00000						711 010110 20001110111
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Auth	ority			Form 002
	Division, Department, or Regi	on (If Applicable	9)			For Official Use Only
	Sabrina B. Landreth	A. T'4.				8
	Designated Agency Contact (Name, Litle)				
	City Administrator			40 A	Amendment (Must provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Dete of Ocioinal Fillians	VA VA
	(510) 238-6840	SLandreth@	oaklandnet.	com	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				70000
	Does the agency have a ticket	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	100
	Event Description Warriors	Provide Title/Expl	lanation	Date(s)04	, 01 , 16	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	☐ If no:	Name of So	purce
	Was ticket distribution made a	t the hehest	N- U V	☑ If yes: Sabri		
	of agency official?	it the benest	No 🗌 Yes	If yes:	Official's Name (Last, First)
)	Recipients					
).	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	ıal. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
			,			
	B. Name of Individua	ıl	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
	Alvardo, Steven			Ceremonial Role If checking "Ceremon	Other I	Income
			2	1.50		that provide services to
	in .		2	Ceremonial Role If checking "Ceremon	Other island of the control of the c	Income
C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
					6	
G190000	Vauldi anti an					
١.	Verification I have read and understand FPPC Regul	lations 18944.1 and	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance wi	ith the requirements.
	Clubbales	Se.	Sabrina Lar		City Administrator	5 10/6
	Signature of Agency Head or Designee		Print Nam	ne	Title	(Month, Day, Year)
	Commont:					
	Comment:					

	5.00a. 1.0.0 = 10	to and m	mour acc	Biotributiono		A Public Document
1.	Agency Name			A CONTRACTOR OF THE CONTRACTOR	Date Stamp	California 802
	Oakland Alameda County C	oliseum Auth	nority			THE STATE OF THE STATE OF
	Division, Department, or Reg	ion (If Applicabl	le)		1	For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)			-	
	City Administrator					
	Area Code/Phone Number			. Amendment (Must pi	rovide explanation in Part 3.)	
	(510) 238-6840	SLandreth@	oaklandnet.	com	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	1200-
	Event Description Warriors			Data(a) 04	, 07 , 16	
	Event Description	Provide Title/Exp	planation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Sou	
			5			ırce
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes	⊠ If yes: Sabrii	Official's Name (L	ast. First)
,					,	
٥.	Recipients • Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	ıal. ● Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant	
			Pass(es)			
	8					
0	B. Name of Individua	7-11-1-1	Number of			
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			£3	Ceremonial Role	Other	Income
	DeMay, Derrick		2	100000 TO 1000	al Role" or "Other" describe below:	1 1 1 1
				the Authority	es to City employees t	hat provide services to
ii)			+	Ceremonial Role	Other	Income \(\square\)
				AND VALVE AND ALCOHOL VA	al Role" or "Other" describe below:	income 🗀
			2			
(Name of Outside Organi (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
-	(morado adarece ana des-	onpuon,	Pass(es)			
80	William Paris					
	4					
	Verification	otions 190414	d 100/0 / h	rified that the distribution - 1.5	orth oboug is in second-second	h the requirements
1	have read and understand FPPC Regula	auuns 18944.1 and				i ille requirements.
	Signature of Agency Head or Designation	10m	Sabrina Lar		City Administrator	
	Signature of Agency Head or Designee		Print Name	र)	Title	(Month, Day, Year)

0	cicinomai Noic Even	to and no	neui ass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Auth	ority			rollii ——
	Division, Department, or Reg	ion (If Applicable	e)		781	For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)				
	City Administrator				Amendment (Must pro	
	Area Code/Phone Number	E-mail			Amendment (wast pro	vide explanation in Part 3.)
	(510) 238-6840	SLandreth@	oaklandnet.	com	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	mation				12.00
	Does the agency have a ticke	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	120000	
	Event Description Warriors			Date(s) 04	, 07 , 16	j j
	Event Description	Provide Title/Expl	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Sour	
						rce
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes	☑ If yes: Sabrir	na Landreth Official's Name (La	and First
					Official's Name (La	ist, riist)
3.	Recipients		it Has Coa	de Danistania e falleta		
	Use Section A to identify the agency		Number of	I		
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
	3					
	Name of Individua	ı	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
77,				Ceremonial Role	Other	Income
	Ramos, Zeny		2		al Role" or "Other" describe below:	
				the Authority	es to City employees th	at provide services to
8			-		Other	(T
				Ceremonial Role If checking "Ceremonia	al Role" or "Other" describe below:	Income L
			2			
					92	
,	C. Name of Outside Organi		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	o the agency's policy
	(include address and desc	cription)	Pass(es)			
	Verification					
1	have read and understand FPPC Regula	ations 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements.
	Chittale	lan	Sabrina Lar	ndreth	City Administrator	51016
	Signature of Agency Head or Designee	0	Print Name	е	Title	(Month, Day, Year)
(Comment:					

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

_	oromomar red Even	to and me	medi doo	Distributions		A Public Document		
1.	Agency Name				Date Stamp	California 802		
	Oakland Alameda County C	Coliseum Auth	nority			FOIIII — —		
	Division, Department, or Reg	ion (If Applicabl	e)	10.00	1	For Official Use Only		
	Sabrina B. Landreth							
	Designated Agency Contact ((Name, Title)			1			
	City Administrator				_			
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)		
	(510) 238-6840	SLandreth@	oaklandnet.	com	Date of Original Filing:			
2.	Function or Event Infor	mation						
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	350°		
	Event Description Warriors			Date(s) 03	of Each Ticket/Pass \$ 2716	1 1		
	Event Description	Provide Title/Exp	lanation	Date(s)				
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Sou			
	W. C.L. P. C.	alia konsa i prode adena				rce		
	Was ticket distribution made a of agency official?	it the behest	No ☐ Yes	☑ If yes: Sabrii	Official's Name (L	ast First)		
_						**************************************		
3.	Recipients • Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to identi	ify an outside organization.		
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant t			
			Pass(es)	100100				
	B. Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:		
	TI.D. /			Ceremonial Role	Other	Income		
	Triciel, Preston		2		al Role" or "Other" describe below:			
				the Authority	es to City employees that provide services to			
				Ceremonial Role	Other	Income		
					al Role" or "Other" describe below:			
			2					
			Number of			1		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy		
		7.2	1 433(63)			which is the second sec		
	Verification							
(8)	I have read and understand FPPC Regula	ations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.		
	Wish b	OR-	Sabrina Lar	ndreth	City Administrator	51016		
	Signature of Agency Head or Designee	0	Print Name		Title	(Month, Day, Year)		

				9		
. Agency Name				Date Stamp	California 802	
Oakland Alameda Cou						
Division, Department, o	r Region (If Appl	licable)		1	For Official Use Only	
Sabrina B. Landreth						
Designated Agency Cor	ntact (Name, Title))		1		
City Administrator						
Area Code/Phone Numb	er E-mail			Amendment (Must	provide explanation in Part 3.)	
(510) 238-6840		eth@oaklandnet	.com	Date of Original Filing	·	
Function or Event I					(Month, Day, Year)	
	Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of			of Fach Ticket/Pass \$	13400	
		Tes 🔼 TNO	0/	1 10 16		
Event Description Carri	Provide Title	e/Explanation	Date(s)	10 10		
Ticket(s)/Pass(es) provid		20 000000000000000000000000000000000000	If no.			
Ticket(s)/T ass(es) provid	ied by agency?	Yes⊠ No		Name of S	ource	
Was ticket distribution m	ade at the behe	est No ☐ Yes		na Landreth		
of agency official?				Official's Name	(Last, First)	
Recipients						
Use Section A to identify the	agency's departme		ction B to identify an individu	ual. ● Use Section C to ider	ntify an outside organization.	
A. Name of Agency, Department or Unit		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to the agency's policy		
		Pass(es)				
B. Name of Ind		Number of Ticket(s)/		Identify one of the follow	ving:	
		Number of				
B. Name of Ind		Number of Ticket(s)/ Pass(es)	Ceremonial Role		ving:	
B. Name of Ind		Number of Ticket(s)/	If checking "Ceremoni To provide incentive	Other		
B. Name of Ind		Number of Ticket(s)/ Pass(es)	If checking "Ceremoni	Other	Income [
B. Name of Ind		Number of Ticket(s)/ Pass(es)	If checking "Ceremonic To provide incentive the Authority Ceremonial Role	Other Dial Role" or "Other" describe below: es to City employees Other D	Income [
B. Name of Ind		Number of Ticket(s)/ Pass(es)	If checking "Ceremonic To provide incentive the Authority Ceremonial Role	Other Dial Role" or "Other" describe below:	that provide services to	
B. Name of Ind		Number of Ticket(s)/ Pass(es)	If checking "Ceremonic To provide incentive the Authority Ceremonial Role	Other Dial Role" or "Other" describe below: es to City employees Other D	that provide services to	
B. Name of Ind	Organization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoni To provide incentive the Authority Ceremonial Role	Other Dial Role" or "Other" describe below: es to City employees Other D	that provide services to	
B. Name of Ind (Last, First Wong, Nila C. Name of Outside O	Organization	Number of Ticket(s)/ Pass(es) 2 Number of	If checking "Ceremoni To provide incentive the Authority Ceremonial Role	Other	Income that provide services to	
B. Name of Ind (Last, First Wong, Nila C. Name of Outside O	Organization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoni To provide incentive the Authority Ceremonial Role	Other	that provide services to	
B. Name of Ind (Last, First Wong, Nila C. Name of Outside O	Organization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoni To provide incentive the Authority Ceremonial Role	Other	Income that provide services to	
B. Name of Ind (Last, First Wong, Nila C. Name of Outside O	Organization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoni To provide incentive the Authority Ceremonial Role	Other	Income that provide services to	
B. Name of Ind (Last, First Wong, Nila C. Name of Outside ((include address an	Organization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoni To provide incentive the Authority Ceremonial Role	Other	Income that provide services to	
B. Name of Ind (Last, First Wong, Nila C. Name of Outside Of (include address and include address and include address)	Organization d description)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive the Authority Ceremonial Role If checking "Ceremoni Describe the publications of the publication of t	Other all Role" or "Other" describe below: es to City employees Other all Role" or "Other" describe below: lic purpose made pursuant	that provide services to Income	
B. Name of Ind (Last, First Wong, Nila C. Name of Outside ((include address an	Organization d description)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive the Authority Ceremonial Role If checking "Ceremoni Describe the publications of the publication of t	Other all Role" or "Other" describe below: es to City employees Other all Role" or "Other" describe below: lic purpose made pursuant	that provide services to Income	
B. Name of Ind (Last, First Wong, Nila C. Name of Outside Of (include address and include address and include address)	Organization d description)	Number of Ticket(s)/ Pass(es) 2 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: lic purpose made pursuant	that provide services to Income	

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

eoromema rese Even	is and no	Neur ass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Oakland Alameda County C	oliseum Autho	ority			roilli
Division, Department, or Regi	on (If Applicable)			For Official Use Only
Sabrina B. Landreth					
Designated Agency Contact (Name, Title)		5		
City Administrator				Amendment (Must pr	ovide evolunation in Part 3)
Area Code/Phone Number	E-mail			Amendment (Musi pi	ovide explanation in Fait 3.)
(510) 238-6840	SLandreth@	oaklandnet.	.com	Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Inforr	nation				5000
Does the agency have a ticket	policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$ _	000-
Event Description Warriors			Date(s) 04	, 03 , 16	50000
ZVOIR BOOMPHON	Provide Title/Expla	anation	Dutc(6)		
Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Sou	
MAL P. L. T. P. C.T. C.			Sabrir		irce
Was ticket distribution made a of agency official?	t the behest	No ☐ Yes	☑ If yes: Sabrir	Official's Name (L	ast First)
 Recipients Use Section A to identify the agency 	's department or i	ınit. • Use Sec	ction B to identify an individu	ial. • Use Section C to ident	ify an outside organization
A. Name of Agency, Departmen		Number of Ticket(s)/	A STATE OF THE STATE OF	lic purpose made pursuant	
		s.			
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
Shelly, Ricky		2	Ceremonial Role	Other al Role" or "Other" describe below:	Income
		2	To provide incentive the Authority	es to City employees t	hat provide services to
		2	Ceremonial Role [If checking "Ceremonial	Other all Role" or "Other" describe below:	Income 🗌
	Name of Outside Organization (include address and description)		Describe the publ	ic purpose made pursuant	to the agency's policy
			2		
. Verification					
	Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distributio				the requirements.
Classia Co	10	Sabrina Lar	ndreth	City Administrator	C 10110
Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
on 900 0000 MHD)					HER COLOR TO A GARD TO THE COLOR TO THE COLO
Comment:					

1.	Agency Name				Date Stamp	California 802	
	Oakland Alameda County C	oliseum Auth	nority			Form OUZ	
	Division, Department, or Regi		7.54		1	For Official Use Only	
	Sabrina B. Landreth						
	Designated Agency Contact (Name, Title)			1		
	City Administrator		- 京	Amondment (44.4			
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 238-6840	SLandreth@	oaklandnet.	.com	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inforr	nation					
	Does the agency have a ticket policy? Yes ⊠ No ☐ Face Value of			of Each Ticket/Pass \$ _	6000		
	Event Description Warriors			No. of the last of	05 16	6 us us	
	Event Description	Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided by	agency2	V 171 N-	☐ If no:			
					Name of So	urce	
1	Was ticket distribution made a	t the behest	na Landreth	::::::::::::::::::::::::::::::::::::::			
	of agency official?				Official's Name (I	Last, First)	
· .	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 ident	tify an outside organization.	
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
i	Name of Individual		Number of Ticket(s)/		Identify one of the followi	ng:	
	Name of Individual (Last, First)					ng:	
11	(Last, First)		Ticket(s)/		Other	ng:	
11	B. Name of Individual (Last, First) Austin, Samuel		Ticket(s)/	If checking "Ceremon	Other I	Income	
11	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremon	Other I		
11	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive	Other I	Income	
11	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive the Authority Ceremonial Role	Other ial Role" or "Other" describe below: es to City employees t	Income hat provide services to	
11	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive the Authority Ceremonial Role	Other Dial Role" or "Other" describe below: es to City employees t	Income hat provide services to	
11	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive the Authority Ceremonial Role	Other Dial Role" or "Other" describe below: es to City employees t	Income hat provide services to	
	(Last, First) Austin, Samuel Name of Outside Organia	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To provide incentive the Authority Ceremonial Role If checking "Ceremonial	Other Dial Role" or "Other" describe below: es to City employees t	Income hat provide services to	
	(Last, First)	zation	Ticket(s)/ Pass(es) 2 Number of	If checking "Ceremon To provide incentive the Authority Ceremonial Role If checking "Ceremonial	Other Carlotter	Income hat provide services to	
	(Last, First) Austin, Samuel Name of Outside Organia	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To provide incentive the Authority Ceremonial Role If checking "Ceremonial	Other Carlotter	Income hat provide services to	
	(Last, First) Austin, Samuel Name of Outside Organia	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To provide incentive the Authority Ceremonial Role If checking "Ceremonial	Other Carlotter	Income hat provide services to	
	(Last, First) Austin, Samuel Name of Outside Organia	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To provide incentive the Authority Ceremonial Role If checking "Ceremonial	Other Carlotter	Income hat provide services to	
-	Austin, Samuel Name of Outside Organiz (include address and desc	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To provide incentive the Authority Ceremonial Role If checking "Ceremonial	Other Carlotter	Income hat provide services to	
-	Austin, Samuel Name of Outside Organiz (include address and description)	zation ription)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon. To provide incentive the Authority Ceremonial Role If checking "Ceremon. Describe the pub.	Other cial Role" or "Other" describe below: es to City employees t Other cial Role" or "Other" describe below: lic purpose made pursuant	hat provide services to Income to the agency's policy	
-	Austin, Samuel Name of Outside Organiz (include address and desc	zation ription)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive the Authority Ceremonial Role If checking "Ceremonial Processing to the Publishing Teremonial Processing to the Publishing Teremonial Processing Teremonia	Other cial Role" or "Other" describe below: es to City employees t Other cial Role" or "Other" describe below: lic purpose made pursuant	hat provide services to Income	

