1.	Agency Name	минеский помера и помера в по	COLUMN TO SEE STATE SHOWING THE SECOND SEE	ONE CONTROL OF THE CO	Date Stamp	California 802
	Oakland Alameda County C	Coliseum Auth	ority] .	EQUIII S
	Division, Department, or Reg	ion (If Applicable	∍)		i '	For Official Use Only
	Larry Reid, OACCA Chair					
	Designated Agency Contact	(Name, Title)				
	Area Code/Phone Number	E-mail			Amendment (Must	t provide explanation in Part 3.)
	510.383.4801	lreid@oakla	ndnet.com		Date of Original Filing	(Month Day Year)
2.	Function or Event Infor					(Month, Day, real)
	Does the agency have a ticke	t policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	30.00
	Event Description Monster J	am			2 , 20 , 16	recommend to the second
	Event Description	am Provide Title/Expi	lanation	Date(8)	userimal umanooususususud saanmuumasamini	riturementriaremental incurtarementriare di trimititaminimicinini
	Ticket(s)/Pass(es) provided b	y agency?	Yes ☐ No	☐ If no:	Name of S	
					Name of S	Source
	Was ticket distribution made a of agency official?	at the behest	No ☐ Yes	☐ If yes:	Official's Name	(Last, First)
		**************************************		ederate as energy control by sometimes are determined and the second second and the second and t		
3.	Recipients • Use Section A to identify the agence	v's department or	unit. • Use Sec	ction B to identify an individu	ual. ◦ Use Section C to ide	entify an outside organization.
	A. Name of Agency, Departme		Number of		lic purpose made pursua	
	M. Itame of Agency, Departing	ant of out	Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursua	nit to the agency's policy
	Night Hall and Committee of the Committe					
			Alumatica of			
	B. Name of Individual (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
	mittivistääminteitäänintäitittiminteitäämakonan auvannikanainaan muunaaaaan muunaaaaaan auvanaaaaaaa		rass(es)	Ceremonial Role	Other 🔀	Income 🗍
	Reid, Larry				ial Role" or "Other" describe below	
			2			rations of the various
		<u></u>	ļ		events that occur at	Collseum Complex
				Ceremonial Role]	Other ial Role" or "Other" describe below	Income [_]
			2			
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the nub	lic purpose made pursua	nt to the agency's nolicy
	(include address and des	cription)	Pass(es)	2000/120 1110 2010		
	Verification	-7				
	I have read and understand EPPC Regul	rations 18944 A and	l 18942. I have ve	rified that the distribution set fo	orth above, is in accordance v	with the requirements.
particular September 1998	DANG A X	ry	Larry Re	eid	OACCA Chair	2.11.16
	Signature of Agency Head or Designee		Print Name	e	Title	(Month, Day, Year)
	Comment:					
	COMMISSING MANAGEMENT OF THE PROPERTY OF THE P					

A Public Document

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1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Auth	nority			Form OUZ
	Division, Department, or Regi			4	,	For Official Use Only
	Larry Reid, OACCA Chair					
	Designated Agency Contact (Name, Title)				
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	510.383.4801	Ireid@oakla	indnet.com		Date of Original Filing: _	(Month. Dav. Year)
2.	Function or Event Inforr	nation				(100)
	Does the agency have a ticket	policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	30.00
	Event Description Monster Ja	ım		Doto(a) 02	, 20 , 16	
	Event Description	Provide Title/Exp	lanation	Date(s)	and the second second second	
	Ticket(s)/Pass(es) provided by	agency?	Yes ☐ No	☐ If no:	Name of Sou	-
	Mos tisket distribution made at		2000 Per 0000			
	Was ticket distribution made at of agency official?	tine benest	No ☐ Yes	☐ If yes:	Official's Name (L	ast, First)
>	Recipients			XXXXIII CONTRACTOR CON		
ð.	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identi	fv an outside organization.
- 4	A. Name of Agency, Departmen		Number of	1	lic purpose made pursuant t	
			Ticket(s)/ Pass(es)	Besonibe the publ	no purpose made parsuant	
				×		
			Number of			
	Name of Individual		Ticket(s)/ Pass(es)		Identify one of the following	ng:
5				Ceremonial Role	Other 🗵	Income
	Reid, Larry		2		al Role" or "Other" describe below:	
					ficiencies of the operative operations at Co	
				Ceremonial Role L	☐ Other ☐ al Role" or "Other" describe below:	Income L
			2			
					*	
(Name of Outside Organiz (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant t	o the agency's policy
_						
	/erification	17				
1	have read and understand EPPC Regulat	ions 18944 1 and	18942. I have ver	rified that the distribution set for	rth above, is in accordance with	the requirements.
7	James (Xer	<u> </u>	Larry Re	eid	OACCA Chair	2.11.16
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
_	/					
C	JOHNINGHI,		-			EBBO E 800 (4(40)

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

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510.383.4801 chrisdobbbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 30.50 / \$55.00 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) __02__/ Event Description: DOI 24 02 , 25 / 16 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No ☐ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Income Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below. 6per to provide opportunities to community groups 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

with the requirements. Chris Dobbins OACCA Commissioner O2.19.16 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

4. Verification

Ceremonial Role Events and Ticket/Pass Distributions

Agency Name		1 12	Date Stamp	California Q02
Lland - Alameda County Division, Department, or Region (If Applicable)	Colise	im Authort	y	For Official Use Only
Designated Agency Contact (Name, Title)	nmuss	10sec		
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
-10 - 10 - 1/00 1	000 0 11	1 4.16 Wah	Date of Original Filing:	
Function or Event Information	0131311	SLAW(2) yah	0	(Month, Day, Year)
	Yes □ No [Each Ticket/Pass \$ _	30°°
Event Description Monstell Trovide Title/Expla	an		,20,16	
Ticket(s)/Pass(es) provided by agency?	Yes 🗖 No [☐ If no:	Name of So	
Was ticket distribution made at the behest				urce
of agency official?	No Yes [If yes:	Official's Name (Last, First)
Recipients		A SECTION AND ADDRESS OF THE PROPERTY OF THE P		
Use Section A to identify the agency's department or u	nit. • Use Sec	tion B to identify an individua	al. ● Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant	to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
DOBBLAS, Obrus	4		Role" or "Other" describe below:	Income [
	-	Ceremonial Role		Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant	to the agency's policy
				1

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California DAKIAND Alameda County Division, Department, or Region (If Applicable) **Form** For Official Use Only ☐ Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail 510 383-4801 **Date of Original Filing:** Chr 15 DOBB NSLAWO (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No No Event Description Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Name of Source Was ticket distribution made at the behest No ☐ Yes ☐ If yes: , of agency official? Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below: DOBBLINS, COUS rgate efficience 8#3 Ceremonial Role Other | Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description)

Verification have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Comment: _ FPPC Form 802 (4/12)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp Oakland Alameda County Coliseum Authority California Form Division, Department, or Region (If Applicable) For Official Use Only Commissioner Designated Agency Contact (Name, Titis) Anna Gee Area Code/Phone Number ☐ Amendment (Must provide explanation in Part 3.) E-mail (510) 272-6694 anna.gee@acgov:org Date of Original Filing: 2. Function or Event Information Does the agency have a ticket policy? Yes 🛛 No 🗌 Face Value of Each Ticket/Pass \$ Event Description Disney on Ice Date(s), Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: GSW Yes No IX Name of Source Was ticket distribution made at the behest If yes: Miley, Nate No 🗌 Yes 🔀 of agency official? Official's Name (Last, First) 3. Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Ceremonial Role Other 🔀 Miley, Sarah If checking "Geremonial Role" or "Other" describe below: 6 To promote the Coliseum Complex for use by the general public and businesses to maximize revenues Ceremonial Role Other 🔯 Linton, Donna Income [If checking "Ceremonial Role" or "Officer" describe below: 6 To promote the Coliseum Complex for use by the general public and businesses to maximize revenues

