_						
10.0	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Auth	*	Form For Official Use Only		
	Division, Department, or Regi	on (If Applicable		r of Official Ose Offiy		
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)			9	
	City Administrator					V - A - O - O - O - O - O - O - O - O - O
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 238-6840	SLandreth@	oaklandnet.co	om .	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	nation		1100		
	Does the agency have a ticke		of Each Ticket/Pass \$ _			
	Event Description Harlem Gl	obetrotters	, 16 , 16	1 1		
	Event Description	Provide Title/Exp				
	Ticket(s)/Pass(es) provided by	v agency?	Name of So			
				ource		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Sabri			Official's Name ((I ast First)	
	of agency official?				Official's Ivanic (Lust, I hat
3.	Recipients	100 W 101 W				Alf a subside averanization
	• Use Section A to identify the agence					
	A. Name of Agency, Department	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy	
			, 400(00)	(2)		
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			1 1			
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:	
	(Last, First)		Pass(es)		identity one of the follow	
	Fire Fielder Coundre			o o i o i ii o i i o i o	Other	Income
	Eve-Fisher, Saundra		4	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide servi		
				the Authority	res to Oity employees	that provide dervices to
				Ceremonial Role	Other	Income
					nial Role" or "Other" describe below:	
			4			
	7					
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pul	blic purpose made pursuan	t to the agency's policy
	(include address and des	scription)	Pass(es)			
			24			
	8				2	
4.					_ 10	
	I have read and understand FPPC Regu	ılations 18944.1 ar				vitn the requirements.
	1		Sabrina Land	dreth	City Administrator	1/10/10
	Signature of Agency Head or Designee	•	Print Name		Title	(Month, Day, Year)
	Commont					
	Comment:					

Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name					Date Stamp	California 802
	Oakland Alameda County C					Form For Official Use Only
Division, Department, or Region (If Applicable)						r or official osc offiny
	Christopher Dobbins, OACC		oner			
	Designated Agency Contact (Name, Title)				
				9	Amendment (Must pr	rovide explanation in Part 3.)
		E-mail			Markey Article of the polyments	er Commence (n. 1965). Zer gill Golden ett Brothe Brothe Golden (n. 1965).
	510.383.4801		slaw@yahoo	o.com	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform			East Value a	of Each Ticket/Pass \$	47.25
	Does the agency have a ticket	(20)	Yes 🗵 No			
	Event Description Profession	Provide Title/Exp	lanation	Date(s)01		
	Ticket(s)/Pass(es) provided by		Yes 🛛 No	☐ If no:		
	**	v. 19 4 0	TES [M] INO		Name of Sou	ırce
	Was ticket distribution made a of agency official?	t the behest	No 🛛 Yes	☐ If yes:	Official's Name (L	ast First)
					Omolais Name (L	uoi, i iioi)
.	Recipients • Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	ıal. ■ Use Section C to identi	ify an outside organization.
ě	A. Name of Agency, Departmen		Number of		lic purpose made pursuant	
	7 41 Hamo Strigonoy, Dopartino		Ticket(s)/ Pass(es)	Boothise the pub	ne parpose made parodant	
A STATE OF THE PARTY OF THE PAR	B. Name of Individual	l	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
			1 455(55)	Ceremonial Role	Other 🛮	Income
	Dobbins, Chris		11	i	ial Role" or "Other" describe below:	
	5.		7		fficiencies of the opera events that occur at the	
				Ceremonial Role		Income
					ial Role" or "Other" describe below:	
	Nome of Outside Occasi	zation	Number of			
(Name of Outside Organia (include address and desc		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	to the agency's policy
-						
	Verification			STATES AND	8 62 9 6 6 80	
1	have read and understand FPPC Regula	18944.1 and				To the second second second
	Signature of the party Head or Decision		Chris Dob		DACCA Commissioner	
	Signature of Agency Head or Designee		Print Name	e	Title	(Month, Day, Year)
-	Comment:					