Comment: ___

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

				= := ::: ::: ::: ::: :::		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Oakland Alameda County C	Coliseum Auth	nority				
	Division, Department, or Reg	ion (If Applicabl	le)		1	For Official Use Only	
	Sabrina B. Landreth						
	Designated Agency Contact	(Name, Title)	n ====				
	City Administrator						
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 238-6840	SLandreth@	oaklandnet	.com	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	6500	
	Event Description Warriors				, 13 , 16		
	Event Description	Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided by	v agency?	Yes⊠ No	☐ If no:			
			ICS ZI NO		Name of Sour	се	
	Was ticket distribution made a	t the behest	No ☐ Yes	✓ If yes: Sabrir			
	of agency official?				Official's Name (La	st, First)	
	Recipients						
	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/	Describe the publ	Describe the public purpose made pursuant to the agency's policy		
			Pass(es)			R. H. H. W. Land L. B. L.	
•			-				
1	D. Name of hydrolous	. W-20 - 5	Number of				
	Name of Individua		Ticket(s)/ Pass(es)		Identify one of the following	g:	
-				Ceremonial Role	Other .	Income	
	Brooks, Raymond		2	If checking "Ceremonia	al Role" or "Other" describe below:	at was yet de talent alleren i da	
					es to City employees th	at provide services to	
	9			the Authority			
				Ceremonial Role	Other D	Income	
			2	in directing determining	in told of other describe below.		
(Name of Outside Organi	zation	Number of				
Ì	(include address and desc	cription)	Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	the agency's policy	
	AA.						
1	/erification						
	have read and understand FRPC Regula	ntions 18944.1 and	18942. I have ve	rified that the distribution set for	th above, is in accordance with t	he requirements.	
	(10 Am 600	2	Sabrina Lar		City Administrator	5 10 16	
1	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
	ere en la marco de marco y métro de Contracto de Contrac				SCANDER 4	(, Say, 1001)	

Comment: _____

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

1.	Agency Name				Date Stamp	California 802	
	Oakland Alameda County C	oliseum Auth	ority			Form OUZ	
	Division, Department, or Reg				1	For Official Use Only	
	Sabrina B. Landreth						
	Designated Agency Contact (Name, Title)			1		
	City Administrator			*	Amondment (Must n	rovide evalenation in Part 3.1	
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in		
	(510) 238-6840	SLandreth@	oaklandnet.	com	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation				11259	
	Does the agency have a ticker	t policy?	☐ Face Value o	f Each Ticket/Pass \$ _	1100		
	Event Description A's			Date(s)04	0216		
		Provide Title/Exp.	lanation				
	Ticket(s)/Pass(es) provided by agency? Yes ⊠ No ☐ If no:			Name of So			
	Moo tiakat distribudi	A Aba babaar		urce			
	Was ticket distribution made a of agency official?	t the benest	No ☐ Yes	☑ If yes: Sabrii	Official's Name (Last. First)	
5.	Recipients • Use Section A to identify the agency	ı's department or	unit • Use Sec	ction B to identify an individu	ral a Use Section C to iden	tify an outside organization	
556	A. Name of Agency, Departme	Stanling Colors	Number of Ticket(s)/		lic purpose made pursuant		
			Pass(es)			JE- 14-25.5-	
			1	15			
	B. Name of Individua	Number of		and the second second second			
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	Variabasa Dania	3		Ceremonial Role	Other	Income	
	Vaughnes, Denise		2		al Role" or "Other" describe below:		
	,		10000	the Authority	es to City employees	that provide services to	
				Ceremonial Role	Other	Income	
				SEED-WASHINGSON WORKERS .	al Role" or "Other" describe below:		
			2				
-			Number of				
(Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's poli		to the agency's policy	
2			rass(es)			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
				ı			
unua m	Arsum man						
	Verification have read and understand FPPC Regul	ations 18944 1 and	l 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wit	h the requirements	
	(DA 1)	/_A				C 1016	
ě	Signature of Agency Head or Designee	11	Sabrina Lar		City Administrator	(Month, Day, Year)	
	Samuel S. F. Garloy Flord of Boolgillo		T THE TYON	- ''	,	(month, buy, rout)	

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

_	orememar Role Eveli	to and no	neur ass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	Coliseum Auth	ority			Form OUZ
	Division, Department, or Reg	ion (If Applicable	9)			For Official Use Only
	Sabrina B. Landreth			5		
	Designated Agency Contact ((Name, Title)				
	City Administrator				Amendment (Must pr	rouide evolunation in Part 2 l
	Area Code/Phone Number	E-mail			Paris (a) (4 To	
	(510) 238-6840	SLandreth@)oaklandnet	.com	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform					un 53
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	112
	Event Description A's			Date(s) 04	0216	
		Provide Title/Expl	anation	Bate(0)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Sou	
	VAT. P. L. I. P. L. P. C.					irce
	Was ticket distribution made a of agency official?	it the behest	No ☐ Yes	If yes: Sabrir	na Landreth Official's Name (L	ast First)
					Official's Name (L	asi, Fiisij
5.	Recipients • Use Section A to identify the agency	i's department or	unit allea Sa	otion D to identify an individu	rol - Una Santian C to identi	
	A. Name of Agency, Departme	RILEARIN	Number of Ticket(s)/		lic purpose made pursuant	
			Pass(es)			
				8		
					7-11-1	
	B. Name of Individua		Number of		1000	
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Mada Tau			ANNO I ANY DISTRICT	Other	Income
	Wade, Toni		2		al Role" or "Other" describe below:	
				the Authority	es to City employees ti	nat provide services to
()			 		Other	Income \(\square\)
				OMOGRAFIA DE SERVICIO DE SERVI	al Role" or "Other" describe below:	income 🗀
			2			
2						
(Name of Outside Organi		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy
	(include address and desc	cription)	Pass(es)			e the agency o pency
			Α			
,	Verification					
1	have read and understand FPPC Regula	ations 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements.
25	City el	her	Sabrina Lar	ndreth	City Administrator	510/16
•	Signature of Agency Head or Designee		Print Name	e	Title	(Month, Day, Year)
(Comment:					

Name Alameda County Coperatment, or Regions. Landreth Agency Contact (Age				Date Stamp	California 802		
Department, or Regions. Landreth d Agency Contact (AND THE RESERVE AND ADDRESS OF THE PARTY OF		
s. Landreth d Agency Contact (on (If Applicable	e)		a .	For Official Use Only		
d Agency Contact (
7. S S							
nistrator	Name, Title)						
motrator				_			
Area Code/Phone Number E-mail				Amendment (Must provide explanation in Part 3.)			
-6840	SLandreth@	oaklandnet	.com	Date of Original Filing:	(Month, Day, Year)		
or Event Inform	nation						
gency have a ticket	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	10000		
crintion A's			Data(s) 04	, 04 , 16	1 1		
Cription	Provide Title/Expl	anation	Date(s)				
ass(es) provided by	agency?	Yes 🖾 No	☐ If no:				
- 140/00 F					ce		
	t the behest	No ☐ Yes	If yes: Sabrii	na Landreth	et Eiret)		
				Oniciais Name (La	si, riisi)		
Recipients							
		Number of					
		Pass(es)					
			s s				
		Number of					
Name of Individual (Last, First)		Ticket(s)/		Identify one of the following	g:		
			Ceremonial Role	Other	Income		
		2	331				
		2		es to City employees th	at provide services to		
			-				
			1000 1		Income L		
		2		arrigid of other goodless bolon.			
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		
ADDRESS TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUM					2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
					81		
on .							
	tions 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance with t	the requirements.		
1,4					5 10 1h		
of Agency Head or Designee				Title	(Month, Day, Year)		
di Contra di Con	ss(es) provided by istribution made a official? Solve to identify the agency of Agency, Department (Last, First) The of Outside Organizate address and described address and d	ription A's Provide Title/Expl ss(es) provided by agency? istribution made at the behest official? Solve to identify the agency's department or of Agency, Department or Unit Name of Individual (Last, First) The derstand FPPC Regulations 18944.1 and address and description)	ription A's Provide Title/Explanation SS(es) provided by agency? Yes ☑ No istribution made at the behest official? Solve to identify the agency's department or unit. • Use Serificial? Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 1 2 1 1 1 1 1 1 1 1 1	Date(s)	Date(s) Date		

						/ I dono Document	
1.	Agency Name				Date Stamp	California 802	
	Oakland Alameda County C					Form OUZ	
	Division, Department, or Regi	on (If Applicab	le)		1	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	nation				08 221	
	Does the agency have a ticket	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	10000	
	Event Description A's			Date(s) 04	04 _ 16	1 1	
		Provide Title/Exp					
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Soc		
				rume or ear	urce		
	of agency official?	t the benest	na Landreth Official's Name (L	ast, First)			
	Recipients				0.22	**************************************	
	Use Section A to identify the agency	's department or	runit. • Use Sec	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.	
- 7	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant		
- 3			Pass(es)				
			13		ž.		
			Number of				
	B. Name of Individua		Ticket(s)/ Pass(es)	Identify one of the following:		ng:	
				Ceremonial Role	Other	Income	
	Valle, Neil		2	l	al Role" or "Other" describe below:		
				To provide incentive the Authority	es to City employees t	hat provide services to	
			-				
7				Ceremonial Role If checking "Ceremonial	Other	Income L	
	ar ²		2				
	N N	9.					
(Name of Outside Organi		Number of Ticket(s)/			to the agency's policy	
	(include address and desc	ription)	Pass(es)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	,						
	/erification		e vi				
1	have read and understand FPPC Regula	tions 18944.1 and	d 18942. I have vei	rified that the distribution set fo	orth above, is in accordance with	the requirements.	
-	Clibrack	Do-	Sabrina Lar		City Administrator	5 10 16	
	Signature of Agency Head or Designee		Print Name	Э	Title	(Month, Day, Year)	
(Comment:						
•							

September 19 - 19 September 19		2101111011101110		A Public Document	
. Agency Name		٠	Date Stamp	California 802	
Oakland Alameda County Coliseum	Authority				
Division, Department, or Region (If App	olicable)		1	For Official Use Only	
Sabrina B. Landreth					
Designated Agency Contact (Name, Title	e)		1		
City Administrator					
Area Code/Phone Number IE-mail			Amendment (Must pr	rovide explanation in Part 3.)	
	eth@oaklandnet.	com	Date of Original Filing: .	(Month, Day, Year)	
. Function or Event Information				(WOILII, Day, Teal)	
Does the agency have a ticket policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	800	
	103 🖾 110	⊔ ∩4	. 05 16		
Event Description A's Provide Tile	tle/Explanation	Date(s) 			
Ticket(s)/Pass(es) provided by agency		□ If no:			
ricket(s)/i ass(es) provided by agency	? Yes⊠ Nol		Name of Sou	urce	
Was ticket distribution made at the beh	nest No ☐ Yes	⊠ If yes: Sabrii	na Landreth		
of agency official?			Official's Name (L	.ast, First)	
. Recipients			3		
 Use Section A to identify the agency's departm 		ual. • Use Section C to ident	ify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
0.111.11		Ceremonial Role		Income	
Collins, Maya	2	1/5/	ial Role" or "Other" describe below:	hat provide convices to	
		the Authority	provide incentives to City employees that provide services to Authority		
		Ceremonial Role	Other	Income	
	2	If checking "Ceremoni	ial Role" or "Other" describe below:	*1	
	Nonchanae	F			
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
ALL TO THE PROPERTY OF THE PARTY OF THE PART	Pass(es)				
-					
182					
. Verification I have read and understand FPPC Regulations 1894.	4 1 and 18942 I have ve	rified that the distribution set fo	orth above, is in accordance with	h the requirements	
Della Maria				C/h //	
Signature of Agency Head or Designee	Sabrina Lar		City Administrator	(Month, Day, Year)	
Light I Lightly House of Soughou	et Family Miles	©. State of the s	*****	(
Comment:					

_						J. D. D. D. G. H. I. G. H.	
1.	Agency Name				Date Stamp	California 802	
	Oakland Alameda County C					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 pro	ovide explanation in Part 3.)	
	(510) 238-6840	SLandreth@	@oaklandnet.	com	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Infor	mation				8000	
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	00	
	Event Description A's			Date(s)04	, 05 , 16	1 1	
		Provide Title/Exp	olanation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Soul		
	Was ticket distribution made a	t the beheat		Sahrir		rce	
	Was ticket distribution made a of agency official?	it the benest	No ☐ Yes	⊠ If yes: Sabrir	Official's Name (La	ast, First)	
3. Recipients						A CAMP . 144 CLAR	
<i>)</i> .	Use Section A to identify the agency	r's department or	r unit. • Use Sec	tion B to identify an individu	al. • Use Section C to identif	fy 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			
	-			N			
	B. Name of Individual Number Ticket(s) (Last, First) Pass(es				Identify one of the followin	g:	
•	Alderette, Paige			Ceremonial Role	Other al Role" or "Other" describe below:	Income	
			2	To provide incentives to City employees that provide services to the Authority			
,			2	Ceremonial Role [Other Dal 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	o the agency's policy	
,				-			
. '	Verification						
	have read and understand FPPC Regula	ations 18944.1 and	d 18942. I have ver	rified that the distribution set fo	rth above, is in accordance with	the requirements.	
	Cliffy help	2	Sabrina Lan	dreth	City Administrator	5 10 16	
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
(Comment:						

-	P			D			
A	PU	D	IIC	DC	CL	лm	ent

1.	Agency Name		Date Stamp California 802				
	Oakland Alameda County C	Coliseum Auth	nority			Form OUL	
	Division, Department, or Reg	ion (If Applicabl	le)		1	For Official Use Only	
	Sabrina B. Landreth						
	Designated Agency Contact ((Name, Title)			1		
	City Administrator				Amendment (Must	t provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	(510) 238-6840	oaklandnet.	com	Date of Original Filing	(Month, Day, Year)		
2.	Function or Event Infor	mation				8063	
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$.	80-	
	Event Description A's			Date(s)04	1 , 06 , 16	1 1	
	Event Description	Provide Title/Exp					
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of S	Source	
	NATO A ALONA ALONAUN INVESTIGATOR AND		No ☐ Yes	— Sahri		iour de	
	Was ticket distribution made a of agency official?	it the benest	na Landreth Official's Name	(Last, First)			
_							
١.	Recipients • Use Section A to identify the agency	v's department or	runit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	entify an outside organization.	
		Number of					
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant to the agency's policy			
	B. Name of Individua	Number of Ticket(s)/		Identify one of the following:			
			Pass(es)	Coromonial Polo	Other D	Income	
	Kozak, Rebecca			Ceremonial Role If checking "Ceremon	☐ Other ☐ iial Role" or "Other" describe below	moonie 🗀	
	CONNECTION OF THE PROPERTY OF		2	To provide incentives to City employees that provide services to			
				the Authority			
				Ceremonial Role	Other	Income	
			2	If checking "Ceremon	ial Role" or "Other" describe below	r.	
		2300	Number of				
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursua	nt to the agency's policy	
			1 455(55)				
	Contraction (n. 1947). 46 No.		-				
				4			
	Verification I have read and understand FPPC Regul	lations 18044 1 an	d 18942 have vo	rified that the distribution set t	orth above is in accordance w	with the requirements	
	I mave read and understand FFFC Regul	iauuns 10944.1 all				CID C	
	Cerra les	507_	Sabrina Lar		City Administrator	(Month, Day, Year)	
	Signature of Agency Head or Designee		Print Nam	e	anue :	(MUIIII, Day, Teal)	
	Comment:						

			onour doc	Biotribations		A Public Document
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	Coliseum Auth	nority		đia	
	Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact ((Name, Title)				
	City Administrator					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 238-6840	SLandreth@	@oaklandnet	.com	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	mation				8000
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$	00
	Event Description A's			Date(s) 04	, 06 , 16	
		Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	Yes⊠ No	☐ If no:	Name of Soul		
W. C. L. C.						rce
			No ☐ Yes	If yes: Sabrii	na Landreth Official's Name (La	ast First)
					Omolar o rvaine (Ec	101, 1 1101)
	Recipients • Use Section A to identify the agency	r's department or	unit. • Use Sec	ction B to identify an individu	ial. • Use Section C to identif	fy an outside organization
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant t	valla (april 18
ñ			Pass(es)			
,						
		Andrews -	Number of			
	Name of Individua		Ticket(s)/ Pass(es)		Identify one of the followin	g:
•			, uss(cs)	Ceremonial Role	Other	Income
	Harris, Angelita		2	1000 10 1001	al Role" or "Other" describe below:	
			2	To provide incentives to City employees that provide		at provide services to
				the Authority		
				Ceremonial Role	Other al Role" or "Other" describe below:	Income
			2	ii checking Geremania	ar Note of Other describe below.	
(Name of Outside Organia		Number of	Deposition the much		
	(include address and desc	ription)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
-	/erification					
1	have read and understand FPPC Regula	tions 18944.1 and	18942. I have ver	rified that the distribution set for	rth above, is in accordance with	the requirements.
(Carmed &	-	Sabrina Lan	ndreth	City Administrator	61016
-	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)

