year)
	-g Sirigonoj riada di Donglico		i iiik ivallis		ille	(worth, Day, Year)
(Comment:					

						711 abile Becamen
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Aut	hority			Form OUZ
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)				
	City Administrator					
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 238-6840	SLandreth(@oaklandnet.	com	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation			Marie Ma	8800
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$ _	80/
	Event Description Sonu Niga	m & Atif Alsa	am olanation	Date(s)09	, 24 , 16	
	Ticket(s)/Pass(es) provided by		Yes⊠ No	☐ If no:		
			res 🔼 No	_	Name of So	ource
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Sa			☑ If yes: Sabrir	na Landreth	
	of agency official?				Official's Name (Last, First)
3.	Recipients					_
	Use Section A to identify the agency's department or unit. Use Sec Number of			ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.
ļ	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
9	B. Name of Individua	Number of Ticket(s)/		Identify one of the follow	ing:	
1)	1		Pass(es)	Ceremonial Role	Other	Income 🔲
	Ortiz, Celso		2	Program and the Control of the Contr	al Role" or "Other" describe below:	
			2	To provide incentives to City employees that provide services to the Authority		
			2		Other all Role" or "Other" describe below:	Income
The state of the s	Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
	Verification have read and understand FPPC Regula	ntions 18944.1 and				th the requirements.
	Signature of Agency Head or Designee		Sabrina Lan		City Administrator	(Month, Day, Year)
	Signature of Agency Flead of Designed		riiii ivame		Title	(INIONIN, Day, Year)
(Comment:					

1.	Agency Name				Date Stamp	California 802	
	Oakland Alameda County C	coliseum Autl	hority			Form OUZ	
	Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only	
	Sabrina B. Landreth						
	Designated Agency Contact (Name, Title)			1		
	City Administrator				Amondment (Must		
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)	
	(510) 238-6840		@oaklandnet	.com	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	mation			9000		
	Does the agency have a ticke	t policy?	Yes ⊠ No	☐ Face Value of	of Each Ticket/Pass \$ _	10-	
	Event Description A's Game Date(s)				0 , 02 , 16		
	Provide little/Explanation						
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗵 No	☐ If no:	Name of So	DUITCA	
	Was ticket distribution made a	t the hehest	Na 🗖 Vaa	0.1.1		ource	
	of agency official?	t the beliest	No ☐ Yes	If yes:	Official's Name (Last, First)	
3	Recipients						
	Use Section A to identify the agency	's department o	ction B to identify an individu	ual. ● Use Section C to iden	tify 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			
	- 10						
	B. Name of Individual Number of Ticket(s)						
	(Lest, First)	Ticket(s)/ Pass(es)	Identify one of the following:				
	UNABLE TO USE			ansing/approximational and the profit in the control of the contro	Other I	Income	
	0.17.022.10.002		4	To provide incentives to City employees that provide services to			
				the Authority	oo to only omployees	and provide services to	
				Ceremonial Role	Other I	Income	
			4	il checking Ceremonia	al Role of Other describe below.		
	Name of Outside Organi (include address and desc		Number of Ticket(s)/	Describe the publ	Describe the public purpose made pursuant to the agency's policy		
	(include address and desc	ription)	Pass(es)			ELKETTE !	
0							
	Verification have read and understand FPPC Regula	ntions 18944 1 and	d 18942 have ve	rified that the distribution set fo	orth above is in accordance with	h the requirements	
1	Side of the Guide					9/15/11	
4	Signature of Agency Head or Designee		Sabrina Lar		City Administrator	(Month, Day, Year)	
	A A CONTROL MANAGEMENT AND A CONTROL OF THE AND A C				,	(month, bay, real)	
(Comment:						