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

Anna Gee Operations Chief 3/16/16

Signature of Agency Hood or Designee Print Name Tritis (Month, Day, Year)

Comment: Linton received 2/28 tix

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C	erem	onia	ıl Role	Events and	Ticket/Pass	Distributions

•						
	. Agency Name				Date Stamp	California 802
	Oakland Alameda County C					ACTION CANAL CONTRACTOR
	Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)		····	 	
	City Administrator					·
		E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 238-6840	i	⊉ oaklandnet			
2	Function or Event Infor		yoakianunei	COITS	Date of Original Filing:	(Month, Day, Year)
۷.	Does the agency have a ticket		_			3050
		•	Yes 🗵 No		f Each Ticket/Pass \$ _	<u> </u>
	Event Description Disney on	ice - Frozen		Date(s)02	. 24 , 16	. 1 1
		Provide Title/Exp	olanation	`,		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No	☐ If no:		
	Was ticket distribution made a	t the beheat		— Sobri	Name of So.	urce
	of agency official?	t the petiest	No ☐ Yes	If yes: Sabri	Official's Name (L	act Circl
-	Recipients	and the same supposes			Onicial's Ivania (L	asi, riisij
٠.	Use Section A to Identify the agency	's denartment or	unit alles Co	oblam Dika kiruste		
			Number of			
	A. Name of Agency, Departmen	it or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		<u></u>	1			
			ĺ	ì		
			ļ	[
	Name of individual		Number of			
	B. Name of Individual		Ticket(s)/		Identify one of the following	ng:
	(Last, First)			Ceremonial Role		
	B. Name of Individual (Last, First) Comeaux, Debbie		Ticket(s)/	Ceremonial Role [
	(Last, First)		Ticket(s)/	If checking "Ceremonia To provide incentive	Other Differ of Role" or "Other" describe below:	
	(Last, First)		Ticket(s)/	If checking "Ceremonia	Other Differ of Role" or "Other" describe below:	Income [
	(Last, First)		Ticket(s)/	If checking "Ceremonia To provide incentive the Authority Ceremonial Role	Other Dil Role" or "Other" describe below: es to City employees to	Income [
	(Last, First)		Ticket(s)/	If checking "Ceremonia To provide incentive the Authority Ceremonial Role	Other Dil Role" or "Other" describe below: es to City employees ti	Income [
	(Last, First)		Ticket(s)/	If checking "Ceremonia To provide incentive the Authority Ceremonial Role	Other Dil Role" or "Other" describe below: es to City employees to	Income [
•	Comeaux, Debbie		Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive the Authority Ceremonial Role	Other Dil Role" or "Other" describe below: es to City employees to	Income [
	(Last, First)	ation	Ticket(s)/ Pass(es) Number of Ticket(s)/	If checking "Ceremonic To provide incentive the Authority Ceremonial Role [If checking "Ceremonia	Other Dil Role" or "Other" describe below: es to City employees to	Income Chat provide services to
	Comeaux, Debbie Name of Outside Organiz	ation	Ticket(s)/ Pass(es)	If checking "Ceremonic To provide incentive the Authority Ceremonial Role [If checking "Ceremonia	Other Dil Role" or "Other" describe below: es to City employees to Other Dil Role" or "Other" describe below:	Income Chat provide services to
-	Comeaux, Debbie Name of Outside Organiz	ation	Ticket(s)/ Pass(es) Number of Ticket(s)/	If checking "Ceremonic To provide incentive the Authority Ceremonial Role [If checking "Ceremonia	Other Dil Role" or "Other" describe below: es to City employees to Other Dil Role" or "Other" describe below:	Income Chat provide services to
	C. Name of Outside Organiz (include address and descr	ation	Ticket(s)/ Pass(es) Number of Ticket(s)/	If checking "Ceremonic To provide incentive the Authority Ceremonial Role [If checking "Ceremonia	Other Dil Role" or "Other" describe below: es to City employees to Other Dil Role" or "Other" describe below:	Income Chat provide services to
	Comeaux, Debbie Name of Outside Organiz	ation	Ticket(s)/ Pass(es) Number of Ticket(s)/	If checking "Ceremonic To provide incentive the Authority Ceremonial Role [If checking "Ceremonia	Other Dil Role" or "Other" describe below: es to City employees to Other Dil Role" or "Other" describe below:	Income Chat provide services to
	C. Name of Outside Organiz (include address and descr	ation	Ticket(s)/ Pass(es) Number of Ticket(s)/	If checking "Ceremonic To provide incentive the Authority Ceremonial Role [If checking "Ceremonia	Other Dil Role" or "Other" describe below: es to City employees to Other Dil Role" or "Other" describe below:	Income [hat provide services to
	C. Name of Outside Organiz (include address and descr	ation iption)	Number of Ticket(s)/ Pass(es)	It checking "Ceremonia To provide incentive the Authority Ceremonial Role [If checking "Ceremonia Describe the public	Other Dil Role" or "Other" describe below: es to City employees the Other Dil Role" or "Other" describe below: c purpose made pursuant to	Income Chat provide services to Income Control of the agency's policy
	C. Name of Outside Organiz (include address and descr	ation iption)	Number of Ticket(s)/ Pass(es)	It checking "Ceremonia To provide incentive the Authority Ceremonial Role [If checking "Ceremonia Describe the public	Other Dil Role" or "Other" describe below: es to City employees the Other Dil Role" or "Other" describe below: c purpose made pursuant to	Income Chat provide services to Income Control of the agency's policy
	C. Name of Outside Organiz (include address and descr	ation iption) ions 18944.1 and	Number of Ticket(s)/ Pass(es)	It checking "Ceremonia To provide incentive the Authority Ceremonial Role [If checking "Ceremonia Describe the publication for the content of the content	Other Dil Role" or "Other" describe below: es to City employees the Other Dil Role" or "Other" describe below: c purpose made pursuant to	Income Chat provide services to Income Control of the agency's policy

Oakland Alameda County Col Division, Department, or Region (If Applied	isium Autho	ority	Date Stamp	Gallifornia 80% Form For Official Use Only
Yui Hay Lee, Commissioner	10101			. or omeins ose only
Designated Agency Contact (Name, Tille)	en e			
Area Code/Phone Number E-mail (510) 836-6688 YuiHa	y@YHLA.net		☐ Amendment (Must p	provide explanation in Part 3.)
2. Function or Event Information	ikaanimat yoo too jiraanii siitaanimiinii ana maantaani	kenplainessen triner commence obsisiones etablicate et tales om persone mellen indicate in pareira en paraira		(Month, Day, Year)
Does the agency have a ticket policy?	Yes 🗹 No 🛚] Face Value o	f Each Ticket/Pass \$ _	<u>55°9</u>
Event Description Doman C	M Jee	Date(s)	127,1600	2,28,16
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No ☐]	Daytime s	now)
Was ticket distribution made at the behest of agency official?	No ☐ Yes ☐	If yes:	Name of Sou Official's Name (L	
3. Recipients • Use Section A to Identify the agency's department of	or unit.	on B to identify an individu		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(ea)		ic purpose made pursuant	
Yui Hay Lee, Commissioner	Q	#3		
B. Neme of Individual	Number of Ticket(a)/	And the state of t	Identify one of the followin	g:
	Pass(es)	Ceremonial Role L	Other Role" or "Other" describe below:	Income C
		Ceremonial Role L	Other G	Income [
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 I have gall and understand FPPC Regulations 18944 1 and Yu:	18942, I have verified I Hay Lee		above, is in accordance with it CA Commission	ne requirements.
Signatura of Aguin Head or Designee	Print Name	Michiganical и долина, принципричения место и долина и д Неготория и долина и долин	atana manana perinjakan kalabahan kanangan kanangan kanangan kanangan kanangan kanangan kanangan kanangan kana USO	(Month, Day, York)
Comment:		State of the state		ERRO Faura CON (4)46

