

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

A Public Document

| | | | |
|--|---------------------------------------|--|---|
| 1. Agency Name Oakland Alameda County Coliseum Authority <hr/> Division, Department, or Region (If Applicable) Larry Reid, OACCA Chair <hr/> Designated Agency Contact (Name, Title) <hr/> | | Date Stamp <hr/> | <div style="background-color: black; color: white; padding: 5px; text-align: center;"> California Form 802 </div> For Official Use Only <hr/> |
| Area Code/Phone Number 510.383.4801 | E-mail lreid@oaklandnet.com | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) <hr/> Date of Original Filing: _____ (Month, Day, Year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ _____ **30.00**

Event Description Monster Jam Date(s) 02 / 20 / 16 _____
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

I have read and understand FPPC Regulations 18944 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

| | | | |
|--|--------------------------|----------------------|-------------------------------|
| Signature of Agency Head or Designee | Larry Reid Print Name | OACCA Chair Title | 2.11.16 (Month, Day, Year) |
|--|--------------------------|----------------------|-------------------------------|

Comment: _____

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

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

A Public Document

| | | | |
|--|--------------------------------|--|---|
| 1. Agency Name Oakland Alameda County Coliseum Authority | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region (If Applicable) | | | |
| Larry Reid, OACCA Chair | | | |
| Designated Agency Contact (Name, Title) | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| Area Code/Phone Number 510.383.4801 | E-mail lreid@oaklandnet.com | Date of Original Filing: _____ (Month, Day, Year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 30.00

Event Description Monster Jam Date(s) 02 / 20 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

Larry Reid

OACCA Chair

2.11.16

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 30.50 / \$55.00

Event Description: DOI

Date(s) 02 / 24 / 16 02 / 25 / 16

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

If no: _____
Name of Source

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

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

3. Recipients

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

| | | | |
|----------------|---|---|---|
| A. | Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Dobbins, Chris | 6per | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> to provide opportunities to community groups | |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> | |
| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | | |
| | | | |

4. Verification

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

Signature of Agency Head or Designee

~~Chris Dobbins~~
Print Name

OACCA Commissioner
Title

02.19.16
(month, day, year)

Comment: _____

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

A Public Document

1. Agency Name

Oakland-Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Chris DOBBINS, Commissioner

Designated Agency Contact (Name, Title)

Date Stamp

California
Form 802

For Official Use Only

Area Code/Phone Number

E-mail

510-383-4801

CHRISDOBBINSLAW@YAHOO.COM

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass \$ 30.00

Event Description Monster Jam
Provide Title/Explanation

Date(s) 02 / 20 / 16

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

If no: _____
Name of Source

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

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


3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|------------------------------|--|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| DOBBINS, CHRIS | 4 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: to investigate efficiencies #3 |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification

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


Signature of Agency Head or Designee

CHRIS DOBBINS
Print Name

Commissioner
Title

2-5-16
(Month, Day, Year)

Comment: _____

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

A Public Document

| | | | |
|---|---|--|---|
| 1. Agency Name <u>OAKLAND-Alameda County Coliseum Authority</u> | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region (If Applicable) <u>Chris DOBBINS, Commissioner</u> | | | |
| Designated Agency Contact (Name, Title) | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| Area Code/Phone Number <u>510-383-4801</u> | E-mail <u>CHRISDOBBINS@OAKCA.COM</u> | Date of Original Filing: _____ (Month, Day, Year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 75.00

Event Description Legends of Rock Date(s) 02/14/16
Provide Title/Explanation

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

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

3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|--|------------------------------|--|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| <u>DOBBINS, Chris</u> | <u>2</u> | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>to investigate efficiencies #3</u> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification

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

[Signature] CHRIS DOBBINS OAKCA Commissioner 2-5-16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Commissioner

Designated Agency Contact (Name, Title)

Anna Gee

Area Code/Phone Number

(510) 272-6694

E-mail

anna.gee@acgov.org

Date Stamp

California
Form

802

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

Does the agency have a ticket policy?

Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 30⁵⁰ / 55⁵⁰

Event Description Disney on Ice

Provide Title/Explanation

Date(s) 2 / 24 / 16 2 / 28 / 16

Ticket(s)/Pass(es) provided by agency?

Yes ☐ No ☒

If no: GSW

Name of Source

Was ticket distribution made at the behest of agency official?

No ☐ Yes ☒

If yes: Miley, Nate

Official's Name (Last, First)

3. Recipients

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

| A. Department or Unit | | B. Individual | C. Outside Organization |
|-----------------------|--|---------------|---|
| | | | |
| | | | |
| | | | |
| Miley, Sarah | | 6 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To promote the Coliseum Complex for use by the general public and businesses to maximize revenues |
| Linton, Donna | | 6 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To promote the Coliseum Complex for use by the general public and businesses to maximize revenues |
| | | | |
| | | | |

4. Verification

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

Signature of Agency Head or Designee

Anna Gee

Print Name

Operations Chief

Title

3/16/16

(Month, Day, Year)

Comment: Linton received 2/28 tix

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

A Public Document

| | | | | | | | | |
|--|---|---|---|--|-------------------|---|--|--|
| 1. Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Sabrina B. Landreth Designated Agency Contact (Name, Title) City Administrator <table style="width:100%;"> <tr> <td style="width:50%;">Area Code/Phone Number (510) 238-6840</td> <td style="width:50%;">E-mail SLandreth@oaklandnet.com</td> </tr> </table> | | Area Code/Phone Number (510) 238-6840 | E-mail SLandreth@oaklandnet.com | <table style="width:100%;"> <tr> <td style="width:50%;">Date Stamp</td> <td style="width:50%; text-align: center;"> California Form 802 For Official Use Only </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) </td> </tr> </table> | Date Stamp | California Form 802 For Official Use Only | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) | |
| Area Code/Phone Number (510) 238-6840 | E-mail SLandreth@oaklandnet.com | | | | | | | |
| Date Stamp | California Form 802 For Official Use Only | | | | | | | |
| <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) | | | | | | | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 30⁵⁰

Event Description Disney on Ice - Frozen Date(s) 02 / 24 / 16
Provide Title/Explanation

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

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

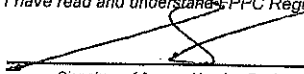
3. Recipients

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

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

4. Verification

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

| | | | |
|---|--------------------------------|-----------------------------|--------------------------------------|
|  Signature of Agency Head or Designee | Sabrina Landreth Print Name | City Administrator Title | <u>3/15/16</u> (Month, Day, Year) |
|---|--------------------------------|-----------------------------|--------------------------------------|

Comment: _____

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

A Public Document

1. Agency Name

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

Yui Hay Kee, Commissioner

Designated Agency Contact (Name, Title)

Area Code/Phone Number

(510) 836-6688

E-mail

YuiHay@YHLA.net

Date Stamp

California
Form

802

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing:

(Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy?

Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 55.50

Event Description Disney On Ice
Provide Title/Explanation

Date(s) 2, 27, 16 or 2, 28, 16
(daytime show)

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

If no: _____
Name of Source

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

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

3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---------------------------------------|------------------------------|--|
| Yui Hay Lee, Commissioner | <u>6</u> | #3 |

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

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

4. Verification

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

Signature of Agency Head or Designee

Yui Hay Lee

Print Name

OACCA Commission

Title

1/13/2016
(Month, Day, Year)

Comment:

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 55.50

Event Description: DOI Provide Title/Explanation Date(s) 02 / 27 / 16

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

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

3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------|--|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Pettitt, Krishna | 4 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to investigate efficiencies of operations of various sporting and other events that occur at the Coliseum Complex |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification

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


 Signature of Agency Head or Designee

 Krishna Pettitt
 Print Name

 Oakland City Attorney
 Title

 02.24.16
 (month, day, year)