1	. Agency Name			Date Stamp	California OOO
	Oakland Alameda County Coliseum Au		Form OUZ		
	Division, Department, or Region (If Applica	able)		-	For Official Use Only
	Sabrina B. Landreth				ŝ
	Designated Agency Contact (Name, Title)			-	
	City Administrator				
	Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)	
	For the control of th	n@oaklandnet.d	com	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			-	
	Does the agency have a ticket policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	9000
	Event Description A's Game		Deta(a) 09	0 , 03 , 16	1 1
	Provide Title/E				
	Ticket(s)/Pass(es) provided by agency?	Yes⊠ No[☐ If no:	Name of So	
					urce
	Was ticket distribution made at the behest of agency official?	t No ☐ Yes [⊠ If yes: <u>Sabri</u>	na Landreth Official's Name ((4 Fi4)
_				Official's Name (Last, First)
3.	Recipients • Use Section A to identify the agency's department				
		Number of			CONTRACTOR OF THE STATE OF THE
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
		rass(es)	Ceremonial Role	Other	Income _
	Pastor- Cohen, Geneva			ial Role" or "Other" describe below:	income _
		4	To provide incentives to City employees that provide services to the Authority		hat provide services to
			Ceremonial Role	Other	Income _
	¥	4	If checking "Ceremonia	al Role" or "Other" describe below:	·
	C. Name of Outside Organization	Number of			
	(include address and description)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
1.	Verification				
	I have read and understand FPPC Regulations 18944.1 a	nd 18942. I have veri	fied that the distribution set fo	rth above, is in accordance with	the requirements.
		Sabrina Land		City Administrator	9/15/16
	Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
					en ere describe PROPERTURE
	Comment:				

						At abile becamen
1.	Agency Name			Date Stamp	California 802	
	Oakland Alameda County C		•			For Official Use Only
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)				
	City Administrator					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 238-6840	SLandreth@	oaklandnet	.com	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				9000
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$ _	10-2
	Event Description A's Game			Date(s)09	, 04 , 16	1 1
	Ţ	Provide Title/Exp				
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Sc	
	O-F-th					ource
	was ticket distribution made at the behest No ☐ Yes ☐ Yes ☐ of agency official?			If yes:	Official's Name (Last, First)
3.	Recipients					
٠.	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individua	Number of Ticket(s)/ Pass(es)	Identify one of the following: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide services to the Authority			
	Webb, Carolyn					4
		4	Ceremonial Role	Other al Role" or "Other" describe below:	Income	
	Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
	Verification have read and understand FPPC Regula	tions 18944.1 and	1 18942. I have ve Sabrina Lar		rth above, is in accordance wit City Administrator	h the requirements.
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
(Comment:					

						A I ablic Document
1.	Agency Name		Date Stamp	California Q02		
	Oakland Alameda County C	Coliseum Autl	hority			Form OUZ
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact	(Name, Title)				
	City Administrator					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 238-6840		.com	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor					
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	9000
	Event Description A's Game			1 − 1 .	05 , 16	1 1
	Provide Title/Explanation					
	Ticket(s)/Pass(es) provided by	v agency?	Yes⊠ No	□ If no:		
					Name of So	urce
	Was ticket distribution made at the behest No ☐ Yes ☒ of agency official?			✓ If yes: Sabrir	na Landreth Official's Name (L	24 First
					Oniciai's Name (L	ast, rirst)
	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.					
	Number of				THE RESIDENCE OF THE PARTY OF T	
	A. Name of Agency, Department or Unit		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:		
	Todd, Amber			Ceremonial Role	Other al Role" or "Other" describe below:	Income
	97	4	To provide incentives to City employees that provide services to			
9				the Authority		
				1000 NO WORLD 1000 1000	Other	Income
			4	If checking "Ceremonia	al Role" or "Other" describe below:	
			15			
-	Name of Outside Organi	zation	Number of			
Ì	(include address and desc		Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant	to the agency's policy
-						
-						-
-	/erification					
	have read and understand FPPC Regula	ations 18944.1 and	l 18942. I have ve	rified that the distribution set for	rth above, is in accordance with	the requirements.
	8		Sabrina Lar	ndreth	City Administrator	9/5/6
-	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)
je:						
(Comment:					