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 Krishna Pettitt, 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 kpettitt@oaklandcityattorney.org (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 55.50 Yes ⊠ No 🗆 Event Description: DOI Date(s) __02__/ 27 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: ___ Yes⊠ No 🗆 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Α. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number 8. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Pettitt, Krishna Other X Income If checking "Ceremonial Role" or "Other" describe below: 4 to investigate efficiencies of operations of various sporting and other events that occur at the Coliseum Complex Ceremonial Role Other 🔲 Income ... If checking "Ceremonial Role" or "Other" describe below:

4. Verification

Number

of Ticket(s)/

Passes

Name of Outside Organization

(include address and description)

C.

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.

Krishna Pettitt Oakland City Attorney 02.24.16

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

Comment:

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

1.	Agency Name Oakland Alameda County C	oliseum Auth	nority	di <u>andria de la la propositio de la representa de la rep</u>	Date Stamp	California 802
	Division, Department, or Regi	on (If Applicabl	le)		For Official Use O	
	Larry Reid, OACCA Chair Designated Agency Contact (Name,Title)	Polynic market Confirment immersely successful professionary services		-	
	Area Code/Phone Number	E-mail		A STATE OF THE STA	1	t provide explanation in Part 3.)
//////////	510.383.4801	lreid@oakla	andnet.com		Date of Original Filing	(Month, Day, Year)
	Function or Event Information Does the agency have a ticket		Yes⊠ No	Face Value o	of Each Ticket/Pass \$	77.25
	Event Description Super City	50 Provide Title/Exp	olanation	Date(s)	2 , 06 , 16	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes ☐ No	☐ If no:	Name of S	Source
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	☐ If yes:	Official's Name	e (Last, First)
3.	Recipients • Use Section A to identify the agency	vic descriptions as	· unit — a Hea Saa	tion 8 to Identify an individ	unt a line Sention C to let	potify an autoide association
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		olic purpose made pursua	
		OH THE THE THE THE THE THE THE THE THE TH	NOTES CONTRACTOR AND		MANAGERIA (ANTONIO)	
						Perform Medicine in the distribution between the contract of t
	Name of Individua		Number of Ticket(s)/ Pass(es)	(Additional and Additional and Addit	Identify one of the follo	wing:
	Reid, Larry		4	to investigate the e	nial Role" or "Other" describe below officiencies of the ope	erations of the various
	######################################		aaaa, amirawaano (mano éaso orasémète o	sporting and other Ceremonial Role	events that occur at	Coliseum Complex
			4		ial Role" or "Other" describe below	
•	C. Name of Outside Organi (include address and desi		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursua	nt to the agency's policy
**************************************	Verification			and a final state of the state of		
	I have read and understand FPBG-Regula	ations 18944.1 an				
gard. K	Signature of Agency Head of Pesignee		Larry Re		OACCA Chair	2.11.16 (Month, Day, Year)
,	Comment:					

	Special Control Service and Control Service an				A Public Documer
. Agency Name		- AMERICAN AND AND AND AND AND AND AND AND AND A		Date Stamp	California 802
Oakland Alameda County C					
Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only
Larry Reid, OACCA Chair	•				
Designated Agency Contact (Name, Title)	0			
•					
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
510.383.4801	lreid@oakla	andnet com		Date of Original Filing: .	
Function or Event Inform					(Month, Day, Year)
Does the agency have a ticket		Yes⊠ No	. TT Face Value o	f Each Ticket/Pass \$	30.00
	•	TESIA NO		•	714
Event Description Monster Ja	Provide Title/Exp	lanation	Date(s)	, 20 , 16	
Ticket(a)/Dana/aa) massidad bu					
Ticket(s)/Pass(es) provided by	agency?	Yes ☐ No	☐ If no:	Name of Sou	ırce
Was ticket distribution made a	t the behest	No ☐ Yes	☐ If yes:		
of agency official?		,	, 900.	Official's Name (L	ast, First)
Recipients	Victoria (Control of Control of C	AINT AIAI ZANAMAAAHAIRII KANAMARAMA	ett kannen til billiga et protiserninten och sin sy ett till tilligg opprette och som et ett till sin ett till	lation (language) in the suppression of the superior of the su	
Use Section A to identify the agency	's department or		ction B to identify an individu	al • Use Section C to identi	ify an outside organization.
A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy
**************************************	- Marie - Mari	Pass(es)		WAR CONTRACT	
***************************************	****	<u> </u>			
F**	····	Number of			
B. Name of Individual (Lest, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:
		- 25(55)	Ceremonial Role	Other 🔀	Income [
Reid, Larry		2	·	il Role" or "Other" describe below:	income <u>r</u>
		2	to investigate the eff	ficiencies of the operat	tions of the various
			sporting and other e	vents that occur at Co	liseum Complex
			Ceremonial Role	— · · · · · · · · · · · · · · · · · · ·	Income [
		2	т cnecking "Ceremonia	l Role" or "Other" describe below:	
C. Name of Outside Organiz	ation	Number of		Western Committee of the Committee of th	
(include address and descr		Ticket(s)/ Pass(es)	Describe the public	с ригроѕе made pursuant to	o the agency's policy
· · · · · · · · · · · · · · · · · · ·	74 W.				
	10/18/16/		, and		
Vonisi and an					
Verification have reperand understand EPPC Regulation	ions 18944 A and	18942. I have ver	ified that the distribution set for	th above is in second	the many inches
300 M 3					
Signature of Agency Head or Besignie	4	Larry Re		OACCA Chair	2.11.16
, salar sala		ғині мәте		Title	(Month, Day, Year)
Comment:					