Comment: _____

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

A Public Document

| | | | |
|---|--------------------------------|--|---|
| 1. Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Larry Reid, OACCA Chair Designated Agency Contact (Name, Title) | | Date Stamp | California Form 802 For Official Use Only |
| Area Code/Phone Number 510.383.4801 | E-mail lreid@oaklandnet.com | | |
| | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 77.25
Event Description Super City 50 Date(s) 02 / 06 / 16
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: _____
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐ If yes: _____
Official's Name (Last, First)

3. Recipients

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

| | | |
|--|------------------------------|---|
| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| Reid, Larry | 4 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: to investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex |
| | 4 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification

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

 Larry Reid OACCA Chair 2.11.16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Larry Reid, OACCA Chair

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.383.4801

E-mail

lreid@oaklandnet.com

Date Stamp

California
Form

802

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass \$ 30.00

Event Description Monster Jam
Provide Title/Explanation

Date(s) 02 / 20 / 16

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

If no: _____
Name of Source

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

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

3. Recipients

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

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

4. Verification

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


Signature of Agency Head or Designee

Larry Reid

Print Name

OACCA Chair

Title

2.11.16

(Month, Day, Year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 75.00
Event Description Charlie Wilson Concert Date(s) 02 / 14 / 16
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: _____
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐ If yes: _____
Official's Name (Last, First)

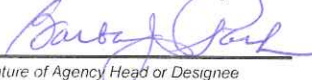
3. Recipients

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

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

4. Verification

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

| | | | |
|---|---------------------------------|---------------------------------------|---------------------------------|
|  Signature of Agency Head or Designee | Barbara J. Parker Print Name | City Attorney/OAACA Official Title | 2/18/2016 (Month, Day, Year) |
|---|---------------------------------|---------------------------------------|---------------------------------|

Comment: _____

JPA

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

A Public Document

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

2. Function or Event Information

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

Event Description Warriors/DKCTHunder Date(s) 2, 6, 15
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

Lee Ann Ferguson Supervisors Assistant 1-29-16
Signature of Agency Head or Designee First Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

| | | | | |
|---|---------------------------------------|---|---------------------------------------|---|
| 1. Agency Name Oakland Alameda County Coliseum Authority <hr/> Division, Department, or Region (If Applicable) Scott McKibben, Executive Director <hr/> Designated Agency Contact (Name, Title) <hr/> <table style="width:100%;"> <tr> <td style="width:50%;">Area Code/Phone Number 510.383.4801</td> <td style="width:50%;">E-mail smckibben1@gmail.com</td> </tr> </table> | | Area Code/Phone Number 510.383.4801 | E-mail smckibben1@gmail.com | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Date Stamp <div style="border: 1px solid black; height: 40px; width: 100%;"></div> </div> <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div> California Form For Official Use Only </div> <div style="font-size: 2em; font-weight: bold;">802</div> </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small> </div> |
| Area Code/Phone Number 510.383.4801 | E-mail smckibben1@gmail.com | | | |

2. Function or Event Information

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

Event Description Warriors Basketball Date(s) 02 / 09 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

| | | | |
|--|------------------------------|-----------------------------|--------------------------------|
| Signature of Agency Head or Designee | Scott McKibben Print Name | Executive Director Title | 02.01.16 (Month, Day, Year) |
|--|------------------------------|-----------------------------|--------------------------------|

Comment: _____

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

A Public Document

| | | | |
|---|--------------------------------|--|---|
| 1. Agency Name Oakland Alameda County Coliseum Authority | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region (If Applicable) | | | |
| Scott McKibben, Executive Director | | | |
| Designated Agency Contact (Name, Title) | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) | |
| Area Code/Phone Number 510.383.4801 | E-mail smckibben1@gmail.com | | |

2. Function or Event Information

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

Event Description Warriors Basketball Date(s) 02 / 06 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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


 Scott McKibben Executive Director 02.01.16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

CHRIS DOBBINS, Commissioner

Designated Agency Contact (Name, Title)