	C. HELL OF STATE DESIGNATION OF MICHAEL STATE OF THE STAT	CHEST AND ENGINEERS BUT THE STATE				A Public Document
1. Ag	jency Name				Date Stamp	California 802
Oa	kland Alameda County C	Coliseum Auth	ority			
Divi	ision, Department, or Reg	ion (If Applicable	9)		1	For Official Use Only
Sal	brina B. Landreth					
Des	signated Agency Contact ((Name, Title)				
City	y Administrator				_	
Area	a Code/Phone Number	E-mail			. Amendment (Must pro	vide explanation in Part 3.)
(51	0) 238-6840	SLandreth@	oaklandnet	com	Date of Original Filing: _	(Month, Day, Year)
2. Fui	nction or Event Infor	mation				
Doe	es the agency have a ticke	t policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	8000
Eve	nt Description A's			Date(s) 04	, 11 , 16	1 1
_,,	The Decemption	Provide Title/Expl	anation			
Tick	cet(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of Sour	
11/0-	tiokot diatribution	t the behind				ce
	Was ticket distribution made at the behest of agency official?		No ☐ Yes	If yes: Sabrii	Official's Name (La	st. First)
	cipients					-4
	cipiems e Section A to identify the agency	/'s department or (unit. • Use Se	ction B to identify an individu	al. • Use Section C to identif	v an outside organization.
A.	Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant to	STORY LANGE BOOK
_				U*		
B.	Name of Individua (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
				Ceremonial Role	Other	Income
Wat	tkins, Maurine		2	99/50 99/50	al Role" or "Other" describe below:	
				To provide incentives to City employees that provide services to the Authority		
				Ceremonial Role		Income
			2	If checking "Ceremonia	al Role" or "Other" describe below:	
C.	Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
			, , ,			
	PRACTION					
	fication					
I have I	read and understand EPPC Regula	ations 18944.1 and	18942. I have ve	erified that the distribution set fo	rth above, is in accordance with t	he requirements.
	entru xl to	5	Sabrina Lar	ndreth	City Administrator	2 10 16
	Signature of Agency Head or Designee		Print Name	е	Title	(Month, Day, Year)

4						
1.	Agency Name				Date Stamp	California 202
	Oakland Alameda County C	coliseum Auth	ority			Form OUZ
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)		¥		
	City Administrator	76				
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(510) 238-6840	SLandreth@	oaklandnet	com	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor		A STATE OF THE STA			A CONTRACTOR OF THE PARTY OF TH
	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	8000
			.00 🖾	e. !	, 11 , 16	
	Event Description A's	Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	☐ If no:		
	manata, and the provided by	, agono,	TES [] INO		Name of Sour	ce
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Sabr			na Landreth		
	of agency official?				Official's Name (La	st, First)
	Recipients	rational or o				
	Use Section A to identify the agency	's department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the pub	ic purpose made pursuant to	the agency's policy	
			F 455(65)			
			1	1		
						
•						
	R Name of Individua		Number of			
	B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
1	(Last, First)	ı	Ticket(s)/	Ceremonial Role	Other 🔲	g:
1	B. Name of Individua (Last, First) Kilgore, Kelli	ı	Ticket(s)/	If checking "Ceremonia	Other and Role" or "Other" describe below:	Income
1	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive	Other 🔲	Income
1	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive the Authority	Other all Role" or "Other" describe below:	Income ☐ at provide services to
1	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive the Authority Ceremonial Role	Other and Role" or "Other" describe below:	Income
1	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive the Authority Ceremonial Role	Other and Role" or "Other" describe below: es to City employees the	Income ☐ at provide services to
1	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive the Authority Ceremonial Role	Other and Role" or "Other" describe below: es to City employees the	Income ☐ at provide services to
	(Last, First) Kilgore, Kelli Name of Outside Organi	zation	Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive the Authority Ceremonial Role [If checking "Ceremonia	Other and Role" or "Other" describe below: es to City employees the	Income ☐ at provide services to
	(Last, First) Kilgore, Kelli	zation	Ticket(s)/ Pass(es) 2 Number of	If checking "Ceremonia To provide incentive the Authority Ceremonial Role [If checking "Ceremonia	Other all Role" or "Other" describe below: es to City employees th Other all Role" or "Other" describe below:	Income ☐ at provide services to
	(Last, First) Kilgore, Kelli Name of Outside Organi	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremonia To provide incentive the Authority Ceremonial Role [If checking "Ceremonia	Other all Role" or "Other" describe below: es to City employees th Other all Role" or "Other" describe below:	Income ☐ at provide services to
	(Last, First) Kilgore, Kelli Name of Outside Organi	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremonia To provide incentive the Authority Ceremonial Role [If checking "Ceremonia	Other all Role" or "Other" describe below: es to City employees th Other all Role" or "Other" describe below:	Income ☐ at provide services to
	(Last, First) Kilgore, Kelli Name of Outside Organi	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremonia To provide incentive the Authority Ceremonial Role [If checking "Ceremonia	Other all Role" or "Other" describe below: es to City employees th Other all Role" or "Other" describe below:	Income ☐ at provide services to
	(Last, First) Kilgore, Kelli Name of Outside Organi	zation	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremonia To provide incentive the Authority Ceremonial Role [If checking "Ceremonia	Other all Role" or "Other" describe below: es to City employees th Other all Role" or "Other" describe below:	Income ☐ at provide services to
	Kilgore, Kelli Name of Outside Organi (include address and desc	zation cription)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive the Authority Ceremonial Role If checking "Ceremonia Describe the publ	Other all Role" or "Other" describe below: es to City employees the Other all Role" or "Other" describe below:	at provide services to Income Income O the agency's policy
	(Last, First) Kilgore, Kelli Name of Outside Organi (include address and desc	zation cription)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive the Authority Ceremonial Role If checking "Ceremonia Describe the publ	Other all Role" or "Other" describe below: es to City employees the Other all Role" or "Other" describe below:	at provide services to Income □
-	Kilgore, Kelli Name of Outside Organi (include address and desc	zation cription)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive the Authority Ceremonial Role If checking "Ceremonia Describe the publication of t	Other all Role" or "Other" describe below: es to City employees the Other all Role" or "Other" describe below:	at provide services to Income Income O the agency's policy

		Security Al-Contest Tables All Market				A L abile Decament
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Auth	ority			Form OUZ
	Division, Department, or Regi	ion (If Applicable	e)			For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact (
	City Administrator					
	Area Code/Phone Number	E-mail			. Amendment (Must pro	ovide explanation in Part 3.)
	(510) 238-6840	SLandreth@)oaklandnet	.com	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	nation				d. no
	Does the agency have a ticker	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	8000
	Event Description A's			500000 A	, 12 , 16	
	Event Description	Provide Title/Expl	anation	Date(s)		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	☐ If no:		
	50 MH 170 MG Fr.	o n=∞ •	163 🔼 110		Name or Sou	rce
	Was ticket distribution made a	t the behest	No ☐ Yes	If yes: Sabrin	na Landreth	
	of agency official?			*	Official's Name (La	ast, First)
}.	Recipients					
	Use Section A to identify the agency		Number of	ction B to identify an individu	ial. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
3						
	5					
,	*					
	Name of Individua	I .	Number of Ticket(s)/ Pass(es)		Identify one of the following	ıg:
	Torros Maros			TO A MARKETONIA S	Other	Income
	Torres, Marco				al Role" or "Other" describe below:	nat provide convices to
				the Authority	es to City employees th	iai provide services to
,				Ceremonial Role	Other	Income
				V.=	al Role" or "Other" describe below:	_
	Not a success a constant service and the		N		4	
(Name of Outside Organi (include address and desc		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy
	A substitution of the state of		Pass(es)			LO GIRL STORY AND AND A
11.						
anner	V					
	Verification have read and understand FPPC Regula	ations 18944 1 and	18942. I have ve	erified that the distribution set fo	rth above, is in accordance with	the requirements
	() A () ()	1	Sabrina Lar			C 10/1-
-	Signature of Agency Head or Designee		Print Nam		City Administrator	(Month, Day, Year)
			455, 556, 255, 255, 255, 255, 255, 255, 2	5		(

_						711 dibite becallione		
1.	Agency Name			Date Stamp	California 802			
	Oakland Alameda County C	Coliseum Auth	nority			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			Amendment (Must pro	ovide explanation in Part 3.)			
	(510) 238-6840	@oaklandnet.	.com	Date of Original Filing: _	(Month, Day, Year)			
2.	Function or Event Infor					(Month, Day, Year)		
	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	75 39		
	Event Description Class Reu	(R)	103 🖂 140					
	Event Description	Provide Title/Exp	olanation	Date(s) 	, 23 , 16			
	Ticket(s)/Pass(es) provided by	v agency?	Vaa 🔽 Na	□ If no:				
				Name of Sou	rce			
	Was ticket distribution made a	t the behest	No ☐ Yes	If yes: Sabrir	na Landreth			
	of agency official?			, = 0	Official's Name (La	ast, First)		
	Recipients	Se 1501 W20 24	TANK MANY TANK	700 May 10 May 1000 10 100 100				
	Use Section A to identify the agency	/'s department or		ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the publ	blic purpose made pursuant to the agency's policy			
			Pass(es)					
			~					
	B. Name of Individua		Number of	Identify and of the following:				
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ig:		
	Tolond Posinald			Ceremonial Role		Income		
	Toland, Reginald		2	500 104000 AND 10400 AND 1	If checking "Ceremonial Role" or "Other" describe below:			
				To provide incentives to City employees that provide services to the Authority				
•			+	Ceremonial Role	Other \square	Income Π		
					al Role" or "Other" describe below:	missinis 🖪		
			2					
_				3				
(Name of Outside Organi (include address and desc		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy		
_	(molade address and desc	stiption)	Pass(es)		121111111111111111111111111111111111111	A Property of the Party of the		
1 m								
0	NE WENG							
	/erification					§		
1	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.		
_	Clorale	1	Sabrina Lar		City Administrator	5 1016		
	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)		

_							
۱.	Agency Name	a Mena Mana Anna Anna	Date Stamp	California 802			
	Oakland Alameda County C				_	For Official Use Only	
	Division, Department, or Regi	on (If Applicable	e)				
	Sabrina B. Landreth						
	Designated Agency Contact (Name, Title)			1		
	City Administrator				☐ Amondment /Must	provide evaluation in Part 2.)	
	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	nation			2	7550	
	Does the agency have a ticke	(A) (B)	Yes 🗵 No		of Each Ticket/Pass \$.	15	
Event Description Class Reunion Tou				Date(s) 04	, 23 , 16		
	Event Description	Provide Title/Exp	lanation	Dato(0)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of S	Naurea .	
	101 Kalanta Katallan Kanana alam	4 4b - b - b4	, , , , , , , , , , , , , , , , , , ,	— Sabri		source	
	Was ticket distribution made a of agency official?	it the benest	No ☐ Yes	If yes:	na Landreth Official's Name	(Last, First)	
1							
•	Recipients • Use Section A to identify the agency	/'s department or	unit. • Use Sec	ction B to identify an individe	ual. • Use Section C to ide	ntify an outside organization.	
	A Number of Passibathan			W. Sail Sail Sail Sail Sail Sail Sail Sail	olic purpose made pursual		
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	besome the par	mo parpood mado paroda.			
			a. Vience and the contract of				
	B. Name of Individua	d	Number of Ticket(s)/ Pass(es)		Identify one of the following:		
			1 400(00)	Ceremonial Role	Other	Income	
	Shawn, Daniel		2	100 March 100 Ma	nial Role" or "Other" describe below		
				To provide incentives to City employees that provide services to the Authority			
			ļ			V erticensis	
				Ceremonial Role If checking "Ceremon	Other L ial Role" or "Other" describe below	Income	
			2				
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	olic purpose made pursual	nt to the agency's policy	
	(include address and des	cription)	Pass(es)				
			8				
	Verification						
3	have read and understand FPPC Regul	lations 18944.1 an	d 18942. I have ve	erified that the distribution set t	forth above, is in accordance v	with the requirements.	
	Mithe	G-	Sabrina Lai		City Administrator	5 10 16	
	Signature of Agency Head or Designee		Print Nam	ne	Title	(Month, Day, Ýear)	
	Commont:						
	Comment:						

m	100	100		1000				
A	PL	Ibi	IC	D	OC	um	er	٦î

						A I abito Document	
1.	Agency Name		Date Stamp	California 802			
	Oakland Alameda County C				4	roilli	
	Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only	
	Sabrina B. Landreth						
	Designated Agency Contact (Name, Title)					
	City Administrator						
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 238-6840	SLandreth@	oaklandnet.	.com	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Inform	mation	200 10				
	Does the agency have a ticket policy? Yes ⊠ No ☐ Face V				f Each Ticket/Pass \$	9000	
	Event Description A's				, 17 , 16	<i>J</i>	
	Event Description	Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:				Name of Sou		
	() () ()			irce			
1	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Sal of agency official?				na Landreth	15: 0	
	or agency official?				Official's Name (L	ast, 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						
- 5		CLIMITY IS AN	Number of	ction B to identify an individu	ial. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
•	and the contract of the contra	10/10/10/10/10/10/10/10/10/10/10/10/10/1	1 433(63)	L Salica assessment of the sy			
-							
			1				
-	B. Name of Individua	Number of		7. 22			
_	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:	
	Marian Daniel			Ceremonial Role	Other	Income	
,	Mayne, Renee		4	The state of the s	al Role" or "Other" describe below:		
				To provide incentives to City employees that provide services to the Authority			
-				Ceremonial Role	Other	Incomo [
					al Role" or "Other" describe below:	Income	
			4				
	Name of Outside Organi		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to the agency's policy		
8	(include address and desc	cription)	Pass(es)				
_	40-40-40-40-40-40-40-40-40-40-40-40-40-4						
						81	
. \	/erification					t	
	Verification thave read and understand FPPC Regula	ntions 18944.1 and	l 18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements.	
		ations 18944.1 and	1 18942. I have ve Sabrina Lar		rth above, is in accordance with	the requirements.	