A	D			-				4
A	PU	O	IC	U	OC	um	en	m

_						
1.	Agency Name				Date Stamp	California 802
	Oakland-Alameda County C	Coliseum Auth	nority			Form OUZ
	Division, Department, or Reg	ion (If Applicabl	e)		1	For Official Use Only
	Barbara J. Parker, City Attor	rnev/OAACA	Official			
	Designated Agency Contact (mental • or power to develop to				are to the second of the secon
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 238-3815	bparker@oa	aklandcitvatt	orney ora	Date of Original Filing:	
_	Function or Event Inform		amariaonyan	omey.org		(Month, Day, Year)
	Does the agency have a ticket		Vaa 🗆 Na	□ Face Value o	f Each Ticket/Pass \$ _	75.00
	NESS 15	N 1070	Yes No			
	Event Description Charlie Wi	Provide Title/Exp	lanation	Date(s)		
	T. I. W. V.D					
	Ticket(s)/Pass(es) provided by	/ agency?	Yes ☐ No	☐ If no:	Name of So	ource
	Was ticket distribution made a	t the behest	No ☐ Yes	□ If yes:		
	of agency official?			, 500.	Official's Name (I	Last, First)
	Recipients					
į	 Use Section A to identify the agency 	's department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy
			Pass(es)			The American Commission of the
772			-		***************************************	
				8 4		
1	B. Name of Individual		Number of			MARKET SERVICE SERVICES
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ing:
	Darkers I Darker			Ceremonial Role	Other 🗵	Income
	Barbara J. Parker		2	E	al Role" or "Other" describe below:	
	ā				fficiencies of the oper events that occur at Co	
-	***************************************			Ceremonial Role		
				DE SERVICIONALISM BURNING OF	al Role" or "Other" describe below:	Income
			2	-97		
(Name of Outside Organiz		Number of Ticket(s)/	Describe the publi	ic purpose made pursuant	to the agency's policy
_	(include address and desc	ription)	Pass(es)			To the agency o policy
_						
1	/erification					
11	have read and understand FPPC Regula	tions 18944.1 and	18942. I have ve	rified that the distribution set for	th above, is in accordance with	h the requirements.
_	Party San	2	Barbara J. F	Parker City	Attorney/OAACA Offic	cial 2/18/2016
	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)
_						
(comment:					

_	ıcy Name				Date Stamp	
Oakla	and Alameda County C	Coliseum Aut	horlty		Suc Statily	
Divisio	on, Department, or Reg	ion <i>(il Applica</i>	la)			For Official Use Only
Scott	Haggerly, OACCA Co	mmissioner				
	nated Agency Contact (
				·		
	Code/Phone Number	E-mail				rovide explanation in Part 3.)
	72.6691	ł	erson@acgov.or	9	Date of Original Filing;	(Month, Day, Year)
	tion or Event Infor			The state of the s		
	he agency have a ticke	•	Yes⊠ No□	Face Value of	Each Ticket/Pass \$ _	1,00.00
Event 0	Description <u>WWY vor</u>	S OKC TV Hrovida Tale/Exp	UMALK Innation	_ Date(s) <u>2</u>	6,15	
Ticket(s	s)/Pass(es) provided by	/ agency?	Yes 🗵 No 🗌	If no:	Name of Soi	urce
Was tic of age	cket distribution made a ency official?	t the behest	No ☐ Yes ⊠	If yes: Hagge	erly, Scott Officials Name (L	asi, Firsi)
Recip	ients ction A to Identify the agency	le d'anantonant ce	rell ilve Sortion	D to Marsh and the state of		Симоском по по в в в в было на при по
	Name of Agency, Departmen		Number of Ticket(s)/ Pass(es)		c purpose niade pursuant	
·				and the second s	-	
B.	Name of Individual		Number of Ticket(s)/		Identify one of the following	ng:
			Pass(os)			
Mic T	chelle Me Dona	ld	2	Ceremonial Role L	Other	Income
Mic 	chelle MeDona	ld	2	Il Glocking "Caremental Ceremonial Rote	Role' or 'Other' describe helow.	Income [
	Name of Outside Organiz (include address and descr	Ld ation ription)	Number of Tickel(s)! Pass(es)	Il checking "Caremental Ceremonial Role If shecking "Ceremonial	Ro'o' or 'Other' describe helow.	Invoice [
	Name of Outside Organiz	Ld ation ription)	Number of Tickel(a)/	Il checking "Caremental Ceremonial Role If shecking "Ceremonial	Role' ar 'Other' describe helow: Other Role' or 'Other' describe helow.	Invoice [
C. √ey/fjca	Name of Outside Organiz (include address and descr	ription)	Number of Tickel(s)! Poss(es)	Il checking "Carcemulal Ceremonial Role If shecking "Ceremonal Describe the public	Robi or Other describe below. Other	the agency's policy
C. Veryffica	Name of Outside Organiz (include address and descr	ions 18944.1 and	Number of Tickel(s)! Poss(es)	Il checking "Carcemulal Ceremonial Role If shecking "Ceremonal Describe the public	Robi or Other describe below. Other	throng the agency's policy

. Agency Name				Date Stamp	California 802
Oakland Alameda County		•			
Division, Department, or R	egion (If Applicab		For Official Use Only		
Scott McKibben, Executiv	e Director				
Designated Agency Contac		Side of the second			
	,				
Area Code/Phone Number	E-mail		CHARLES TO THE STATE OF THE STA	Amendment (Must	provide explanation in Part 3.)
510.383.4801		1@amail.aam	_	Date of Original Eilings	
		1@gmail.con		Date of Original Filing:	(Month, Day, Year)
Function or Event Info					1100.00
Does the agency have a tic		Yes 🗵 No	Face Value o	f Each Ticket/Pass \$ _	1100.00
Event Description Warriors	Basketball		Date(s)	09 , 16	
	Provide Title/Exp	olanation	(-/		
Ticket(s)/Pass(es) provided	by agency?	Yes 🗵 No	If no:	***************************************	
Man field distribution of				Name of Sc	Durce
Was ticket distribution made of agency official?	e at the behest	No 🗵 Yes	☐ If yes:	Official's Name ((and (First)
				Omciais Name (Lasi, filsi)
Recipients					
• Use Section A to identify the age	ncy's department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Depart	ment or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant	t to the agency's policy
	*****************	Pass(es)			
		1			
B. Name of Individ	lual	Number of Ticket(s)/		Identify one of the follow	ing:
B. Name of Individ	luai				
B. Name of Individ	luai	Ticket(s)/	Ceremonial Role [Other 🔀	
(Last, First)	luai	Ticket(s)/	If checking "Ceremonia	Other 🔀	Income [
(Last, First)	ual	Ticket(s)/ Pass(es)	If checking "Ceremonia to promote the Colis	Other 🔀	Income C
(Last, First)	luai	Ticket(s)/ Pass(es)	If checking "Ceremonia to promote the Colis public and business	Other Other	tncome [e use by the general nues
(Last, First)	lual	Ticket(s)/ Pass(es)	If checking "Ceremonia to promote the Colis public and business Ceremonial Role	Other Other	Income C
(Last, First)	ual	Ticket(s)/ Pass(es)	If checking "Ceremonia to promote the Colis public and business Ceremonial Role	Other Other Other Other describe below: Seum Complex for the es to maximize reven	tncome [e use by the general nues
(Last, First)	luai	Ticket(s)/ Pass(es)	If checking "Ceremonia to promote the Colis public and business Ceremonial Role	Other Other Other Other describe below: Seum Complex for the es to maximize reven	tncome [e use by the general nues
McKibben, Scott Name of Outside Organization	anization	Ticket(s)/ Pass(es) 6 Number of	If checking "Ceremonia to promote the Colis public and business Ceremonial Role If checking "Ceremonia	Other A al Role" or "Other" describe below: seum Complex for the les to maximize reven Other Il Role" or "Other" describe below:	tncome C e use by the general nues
McKibben, Scott	anization	Ticket(s)/ Pass(es)	If checking "Ceremonia to promote the Colis public and business Ceremonial Role If checking "Ceremonia	Other Other Other Other describe below: Seum Complex for the es to maximize reven	tncome C e use by the general nues
McKibben, Scott Name of Outside Organization	anization	Ticket(s)/ Pass(es) 6 Number of Ticket(s)/	If checking "Ceremonia to promote the Colis public and business Ceremonial Role If checking "Ceremonia	Other A al Role" or "Other" describe below: seum Complex for the les to maximize reven Other Il Role" or "Other" describe below:	tncome C e use by the general nues
McKibben, Scott Name of Outside Organization	anization	Ticket(s)/ Pass(es) 6 Number of Ticket(s)/	If checking "Ceremonia to promote the Colis public and business Ceremonial Role If checking "Ceremonia	Other A al Role" or "Other" describe below: seum Complex for the les to maximize reven Other Il Role" or "Other" describe below:	tncome C e use by the general nues
McKibben, Scott Name of Outside Organization	anization	Ticket(s)/ Pass(es) 6 Number of Ticket(s)/	If checking "Ceremonia to promote the Colis public and business Ceremonial Role If checking "Ceremonia	Other A al Role" or "Other" describe below: seum Complex for the les to maximize reven Other Il Role" or "Other" describe below:	tncome C e use by the general nues
McKibben, Scott Name of Outside Organization	anization	Ticket(s)/ Pass(es) 6 Number of Ticket(s)/	If checking "Ceremonia to promote the Colis public and business Ceremonial Role If checking "Ceremonia	Other A al Role" or "Other" describe below: seum Complex for the les to maximize reven Other Il Role" or "Other" describe below:	tncome C e use by the general nues
McKibben, Scott C. Name of Outside Orga (include address and de	anization	Ticket(s)/ Pass(es) 6 Number of Ticket(s)/	If checking "Ceremonia to promote the Colis public and business Ceremonial Role If checking "Ceremonia	Other A al Role" or "Other" describe below: seum Complex for the les to maximize reven Other Il Role" or "Other" describe below:	tncome C e use by the general nues
McKibben, Scott C. Name of Outside Orga (include address and de	anization escription)	6 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia to promote the Colis public and business Ceremonial Role [If checking "Ceremonia to the checking to the checkin	other Solar or "Other" describe below: seum Complex for the es to maximize reven Other or "Other" describe below: all Role" or "Other" describe below: ic purpose made pursuant	to the agency's policy
McKibben, Scott C. Name of Outside Orga (include address and de	anization escription)	Ticket(s)/ Pass(es) 6 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia to promote the Colis public and business Ceremonial Role [If checking "Ceremonia to the public of the pu	Other Solar or "Other" describe below: seum Complex for the es to maximize reven Other or "Other" describe below: all Role" or "Other" describe below: dic purpose made pursuant of the above, is in accordance with	to the agency's policy
McKibben, Scott C. Name of Outside Orga (include address and de	anization escription)	6 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia to promote the Colis public and business Ceremonial Role [If checking "Ceremonia to the public to the public that the distribution set for the public that the distribution set	other Solar or "Other" describe below: seum Complex for the es to maximize reven Other or "Other" describe below: all Role" or "Other" describe below: ic purpose made pursuant	to the agency's policy