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

. Agency Name					
				Date Stamp	California 802
Oakland Alameda County Co					
Division, Department, or Region	=)			For Official Use Only	
Sabrina B. Landreth					
Designated Agency Contact (A	Vame, Title)				
City Administrator					
	E-mail			. Amendment (Must p	rovide explanation in Part 3.)
(510) 238-6840	SLandreth@)oaklandnet	.com	Date of Original Filing:	(Month, Day, Year)
. Function or Event Inform	Function or Event Information				
Does the agency have a ticket	policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$ _	8000
Event Description A's Game			Date(s)09	, 06 , 16	
Event Description	Provide Title/Expl	anation	Date(s)		
Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	□ If no:		
9.2		Tes 🔼 TNO		Name of So.	urce
Was ticket distribution made at of agency official?	the behest	No ☐ Yes	If yes: Sabring S	na Landreth	
			8	Official's Name (I	_ast, First)
Recipients					
Use Section A to identify the agency's		Number of	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		1			
B. Name of Individual		Number of Ticket(s)/		Identify one of the followi	ng:
B. Name of Individual (Last, First) Barnes, Deb			If checking "Ceremoni	Other all Role" or "Other" describe below:	ng: Income hat provide services to
(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremonion To provide incentive the Authority Ceremonial Role	Other al Role" or "Other" describe below: es to City employees t	Income [
(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive the Authority Ceremonial Role [If checking "Ceremonia the Communication of the Communica	Other Dal Role" or "Other" describe below: es to City employees t	Income [hat provide services to
Barnes, Deb Name of Outside Organiz.	ription)	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive the Authority Ceremonial Role [If checking "Ceremonia Ceremonia Ceremo	Other all Role" or "Other" describe below: es to City employees to City employees to Other all Role" or "Other" describe below: eic purpose made pursuant	Income Chat provide services to Income Chat provide services to

		AND STREET STREET, STR				A Public Document	
1.	Agency Name				Date Stamp	California 202	
Oakland Alameda County Coliseum Au			hority			Form 002	
	Division, Department, or Region (If Applicate		ile)			For Official Use Only	
	Sabrina B. Landreth						
	Designated Agency Contact (
	City Administrator						
	Area Code/Phone Number			Amendment (Must provide explanation in Part 3.)			
	(510) 238-6840	E-mail	@oaklandnet.	com	Date of Original Filing: .		
2.	Function or Event Infor		goakiaridriet.	COIII	J		
۷.	Does the agency have a ticke		V 🖾 N	□ Face Value o	of Each Ticket/Pass \$	8000	
	Event Description A's Game	Provide Title/Ex	planation	Date(s)	, 07 , 16,		
	T. I. (4.)(D 2.)						
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	lf no:	Name of Source		
	Was ticket distribution made a	t the behest	No ☐ Yes	If yes: Sabrii	na Landreth		
	of agency official?		110 🔲 100	11 yes	Official's Name (L	ast, First)	
3.	Recipients						
	Use Section A to identify the agency	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, Departme	Name of Agency, Department or Unit			plic purpose made pursuant to the agency's policy		
			Pass(es)				
3							
	B. Name of Individual		Number of				
			Ticket(s)/ Pass(es)	Identify one of the following:			
,				Ceremonial Role	Other	Income	
	UNABLE TO USE		4		al Role" or "Other" describe below:		
				To provide incentives to City employees that provide services to the Authority			
-				Ceremonial Role	Other	Income 🗌	
			100		al Role" or "Other" describe below:	Income 🔲	
			4				
	Name of Outside Organi		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	to the agency's policy	
	(include address and desc	cription)	Pass(es)		A CONTRACTOR OF THE CONTRACTOR		
	Verification		'				
I	have read and understand FPPC Regula	ations 18944.1 an	d 18942. I have ver	rified that the distribution set fo	rth above, is in accordance with	the requirements.	
1	8	<u> </u>	Sabrina Lan	dreth	City Administrator	7/15/16	
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
	2						
(Comment:						