_						A I ubite Document
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C		(5)			101111
	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 pr	rovide explanation in Part 3.)
	(510) 238-6840	SLandreth@	@oaklandnet.	.com	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	nation				8 00
	Does the agency have a ticker	t policy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$	00
	Event Description A's		<u>, 29 , 16</u>			
		Provide Title/Exp	olanation	Date(3)		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	☐ If no:	Name of Sou	
	Was ticket distribution made a	t the beheat		- Sabrir		irce
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Sab of agency official?				Official's Name (L	ast. First)
2	Recipients				12	
	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization
	A. Name of Agency, Departmen	ELEVATION AND SECTION	Number of Ticket(s)/	TO THE LOUIS VERY LAW.	ic purpose made pursuant	THE RESERVE TO STATE OF THE STATE OF
			Pass(es)	, and a significant of the signi		
Ī	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Goodman, Montrice			Ceremonial Role		Income
1160	edodinan, Montine		2	To provide incentives to City employees that provide services to the Authority		
-			2	Ceremonial Role	Other D	Income
_	Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publi	rblic purpose made pursuant to the agency's policy	
es Section (v		· · · · ·
	erification	100 · · ·	40040			8
11	nave read and understand FPPC Regular	tions 18944.1 and				the requirements.
-	Signature of Agency Head or Designee	M	Sabrina Lan		City Administrator	2 10/6
	Signal of Agency Fload of Designed		гин мате	ε.	Title	(Month, Day, Year)
C	comment:					

Comment: _____

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

		E I II SUR SE SENSE	DESCRIPTION PROPERTY.			A I abilo bocament			
1.	Agency Name		Date Stamp	California 802					
	Oakland Alameda County C	oliseum Auth	ority			101111			
	Division, Department, or Reg	on (If Applicable	e)		1	For Official Use Only			
	Sabrina B. Landreth								
	Designated Agency Contact (Name, Title)							
	City Administrator								
	Area Code/Phone Number	E-mail			. Amendment (Must pr	ovide explanation in Part 3.)			
	(510) 238-6840	SLandreth@	oaklandnet	.com	Date of Original Filing: _	(Month, Day, Year)			
2.	Function or Event Inform	nation		The state of the s					
	Does the agency have a ticke	t policy?	f Each Ticket/Pass \$	80					
	Event Description A's			Data(a) 04	, 15 , 16	1			
	Event Description	Provide Title/Expl							
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:					
				386 9 0	Name of Sou	rce			
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes	If yes: Sabrir	na Landreth	ast First)			
					Official's Name (L	asi, Fiisij			
3.		Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
			Number of						
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy			
10									
8.	B. Name of Individua		Number of Ticket(s)/		Identify one of the following	Form For Official Use Only For Official Use			
	(Last, First)		Pass(es)		identity one of the following	ig.			
	Joyner, Ersie				Other	Income			
	ooyner, Lisie		4	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide servi		nat provide services to			
				the Authority	es to City employees ti	ial provide services to			
					Other	Income \(\square\)			
				2000 Park 1000 P	al Role" or "Other" describe below:	пость 🗖			
			4						
(Name of Outside Organi (include address and desc		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy			
	Imag and too and desc		Pass(es)						
9	DOMAN OF								
	THE STATE OF THE S								
	Verification	w geers							
1	have read and understand FPPC Regula	tions 18944.1 and				the requirements.			
-	Cuttures		Sabrina Lar		City Administrator	_ 5 10 16			
	Signature of Agency Head or Designee		Print Name	е	Title	(Month, Day, Year)			

		to and me	mour doc	Distributions		A Public Documen
1.	Agency Name		Date Stamp	California 802		
	Oakland Alameda County C			TOITH		
	Division, Department, or Reg	ion (If Applicable	e)		-	For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact	(Name, Title)				
	City Administrator					
	Area Code/Phone Number	E-mail			. Amendment (Must pr	ovide explanation in Part 3.)
	(510) 238-6840	SLandreth@	oaklandnet	.com	Date of Original Filing: -	(Month, Day, Year)
	Function or Event Information					
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	50000
	Event Description Warriors	Playoff	,		, 16 <u>,</u> 16	28
	Event Description	Provide Title/Expl	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	□ If no:		
	NSA (0) SEM BROTES		Tes ZI NO	Name of Source		
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes	✓ If yes: Sabrir	na Landreth	
					Official's Name (L	ast, First)
	Recipients			w		
	Use Section A to identify the agency		unit. • Use Se	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
2	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	to the agency's policy
8			Pass(es)			New York to the second
-						
E	Name of Individua		Number of			Tix
_	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ig:
	Hamilton, Freddy			Ceremonial Role		Income
1	namilion, Freddy		2	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide services to		
				the Authority	es to City employees th	nat provide services to
-				Ceremonial Role	Other \square	The state of the s
					I Role" or "Other" describe below:	Income
			2			
_						
C	Name of Outside Organia (include address and desc		Number of Ticket(s)/	Describe the publi	c purpose made pursuant to	o the agency's policy
_	(include address and desc	ription)	Pass(es)			and agency a pency
				20		
					51 	
	77.164					
	erification		8			
i h	ave read and understand FPPC Regula.	tions 18944.1 and	18942. I have vei	rified that the distribution set for	th above, is in accordance with	the requirements.
	Mittany 1	4	Sabrina Lan	ndreth	City Administrator	51016
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
_	Signature of Agency Head or Designee		Print Name			(Month, Day, Yea

I. Agency Name				Date Stamp	California 802
Oakland Alameda County Co					FOIIII
Division, Department, or Regi	on (If Applicable	e)		1	For Official Use Only
Sabrina B. Landreth				20	er.
Designated Agency Contact (/	Vame, Title)			-	
City Administrator					
The state of the s	E-mail			Amendment (Must pi	rovide explanation in Part 3.)
(510) 238-6840	SLandreth@	oaklandnet	.com	Date of Original Filing: .	
. Function or Event Inforn				382 325	(Month, Day, Year)
Does the agency have a ticket		Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	50000
Event Description Warriors	Playof		_	27 16	5000
Event Describtion	Provide Title/Expl		Date(s)	, 27 , 16	
Ticket(s)/Pass(es) provided by	agency?	Vac 🔽 Na	□ If no:		
		Yes⊠ No		Name of Sou	irce
Was ticket distribution made at	the behest	No ☐ Yes	✓ If yes: Sabrir		
of agency official?			(40)	Official's Name (L	ast, First)
. Recipients					
Use Section A to identify the agency's	s department or i		ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Departmen	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
			•		
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
(Last, First)		Ticket(s)/		Other	ng:
		Ticket(s)/	If checking "Ceremonia	Other In Oth	Income
(Last, First)		Ticket(s)/	If checking "Ceremonia To provide incentive	Other In Oth	
(Last, First)		Ticket(s)/	If checking "Ceremonia To provide incentive the Authority	Other D of Role" or "Other" describe below: es to City employees th	Income In
(Last, First)		Ticket(s)/	If checking "Ceremonia To provide incentive the Authority Ceremonial Role	Other In Oth	Income
(Last, First)		Ticket(s)/	If checking "Ceremonia To provide incentive the Authority Ceremonial Role	Other Deliver of "Other" describe below: Ses to City employees the Other Deliver	Income In
(Last, First)		Ticket(s)/	If checking "Ceremonia To provide incentive the Authority Ceremonial Role	Other Deliver of "Other" describe below: Ses to City employees the Other Deliver	Income In
Figueroa, Paul Name of Outside Organiza		Ticket(s)/	If checking "Ceremonia To provide incentive the Authority Ceremonial Role If checking "Ceremonia	Other Deliver of "Other" describe below: Ses to City employees the Other Deliver Deliver Deliver or "Other" describe below:	Income Income Income Income Income
Figueroa, Paul		Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive the Authority Ceremonial Role If checking "Ceremonia	Other Deliver of "Other" describe below: Ses to City employees the Other Deliver	Income Income Income Income Income
Figueroa, Paul Name of Outside Organiza		Number of Ticket(s)/	If checking "Ceremonia To provide incentive the Authority Ceremonial Role If checking "Ceremonia	Other Deliver of "Other" describe below: Ses to City employees the Other Deliver Deliver Deliver or "Other" describe below:	Income Income Income Income Income
Figueroa, Paul Name of Outside Organiza		Number of Ticket(s)/	If checking "Ceremonia To provide incentive the Authority Ceremonial Role If checking "Ceremonia	Other Deliver of "Other" describe below: Ses to City employees the Other Deliver Deliver Deliver or "Other" describe below:	Income Income Income Income Income
Figueroa, Paul Name of Outside Organiza		Number of Ticket(s)/	If checking "Ceremonia To provide incentive the Authority Ceremonial Role If checking "Ceremonia	Other Deliver of "Other" describe below: Ses to City employees the Other Deliver Deliver Deliver or "Other" describe below:	Income Income Income Income Income Income
Figueroa, Paul Name of Outside Organiza		Number of Ticket(s)/	If checking "Ceremonia To provide incentive the Authority Ceremonial Role If checking "Ceremonia	Other Deliver of "Other" describe below: Ses to City employees the Other Deliver Deliver Deliver or "Other" describe below:	Income Income Income Income Income
Figueroa, Paul C. Name of Outside Organiza (include address and descri	iption)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonies To provide incentive the Authority Ceremonial Role If checking "Ceremonia Describe the public	Other Describe Delow: Ses to City employees the Other Describe Delow: Other Describe Delow: Role" or "Other" describe Delow: C purpose made pursuant to	Income In
Figueroa, Paul C. Name of Outside Organiza (include address and descri	iption)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonies To provide incentive the Authority Ceremonial Role If checking "Ceremonia Describe the public	Other Describe Delow: Ses to City employees the Other Describe Delow: Other Describe Delow: Role" or "Other" describe Delow: C purpose made pursuant to	Income In
Figueroa, Paul C. Name of Outside Organiza (include address and descri	iption)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonies To provide incentive the Authority Ceremonial Role If checking "Ceremonial Describe the publication set for	Other Describe Delow: Ses to City employees the Other Describe Delow: Other Describe Delow: Role" or "Other" describe Delow: C purpose made pursuant to	Income In

Comment: _____

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

Agency Name Dakland Alameda County Co Division, Department, or Regio	oliseum Auth			Date Stamp	California 802	
	oliseum Auth					
Division, Department, or Region			Form 002			
	on (If Applicable)		1	For Official Use Only	
Sabrina B. Landreth						
esignated Agency Contact (/	Vame, Title)			1		
City Administrator						
rea Code/Phone Number	E-mail			. Must pr	ovide explanation in Part 3.)	
510) 238-6840	SLandreth@	oaklandnet.	.com	Date of Original Filing: .	(Month, Day, Year)	
unction or Event Inforn	nation					
oes the agency have a ticket	policy?	of Each Ticket/Pass \$	10000			
want Description A's			D=4=(=) 04	, 30 , 16	, ,	
vent Description	Provide Title/Expl	anation	Date(s)			
icket(s)/Pass(es) provided by	agency?	Voc 🖾 No	□ If no:			
(e) a.e.(ee) p.ea.a.a.a.	-19011071	Name of Sou	irce			
	the behest	na Landreth				
of agency official?				Official's Name (L	ast, First)	
Use Section A to identify the agency'	s department or u		ction B to identify an individu	ıal. ● Use Section C to ident	ify an outside organization.	
. Name of Agency, Departmen	t or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
		Number of	5-40			
Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:	
aCasse, Kirsten		4	El El		Income ☐	
		4	Ceremonial Role	Other al Role" or "Other" describe below:	Income	
		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant i	to the agency's policy	
Brification ave read and understand FPPC Regulat	tions 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.	
(1st. 11)	<u>,</u>				5/01/	
Signature of Agency Head or Designee		Sabrina Lar		City Administrator	(Month, Day, Year)	
	Trea Code/Phone Number (510) 238-6840 Function or Event Inform oes the agency have a ticket vent Description A's cicket(s)/Pass(es) provided by as ticket distribution made at of agency official? Recipients Use Section A to identify the agency. Name of Agency, Department (Lest, First) A. Name of Outside Organiz (include address and descripication)	E-mail SLandreth@ SLandreth@ SLandreth@ SLandreth@ Function or Event Information oes the agency have a ticket policy? Vent Description A's Provide Title/Explaint icket(s)/Pass(es) provided by agency? Vas ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit Name of Agency, Department or Unit Name of Individual (Last, First) A. Name of Outside Organization (include address and description)	Sumber of Ticket(s) Pass(es)	E-mail SLandreth@oaklandnet.com SLandreth@oaklandneth.com SLandreth@oaklandneth.c	Amendment (Must pr Face Code/Phone Number E-mail SLandreth@oaklandnet.com Date of Original Filing: Date of Origin	

Comment: ___

_		to and me	moor doo	Biodifibationo		A Public Document
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	Coliseum Auth	nority			
	Division, Department, or Reg	ion (If Applicabl	e)		1	For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact	(Name, Title)			1	
	City Administrator					
	Area Code/Phone Number	E-mail			. Amendment (Must p	provide explanation in Part 3.)
	(510) 238-6840	SLandreth@	oaklandnet.	com	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				0.00
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	9800
	Event Description A's			Data(a) 04	, 16 , 16	
	Eveni Description	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of So	
						urce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	☑ If yes: Sabri	Official's Name (Tast First)
					(20000000 COMMON)	
3.	Recipients • Use Section A to identify the agency	v's denartment or	unit • Use Sec	tion B to identify an individu	ual • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme		Number of			
	A. Name of Agency, Department of onit		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			9			
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	ing:
	(Last, Filot)		Pass(es)			
	Joyner, Ersie			Ceremonial Role If checking "Ceremonial"	Other is all Role" or "Other" describe below:	Income
	octor of the state		2	To provide incentives to City employees that provide		that provide services to
				the Authority		
		2.0		Ceremonial Role	Other	Income
			2	If checking "Ceremoni	ial Role" or "Other" describe below:	
			Number of	Maria Rasa Pers		
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
9						
	production at the control of the con					
XOLEN	Varification					
	Verification I have read and understand FPPC Regul	lations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wi	th the requirements.
	(240)	1	Sabrina Lar		City Administrator	EID II
	Signature of Agency Head or Designee	4	Print Name		Title	(Month, Day, Year)
	Acce ♥ macco destuncia con e u ♥ 15555 ♥ . Plast pressio siste a republica ▼ 15555 €					Communication Co

_						A I abile becament		
1.	Agency Name				Date Stamp	California 202		
	Oakland Alameda County C					Form 00—		
	Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only		
	Sabrina B. Landreth							
	Designated Agency Contact ((Name, Title)						
	City Administrator			Amendment (Must provide explanation in Part 3.)				
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)		
	(510) 238-6840	SLandreth@	@oaklandnet	.com	Date of Original Filing: _	(Month Day Year)		
2.	Function or Event Inform	mation						
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	9009		
	Event Description A's			Data(s) 04	, 16 , 16			
		Provide Title/Exp	Date(s)					
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:				
	March Park Park Park Park Park Park Park Park					rce		
	of agency official?	No ☐ Yes	If yes: Sabrii	Official's Name (La	ast First)			
3.	Recipients				omoid o Humo (Ed	201, 1 1101/		
Э.	•	's department or	runit. • Use Sec	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization		
	A. Name of Agency, Departmen	SALMON PORTS	Number of		The second second	CONTRACTOR OF THE PARTY OF THE		
	2 21 Name of Agono, population	THE OF CHIEF	Ticket(s)/ Pass(es)	Describe the publ	paradiction and paradiction and agency a pointy			
99								
			Number of					
	Name of Individual		Ticket(s)/ Pass(es)		Identify one of the following	g:		
	V		1 200(00)	Ceremonial Role	Other	Income \(\square\)		
	Buenaflor, Rafaelita		2	If checking "Ceremonia	al Role" or "Other" describe below:			
				To provide incentives to City employees that provide services to				
1								
				540 to 400		Income		
			2					
				6				
(Name of Outside Organiz		Number of Ticket(s)/	Describe the publi	Die" or "Other" describe below:			
_	(include address and desc	cription)	Pass(es)		e parposo made parodant a	o the agency a policy		
						10		
	THE MICHAEL			A				
	/erification	500 Y						
1	have read and understand FPPC Regula	tions 18944.1 and	l 18942. I have vei	rified that the distribution set for	th above, is in accordance with	the requirements.		
	Mistra tiffe	<u> </u>	Sabrina Lan		City Administrator	5/0/6		
	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)		
(Comment:							