Ceremonial Role Events and Ticket/Pass Distributions

	4				A Fubile Document
1. Agency Name				Date Stamp	California 802
Oakland Alameda County	Coliseum Auth	nority			
Division, Department, or Re	gion (If Applicabl	e)	A Company of the Comp		For Official Use Only
Scott McKibben, Executive	Director				
Designated Agency Contact		Windon acceptation and a second a	РОМ («Моско селься может может разричной под поставления портория» («О «Моско» поставления портория («О «Моско»		
Area Code/Phone Number	E-mail	Mit the same of th	The state of the s	Amendment (Must pi	rovide explanation in Part 3.)
510.383.4801		@gmail.con	0	Date of Original Filing:	
2. Function or Event Info		wg:nan.com	l 1	Date of Original Filing: .	(Month, Day, Year)
Does the agency have a tick			Face \/eline	ETT In Title of the common of	1100.00
		Yes⊠ No		f Each Ticket/Pass \$	1,00.00
Event Description Warriors	Basketball	to a state	Date(s)		
		ianation			
Ticket(s)/Pass(es) provided t	y agency?	Yes 🗵 No	☐ If no:	Name of Sou	UTO .
Was ticket distribution made	at the hehest	N - 57 V			
of agency official?	at the benest	No⊠ Yes	If yes:	Official's Name (L	əst, First)
3. Recipients		THE STATE OF THE S			
Use Section A to identify the agence	cy'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, Departm	, , , , , , , , , , , , , , , , , , ,	Number of		API, tA	
2 ts o. rigonoy, Dupuicii	ent or ont	Ticket(s)/ Pass(es)	Describe trie publ	ic purpose made pursuant	to the agency's policy
- Company of the Comp	CONTROL OF THE PROPERTY OF THE		***************************************	TOTAL CONTROL OF THE PARTY OF T	The second secon
B. Name of Individu	al	Number of Ticket(s)/		I de atife and at the fall of	
(Last, First)	***************************************	Pass(es)		Identify one of the following	ng:
McKibben, Scott			Ceremonial Role	- · · · · · · · · · · · · · · · · · · ·	Income 🔲
McNibben, Scott		6	Ī	nl Role" or "Other" describe below:	
				eum Complex for the es to maximize revenu	
			Ceremonial Role		p-mg
				Other Role" or "Other" describe below:	Income
		6			
C. Name of Outside Organ		Number of Ticket(s)/	Describe the nubli	c purpose made pursuant t	a the grand nation
(include address and des	cription)	Pass(es)	Dooding the past	o purpose made porsuant t	o the agency's policy
- Andrews	ı				
\					
. Veritication ∧ MM I	1				
	ations 18944.1 and	18942. I have vei	rified that the distribution set for	th above, is in accordance with	the requirements.
\\ \/ \/ \/ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		Scott McKil		Executive Director	02.01.16
Signatura of harmoy regard polynoc		Print Name		Title	(Month, Day, Year)
1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	i				
Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Division, Department, or Region (If Applicable) **Form** For Official Use Only COMS DOBBINS Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail CMUS DOBB MSLAW 510-383 4801 Date of Original Filing: uahoo, com (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No No Event Description Super City 5 Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes 2 No 1 If no: . Name of Source Was ticket distribution made at the behest No Yes 🗌 If yes: _ of agency official? Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Ticket(s)/ Identify one of the following: Pass(es) Ceremonial Role Other Income BBINS, Chris If checking "Ceremonial Role" or "Other" describe below stigate efficiences #3 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number of C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification

Comment: _____

•			-			
Cere	monial	Role I	Events an	d Ticket/Pas	s Distribu	tions

						A Public Document
	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Auth				
į	Division, Department, or Regi	on (If Applicabl		For Official Use Only		
	Sabrina B. Landreth					
1	Designated Agency Contact (Name, Title)				
	City Administrator				C Amondment (Mustin	royale evaluation in Dat 2.)
		E-mail			Amendment (Must pi	·
	(510) 238-6840	SLandreth@	Doaklandnet.	.com	Date of Original Filing:	(Month, Day, Year)
	Function or Event Inforr	nation				2
I	Does the agency have a ticket	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	17 00
F	Event Description Super City	50		Date(s) 02	, 26 , 16	
		Provide Title/Exp	lanation	Date(s)		
-	icket(s)/Pass(es) provided by	agency?	Yes⊠ No	lf no:	Name of Sou	
	•					ırce
١	Vas ticket distribution made a of agency official?	t the behest	No ☐ Yes	☑ If yes: Sabri	na Landreth Official's Name (L	act Firefl
					Omciai s ivarile (L	aut, (Hot)
	Recipients	'e danartmant	unit altoo Coo	ntian D to identify and to a state of	al allos Costley Orace	
_	Use Section A to identify the agency A. Name of Agency, Department		Number of Ticket(s)/		at. • Use Section C to ident	
_			Pass(es)		parpose made parsuant	to the agency a poncy
_						
_						
E	Name of Individua		Number of Ticket(s)/ Pass(es)	:	Identify one of the following	ng:
	Jandarson Mark	·.			Other 🗌	Income
1	lenderson, Mark		2		al Role" or "Other" describe below:	hakaan ee ta'aa aa
				the Authority	es to Uity employees ti	hat provide services to
-	;			Ceremonial Role	Other 🗍	
					al Role" or "Other" describe below:	Income
	•		2			•
C	Name of Outside Organi (include address and desc		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	to the agency's policy
_	(molude address and desc	irpuon)	Pass(es)	V		
				ı		
	• • • • • • • • • • • • • • • • • • • •					
٦	erification					
,11	ave reed and understand EPPC Regula	ntions 18944:1 and	l 18942. I have ve	rified that the distribution set fo	rth-above, Is-in-accordance with	the requirements.
			Sabrina Lar	ndreth	City Administrator	3/15/16
-	Signature of Agency Head or Designee		Print Name		Tille	(Month, Day, Year)
-						
C	omment:					