Date Stamp

California Form 802

For Official Use Only

Area Code/Phone Number

510-383-4801

E-mail

CHRIS DOBBINS@LAW
@yahoo.com

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass \$ 77.25

Event Description Super City 50
Provide Title/Explanation

Date(s) 2 / 6 / 16

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

If no: _____
Name of Source

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

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

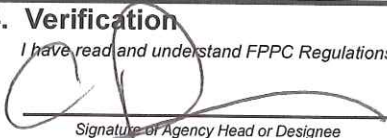
3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|------------------------------|--|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| DOBBINS, CHRIS | 4 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: to investigate efficiencies #3 |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification

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


Signature of Agency Head or Designee

CHRIS DOBBINS
Print Name

Commissioner
Title

2-5-16
(Month, Day, Year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 77.25

Event Description Super City 50 Date(s) 02 / 26 / 16
Provide Title/Explanation

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

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

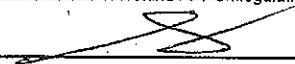
3. Recipients

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

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

4. Verification

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

| | | | |
|---|---------------------------|----------------------|-----------------------------------|
|  | Sabrina Landreth | City Administrator | <u>3/15/16</u> |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment: _____

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

A Public Document

| | | | |
|---|--|--|---|
| 1. Agency Name <u>Oakland-Alameda County Coliseum</u> Division, Department, or Region (If Applicable) <u>Authority</u> | | Date Stamp | California Form 802 For Official Use Only |
| Designated Agency Contact (Name, Title) <u>Chris DOBBINS, OACCA Commissioner</u> | | | |
| Area Code/Phone Number <u>510-383-4801</u> | E-mail <u>chrisdobbinslaw@yahoo.com</u> | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| | | Date of Original Filing: _____ (Month, Day, Year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 2000

Event Description Laraza/La Arrolladora Date(s) 02, 13, 16
Provide Title/Explanation

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

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

3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|------------------------------|--|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| <u>DOBBINS, Chris</u> | <u>4</u> | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <u>to investigate efficiencies #13</u> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification

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

[Signature] Chris DOBBINS OACCA Commissioner 2-5-16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Commissioner

Designated Agency Contact (Name, Title)

Anna Gee

Area Code/Phone Number

(510) 272-6694

E-mail

anna.gee@acgov.org

Date Stamp

California
Form

802

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass \$ 1100⁰⁰

Event Description Basketball
Provide Title/Explanation

Date(s) 2 / 6 / 16

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

If no: GSW
Name of Source

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

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

3. Recipients

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

| A. Department or Unit | B. Name | C. Describe the event or purpose for which the ticket or pass was distributed |
|-----------------------|---------|--|
| | | |
| | | |
| | | |
| Murrell, Virtual | 4 | <p>Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/></p> <p>If checking "Ceremonial Role" or "Other" describe below:</p> <p>To promote the Coliseum Complex for use by the general public and businesses to maximize revenues</p> |
| | | <p>Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/></p> <p>If checking "Ceremonial Role" or "Other" describe below:</p> |
| | | |
| | | |
| | | |

4. Verification

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

Signature of Agency Head or Designee

Anna Gee

Print Name

Operations Chief

Title

3/16/16

(Month, Day, Year)

Comment:

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 55.50
Event Description La Arrolladora Date(s) 02 / 27 / 16
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Landreth, Sabrina
Official's Name (Last, First)

3. Recipients

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

| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|------------------------------|---|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| Gomez, Rosa | 4 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide services to the Authority |
| | 4 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification

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

Signature of Agency Head or Designee

Sabrina Landreth

Print Name

City Administrator

Title

3/15/16
(Month, Day, Year)