1.	Agency Name Oakland-Alameda County Colis	seum Auth		Date Stamp	California 802				
	Division, Department, or Region				-	For Official Use Only			
	· · ·		•						
	Commissioner Rebecca Kaplar Designated Agency Contact (Nam								
	Renee Savage, Executive Assistance Code/Phone Number E-r				Amendment (Must	provide explanation in Part 3.)			
		nail aroe@oak	landnet.con	n	Date of Original Filing	(Month, Day, Year)			
<u>-</u>	Function or Event Informat		aditariot.com	54000000000		(Month, Day, Year)			
۷.	Does the agency have a ticket po		Yes 🗵 No	☐ Face Value o	of Each Ticket/Pass \$ ـ	5,000			
	Event Description Warriors vs. R		ayoffs Game		, 16 , 16				
	Ticket(s)/Pass(es) provided by ag	_ `	Yes⊠ No	[f no:	Name of S	ource			
	Was ticket distribution made at the	e behest	No 🗌 Yes	If yes: Kapla	ın, Rebecca Official's Name				
	of agency official?				Official's Name	(Last, First)			
3.	Recipients	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.							
		1 1		F 8 5 7 - 6-94					
	A. Name of Agency, Department of	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy						
					•				
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:			
	Karley Dahasa			Ceremonial Role		Income 🔲			
	Kaplan, Rebecca		2	If checking "Ceremonial Role" or "Other" describe below: To promote the coliseum for use by general public and business to maximize revenues					
				Ceremonial Role	Other 🗌	· Income			
				If checking "Ceremonh	al Role" or "Other" describe below:				
	C. Name of Outside Organization (Include address and descript		Number of Ticket(s)/ Pass(es)	Describe the publ	lc purpose made pursuan				
					-				
	Verification I have upd appl understand FPPC Regulation	s 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance wi	ith the requirements.			
	Kakuallagalles	-7	Rebecca K	aplan	Commissioner	5/4/2016			
	Signature of Agency Head or Designee		Print Nam	в	Title	(Month, Day, Year)			
	Cananant								
	Comment:				TACON .	EDDC Form 802 (4/42)			

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_	T V	11.71	10	$\nu \nu$	b u	1	CIIL

1.	Agency Name Oakland-Alameda County Col Division, Department, or Region		Date Stamp	California 802 Form For Official Use Only		
	Commissioner Rebecca Kapla Designated Agency Contact (Na	an				
	Renee Savage, Executive Ass Area Code/Phone Number E	sistant -mail			Amendment (Mus	t provide explanation in Part 3.)
		itlarge@oak	landnet.cor	n	Date of Original Filing	J;
<u>-</u>	Function or Event Informa				\	(Wonth, Day, Year)
	Does the agency have a ticket p		Yes⊠ No	☐ Face Valu	ue of Each Ticket/Pass \$	5,000
	Event Description Warriors vs.		yoffs Game	_	4 , 18 , 16	
	Ticket(s)/Pass(es) provided by a	igency?	Yes⊠ No		Name of S	Source
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Kaplan, Rebecca Official's Name (Lest, First)					
3.	Recipients • Use Section A to Identify the agency's	department or ι	ınlt. • Use Se	ction B to identify an ind	ividual. ◆ Use Section C to Ide	ntify an outside organization.
	A. Name of Agency, Départment	or Unit	Number of Ticket(s)/ Pass(es)		public purpose made pursual	nt to the agency's policy
	B. Name of Individual Ticl (Last, First) Pas			Ceremonial R		wing: Income □
	Kaplan, Rebecca		2	If checking "Ceremonial Role" or "Other" describe below: To promote the coliseum for use by general public and business to maximize revenues		
				Ceremonial Re	ole Other on Other on Other Other	Income [
į	C. Name of Outside Organiza (Include address and descri		Number of Ticket(s)/ Pass(es)	Describe the	public purpose made pursuar	it to the agency's policy
	Verification				and the state of t	
ı	have read and understand FDFC Regulation	กกร 18944.1 and	18942. I have ve	rified that the distribution :	set forth above, is in accordance w	ith the requirements.
	KUKUA/AJBIO	27	Rebecca K		Commissioner	5/4/2016
	Signature of Agency Head or Designee		Print Nam	8	Tille	(Month, Day, Year)
	Comment:					

1.	Agency Name Oakland-Alameda County Col			Date Stamp	California 802		
	Division, Department, or Region		9)			For Official Use Only	
	Commissioner Rebecca Kapla Designated Agency Contact (Na			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Renee Savage, Executive Ass				[] Amandmant at	position in Contain	
		-mail	day d			provide explanation in Part 3.}	
2	510-238-7008 a		dandnet.cor	n	Date of Original Filing:	(Month, Day, Year)	
۷.	Does the agency have a ticket p		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	5,000	
	Event Description Warriors vs.	-	ayoffs Game		, 27 , 16		
	Ticket(s)/Pass(es) provided by a	·	Yes⊠ No	☐ If no:	Name of So	ource .	
	Was ticket distribution made at the	he behest	No ☐ Yes	☑ If yes: Kapla	n, Rebecca		
	of agency official?			,	Official's Name (Last, First)	
3.	Recipients	d		Alan Didalitation			
	Use Section A to identify the agency's		Number of		Eller of Management and New York	 Partition to the property of the control of the contr	
	A. Name of Agency, Department	or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	to the agency's policy	
	B. Name of Individual (tast First)		Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow		
	Kaplan, Rebecca		2	If checking "Ceremonial Role" or "Other" describe below: To promote the coliseum for use by general public and business to maximize revenues			
	Stratistical and the second of			Ceremonial Role		Income 🔲	
	C. Name of Outside Organizal (include address and descrip		Number of Ticket(s)/ Pass(es)	Describe the publ	olic purpose made pursuant to the agency's policy		
•					· · · · · · · · · · · · · · · · · · ·		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	Verification have grad and understand FPPC Regulatio	ons 18944.1 and	18942. I have ve	rified that the distribution set fo	rth ebove, is in accordance wit	h the requirements.	
	KUCUA/UGBOE	<u></u>	Rebecca K	aplan	Commissioner	5/4/2016	
	Signature of Agency Head or Designee	-	Print Name	e .	Tille	(Month, Day, Year)	
	Comment:						

Agency Report of:				
Geremonial Role Events and Ti	icket/Pas	s Distributions		A Public Documen
T. Agency Name			Date Stemp	California 802
Oakland/Alameda Cour	uty Colise	um Authority		For Official Use Only
Division, Department, or Region (If Applical	hlo)	•		. Lot official data offith
Designated Agency Contact (Name, Illie)	Scott the	13 11		· Company of the comp
Lee Ann Fergerson, Tick	et Adn	runistractor.	I Amondment Mich	rovide explanation in Part 3.)
Area Code/Phone Number (E-mail			10 Co. 141	
and the second s	n.terger	2020 Cacidon oca	Date of Original Filing:	(Monla, Day, Year)
2. Function or Event Information			and a few of the con-	65000
Does the agency have a ticket policy?	Yes 🧖 No	Land . f	Each Ticket/Pass \$_	
	rizzlies	Date(s)	2/2/10	- landa
ribing misen			75W	¥
Ticket(s)/Pasa(es) provided by agency?	Yes No	If no:	II Neme of Sou	nen
Was ticket distribution made at the behest of agency official?	No ☐ Yes	lf yes: . 3	Cott Haga	erty
3. Recipients		. •		
 Use Seatten A to Identify the agency's department or 	unli Uso Sac	ollon & to identify an individua I	man many to the same of the sa	ALL DESCRIPTION OF THE PROPERTY OF THE PROPERT
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(cs)	. Describe the public	c purpose made purovent t	o:the agency's policy
conside Campbell	2	To reward a cou exemplary servi	inty employee for h ce to the public	is or her
the Indiana to the same of the				Consult
			and the second s	narra de como establista establista
B. Namo of Individual day, stay	Number of Ticket(e)/ Pass(os)		identily one of the followin	
		To promote attendate to maximize potent parking sales.	ance at a county sponsor tial county revenue for co	ed event in order The ncession and
		pane	force of the second sec	freq
		Geramonial Role [] (Chasking Geramonial F	· Other 🔲 Role" ar "Other" describe below:	Income 🛄
	The state of the s			
		tiopanes agreement to the control of	· ·	And the second section of the second
C. Name of Outside Organization (Include address and description)	Number of Ticket(e)i Pass(es)	Describe the public	purpose made purcuent to	the agency's policy
And the second s	Passion	province of the second second second		the state of the s
<u>g</u> 100		н.		
California e de la		*		
Verification	W-2-100	u 111-116 distribution and fastin	ahnua. In la amandasan uniis li	a convictamente
Vermeation I have read and understand FPPO Regulations 18944.1 and to	din Fe	ira er Car Tieles	+ Administra	lar 4/30/110
Signature of Agency Pentier Designate	Print Numa	1201201 11Cles	Tillo	(Manth, Day, Yalan)
William and Sounds of and at community		•	Ø.	
Comment:		A STATE OF THE PARTY OF THE PAR		FRBI: Form 802 (6)(2)

eren	ionial Role Ev	ents an	d Tick	(et/Pa	ss Dist	ributions		\ Public	Document
and the second second	ncy Name			eran en	S. C. S.	and the second s	Dale Stamp	Califo	rnia 802 m 802
_	Oakland Alameda County Coliseum Authority							Transport Company	
	on, Department, or	7.						For	Official Use Only
Barba	ara Kong-Brown, O	ACCA Ma	rketina					İ	
	esignated Agency Contact (Name, Title)								
_							Amendment (Musi	Provide Evolen	ation in Pari 3.
Area	ea Code/Phone Number E-mail						-		
510.:	383.4801	bkon	gbrown1	1@gma	il.com		Date of Original Filing	; (month, d	ay, year)
7-12-mil/20-1111/112-11	ann an airmeach a shi a' dh'an chair the rhinn) am ann a Shigh lean re tha an tarain		A Commission of the Commission		and the second second second second second	Annual and a surprise of the s			
-	unction or Event Information						Each Ticket/Pass \$.	600.00	•
	Does the agency have a ticket policy? Yes [2								
Even	Event Description: Warriors Basketball Date(s) 04 Provide Title/ Explanation						/ 05 / 16		
	rt(s)/Pass(es) provi				^{tion} No∐	If no:			Te see
LICKE	H(2)\Leas(es) hina	ded by age	sucă i	169 🔼	MOLL	() ((C) SOCIETION	Name of Source		
Was	ticket distribution m	nade at the	behest	Yes 🗌	No ⊠	If yes:	Official's Name (Last, Firs	<i>t</i>)	
of a	gency official?						1	*	5
			and the state of t				and the second seco		
Re	cipients				Coatlan D t	a Idanei Gran ladivid	lual. • Use Section C to ide	estify an outsid	le organization.
· Uge	Section A to restruy the	agency s oep	artment or	unu o	Number				
A.	Name of Agency,	Department	or Unit		of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the	agency's policy
policies and									
					<u></u>		· · · · · · · · · · · · · · · · · · ·		
						7			
	E3 Name of Individual				Number of Ticket(s)/		identify one of the	s following:	
6.		it, First)			Pagees				
Kon	Kong-Brown, Barbara						nonial Role 🔲 Other	S	Income
INDI	Nong-brown, barbara			2 Ito Investigat		cking "Ceremonial Role" or "Other" describe below: te the efficiencies of the operations of various			
						sporting and	other events that or	ccur at Coli	seum Comple
							nonial Role		Income
						n class	SUB CERENDIABLENCE OF COST	DRALIDO PLICITA	•
	\$1000 particular and the Conference of the Confe		ohara anana da						
C.	Name of Outside Organization (include address and description)					the public purpose made pursuant to the agency's policy			
	ในเลยเลล นละแลง คนา กล่องเป็นกนใ				Passes				Composition
				-			•	:	
Parameter 1				,					
	7 Al	nijerprograma promonom meninim		gametanniampianpigamikan	noised Federal Statement Security 15 From			de la companya de la	
Verli	Tcation	/ EDBA b		40044) i hove verified	that the distribution se	forth ehove	is in accordant
	e reagt and understand	O PHY C Re	guietions	10844.1	enu 16942	i, i fibyə vərined	that the distribution se		10 11 1000000000
I have	ha <i>feoliire</i> ments - A	,							
l have with ti	he reguirements.	11	2**	arbar- f	Cong-Brow	m Ar	CCA Marketing Com	miitee	4.5.16

Agency Report of:

1. Agency Name	Date Stamp	Galifornia (0)/1/5					
Oakland Alameda County Col		For Official Control					
Division, Department, or Region (If Applica		For Official Use Only					
Yui Hay Kee, Commissioner							
Designated Agency Contact (Name, Tille)	Designated Agency Contact (Name, Tille)						
	Area Code/Phone Number E-mail						
2. Function or Event Information	iyemmanet	e Andrew Activities (1) (Principles Control of Control	Date of Original Filing:	(Month, Day, Year)			
Does the agency have a ticket policy?	Yes□ No[☐ ← Face Value o	f Each Ticket/Pass \$ _	13400			
Event Description Council Coun	MANO	~ []	-1016	···			
Ticket(s)/Pass(es) provided by agency?	Yes [] No [] If no:	Name of Source				
Was ticket distribution made at the behest of agency official?	No ☐ Yes [☐ If yes:					
3. Recipients - Use Section A to identify the agency's department	orunit alica Sact	ion B to Mouth, or Individual					
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		olic purpose made pursuant to the agency's policy				
Yui Hay Lee, Commissioner	2	#3					
B. Name of Individual (Lost first)	Number of Ticket(s)/		Identify one of the follow	ing:			
	Pass(es)	Ceremonial Role	Other I	Income			
		Ceremonial Role [Other Rale" or "Other" describe below:	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	lic purpose made pursuant to the agency's policy				
. Verification I have feet and understand FPPC Regulations 18944 1 an	d 18942. I have verifie	ed that the distribution set fort	h above, is in accordance willi	ilhe requirements.			
	i Hay Lee		CA Commission	3/4/16			
Samuland of April Horal or Designeo	Print Name	мунантического и от так и от так и от так от та Так от так о	Title	(Month, Pay, Year)			
Comment:		and the state of t	millionen dar dan de plante (million de la france anna errore anna compressión, abbitantia de debidido de desidad de de desidad de d	FPPC Form 802 (4/12)			

Agency Report or: Geremonial Role Events and Ti	clrof/Dec	a Dineviloution		
1. Agency Name	ckeuras	is Distributions		A Public Documer
Oakland/Alameda Cour	Date Stamp	California 802		
Division, Department, or Region (If Applical		For Official Use Only		
Alameda Courty DiferVisor Designated Agency Confect (Notice, Title)				
Lee Ann Fergerson, Tick Area Godel Phone Number [E-mail	Amendment (Must p	ovido explanation in Part 3.)		
510 272-609 lecarw 2. Function or Event Information	n.ferge	rsom@acqon.vg	Date of Original Filling: .	(Monja, Day, Year)
Does the agency have a ticket policy?	Yes 🔃 No	Face Value of	f Each Ticket/Pass \$	50,00
Event Description Buseball	-	Date(s)	, G, JG	0000
Provide Title/Exp	lanolion	9-14	1 0 1 1	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Val	Namo of Sou	tics
Was licket distribution made at the behest of agency official?	No ☐ Yes	If yes: Sco	Haggerty Official's Name (La	
3. Recipients	AARTIN (SIR MIGHIN EVEN MINING)			
Use Section A to Identify the agency's department or a A, Name of Agency, Department or Unit	Wumber of			Anna comment and a property of the Comment of the C
A. Name of Agency, Department or Unit	Tickel(s)/ Pass(as)	. Describe the public	c purpose made purousit to	the agency's policy
				The second of the second secon
		Vaccourt essential Court	and the second section of the second	· ·
B. Name of Individual (last, fur)	Number of Ticket(s)/ Pass(cs)		dentily one of the following	F ,
ARIO YSIT	2	To promote attenda to maximize potent parking sales.	ance at a county sponsore ial county revenue for con	ed event in order cession and
		Ceremonial Rele (I chocking "Coromonial R	· Other [] late* or "Other" describe below:	Income [
C, Name of Outside Organization (Include address and description)	Number of Tickel(e)/ Pass(es)	Describe the public p	purpese made purevent to t	he agency's policy
				4-6-5-M-markitanamakin Admidda-G-kayanamilankin
			The second section of the sect	Programmy of the State Control
Verification I have read and understand FPPO Regulations 18949.1 and 18 Lec Signature of Agadesy House of Ossignate Comment:	942. I havo vodi Lviv Fe Pilat Nama	and that the distribution soil forth or rigers on Ticke	obove, is in accordance with the LAdministrat	requirements. Or 4-26-10 (Manth, Day, Your)
and the state of t	THE RESERVE THE PERSON NAMED IN	The state of the s	prompted to severe the severe to the severe	A Committee of the last of the