Agency Report of: Ceremonial Role Events and Tick	et/Pass	Distributions	A Public Document				
1. Agency Name OKIMO - Hamed Co Division, Department, or Region (If Applicable)	unty (Date Stamp Authority	California 802 Form Sofficial Use Only				
Designated Agency Contact (Name, Title)	LOUS DOBBLAS, DACCA COMMUSSIONEL						
Area Code/Phone Number E-mail	Birslau		rovide explanation in Part 3.) (Month, Day, Year)				
2. Function or Event Information		1	DANBALLO				
Does the agency have a ticket policy? Event Description Provide Title/Expla	Yes No	Face Value of Each Ticket/Pass \$ _ adora _{Date(s)} b2 , 13 , 16					
	Yes ☐ No l	☐ If no:	urce				
Was ticket distribution made at the behest of agency official?	No ☐ Yes	If yes:Official's Name (Last, First)				
3. Recipients	nit alles Sos	ntion B to identify an individual . A Hea Section C to iden	tify an outside organization				
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	tion B to identify an individual. • Use Section C to iden Describe the public purpose made pursuan					
B. Name of Individual	Number of Ticket(s)/	Identify one of the follow	ring:				
DOBBLAS, Clarus	Pass(es)	Ceremonial Role Other Discontinuous If checking "Ceremonial Role" or "Other" describe below: +0 INVESTIGATE DIFFCUENCE	Income □				
		Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuan	t to the agency's policy				
4. Verification I have read and understand FPPC Regulations 18944.1 and Signature of Agency Head or Designee	18942. I have vo	BOURS DACCA COMMU	ith the requirements. SIND 2-5-116 (Month, Day, Year)				
Comment:							

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp Oakland Alameda County Coliseum Authority California Form Division, Department, or Region (If Applicable) For Official Use Only Commissioner Designated Agency Contact (Nems, Title) Anna Gee Area Code/Phone Number Amendment (Must provide explanation in Part 3.) E-mall (510) 272-6694 anna.gee@acgov.org Date of Original Filing: 2. Function or Event Information (Month, Day, Year) 00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes 🛛 No 🗌 Event Description Basketball Date(s) Provide Title/Explenetion Ticket(s)/Pass(es) provided by agency? If no: GSW Yes No 🔀 Was ticket distribution made at the behest If yes: Miley, Nate No ☐ Yes ☒ of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to Identify the agency's department or unit. • Use Section B to Identify an Individual. • Use Section C to Identify an outside organization. Ceremonial Role Other 🔀 Murrell, Virtual 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 if checking "Ceremoniel Role" or "Other" describe below: Verification understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee **Operations Chief** 3/16/16 (Month, Day, Year) Comment::

Agency Report of:

~ -	· ·				
Ce	remonial	Role Events	and T	icket/Pass	Distributions

. Agency	y Name				Date Stamp	California 802
Oakland	d Alameda County C	Coliseum Auth	ority			Form OU 2
	Department, or Regi			For Official Use Only		
Sabrina	B. Landreth		•			
Designat	ted Agency Contact ((Name, Title)				<u> </u>
City Adn	ninistrator					
Area Coo	de/Phone Number	E-mail		. 2-11	☐ Amendment (Must p	provide explanation in Part 3.)
(510) 23	88-6840	SLandreth@	oaklandnet.	com	Date of Original Filing:	(Month, Day, Year)
Function	on or Event Inforr	nation				
Does the	agency have a ticket	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$ _	55 50
Event De	scription La Arrollad	lora	-		, 27 , 16	
LVeill De	scription	Provide Title/Exp	lanation	Date(s)		
Ticket(s)/	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:					
		_ ,	100 [2] 140 [Name of So	urce
Was ticke	et distribution made a cy official?	t the behest	No ☐ Yes [✓ If yes: Landr	eth, Sabrina	
					Official's Name (Last, First)
Recipie						
_			unit. • Use Sec	tion B to Identify an individu	al. • Use Section C to iden	tify an outside organization.
A. Na	A. Name of Agency, Department or Unit Ticke		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
-						
B.	Name of Individual	I	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
	(Last, First)	l ·		Ceremonial Role	Other _	ng:
B.	(Last, First)	I	Ticket(s)/	If checking "Ceremonla	Other	¹Income
	(Last, First)	I	Ticket(s)/ Pass(es)	If checking "Ceremonla	Other	
	(Last, First)	I	Ticket(s)/ Pass(es)	If checking "Ceremonk To provide incentive the Authority	Other Delayer or "Other" describe below.	Income hat provide services to
	(Last, First)	1	Ticket(s)/ Pass(es)	If checking "Ceremonk To provide incentive the Authority Ceremonial Role	Other Dal Role" or "Other" describe below:	¹Income
	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremonk To provide incentive the Authority Ceremonial Role	Other Call Other Call Other Call Role" or "Other" describe below: es to City employees to City employees to City Call Call Other Call Other Call Other Call Call Other Call Call Other Call Call Call Call Call Call Call Cal	Income hat provide services to
Gomez, I	(Lest, Firet)		Ticket(s)/ Pass(es)	If checking "Ceremonk To provide incentive the Authority Ceremonial Role	Other Call Other Call Other Call Role" or "Other" describe below: es to City employees to City employees to City Call Call Other Call Other Call Other Call Call Other Call Call Other Call Call Call Call Call Call Call Cal	Income hat provide services to
Gomez, I	(Last, First)	zation	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremont To provide incentive the Authority Ceremonial Role [If checking "Ceremonial	Other Call Other Call Other Call Role" or "Other" describe below: es to City employees to City employees to City Call Call Other Call Other Call Other Call Call Other Call Call Other Call Call Call Call Call Call Call Cal	Income hat provide services to
Gomez, I	(Lest, Firet) Rosa Name of Outside Organiz	zation	Ticket(s)/ Pass(es) 4 4 Number of	If checking "Ceremont To provide incentive the Authority Ceremonial Role [If checking "Ceremonial	Other Gal Role" or "Other" describe below: So to City employees t	Income hat provide services to
Gomez, I	(Lest, Firet) Rosa Name of Outside Organiz	zation	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremont To provide incentive the Authority Ceremonial Role [If checking "Ceremonial	Other Gal Role" or "Other" describe below: So to City employees t	Income hat provide services to
Gomez, I	(Lest, Firet) Rosa Name of Outside Organiz	zation	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremont To provide incentive the Authority Ceremonial Role [If checking "Ceremonial	Other Gal Role" or "Other" describe below: So to City employees t	Income hat provide services to
Gomez, I	(Lest, Firet) Rosa Name of Outside Organiz	zation	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremont To provide incentive the Authority Ceremonial Role [If checking "Ceremonial	Other Gal Role" or "Other" describe below: So to City employees t	Income hat provide services to
Gomez, I	(Lest, Firet) Rosa Name of Outside Organiz	zation	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremont To provide incentive the Authority Ceremonial Role [If checking "Ceremonial	Other Gal Role" or "Other" describe below: So to City employees t	Income hat provide services to
Gomez, I	(Lest, First) Rosa Name of Outside Organiz notude address and desc	zation ription)	Ticket(s)/ Pass(es) 4 A Number of Ticket(s)/ Pass(es)	If checking "Ceremonk To provide incentive the Authority Ceremonial Role [If checking "Ceremonk Describe the publ	Other Called Control C	Income hat provide services to Income to the agency's policy
Gomez, I	(Lest, First) Rosa Name of Outside Organiz notude address and desc	zation ription)	Ticket(s)/ Pass(es) 4 A Number of Ticket(s)/ Pass(es)	If checking "Ceremonk To provide incentive the Authority Ceremonial Role [If checking "Ceremonk Describe the publ	Other Gal Role" or "Other" describe below: So to City employees t	Income hat provide services to Income to the agency's policy
Gomez, I	(Lest, First) Rosa Name of Outside Organiz notude address and desc	zation pription) dions 18944.1 and	Ticket(s)/ Pass(es) 4 A Number of Ticket(s)/ Pass(es)	If checking "Ceremonk To provide incentive the Authority Ceremonial Role [If checking "Ceremonk Describe the publ	Other Called Control C	Income hat provide services to Income to the agency's policy

