

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

A Public Document

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

2. Function or Event Information

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

Event Description Harlem Globetrotters Date(s) 1 / 16 / 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)

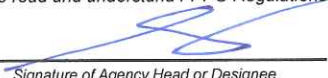
3. Recipients

• 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:
Eve-Fisher, Sandra	4	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
	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	Sabrina Landreth	City Administrator	<u>1/20/16</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 Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Christopher Dobbins, OACCA Commissioner			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ (Month, Day, Year)	
510.383.4801	Chrisdobbinslaw@yahoo.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 47.25

Event Description Professional Bull Riders Date(s) 01 / 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)

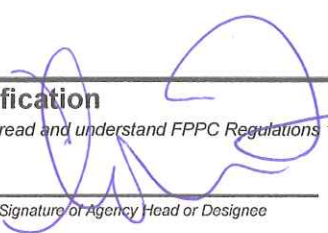
3. Recipients

• 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 (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"/> <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 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)/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.

	Chris Dobbins	OACCA Commissioner	01.07.16
<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

1. Agency Name

Oakland/Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Alameda County Supervisor Scott Haggerty, D1

Designated Agency Contact (Name, Title)

Lee Ann Ferguson, Ticket Administrator

Area Code/Phone Number

510 272-6691

E-mail

leeann.fergerson@acgov.org

Date Stamp

A. Public Document

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 \$ 47.25

Event Description: PBR

Provide Title/Explanation

Date(s) 1, 9, 16

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

Yes ☐ No ☐

If no:

Was ticket distribution made at the behest of agency official?

No ☐ Yes ☐

If yes:

Name of Source

Alameda County Supervisor Scott Haggerty, District 1

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

To reward a county employee for his or her exemplary service to the public

B. Name of Individual (Last, First)

Number of Ticket(s)/Pass(es)

Identify one of the following:

To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.

☐

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 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

Lee Ann Ferguson

Print Name

Ticket Administrator

Title

1-8-16

(Month, Day, Year)

Comment:

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

A Public Document

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

2. Function or Event Information

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

Event Description Harlem Globetrotters Date(s) 1 / 16 / 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:
Eve-Fisher, Sandra	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.

	Sabrina Landreth	City Administrator	<u>1/20/16</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

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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 \$ 35.00

Event Description AMA Supercross Date(s) 01 / 30 / 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)

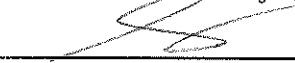
3. Recipients

• 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:
Remo, Cedric	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	Sabrina Landreth	City Administrator	<u>2/8/16</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

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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 \$ 55.00

Event Description Globetrotters Date(s) 01 / 23 / 16
Provide Title/Explanation

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

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

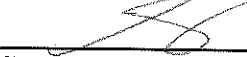
3. Recipients

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

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

4. Verification

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

	Sabrina Landreth	City Administrator	<u>2/8/16</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		Date Stamp	California Form 802 For Official Use Only
Oakland Alameda County Coliseum Authority			
Division, Department, or Region (If Applicable)			
Scott Haggerly, OACCA Commissioner		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title)			
Area Code/Phone Number	E-mail		
510.272.6691	leeann.fergerson@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 35.00

Event Description SUPER CROSS Date(s) 1/30/16
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Alameda County, District One		to promote the Coliseum Complex for the use by the general public and businesses to maximize revenues
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>mark Slater</u>	<u>4</u>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. <input type="checkbox"/> no
<u>Emily Jensen</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>
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.

<u>Lee Ann Ferguson</u> Signature of Agency Head or Designee	<u>Lee Ann Ferguson</u> Print Name	<u>Supervisors Assistant</u> Title	<u>1-27-16</u> (Month, Day, Year)
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Comment: _____

JPA

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Scott Haggerty, OACCA Commissioner Designated Agency Contact (Name, Title)			
Area Code/Phone Number 510.272.6691	E-mail leeann.fergerson@acgov.org	<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 \$ 700.00

Event Description Mavericks Whoppers Date(s) 1, 27, 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

[Signature] Lee Ann Ferguson Supervisors Assistant 1-26-16
Signature of Agency Head or Designee First Name Title (Month, Day, Year)

Comment: _____

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

1. Agency Name

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

Alameda County Supervisor Scott Haggerty, D.I.
 Designated Agency Contact (Name, Title)

Lee Ann Ferguson, Ticket Administrator
 Area Code/Phone Number E-mail

510 272-6691

leeann.fergerson@acgov.org

Date Stamp

A Public Document

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 \$ 47.25

Event Description: PBR
 Provide Title/Explanation

Date(s) 1, 9, 16

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

If no: _____
 Name of Source

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

If yes: Alameda County Supervisor Scott Haggerty, District 1
 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