Comment: _

	ncy Report of: emonial Role Even	ts and Ticket/P	ass Distri	ibutions	A	Public Document
1. A	gency Name akland Alameda County C	-			Date Stamp	California 802
Di	vision, Department, or Reg	ion (if applicable)				For Official Use Only
So	cott McKibben, Executive	Director				:
De	esignated Agency Contact	(Name,Title)				
Ār	ea Code/Phone Number	E-mail			Amendment (Must Pri	ovide Explanation in Part 3.)
5	10.383.4801	smckibben1@gma	il.com		Date of Original Filing: _	(month, day, year)
2. F	unction or Event Infor	mation				4.00
Do	oes the agency have a tic	ket policy? Yes	□ No □ F	ace Value of	Each Ticket/Pass \$ _ 13	4.00
E۱	vent Description: <u>Carrie U</u>	nderwood Provide Title/ Expla	nation [Date(s) <u>04</u>	<u>, 10 , 16</u> .	
Tia	cket(s)/Pass(es) provided			f no:		
	, , , , , ,				Name of Source	THE PARTY OF THE P
	as ticket distribution made of agency official?	e at the behest Yes[□ No⊠ ^{II}	f yes:	Official's Name (Last, First)	O SPERMANNEN PROTECTION AND PROTECTION AND PROTECTION AND PROTECTION AND AND AND AND AND AND AND AND AND AN
	Recipients Use Section A to identify the ager	cy's department or unit. •		identify an individ	lual. • Use Section C to identi	fy an outside organization.
A	\ Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
-			Number			
E	3. Name of Indi (Last, Fir		of Ticket(s)/ Passes		Identify one of the fo	llowing:
N	/IcKibben, Scott		4	to promote t	nonial Role Other Xing "Ceremonial Role" or "Other" describe Coliseum Complex usinesses to maximize	cribe below: for use by the general
					nonial Role Other Other or "Other" descriped on	Income
C	Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
_						UNINGOSUSTAMPULISMUSUS OSUNISMOSTA POPUTUS ROBANISMOSUS AND
	rification aye (ead and understand AF	P [‡] Regulations 18044	1 and 18042	I have verified t	hat the distribution set for	rth ahove is in accordance
	h/the tequirements	To regulations 10944	, i ana 10342. I	mavo vermeu t	nat are distribution set for	an above, is in accordance
0	Signature of Agenicy Bleadfor Design		McKibben int Name	OA	CCA Executive Direco	tr 4.4.16 (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 **Date of Original Filing:** smckibben1@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Sel attack d Does the agency have a ticket policy? Yes⊠ No□ Date(s) See attached Event Description: Oakland A's Season Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: __ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes McKibben, Scott Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum Complex for use by the general public and businesses to maximize revenues Ceremonial Role Other 🔲 Income . If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization 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 FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirerno Scott McKibben OACCA Executive Director 04.04.16 Print Name Title (month, day, year) Comment: _ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Oakland A's

Scott McKibben

A's v Giants

April 2, 2016 (4) tickets \$112.50

Agency Report of:

Ceremonial	Role Events	and Ticket/Pass	Distributions

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C					
	Division, Department, or Reg	ion (if applicable)		1	For Official Use Only	
	Larry Reid, OACCA Chair					
	Designated Agency Contact (Name, Title)				
			Amendment (Must D	rovide Explanation in Part 3.)		
•	Area Code/Phone Number	E-mail				ovide sapidifaturi ti Edit 3.)
	510.383.4801	lreid@oaklandı	net.com		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	et policy? γ	′es⊠ No□ F	ace Value of I	Each Ticket/Pass \$ 75	5.50
	Event Description: The Clas				, 23 , 16	
	Event Description.	Provide Title/ I	Explanation	/ate(5)/		Service and Control of
	Ticket(s)/Pass(es) provided	by agency? Υ	′es⊠ No⊡ lf	no:	Name of Source	
	Was ticket distribution made	at the behest y	′es 🗌 No 🗵 🕕	yes:	Official's Name (Last, First)	
	of agency official?					
·	Recipients					
	• Use Section A to identify the agen	cy's department or un	it. • Use Section B to i	dentify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
	SUMMER CONTRACTOR OF THE STATE		1 03563			
	F				nterminimosas kastaskas kastas es se	
	B. Name of Indiv		Number of Ticket(s)/		Identify one of the fo	ollowing:
	(Last, 1 ns		Passes			
	Reid, Larry			If check	onial Role Other X ing "Ceremonial Role" or "Other" des	scribe below:
			4	to promote th	ne Coliseum Complex	for use by the general
					usinesses to maximize	
				1	onial Role D Other Ding "Ceremonial Role" or "Other" des	
	C. Name of Outside Or (include address and		Number of Ticket(s)/	Describe the	public purpose made purs	suant to the agency's policy
	Imorano anarosa ana	accompanis)	Passes			
	C					
*	/avi6iaatian			gggstater and a transmission of the state of		
	/erification	30 Doguđati 40	0444 and 40040	hours warden at the	bot the distribution * *	adh ahasa ta ta a contr
	have read and understand FPF with the reguirements.	~C Regulations 18	944.1 and 18942.1	riave verified ti	rial the distribution set fo	ππ above, is in accordance
•	TAM. ACK		Lorge Doid		04004 Ob -:-	4.0.40
	Signature of Agendy Head or Designation	44/	Larry Reid Print Name	The state of the s	OACCA Chair Title	4.6.16 (month, day, year)
L		· -			1740	(monin, day, year)
(Comment:		Control Contro			

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Larry Reid, OACCA Chair Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Ireid@oaklandnet.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 134.00 Yes ⊠ No □ Event Description: Carrie Underwood 04 10 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No 🗆 If no: Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 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 В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Reid, Larry Other X Income . If checking "Ceremonial Role" or "Other" describe below: 2 to promote the Coliseum Complex for use by the general public and businesses to maximize revenues Ceremonial Role Other 🔲 Income ___ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 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 regardements.

Signature of Agency Head or Designee

Larry Reid

OACCA Chair

4.6.16

3

(month, day, year)

Comment:

	gency Report of: eremonial Role Events and Tici	ket/Pass	Distributions		A Public Document
7.	Agency Name Oakland/Alameda County Division, Department, or Region (If Applicable)	y Colisei	um Authority	Date Stamp	California 802
	Alameda County Supervisor S Designated Agency Contact (Name, Tille)				
	Lee Ann Fergerson, Ticke Area Code/Phone Number E-mail 510 272-lele91 lee ann		unistrator son@acgovog	Amendment (Must p	•
2.	Function or Event Information		41		
	Does the agency have a ticket policy?	Yes□ No	☐ Face Value o	f Each Ticket/Pass \$ _	700,00
,	Event Description Provide Tilte Explain	Cell-	Date(s)		·
	Ticket(s)/Pass(es) provided by agency?	Yes 🖾 No		Nome of Soi	UTCO
,	Was ticket distribution made at the behest of agency official?	No ☑ Yes	If yes: Alamed	da County Supervisor Sco Official's Name (1	ott Haggerty, District 1
	Recipients • Use Section A to Identify the egency's department or th	nii. v Uso So	otlan B to identify an individu	at. • Use Saction C to Ident	ity no outside emmissiles.
•	A, Name of Agency, Department or Unit	Number of Tickel(s)/ Pass(cs)	1	io burboso mado puisuant	Commence of the commence of th
F		MACHINE CONTROL OF THE PARTY OF			
Î	3. Namo of Individual (cs., Ret)	Number of Ticket(e)/ Pass(eu)		identify one of the following	1g:
-	Rodney Giles	Harage House And Angele Province Annual Con-	To promote attendanc to maximize potential parking sales.	e at a county sponsored county revenue for conc	event in order ession and
å	:	All the Love of Contract of Co	Ceremonial Rola E II čhosking *Ceremonia	Other Discordated below.	Incoma 🗀
Č	Name of Outside Organization (Include address and description)	Numbar of Tickot(s)/ Pass(os)	Describe the publi	o barboso wage baizaeuri	o the agency's policy
4			•		
. \	Perification Approved find understand FPFO Regulations 18944.1 and 18 LeC Signalure of Approxy Houser Configure		Engerson Tiel	nh obove, is in ecceptance with CELAGMINISM Tillo	
С	omment:	della companya		·	

Agency Report of:				
Ceremonial Role Events and	licket/Pa	ss Distributions		A Public Docume
1. Agency Name Calcland/Alameda Cou bivision, Department, or Region (If Applic	nty Colis	eum Authority	Date Stump	Form 802
Alameda County Duger (No Designated Agency Contact (North, 71110)		taggerty DI		1 of Officer Odd Oray
Lee Ann Fergerson, Tick Aroa Code/Phone Number E-mail			Amondment (Must)	providu explanation in Parl 3.)
510 272-1do91 leean 2. Function or Event Information	n.ferge	erson Cacqouog	Date of Original Filling:	(Manin, Day, Year)
Does the agency have a ticket policy? Event Description Distriction 1	Yes 🔼 🐧 hwyddynydd		Each Ticket/Pass \$	*****
Provide Tillorex Ticket(s)/Pass(es) provided by agency?		o□ If no: <u>650</u>		annenning programme and a second contraction of the second contraction of the second contraction of the second
Was ticket distribution made at the behest of agency official?	No□ Ye	s	Nome of Sol AGALAS Olyabrs Name (1)	Michigan .
3. Recipients • Uso Section A to Identify the opency's department of	runii. e Uso Si	oollon 8 to Identify an Individual	The second section of the sect	
A. Name of Agency, Depuriment or Unit	Numbor of Tickel(a)/ Pose(ca)		harboso wago bawaan (
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Name of Individual (tay, tay)	Number of Tickel(e)/	(c	lentify one of the following	Description of the second seco
Sam Herninger	Pana(au)	To promote attenda	nce at a county sponsore at county revenue for con	The state of the
	ertilanförvistil dissammings y gressmelgigging gam	Cetemonial Role	· Other [] Is a rather describe below:	Incoma []
C, 'Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(se)	Describe the public p	Irposo made pursuent to t	he agency's pollsy
	the control of the co	et telephonomiaani (PES) – PES vereni järvi (Sephonomiaa) järvi (Sephonomiaa) verinimistä (PES) – PES vereni j	and the second s	nde 45 Glib d'Ana parcitatione accionnesticalis estratos habitis máxicos respectivos parcinas.
	rieda otto-inalesia, marien processor como escala	mmanaganiga wan ni akun ni akun 1980 ilikuwa kata kata ni ya ya kaza kun ya managai kata wa kata kata wa kata I	elitera regressio dell'Amprile, in Africali, dell'igidene mensioni como collissione dell'archi. In 2016 2004 il 200	and bloodship (en-you)tum.gam.gap.gg.mil.gg.gmigis.dl/secces-volumes.cent-vi-accessionale
Verification have reed and understand FPFO Regulations 16944.1 and 18	942. I havo vana	led that the distribution set forth ob	ove, is in eccordance with the	requirements
Signature at Agrancy Hogs of Dosignes	Print Nama	rgerson Ticke	+ Administrati	(Nach, Day, Yuah
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 \$ 134.00 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Carrie Underwood Date(s) __04 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 A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X income If checking "Ceremonial Role" or "Other" describe below: Dobbins, Chris 2 to investigate efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

Comment:

1	,bave	read ar	nd under	rstand Fi	PPC Regulations	18944.1 and	18942. I hav	e verified that	the distribution	set forth above.	is in accordance
V	vith th	e reglui	rements:	Parameter .							
		The same of the same of	- C								

Name of the Association of the A	Chris Dobbins	OACC
Signature of Agency Head or Designee	Print Name	

A Commissioner

4.4.16

(month, day, year)

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 chrisdobbinslaw@yahoo.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 75.50 Yes⊠ No □ Event Description: The Reunion Date(s) __04 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No 🗆 If no: _ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 4 to investigate efficiencies of the operations of the 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. 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. Chris Dobbins **OACCA Commissioner** 4.4.16 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and	Trikot/Da	ec Nickikukana		,
1. Agency Name Calcland/Alaweda Cou Division, Department, or Region (FApplic	włu Golis		Dale Stemp	A Public Docume Celtfornia 30 Form 30 For Official Use Only
Atameda Courty Succession Designation Agency Connect (Name, 1716)				· Committee of the comm
Lee Ann Fergerson, ITC Area Godel Phone Number E-mail 510 272-1291leean	Management, medanical para	ministrator. Uson Cacqoi org	[] Amondment (dust) Date of Orlginal Piling:	
2. Function or Event Information Does the agency have a ticket policy? Event Description Bash Daw Provide Tillets	Yes [] N	Date(s)	Each Ticke/Paps \$_	50,00
Ticket(s)/Pasa(es) provided by agency? Was ticket distribution made at the behest of agency official?	l	If no: G	M Name of Soil H Hayyer Diffelules Alpino A.2	4
3. Recipients • Use Section A to Identify the agency's department of	runii. v Uso Se	otlon E to identify an individual,	• Use Soulien C to Islantify	
A. Name of Agency, Depurement or Unit	Munbor of Tiskal(6)/ Paso(66)	. Doscribo the public	ourpose modo punovent to	the agency's palley
Name of individual (154, 54)	Number of	anni ku kun ministri kun ku kun kun ku	mily one of the following:	ranishawa a marii iyogii fi sajiini a ay yi karaliga ka ka gili sa sa asaa marii ka aa aa aa aa aa aa aa aa aa Aa aa a
Wanda Thompson	Pago(00)	To promote attendan to maximize potentia parking sales.	ce at a county sponsored county revenue for cond	d event in order
\$0.0 minutes and a minutes and the second control of the control o		Getemonial Ruin Il checking Geromonial Ruin	· Oiher [] *ar 'Chlor' describe beline	INCOME [cd]
Manie of Outside Organization (Include address and description)	Number of Ticket(e)/ Pass(ev)	Describe the public pur	poo made puraconto in	e agoncy'e policy
Verlication introduction introductions intro		ed that the distribution set forth obes Berson Ticket		equirements. (15-16 (Month, Day, Men)
			•	