1.	Agency Name Oakland Alameda County C Division, Department, or Regi		•		Date Stamp	California 802 Form 801
	Sabrina B. Landreth Designated Agency Contact (Name, Title)				
	City Administrator Area Code/Phone Number (510) 238-6840	E-mail SLandreth@	Doaklandnet.	.com	☐ Amendment (Must pi	,
2,	Function or Event Information Does the agency have a ticker Event Description Disney on Ticket(s)/Pass(es) provided by	nation t policy? Ice - Frozen Provide Title/Exp r agency?	Yes ⊠ No olanation Yes ⊠ No	☐ Face Value o Date(s) ☐ If no:	of Each Ticket/Pass \$ 28	55 ⁵⁰
	Was ticket distribution made a of agency official?	t the benest	No □ Yes	☑ If yes: Landr	eth,Sabrina Officiar's Name (L	ast, First)
-	Recipients • Use Section A to Identify the agency A. Name of Agency, Departme	***************************************	Number of Ticket(s)/ Pass(es)		ial. • Use Section C to ident	
	B. Name of Individua		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Wetzel, Mike	2	· ·	al Role" or "Other" describe below:	Income ☐	
			2	Ceremonial Role	Other Dal Other Other Other Other	Income 🗌
	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
ı	11(E)(A)					
,	Verification I have read and understand FBPC Regula Signature of Agency Head or Designee Comment:	tions 18944.1 end	1 18942. I have ve Sabrina Lar Print Name	ndreth	rth above, is in accordance with City Administrator	the requirements. 3/15/16 (Month, Day, Year)

SEAS.						A Fublic Document	
1.	Agency Name				Date Stamp	California 802	
	Oakland Alameda County C					Form OUZ	
	Division, Department, or Reg	on (If Applicabl	le)		-	For Official Use Only	
	Sabrina B. Landreth						
	Designated Agency Contact (Name, Title)			_		
	City Administrator						
	Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)	
	(510) 238-6840		oaklandnet	com	Date of Orlginal Filing: .		
<u> </u>	Function or Event Inform		goanianunei	.com		(Month, Day, Year)	
٠.	Does the agency have a ticket			F		5550	
			Yes⊠ No		f Each Ticket/Pass \$		
	Event Description Disney on	Ice - Frozen		Date(s)02	<u>, 27 , 16</u>		
		Provide Title/Exp	ianation				
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No	☐ If no:	Name of Sou	Ima	
	Was ticket distribution made a	t the behest	No ☐ Yes	☑ If yes: Landr		nue-	
	of agency official?		INO CT 162	if yes:	Official's Name (L	ast, 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 identi	fy an outside organization	
	A. Name of Agency, Departmen		Number of Ticket(s)/			****	
			Pass(es)		public purpose made pursuant to the agency's policy		
					_		
				,			
	·						
	B. Name of Individual		Number of Ticket(s)/	Identify one of the following:		ıa:	
	<u> </u>		Pass(es)				
	Cooley, Detra			Geremonial Role If checking "Geremonial	Other at Role" or "Other" describe below:	Income	
			2	i i	ves to City employees that provide services to		
				the Authority			
				Ceremonial Role	Other 🗌	income [
			2	If checking "Ceremonla	l Role" or "Other" describe below:	_	
	C Name of Outside Organiz	-4:	Number of			·	
,	(include address and desc		Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	o the agency's policy	
-			1 230(30)		·	· · · · · · · · · · · · · · · · · · ·	
	ı						
1	Vovification	Waster and the Company of the Assessment of the Company					
	Verification have read and understand FPPC Regulat	ions 18944 1 and	18942 have yer	ified that the distribution and for	th shows to be access		
	- Cogunal					the requirements.	
-	Signature of Agency Head or Designee		Sabrina Lan Print Name		City Administrator	3/15/60	
	- Stanging	*	гин мате	•	Tille	(Month, Day, Year)	
(Comment:						

Ceremonial Role Events and Ticket/Pass Distributi	ons	

_						A Public Document
7.	. Agency Name			,	Date Stamp	California OOO
	Oakland Alameda County C			Form OUZ		
	Division, Department, or Regi	on (If Applicabl	le)		· ·	For Official Use Only
	Sabrina B. Landreth		1			
	Designated Agency Contact (Name, Title)			_	
	City Administrator					
		E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 238-6840	SLandreth@	noaklandnot	toom	Date of Original Filing:	,
2	Function or Event Inform		goanianunei	L.CO(I)	Date of Original Filing:	(Month, Day, Year)
۲.	Does the agency have a ticket					650
			Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	
	Event Description Disney on I	ce - Frozen		Date(s)	2 , 27 , 16	
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No	☐ If no:	Name of Sou	
	Was ticket distribution made at	the behost		- Lond		ırce
	of agency official?	me benest	No ☐ Yes	☑ If yes: Land	reth,Sabrina Official's Name (L	ord Circl
<u> </u>	Recipients		· · · · · · · · · · · · · · · · · · ·		Omorais Ivanie (L	asī, riisī)
,,		8 denartment er	unit allos Da	-41		,
	Use Section A to identify the agency' Name of Agency, Department	o department of	I Number of			
	A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		· · · · · · · · · · · · · · · · · · ·				
				1		
						