Comment: _____

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

A Public Document

| | | | | | | | | | | |
|--|--|---|---|--|--|--|------------------------|------------|--------------------------------------|--|
| 1. Agency Name Oakland Alameda County Coliseum Authority <hr/> Division, Department, or Region (If Applicable) Sabrina B. Landreth <hr/> Designated Agency Contact (Name, Title) City Administrator <hr/> <table style="width:100%;"> <tr> <td style="width:50%;">Area Code/Phone Number (510) 238-6840</td> <td style="width:50%;">E-mail SLandreth@oaklandnet.com</td> </tr> </table> | | Area Code/Phone Number (510) 238-6840 | E-mail SLandreth@oaklandnet.com | <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> Date Stamp <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small> </td> <td style="width:50%; vertical-align: top;"> <table style="width:100%;"> <tr> <td style="width:80%;">California Form</td> <td style="width:20%; font-size: 2em;">802</td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>For Official Use Only</small></td> </tr> </table> </td> </tr> </table> | Date Stamp <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small> | <table style="width:100%;"> <tr> <td style="width:80%;">California Form</td> <td style="width:20%; font-size: 2em;">802</td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>For Official Use Only</small></td> </tr> </table> | California Form | 802 | <small>For Official Use Only</small> | |
| Area Code/Phone Number (510) 238-6840 | E-mail SLandreth@oaklandnet.com | | | | | | | | | |
| Date Stamp <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small> | <table style="width:100%;"> <tr> <td style="width:80%;">California Form</td> <td style="width:20%; font-size: 2em;">802</td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>For Official Use Only</small></td> </tr> </table> | California Form | 802 | <small>For Official Use Only</small> | | | | | | |
| California Form | 802 | | | | | | | | | |
| <small>For Official Use Only</small> | | | | | | | | | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 55.50

Event Description Disney on Ice - Frozen Date(s) 02 / 28 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

| | | | |
|--|--|---|--|
| _____ <small>Signature of Agency Head or Designee</small> | Sabrina Landreth _____ <small>Print Name</small> | City Administrator _____ <small>Title</small> | <u>3/15/16</u> _____ <small>(Month, Day, Year)</small> |
|--|--|---|--|

Comment: _____

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

A Public Document

| | | |
|--|--|--|
| 1. Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Sabrina B. Landreth Designated Agency Contact (Name, Title) City Administrator Area Code/Phone Number E-mail (510) 238-6840 SLandreth@oaklandnet.com | | Date Stamp <div style="border: 1px solid black; padding: 5px; text-align: center;"> California Form 802 For Official Use Only </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) </div> |
|--|--|--|

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 55.50

Event Description Disney on Ice - Frozen Date(s) 02 / 27 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

| | | | |
|--|--|---|--|
| _____ <small>Signature of Agency Head or Designee</small> | Sabrina Landreth _____ <small>Print Name</small> | City Administrator _____ <small>Title</small> | <u>3/15/16</u> _____ <small>(Month, Day, Year)</small> |
|--|--|---|--|

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 55.50

Event Description Disney on Ice - Frozen Date(s) 02 / 27 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

[Signature] Sabrina Landreth City Administrator 3/15/16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 55.50

Event Description Disney on Ice - Frozen Date(s) 02 / 26 / 16
Provide Title/Explanation

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

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

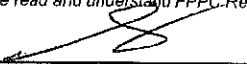
3. Recipients

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

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

4. Verification

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


 Signature of Agency Head or Designee
 Sabrina Landreth
 Print Name
 City Administrator
 Title
 3/15/16
 (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Sabrina B. Landreth

Designated Agency Contact (Name, Title)

City Administrator

Area Code/Phone Number

(510) 238-6840

E-mail

SLandreth@oaklandnet.com

Date Stamp

California
Form **802**

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass \$ 55.50

Event Description Disney on Ice - Frozen
Provide Title/Explanation

Date(s) 02 / 25 / 16

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

If no: _____
Name of Source

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

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

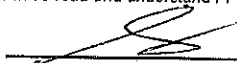
3. Recipients

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

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

4. Verification

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


Signature of Agency Head or Designee

Sabrina Landreth

Print Name

City Administrator

Title

3/15/16
(Month, Day, Year)

Comment: _____