						A i abilo boodinone	
1.	Agency Name				Date Stamp	California 802	
	Oakland Alameda County C					Form OUZ	
Division, Department, or Region (If Applica			le)]	For Official Use Only	
	Sabrina B. Landreth						
	Designated Agency Contact (Name, Title)					
	City Administrator						
	Area Code/Phone Number			Amendment (Must provide explanation in Part 3.)			
	(510) 238-6840	SLandreth@	@oaklandnet.	.com	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Inform	mation				809	
	Does the agency have a ticket policy? Yes ☒ No ☐ Face Value o				f Each Ticket/Pass \$ _	00	
	Event Description A's Game			Date(s)	9 , 09 , 16,		
	·	Provide Title/Exp	olanation	V 32			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🛛 No	☐ If no:	Name of Soc	ırce	
	Was ticket distribution made a	t the behest	No ☐ Yes	☑ If yes: Sabri			
	of agency official?	50.1001	No 🗀 Tes	ir yes:	Official's Name (L	ast, First)	
3.	Recipients						
	Use Section A to identify the agency	's department o	runit. • Use Sec	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
			Pass(es)				
			-				
	B. Name of Individual Number of			Identify one of the following:			
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
	LINARI E TO LISE			- Constitution of the Cons	Other	Income	
	UNABLE TO USE		4	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide services to			
				the Authority			
				Ceremonial Role	Other	Income	
			4	If checking "Ceremonia	al Role" or "Other" describe below:		
į	O Nome of Outside Occupi		Number of				
1	Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy	
		W/ NEWSCALON CARD VALLE.					
j)							
	Verification		-				
	have read and understand FPPC Regula	ations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements.	
	8		Sabrina Lar	ndreth	City Administrator	9/5/1	
	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)	
1	0						
	Comment:						

				Diotilibationio		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Oakland Alameda County C	Coliseum Auth	ority			I OIIII	
Division, Department, or Region (/		ion (If Applicable	e)			For Official Use Only	
	Sabrina B. Landreth						
	Designated Agency Contact (
City Administrator							
	Area Code/Phone Number E-mail				Amendment (Must provide explanation in Part 3.)		
	(510) 238-6840	SLandreth@	oaklandnet.	.com	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Inform	mation				Q a CO	
	Does the agency have a ticker	t policy?	Yes ⊠ No	☐ Face Value o	f Each Ticket/Pass \$	000	
	Event Description A's Game			Deta(a) 09) , 11 , 16		
	Event Description	Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:			
			100 🔄 110		Name of Source		
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes	If yes: Sabrii	na Landreth Official's Name (Last, First)		
					Official's Name (L	ası, Filsi)	
3.	Recipients	l'e danartment er	unit allag Son	otion B to identify an individu	al allos Sostion C to identi	if an autaida armanization	
			Number of	VISION TO THE PERSON	lual. • Use Section C to identify an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
						×	
	Management						
-							
	B. Name of Individua	ſ	Number of Ticket(s)/		Identify one of the following	ng:	
9			Pass(es)	Ceremonial Role	Other	Income \square	
Comelo, Anil)	al Role" or "Other" describe below:	income 🗖		
		4		es to City employees th	nat provide services to		
			the Authority				
				Ceremonial Role		Income	
			4	If checking "Ceremonia	al Role" or "Other" describe below:		
	C Name of Outside Organi	zation	Number of				
	C. Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	to the agency's policy	
•				=			
				le A			
	Verification						
	have read and understand FPPC Regula	ations 18944.1 and	l 18942. I have ve	erified that the distribution set fo	rth above, is in accordance with	the requirements.	
			Sabrina Lar	ndreth	City Administrator	9/15/16	
14	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)	
	Comment:						