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

Agency Name Oakland-Alameda County Co	Nicoum Authority	осинистичном мару фоловости и обще без 46 севрем 4 15 Певого ос		Date Stamp	California 802
Division, Department, or Regio			_		For Official Use Only
Barbara J. Parker, City Attorn Designated Agency Contact (N	ney/OAACA Official				
Arna Cadalibana Maria	- Paril	······································		Amendment (Must pro	vide explanation in Part 3.)
	E-mail bparker@oaklandcity	attorney org		Date of Original Filing:	
2. Function or Event Inform	orieinment management of the second of the s		***************************************	CHOCSSATE COMMENCE CONTROL COMMENCE OF THE OTHER PROPERTY COMMENTY C	(Month, Day, Year)
Does the agency have a ticket		No∏ Fac	e Value of	f Each Ticket/Pass \$	75.50
Event Description The Class F	, , , , ,	- Could			
Ticket(s)/Pass(es) provided by	agency? Yes 🛛	No ☐ If no	o:	Name of Sourc	
Was ticket distribution made at of agency official?	the behest No 🛛 Y	′es ☐ If ye	es:	Official's Name (La:	st First)
3. Recipients	Rediction and the second section of the second section of the second second second second second second second			englandistand_e (distantini kindringtantina distantini kindringtistati kindring	en e
Use Section A to identify the agency's	department or unit. • Use	al. * Use Section C to identify	y an outside organization.		
A. Name of Agency, Department	t or Unit Ticket(s	y Descr	be the publ	ic purpose made pursuant to	the agency's policy
		S		,	
B. Name of Individual	Number Tickells Pass(et	y		identify one of the following	3:
Barbara J. Parker	2	Geren Hebred	ate the e	Other S #Role of Other descate below fficiencies of the operate events that occur at Col	
			omal Role		Income
	2	1		d Rule of Ottaer descalar halow	шемун 🔟
C. Name of Outside Organiza		y Descri	be the publi	ic purpose made pursuant to	the agency's policy
			- COLUMN COM TO COLUMN TO	ger mage green years and a state of the stat	
. Verification			стинический организации		
. Vernication - Thave read and understand EPPC Regulati	ons 18944 1 and 18942 Thav	e verified that the distr	ibution set for	rth above, is in accordance with t	the requirements
Bart & Fel.		J. Parker	City_	Attorney/OAACA Offici	al 04/05/2016 (Monut Day War)
Comment:				······································	

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

A	D.	-1-1	-	D.			ent
44	-	III	10	1 1/	30	um	Ont

-						A i done becament	
1.	Agency Name				Date Stamp	California Q02	
	Oakland-Alameda County C	Coliseum Aut		Form OUZ			
	Division, Department, or Reg	ion (If Applicab		For Official Use Only			
	Barbara J. Parker, City Atto	rnev/OAACA	Official				
	Designated Agency Contact	7.					
						4	
	Area Code/Phone Number	E-mail			Amendment (Must provi	ide explanation in Part 3)	
	(510) 238-3815	ALTERNATION OF THE PARTY OF THE	aklandcityatt	ornev ora	Date of Original Filing:		
2	Function or Event Infor			ooy.org		(Month. Day, Year)	
	Does the agency have a ticke		f Each Ticket/Pass \$	134.00			
	Event Description Carrie Und	Provide Title/Exp					
	Ticket(c)/Pacc(co) provided by	()					
	Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐			☐ II no:	Name of Source)	
	Was ticket distribution made a	t the behest	Official's Name (Last				
	of agency official?		No 🗵 Yes	,,	Official's Name (Last	. First)	
3.	Recipients						
	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identify	an outside organization.	
	A. Name of Agency, Departme	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	the agency's policy		
3			Pass(es)	- CX 001			
			-				
	B N 7 1 1 1 1		Number of				
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the following:		
•				Ceremonial Rote	Other 🛛	Income	
	Barbara J. Parker		2	C SCHOOLSEN CONCARDANCE	of Rale' or 'Other' describe below		
	Ŵ			To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex			
-							
				Ceremonial Role If checking *Ceremonia	Other Bole or Other describe helow	Income	
			2				
(Name of Outside Organiz		Number of Ticket(s)/	Describe the publi	olic purpose made pursuant to the agency's policy		
-	(include address and desc		Pass(es)				
_					82		
	Barbare (tark					
	/erification						
U	have read and understand EPPC Regula.	tions 18944.1 and	18942. I have ver	ified that the distribution set for	th above, is in accordance with the	requirements	
	Shuby Sarke		Barbara J. P	arker City	Attorney/OAACA Official	04/05/2016	
-	Signature of Agency Head or Designee		Pont Name		Title	(Month Day Year)	
100							
C	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 For Official Use Only Division, Department, or Region (if applicable) Krishna Pettitt, Oakland City Attorney Designated Agency Contact (Name, Tille) Amendment (Musi Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filling: 510.383.4801 KPettitt@oaklandcityattomey.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 600.00 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Warriors Basketball Date(s) __04 / 05 / 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(e)/ A. Passes Number of Ticket(s)/ Passes Name of individual Identify one of the following: В. (Last, First) Income [] Other X Ceremonial Role Pettitt, Krishna 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 income \square Ceremonial Role Other 🔲 if checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Ĉ. (include address and description) 4. Verification

Standille of Agency Pead or Dasignas Print Name Title (month, day, year)

Comment:

Krishna Pettitt

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 **Gartisem**ents.

4.5.16

Oakland City Attorney

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 Otis McGee Jr, Oakland City Attorney Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 510.383,4801 OMcGeeJr@oaklandcityattorney.org Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 500.00 / \$600.00 Yes⊠ No□ Event Description: Warriors Basketball Date(s) _04 03 05 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: _ Name of Source Was ticket distribution made at the behest Yes □ No 🗵 If yes: __ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number В. Name of Individual of Ticket(s)/ identify one of the following: (Last, First) Passes McGee, Otis Jr. Ceremonial Role Other 🗵 income [If checking "Ceremonial Role" or "Other" describe below 2 per to investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role 🔲 Other 🔲 Income 🔲 If checking "Graemondel Boto" or "Other" Geocutic boken

C. Name of Outside Orga (include address and de	mization Number of Ticket(s)/ Passes	Describe the public purpose made pursuant	to the agency's policy
			and the state of t
Verification Have read and understand FRPC with fine figure parts.	Regulations 18944.1 and 18942.11	have verified that the distribution set forth a	bove, is in accordance
Signature of Agency Helad or Designee	Otis McGee Jr. Print Name	Oakland City Attorney	4.5.16 (month, day year)
Comment:		F FPPC Toll-Free Helpline: 866/AS	PPC Form 802 (2/2016) K-FPPC (866/275-3772)

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

1.	Agency Name				Date Stamp California Form		
	Oakland-Alameda County C					For Official Use Only	
	Division, Department, or Reg	ion (If Applicable	?)				
	Barbara J. Parker, City Attorney/OAACA Official Designated Agency Contact (Name, Title)						
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
	(510) 238-3815	bparker@oa	klandcitvatto	ornev ora	Date of Original Filing: _		
2	Function or Event Infor		ikiaridonyan			(Month. Day, Year)	
fin s	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	75.50	
	9 .	(0)					
	Event Description The Class	Provide Title/Expi	23 , 16				
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐			☐ If no:	Name of Sou		
	Was ticket distribution made a	t the beheet	N. EZIV				
	of agency official?	t the penest	No 🛛 Yes	If yes:	Official's Name (La	ast, First)	
3.	Recipients						
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	A. Name of Agency, Department or Unit		Honordon.		lic purpose made pursuant to the agency's policy		
	a selam managa di Talah sebagai di Kal		Pass(es)				
	M						
	B. Name of Individua	l	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:	
	Barbara J. Parker				Other X	Income	
	barbara o. Tarkor	2	To investigate the efficiencies of the operations of the various				
					events that occur at Co		
						Income	
			2	If checking "Ceremoni	al Role" or "Other" describe below:		
į	C. Name of Outside Organi		Number of Ticket(s)/ Describe the pu		blic purpose made pursuant to the agency's policy		
	(include address and desc	cription)	Pass(es)				
5							
	Verification						
	have read and understand FPPC Regula	ations 18944.1 and	18942. I have ver	rified that the distribution set fo	rth above, is in accordance with	the requirements.	
	Bart Spil		Barbara J. F	Parker City	Attorney/OAACA Office	ial 04/05/2016	
•	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
8	Commont						

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

-						
1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	Coliseum Autl	hority			Form OUZ
	Division, Department, or Reg				-	For Official Use Only
	Barbara J. Parker, City Atto	rney/OAACA	Official			
	Designated Agency Contact					
	Area Code/Phone Number	E-mail			. Amendment (Must pro	25
	(510) 238-3815	bparker@o	aklandcityatto	orney.org	Date of Original Filing: _	(Month. Day, Year)
2.	Function or Event Infor	mation				101.00
	Does the agency have a ticke	t policy?	Yes 🛛 No	☐ Face Value o	f Each Ticket/Pass \$	134.00
	Event Description Carrie Und	derwood Con Provide Title/Exp	cert	Date(s)04	, 10 , 16	
	Ticket(s)/Pass(es) provided b	y agency?	Yes⊠ No	☐ If no:	Name of Sou	
	Was ticket distribution made a of agency official?	at the behest	No ☒ Yes	☐ If yes:	Official's Name (La	ast. First)
_						
3.	Recipients • Use Section A to identify the agency	v's department or	unit. • Use Sec	ction B to identify an individu	ıal. ● Use Section C to identi	fv an outside organization.
	A. Name of Agency, Department or Unit		Number of		lic purpose made pursuant to the agency's policy	
	Name of Individua	1 44	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Barbara J. Parker		2	CARL CONTRACTOR CONTRA	al Role" or "Other" describe below:	Income
					efficiencies of the opera events that occur at Co	
		-	2		Other al Role" or "Other" describe below:	Income 🗌
	C. Name of Outside Organi (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
1	Sactural (Sark				
	Verification have read and understand FPPC Regula	ations 18944.1 and	d 18942. I have vei	rified that the distribution set fo	orth above, is in accordance with	the requirements.
	Saly Sarke		Barbara J. F		Attorney/OAACA Office	
9	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
	O					
(Comment:					

1. Agency Name	Notice the Control of		Date Stamp	A Public Docume
Oakland Alameda County Colise	um Authority		Date Staffip	California 80
Division, Department, or Region (I				For Official Use Only
Scott Haggerty, OACCA Commis	ssioner			
Designated Agency Contact (Name			\dashv	
5				
Area Code/Phone Number E-ma	ail		Amendment (Must	provide explanation in Part 3)
AND DESCRIPTION OF THE PERSON	nn.fergerson@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information	50 FOX			1050 00
Does the agency have a ticket police	y? Yes⊠ N	o ☐ Face Value	of Each Ticket/Pass \$ _	W 30.00
Event Description Provide	c fitte/Explanation	Date(s)	+19116	
Ticket(s)/Pass(es) provided by ager		If no: Co	26)	
			Name of So	urce
Was ticket distribution made at the book of agency official?	ehest No 🗌 Yes	s⊠ If yes: Hagg	erty, Scott	
Recipients			Official's Name (L	.osi, Firsi)
Use Section A to Identify the agency's departments	rtment or unit Use Se	ection B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Ur	Number of		lic purpose made pursuant	
Alameda County, District One		to promote the Coli	seum Complex for the	use by the general
		1.		
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
Sason Chen	7	To promote attendand to maximize potential parking sales.	e at a county sponsored of county revenue for conce	event in order 770 🗆
- 2		Ceremonial Role [Other Role or Other describe below.	Income
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
(erification	hatimakeististista	FOREstablishing and memorial and three following the state of the stat		
erification avereagend understand FPPC Regulations 1894	1 1 and 18942 Theve vent.	ied that the distribution set font.	ahove, is in accordance with the	requirements

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

Jordinomai Itolo Eveni			The second secon		AND THE PLANT OF THE PROPERTY
l. Agency Name			Date Stamp	California 802	
Oakland-Alameda County C	ority			A STATE OF THE STA	
Division, Department, or Regi	on (If Applicable	e)			For Official Use Only
Barbara J. Parker, City Attor		Official			
Designated Agency Contact (Designated Agency Contact (Name, Title)				
				Amendment (Must pr	avida avalanation in Part 3 \
Area Code/Phone Number	E-mail			Amendment (wast pro	ovide explanation in Part 3.)
(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing: _	(Month, Day, Year)
. Function or Event Inform	nation				0 10 1
Does the agency have a ticket	22 25	Yes 🗵 No		of Each Ticket/Pass \$	SeeAttached
Event Description Oakland A	's Tickets - 20	016 Season	Date(s)		
			- 16		ē
Ticket(s)/Pass(es) provided by	agency?	Yes 🛛 No	☐ If no:	Name of Sou	rce
Was ticket distribution made a	t the behest	No ☑ Yes	□ If ves		
of agency official?				Official's Name (La	ast, First)
. Recipients					
Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	ıal. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
B. Name of Individual		Number of			
(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ig:
Barbara J. Parker	e	2	Services Services Services Services	al Role" or "Other" describe below:	Income [
		,		efficiencies of the opera events that occur at Co	
		2	Ceremonial Role If checking "Ceremoni	Other In all Role" or "Other" describe below:	Income [
C. Name of Outside Organia (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Comment of the Commen		1	I		
			_		
Verification					
Verification I have read and understand FPPC Regula	ntions 18944.1 and				
	ntions 18944.1 and	18942. I have ve Barbara J. F	Parker City	orth above, is in accordance with Attorney/OAACA Offic Title	

Oakland A's

April 2016

Barbara Parker

Oakland A's	4.2.16	(2) tickets	\$112.50
Oakland A's	4.4.16	(2) tickets	\$100.00
Oakland A's	4.5.16	(2) tickets	\$80.00
Oakland A's	4.6.16	(2) tickets	\$80.00
Oakland A's	4.7.16	(2) tickets	\$80.00
Oakland A's	4.11.16	(2) tickets	\$80.00
Oakland A's	4.12.16	(2) tickets	\$80.00
Oakland A's	4.13.16	(2) tickets	\$80.00
Oakland A's	4.15.16	(2) tickets	\$80.00
Oakland A's	4.16.16	(2) tickets	\$80.00
Oakland A's	4.17.16	(2) tickets	\$90.00
Oakland A's	4.29.16	(2) tickets	\$80.00
Oakland A's	4.30.16	(2) tickets	\$100.00

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 \$ See attached Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Oakland A's Season 2016 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 B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: Dobbins, Chris to investigate efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

Comment:

I have read and understand FPP with the requirements.	Regulations 18944.1 ar	nd 18942. I have	verified that the distrib	ution set forth above,	is in accordance
(with the requirements.					
X .					

V 49	Chris Dobbins	C	
		-	

OACCA Commissioner

4.4.16

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Oakland A's

April 2016

Chris Dobbins

Oakland A's	4.2.16	(4) tickets	\$112.50
Oakland A's	4.4.16	(4) tickets	\$100.00
Oakland A's	4.5.16	(4) tickets	\$80.00
Oakland A's	4.6.16	(4) tickets	\$80.00
Oakland A's	4.7.16	(4) tickets	\$80.00
Oakland A's	4.11.16	(4) tickets	\$80.00
Oakland A's	4.12.16	(4) tickets	\$80.00
Oakland A's	4.13.16	(4) tickets	\$80.00
Oakland A's	4.15.16	(4) tickets	\$80.00
Oakland A's	4.16.16	(4) tickets	\$80.00
Oakland A's	4.17.16	(4) tickets	\$90.00
Oakland A's	4.29.16	(4) tickets	\$80.00
Oakland A's	4.30.16	(4) tickets	\$100.00

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 For Official Use Only Division, Department, or Region (if applicable) 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 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Oakland A's Season 2016 Date(s)_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number 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. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income __ Reid, Larry If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum Complex for use by the general public and businesses to maximize revenues Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number

_	
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

of Ticket(s)/

Passes

with the regulirements.

Signature of Agency Head or Designee

Name of Outside Organization

(include address and description)

Larry Reid

OACCA Chair

Describe the public purpose made pursuant to the agency's policy

4.6.16

Print Name

(month, day, year)

C.