•	B. Name of Individual		Number of			
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ıg:
	Foliate B			Ceremoniai Role	Other	Income
	Enright, Donna		2		al Role" or "Other" describe below:	-
	4			To provide incentive	es to City employees th	nat provide services to
				the Authority		
]	_	Other	Income 🖸
			. 2	ii cnecking "Ceremonie	il Role" or "Other" describe below:	
				•		
7	Name of Outside Organiza	ution.	Number of			
`	(include address and descri	ption)	Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
-				· · · · · · · · · · · · · · · · · · ·		
			•		• ,	
-					<u> </u>	·
	laufi aufi				OCCUPATION OF THE PROPERTY OF	
	Verification	ne 18044 4	renan et			
• •	have read and understand FPPC Regulation				th above, is in accordance with t	the requirements.
_	Signature of Agency Head or Designee		Sabrina Lan	dreth	City Administrator	_ 3/15/16
	asylotoro di rigoritty risadi or Designee		Print Name	•	Tille	(Month, Day, Year)
C	Comment:				•	
_						

Ceremonial Role Events and Ticket/Pass Distribution				
	Ceremonial	Role Events	and Ticket/Pass	Distributions

•	Agency Name			Date Stamp	California O O
	Oakland Alameda County Coliseum Authority				Form 6U
	Division, Department, or Region (If Applicable)			1	For Official Use Only
	Sabrina B. Landreth				
	Designated Agency Contact (Name, Title)			1	
	City Administrator				
	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 238-6840 SLandreth(@oaklandnet	t.com	Date of Original Filing:	
)	Function or Event Information				(Month, Day, Year)
				of Each Ticket/Pass \$ _	<u> </u>
	Event Description Disney on Ice - Frozen			2 , 26 , 16	
Event Description Disney on Ice - Frozen Date(s) Of Provide Title/Explanation					
	Ticket(s)/Pass(es) provided by agency?	Yes ⊠ No	.□ If no:		
				Name of So	ource
	Was ticket distribution made at the behest of agency official?	No ☐ Yes	If yes: <u>Sabr</u>	ina Landreth Official's Name (Last, First)	
				Official's Name	Last, First)
•	Recipients • Use Section A to identify the agency's department of	runt . H A	adam mara 14 ara ara ara ara ara ara ara ara ara ar		
	Use Section A to Identify the agency's department or Name of Agency, Department or Unit	unit. • Use Se			
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy
		i			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Other Dial Role" or "Other" describe below:	Income
	(Last, First)	Ticket(s)/ Pass(es)	if checking "Gereman	Other Dial Role" or "Other" describe below:	Income
	(Last, First)	Ticket(s)/ Pass(es)	If checking "Gereman To provide incentiv the Authority Ceremonial Role	Other Diel Role" or "Other" describe below:	Income
	(Last, First)	Ticket(s)/ Pass(es)	If checking "Gereman To provide incentiv the Authority Ceremonial Role If checking "Geremon	Other Other Other describe below: es to City employees Other	Income that provide services to Income
	(Lest, First) Dillard, Ellen Name of Outside Organization	Ticket(s)/ Pass(ss) 2 Number of Ticket(s)/	If checking "Gereman To provide incentiv the Authority Ceremonial Role If checking "Geremon	Other Classified Below: Other describe below: Other describe below: Other describe below:	Income that provide services to Income
• ((Last, First) Dillard, Ellen C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(ss) 2 Number of Ticket(s)/	If checking "Gereman To provide incentiv the Authority Ceremonial Role If checking "Geremon	Other Classified Below: Other describe below: Other describe below: Other describe below:	Income that provide services to Income
. ((Last, First) Dillard, Ellen C. Name of Outside Organization (include address and description)	Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Gereman To provide incentive the Authority Ceremonial Role If checking "Geremonial Describe the pub	Other City Properties of the City of the C	Income that provide services to Income to the agency's policy
•	(Last, First) Dillard, Ellen C. Name of Outside Organization (include address and description)	Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Gereman To provide incentive the Authority Ceremonial Role If checking "Geremonial Describe the pub	Other City Properties of the City of the C	Income that provide services to Income to the agency's policy
((Last, First) Dillard, Ellen C. Name of Outside Organization (include address and description)	Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Gereman To provide incentive the Authority Ceremonial Role If checking "Geremonial Describe the pub rified that the distribution set for	Other City Properties of the City of the C	Income that provide services to Income to the agency's policy

	• • •		
Ceremonial Role	Events and	Ticket/Pass	Distributions

	. Agency Name			Date Stamp	California O O C
	Oakland Alameda County Coliseum Aut	Date Gramp	Form 802		
	Division, Department, or Region (If Applicable)				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.)	
		Doaklandnot	toom	Date of Original Filing:	
2	(510) 238-6840 SLandreth@oaklandnet.com Function or Event Information			Date of Original Finitig.	(Month, Day, Year)
<i>_</i>	Door the grammy have a tisture of the			6550	
	100 [10]		of Each Ticket/Pass \$ _		
	Event Description Disney on Ice - Frozen Provide Title/Explanation Date(s)			2 , 25 , 16	
		ланаиоп			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗵 No	☐ If no:	Name of So	Surra
	Was ticket distribution made at the behest	No ☐ Yes	☑ If yes: Sabri		
	of agency official?	140 🖂 163	il 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	ial. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of		lic purpose made pursuant	
					· · · · · · · · · · · · · · · · · · ·
	· .				
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		1	Ceremonial Role	<u> </u>	
	Jagannathan, Priya		If checking "Ceremonia	al Role" or "Other" describe below:	
	Jagannathan, Priya		If checking "Ceremonia	al Role" or "Other" describe below:	Income C
	Jagannathan, Priya		If checking "Ceremonia To provide incentive the Authority Ceremonial Role	al Role" or "Other" describe below:	hat provide services to
	Jagannathan, Priya C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive the Authority Ceremonial Role If checking "Ceremonia	el Role" or "Other" describe below: es to City employees t Other il Role" or "Other" describe below; ic purpose made pursuant i	hat provide services to
. (C. Name of Outside Organization (include address and description)	Ticket(s)/	If checking "Ceremonia To provide incentive the Authority Ceremonial Role If checking "Ceremonia	al Role" or "Other" describe below: es to City employees t Other If Role" or "Other" describe below:	hat provide services to
. (↑ Name of Outside Organization	Ticket(s)/	If checking "Ceremonia To provide incentive the Authority Ceremonial Role If checking "Ceremonia	el Role" or "Other" describe below: es to City employees t Other il Role" or "Other" describe below; ic purpose made pursuant i	hat provide services to
. (C. Name of Outside Organization (include address and description)	Ticket(s)/	If checking "Ceremonia To provide incentive the Authority Ceremonial Role If checking "Ceremonia	el Role" or "Other" describe below: es to City employees t Other il Role" or "Other" describe below; ic purpose made pursuant i	hat provide services to
	C. Name of Outside Organization (include address and description) Verification	Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive the Authority Ceremonial Role [If checking "Ceremonia Describe the public	el Role" or "Other" describe below: es to City employees t Other Other Role" or "Other" describe below:	hat provide services to Income [
	C. Name of Outside Organization (include address and description) Verification have read and understand FPPC Regulations 18944.1 and	Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive the Authority Ceremonial Role [If checking "Ceremonia Describe the publication of the checking incentive in the publication of the checking incentive in the publication of the checking in the publication of the checking in	el Role" or "Other" describe below: es to City employees t Other Other Role" or "Other" describe below:	hat provide services to Income C
	C. Name of Outside Organization (include address and description) Verification have read and understand FPPC Regulations 18944.1 and	Ticket(s)/ Pass(es)	If checking "Ceremonia To provide incentive the Authority Ceremonial Role [If checking "Ceremonia Describe the publication set for checking that the distribution set for checking the checking the checking the checking that the checking	el Role" or "Other" describe below: es to City employees t Other Other Role" or "Other" describe below:	hat provide services to Income