To reward a county employee for his or her exemplary service to the public

B. Name of Individual (Last, First)

Number of Ticket(s)/Pass(es)

Identify one of the following:

To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. ☐

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 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

Lee Ann Ferguson

Print Name

Ticket Administrator

Title

1-8-16
 (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)			
Designated Agency Contact (Name, Title) <u>Alameda County Supervisor Scott Haggerty, D 1</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3)	Date of Original Filing: _____ (Month, Day, Year)
Area Code/Phone Number <u>510 272-6691</u>	E-mail <u>leeann.fergerson@acgov.org</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 350.00

Event Description WARRIDORS Date(s) 1, 2, 16
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐ Alameda County Supervisor Scott Haggerty, D 1
Officer'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>Renee Beaudoin</u>	<u>2</u>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. <input checked="" type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Lee Ann Ferguson Ticket Administrator 1-7-16
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)			
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 \$ 1100⁰⁰

Event Description Warriors Date(s) 01 / 25 / 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:
Darensburg, Shelley	<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> To provide incentives to City employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

 Sabrina Landreth City Administrator 1/8/15
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

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

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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 \$ 350⁰⁰

Event Description Warriors Date(s) 01 / 02 / 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)

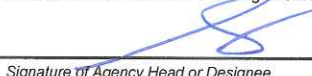
3. Recipients

• 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:
Mlay, Serenity		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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


 Sabrina Landreth
 City Administrator
 1/8/15

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)			
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 \$ 1100⁰⁰

Event Description Warriors Date(s) 01 / 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: 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:
Hecathorn, Milloanne	<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> 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 <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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


 Sabrina Landreth
 City Administrator
 1/8/15
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)			
Sabrina B. Landreth			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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 \$ 1100⁰⁰

Event Description Warriors Date(s) 01 / 04 / 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:
Ayala, Leopold	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Sabrina Landreth 1/8/15
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 500.00

Event Description Warriors vs Pacers Date(s) 01 / 22 / 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:
Linard, Nicolas	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Sabrina Landreth City Administrator 1/8/15
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 <u>Oakland Alameda County Coliseum Authority</u> Division, Department, or Region (If Applicable)		Date Stamp	California Form 802 For Official Use Only
Larry Reid, Chair Designated Agency Contact (Name, Title)			
Area Code/Phone Number 510.383.4801	E-mail <u>Lreid@oaklandnet.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 \$ 55.00

Event Description Globetrotter Date(s) 1, 16, 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>Reid, Larry</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 #3</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]
Signature of Agency Head or Designee

LARRY E. REID
Print Name

Chair
Title

1-8-16
(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) Office of the County Counsel			
Designated Agency Contact (Name, Title) Donna Ziegler, County Counsel			
Area Code/Phone Number (510) 272-6700	E-mail donna.ziegler@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 \$ 350.00+35.00Parking
Event Description Warriors Game and Parking Pass Date(s) 1 / 2 / 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: Ziegler, Donna
Official's Name (Last, First)

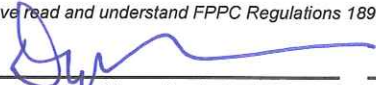
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
Pearl and Ivy Community Corporation (a non-profit)	2	To provide opportunities for community groups to utilize the facility
P. O. Box 5167 Richmond, CA 94805-0167		

4. Verification

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

 Donna Ziegler County Counsel 12/01/2015
Signature of Agency Head or Designee *Print Name* *Title* *(Month, Day, Year)*

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

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

A Public Document

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

2. Function or Event Information

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

Event Description Warriors Season Date(s) see attached
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? 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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>see attached</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.


 Scott McKibben Executive Director 1-16-16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

GOLDEN STATE WARRIORS

JANUARY 2016

- **Warriors v Spurs 1.25.16 (2) tickets \$1100.00**

Public Purpose: to investigate efficiencies #3

- **Warriors v Mavericks 1.27.16 (6) tickets \$700.00**

Public Purpose: to promote the Coliseum Complex for use by the general public and businesses to maximize revenues #4

February 2016

- **Warriors v Rockets 2.9.16 (7) tickets \$1100.00**

Public Purpose: to promote the Coliseum Complex for use by the general public and businesses to maximize revenues #4

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, 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

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass \$ see attached

Event Description Warriors Season
Provide Title/Explanation

Date(s) see attached

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

If no: _____
Name of Source

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

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

3. Recipients

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

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

4. Verification

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

Signature of Agency Head or Designee

Print Name

Title

Month, Day, Year

Comment:

FPPC Form 802 (4/12)

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

GOLDEN STATE WARRIORS

February 2016

- **Warriors v OK City 2.6.16 (2) tickets \$1100.00**
- **Warriors v Rockets 2.9.16 (2) tickets \$1100.00**

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

A Public Document

1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Christopher Dobbins, OACCA Commissioner

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.383.4801

E-mail

Chrisdobbinslaw@yahoo.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 \$ see attached

Event Description Golden State Warriors Season

Provide Title/Explanation

Date(s) see attached

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

If no: _____
Name of Source

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

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

3. Recipients

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

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

OACCA Commissioner

Title

12/2015
(Month, Day, Year)

Comment: _____

GOLDEN STATE WARRIORS

February 2016

- **Warriors v OK City 2.6.16 (2) tickets \$1100.00**
- **Warriors v Rockets 2.9.16 (2) tickets \$1100.00**

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

A Public Document

1. Agency Name

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

☐ 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 \$ _____ October-April 2016

Event Description Warriors Basketball Tickets
Provide Title/Explanation

Date(s) _____/_____/_____

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)

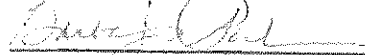
3. Recipients

• 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:
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 (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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


Signature of Agency Head or Designee

Barbara J. Parker
Print Name

City Attorney/OAACA Official
Title

1/22/2016
(Month, Day, Year)

Comment: _____

GOLDEN STATE WARRIORS

February 2016

- **Warriors v OK City 2.6.16 (2) tickets \$1100.00**
- **Warriors v Rockets 2.9.16 (2) tickets \$1100.00**

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

A Public Document

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

2. Function or Event Information

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

Event Description Golden State Warriors Basketball Date(s) See attached _____/_____/_____
Provide Title/Explanation

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

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


3. Recipients

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

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

4. Verification

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

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

Comment: _____

GOLDEN STATE WARRIORS

February 2016

- **Warriors v OK City 2.6.16 (2) tickets \$1100.00**
- **Warriors v Rockets 2.9.16 (2) tickets \$1100.00**

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) Sabrina B. Landreth			
Designated Agency Contact (Name, Title) City Administrator			
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 \$ 500.00

Event Description Warriors Date(s) 01 / 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: 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:
Frazier, Esther	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> 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"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
 1/18/15 (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>Alameda County Supervisor Scott Haggerty, D.1</u>			
Designated Agency Contact (Name, Title) <u>Lee Ann Ferguson, Ticket Administrator</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number <u>510 272-1691</u>	E-mail <u>leeann.fergerson@acgov.org</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 580.00

Event Description Warriors Date(s) 1, 22, 16
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Alameda County Supervisor Scott Haggerty, D.1
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>Scott Haggerty</u> <u>A.C. Supervisor, Dist 1</u>	<u>2</u>	To obtain oversight of facilities or events that have received county funding or support <input type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Lee Ann Ferguson Ticket Administrator 1-6-16
 Signature of Agency Monitor Designee Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

Agency Name Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Otis McGee Jr., Oakland City Attorney			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 510.383.4801	E-mail OMcGeeJe@oaklandcityattorney.org	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 \$ 1100.00

Event Description Warriors Basketball Date(s) 01 / 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)

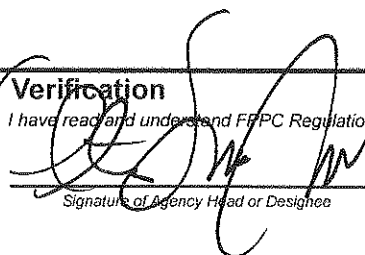
3. Recipients

• 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:
McGee, Otis Jr	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 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Otis McGee Jr. Oakland City Attorney
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

2. Function or Event Information

Face Value of Each Ticket/Pass \$ 1100.00

Date(s) 01 / 25 / 16 / /

If no: _____
Name of Source

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

• 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.

4. Verification

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

FPPC Form 802 (4/12)

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

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

A Public Document

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

2. Function or Event Information

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

Event Description Warriors 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: Sabrina Landreth
Official's Name (Last, First)

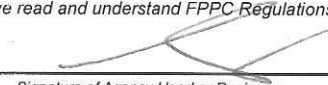
3. Recipients

• 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:
Jeffery, Jamea	<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> 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>2/8/16</u> (Month, Day, Year)
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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 1100⁰⁰

Event Description Warriors 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: 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:
McDonnell, John	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <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	Sabrina Landreth Print Name	_____ City Administrator	_____ Title	_____ (Month, Day, Year)
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Comment: _____

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