Oakland A's

April 2016

Larry Reid

Oakland A's	4.2.16	(4) tickets	\$112.50
Oakland A's	4.4.16	(4) tickets	\$100.00
Oakland A's	4.5.16	(4) tickets	\$80.00
Oakland A's	4.6.16	(4) tickets	\$80.00
Oakland A's	4.7.16	(4) tickets	\$80.00
Oakland A's	4.11.16	(4) tickets	\$80.00
Oakland A's	4.12.16	(4) tickets	\$80.00
Oakland A's	4.13.16	(4) tickets	\$80.00
Oakland A's	4.15.16	(4) tickets	\$80.00
Oakland A's	4.16.16	(4) tickets	\$80.00
Oakland A's	4.17.16	(4) tickets	\$90.00
Oakland A's	4.29.16	(4) tickets	\$80.00
Oakland A's	4.30.16	(4) tickets	\$100.00

	Agency Report of: Ceremonial Role Events and Tic	ket/Pass	Distributions		A Dublic Deserved
200	. Agency Name Oak on Some Color of the Colo	orenty)	soliseum Suthonto	Date Stamp	A Public Document California 802 Form For Official Use Only
	Larry Reid, Chair Designated Agency Contact (Name, Title)				
-		Dookla	und net .com	Amendment (Must pr	19)
_	Function or Event Information Does the agency have a ticket policy? Event Description Warriors Season Provide Title/Explain	Yes No	Face Value o	f Each Ticket/Pass \$	sle 44aobed tacked
		Yes No		Name of Sou	ırce
	Was ticket distribution made at the behest of agency official?	No Yes	☐ If yes:	Official's Name (L	ast, First)
3.	Recipients • Use Section A to identify the agency's department or u	ınit. • Use Sec	tion B to identify an individu	al. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	5452 AS VOA 6790	ic purpose made pursuant	
			v		
	B. Name of Individual (Lost, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Beld, Larry	2 PRL game	م ا	Other Describe below:	efficiences
			Ceremonial Role [Other	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant t	o the agency's policy
	Verification I have read and understand FPPC Regulations 18944.1 and 1 Signature of Agency Head or Designee	18942. I have veri My L. / Print Name	BED DAG	th above, is in accordance with	the requirements. Q/QD/5 (Month, Day, Year)

April 2016

Larry Reid

•	Warriors v Celtics	4.1.16	(2) tickets	\$700.00
	Warriors v Portland	4.3.16	(2) tickets	\$500.00
•	Warriors v T'wolves	4.5.16	(2) tickets	\$600.00
•	Warriors v Spurs	4.7.16	(2) tickets	\$1200.00
	Warriors v Memphis	4.13.16	(2) tickets	\$650.00

0	Game 1 Warriors v Rockets	4.16.16	(4) tickets	\$5000.00
0	Game 2 Warriors v Rockets	4.18.16	(2) tickets	\$5000.00
0	Game 3 Warriors v Rockets	4.27.16	(2) tickets	\$5000.00

Comment:

A	gency Report of: eremonial Role Events	and Ti	Lotina	ne Pilminila adda	¥	A Public Document
4	Agency Name	curs in	Mental	sa mistubutious		
916	Carried Control of the Control of				Date Stamp	California
	Oakland-Alameda County Colls Division, Department, or Region	Oum Autr	iority			
			-			For Official Use Only
	Busan S. Muranishi, County Ad	ministrato	r, Alamedi	R County		
	Designated Agency Contact (Nam	e, Tille)		- The state of the		1
				<u>C</u>		
	Aréa Code/Phone Number E-m	all			Amendment (Musi pr	ovido explanation in Part 3.)
de Abellian	610-272-3862 cou	ıntyadmin	istrator@a	tegav.org	Date of Original Filings	
2.	Function or Event Informat	lon	,			(Mon(n, Day, Vear)
	Does the agency have a ticket pol		Yes 🛭 N	lo 🔲 📗 Face Value o	f Each Ticket/Pass 3	see attached
, J	Event Description Golden State V	Varriors B de Tille/Expla	asketball		itanhed /	
	Ficket(s)/Pass(as) provided by age					
	AT COURT MANTEY OF SUMMARY OF SUMMARY	50 M C C C C C C C C C C C C C C C C C C	Yes XI No	o 🗆 If no:	Name of Sou	MA .
V	Vas ticket distribution made at the	behest	No 🗵 Ye	afil If yes		
1.00	of agency official?			11 100, 1000	Ölficləl'ə Name (Le	ivi, First)
3. [Recipients		18-19-	. 121	And Assessed Spiritual State of the Assessment Spiritual	Wilder and the second s
1000 1000	Life Section Ate identify the agency's dep	arlmanit os un	nit. « Uso Ge	oilon is to identify an individua	il Vee Baction & to Identify	y an outside organization.
- /2	Name of Agency, Department or U	init .	Humber of Ticket(s)/ Feez(es)		o bushasa mada punsuant to	
	- Name and the Assessment of t					
			Shumber #			,
B	Name of Individual . (Inc. Fin)		Number of Ticket(s)/ Pass(es)		dentify one of the following	,
M	ıranishi, Susen S.		2/date	Ceremonial Role [Olfrer 🖫	Intoma [
hondopg			ZIUGIO	to provide incentives provide services to th	to City and County em e Authority	ployees that
				Ceremonia) Rota []	Other [] ala*or*Other*describe below:	, Income [
				•		•
G,	Name of Outside Organization (include address and description)	1	iumber of Ticket(e)/ Pass(es)	Describe the public (online made brishing to t	ite agency's policy
1550				would the same of	Periodical designation of the second	The state of the s
	-					
					TC-on-mi-	The second secon
Ven	Meation					,
	rend and understand FPPC Regulations 188-	14. 1 and 1864	12. I hava veriti	i ád that (na disidbulion sat fada :	libûvê, is in acoorlanes was the	contilinaments
S	new Arenin		an S. Mura		uniy Administrator	•અનેમલહાલાલા
Marie Control	Standure of Aglacia Helid or Devigran	The state of the s	Pict Mamo	QU	Tille	Posture.
					THIS	(Manth, Day, Veer)

April 2016

Susan Muranishi

•	Warriors v Celtics	4.1.16	(2) tickets	\$700.00
•	Warriors v Portland	4.3.16	(2) tickets	\$500.00
•	Warriors v T'wolves	4.5.16	(2) tickets	\$600.00
6	Warriors v Spurs	4.7.16	(2) tickets	\$1200.00
•	Warriors v Memphis	4.13.16	(2) tickets	\$650.00

0	Game 1 Warriors v Rockets	4.16.16	(2) tickets	\$5000.00
0	Game 2 Warriors v Rockets	4.18.16	(2) tickets	\$5000.00
0	Game 3 Warriors v Rockets	4.27.16	(2) tickets	รรกกก กก

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

-						A I ublic Document
1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C					1 OIIII
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
	Barbara J. Parker, City Atto	rney/OAACA	Official			
	Designated Agency Contact (
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 238-3815		aklandcityatt	Orney Ora	Date of Original Filing: _	
)			anandonyan	omey.org		(Month, Day, Year)
1.0	Does the agency have a ticket		V 🔽 N-	□ Face Value o	f Each Tieket/Deep ©	October-April2016
			Yes ⊠ No	☐ Face value 0	f Each Ticket/Pass \$	
	Event Description Warriors B	Provide Title/Exp	Nets	Date(s)		
	Ti-lWAYD/	ė		0.5921		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗵 No	☐ If no:	Name of Sou	rce
	Was ticket distribution made a	t the behest	No ⊠ Yes			
	of agency official?		110 🔼 103	ii yes	Official's Name (La	ast, First)
	Recipients					
	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departmen		Number of Ticket(s)/	the second second second	ic purpose made pursuant t	
			Pass(es)		e parpuso mado parcuante	o the agency a poncy
				-		
	B. Name of Individual		Number of Ticket(s)/		Identify one of the followin	
	(Løst, First)		Pass(es)		identity one of the following	9.
	Barbara J. Parker		Ceremonial Role			Income
	Darbara G. Farnor		2	100-00 W 5-	il Role" or "Other" describe below: fficiencies of the opera	tions of the verious
				sporting and other e	vents that occur at Co	liseum Complex
-				Ceremonial Role	Other 🗍	Income
			2	ASSESSMENT TO A SECURIT OF THE OWN OWN OF THE OWN OF THE OWN OF THE OWN OF THE OWN OWN OF THE OWN	I Role" or "Other" describe below:	псоте
_						
(Name of Outside Organiz (include address and desc		Number of Ticket(s)/	Describe the publi	c purpose made pursuant to	the agency's policy
1	(morado dudreso una dese	праспу	Pass(es)			
_						
	/erification		1	The second secon		
11	have read and understand FPPC Regulat	tions 18944.1 and	18942. I have ver	rified that the distribution set for	th above, is in accordance with	the requirements.
/	Suba Sail		Barbara J. F	Parker City	Attorney/OAACA Offici	ial 1/22/2016
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
_	No recommendation of					
(Comment:					

April 2016

Barbara Parker

•	Warriors v Celtics	4.1.16	(2) tickets	\$700.00
•	Warriors v Portland	4.3.16	(2) tickets	\$500.00
•	Warriors v T'wolves	4.5.16	(2) tickets	\$600.00
•	Warriors v Spurs	4.7.16	(2) tickets	\$1200.00
•	Warriors v Memphis	4.13.16	(2) tickets	\$650.00

0	Game 1 Warriors v Rockets	4.16.16	(2) tickets	\$5000.00
0	Game 2 Warriors v Rockets	4.18.16	(2) tickets	\$5000.00
0	Game 3 Warriors v Rockets	4.27.16	(2) tickets	\$5000.00

Agency Report of:

Signature of Agency Hoad or Designee

Comment: _

Ceremonial Role Even	ts and Ticket/Pass Dist		A Public Document	
1. Agency Name			Date Stamp	California OOO
Oakland Alameda County C	Coliseum Authority			Form 802
Division, Department, or Reg	ion (If Applicable)	×		For Official Use Only
Christopher Dobbins, OACO				
Designated Agency Contact (Name, Title)			
Area Code/Phone Number	E-mail		Amendment (Must pro	i in the contract of the contr
510.383.4801	Chrisdobbinslaw@yahoo.com		Date of Original Filing:	(Month Day Year)
2. Function or Event Inform	nation	200000		
Does the agency have a ticket	t policy? Yes⊠ No□	Face Value of	f Each Ticket/Pass \$ 🚅	Seattacher
Event Description Golden Sta	ate Warriors Season	Date(s)	see attac	hed,
Ticket(s)/Pass(es) provided by		If no:	Name of Sour	ce
Was ticket distribution made a of agency official?	t the behest No ☑ Yes ☐	If yes:	Official's Name (La	st, First)
3. Recipients		The second of th		

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Dobbins, Chris	2 per	Ceremonial Role Other Income I
·	2 per	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Verification have read and understand FPPC Regulations 18944.1 ar	nd 18942. I have ver	ified that the distribution set forth above, is in accordance with the requirements.

Chris Dobbins

Print Name

(Month, Day, Year)

OACCA Commissioner

Title

April 2016

Chris Dobbins

•	Warriors v Celtics	4.1.16	(2) tickets	\$700.00	
•	Warriors v Portland	4.3.16	(2) tickets	\$500.00	
•	Warriors v T'wolves	4.5.16	(2) tickets	\$600.00	
•	Warriors v Spurs	4.7.16	(2) tickets	\$1200.00	
•	Warriors v Memphis	4.13.16	(2) tickets	\$650.00	

0	Game 1 Warriors v Rockets	4.16.16	(2) tickets	\$5000.00
0	Game 2 Warriors v Rockets	4.18.16	(2) tickets	\$5000.00
0	Game 3 Warriors v Rockets	4.27.16	(2) tickets	\$5000.00

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp Sectionalities of a Oakland Alameda County Colisium Authority 1-(2)/(); Division, Department, or Region (If Applicable) For Official Use Only Yui Hay Kee, Commissioner Designated Agency Contact (Name, tille) Area Code/Phone Number Amendment (Must provide explanation in Part 3.) E-mail (510) 836-6688 YuiHay@YHLA.net Date of Original Filling: .. (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes E No C Ticket(s)/Pass(es) provided by agency? Yes [No [Was ticket distribution made at the behest No Yes of agency official? Olficial's Name (Last, First) 3. Recipients v Use Section A to Identify the agency's department or unit. v Use Section B to Identify an individual. v Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Tickel(c)f Pass(es) actia Yui Hay Lee, Commissioner #3 Manapar of Name of Individual Tioket(e)/ Paso(es) identify one of the following: (Lust, First) Ceremonial Role Officer [tacomo 🔲 if checking "Geremonial Role" or "Other" describe helow: Ceremonial Role Other [] Income [] If checking "Ceremonial Role" or "Olitor" describe helow Number of Nome of Outside Organization Ticket(s)/ Pass(as) Describe the public purpose made pursuant to the agency's policy (Include address and description) 4. Verilication I have reski projections 1913. Regulations 18944.1 and 18842. I have verified that the distribution sel forth above, is in accordance with the requirements -Yui Bay Lee OACCA Commission and shelve basiness Print Nome Ծուլությե

D. M. O. W. S.

FPPC Form 602 (4/12) FPPC Toll-Free Helpilno: 866/ASK-FPPC (866/275-7772)

April 2016

Yui Hay Lee

•	Warriors v Celtics	4.1.16	(4) tickets	\$700.00	
8	Warriors v Portland	4.3.16	(2) tickets	\$500.00	
•	Warriors v Spurs	4.7.16	(2) tickets	\$1200.00	
•	Warriors v Memphis	4.13.16	(2) tickets	\$650.00	

0	Game 1 Warriors v Rockets	4.16.16	(2) tickets	\$5000.00
0	Game 2 Warriors v Rockets	4.18.16	(2) tickets	\$5000.00
0	Game 3.Warriors v Rockets	4.27.16	(2) tickets	\$5000.00

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

4	Agency Name				Date Stamp	California Ong	
	Oakland Alameda County Coliseum Authority Division, Department, or Region (If Applicable)			Date Stamp	Form 802		
					For Official Use Only		
	50 10 10 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Division, Department, or Region (II Applicable)					
	Scott McKibben,OACCA Executive Director						
	Designated Agency Contact (/	Name,Title)					
					Amandment (Must	provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Amendment (wast)	provide explanation in Part 3.)	
	510.383.4801	smckibben1	@gmail.com	I	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation				0111 - 1/ /- 1	
	Does the agency have a ticket	policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$ _	see attaches	
	Event Description Warriors Se	vent Description Warriors Season Date(s)			see, attached		
	Provide Title/Explanation						
	Ticket(s)/Pass(es) provided by	agency?	Yes 🛛 No	☐ If no:	Name of Sc		
					Name of Sc	ource	
	Was ticket distribution made at of agency official?	the behest	No 🗌 Yes	☐ If yes:	Official's Name (l ast First)	
	19-20-08-08-08-08-08-08-08-08-08-08-08-08-08				Omolar & realine (Lust, I listy	
,	Recipients Lise Section A to identify the agency	's denartment or i	ınit a lise Sec	tion R to identify an individu	ual a Usa Section C to iden	tify an outside organization	
	Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Number of						
	A. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	t to the agency's policy		
	<u>F</u>					***	
B. Name of Individual Ti		Number of Ticket(s)/					
	(Last, First)		Pass(es)				
	McKibben, Scott			NAMES AND ADDRESS OF THE PARTY	Other all Role" or "Other" describe below:	Income	
	morabbon, cook	1		see attached	al Note of Other describe below.		
		,					
				Ceremonial Role	Other	Income	
				If checking "Ceremonia	al Role" or "Other" describe below:		
			Number of				
	Name of Outside Organiz (include address and desc		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy	
			Pass(es)				
	7 "						
ummes							
7	Verification have real and understand FPPC Regula.	tions 18044 1 and	18042 have ve	rified that the distribution set fo	rth above is in secondars	th the requirements	
1	nave to an antiquida stand FFFC Regula	10015 10944.1 and	~			n tne requirements.	
Scott McKil				Executive Director	1-6-16		
	Signature of Agency Read of Designee		<i>⊢</i> ппп түате		Title	(Month, Day, Year)	
(Comment:						

April 2016

Scott McKibben

•	Warriors v Celtics	4.1.16	(4) tickets	\$700.00
0	Warriors v Spurs	4.7.16	(4) tickets	\$1200.00
•	Warriors v Memphis	4.13.16	(2) tickets	\$650.00

0	Game 2 Warriors v Rockets	4.18.16	(4) tickets	\$5000.00
0	Game 3 Warriors v Rockets	4.27.16	(2) tickets	\$5000.00