Agency Report of:		
Ceremonial Role Events and 1. Agency Name	Ticket/	Pass Distributions
Calcland/Alameda Co	unty Co	liseum Authority Date Stemp. California 802
Alameda Courty Secrys Designated Agency Contact (Wester, Tille)	ox Scott	Hacaerty N. 1
Lee Ann Fergerson, Tic Area Gode/Phone Number E-mail 510 222 1101	ket A	duristration
2. Function or Event Information	nn.fen	GCSON Cacqui De Date of Original Filling: (Month, Doi) Year)
Does the agency have a ticket policy? Event Description	Yes 🔲	No [] Face Value of Each Ticket/Pass \$ 41.25
Provide Tiles Ticket(s)/Pass(es) provided by agency?	Yes [7]	No □ If no:
Wes ticket distribution made at the behest of agency official?	No 🗆 Y	. Name of Source Alameda County Supervisor Scott Haggerty, Diction 4.
3. Recipients • Use Section A to Identify the enemy's departments		Omoun's Wante IT and Tried
A. Name of Agency, Department or Unit	Number of Ticket(e)/ Pass(cs)	Secilon B to identify an individual. • Use Secilon C to identify an outside organization. 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
70		·
B. Namo of Individual	Number of Traket(s)/ Pass(eu)	identify one of the following:
Rhonda Johnson	4.	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
		Ceremental Rola Other I Income Income Income Income
C, Name of Outside Organization (Include address and description)	Number of Ticket(s)! Pass(cs)	Describe the public purpose made purcuent to the agency's policy
		h-intuiting allency's policy
A. A. Marian and A. M. Marian and A. M.		
Verification This pread and understand FPFC Regulations 18944.1 and 1894 Lee A. Signature of Agency House of Double poo	2. I huvo voriue:	d that the distribution sol torn above, is in accordance with the requirements gerson Ticket Administrator 1-8-116
Comment:	· ····································	Tillo (Menth, Day Yusi)

Oak	ency Name sland Alameda County C slon, Department, or Regi		Date Stamp California Form						
Sab	rina B. Landreth gnated Agency Contact (
	Administrator	, , , , , , , ,							
-		E-mail			Amendment (Must p	provide explanation in Part 3.)			
(510))-238-6840	-SLandreth@	oaklandnet	.com	_Date_of_Original_Filing:	(Month, Day, Year)			
2. Fun	ction or Event Inforr	nation				(INORIUI, Day, Year)			
Does	the agency have a ticket	policy?	☐ Face Value o	f Each Ticket/Pass \$ _	. 559				
Even	t Description Harlem Glo	betrotters Provide Title/Expl			, 16 , 16				
Ticke	et(s)/Pass(es) provided by	agency?	Name of So	urce					
	ticket distribution made a gency official?	t the behest	No ☐ Yes	☑ If yes: Sabri	na Landreth Official's Name (i	Last, First)			
	Recipients Use Section A to Identify the agency's department or unit. Use Section B to Identify an individual. Use Section C to Identify an outside organization.								
Α.	Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
	:								
		The state of the s			,				
В.	Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:			
· Eve-	Fisher, Saundra		4		Other Del Role" or "Other" describe below:	Income 🔲			
-				To provide incentives to City employees that provide services the Authority					
			4	Ceremonial Role If checking "Ceremoni	Other Dale or "Other" describe below:	Income 🗌			
C.	Name of Outside Organi (Include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant				
	,				•				
	fication ead and understand FPPC Regula	tions-18944,1 and	18942. I have ve	rified that the distribution set to	rth above, is in accordance wit	h lhe requirements.			
-	Signature of Agency Head or Designee		Sabrina Lar	ndreth	City Administrator	1/20/16 (Mohth, Day/Year)			
Comr					r ary	,			

Ceremonial Role Events and Ticket/Pass Distributions

						A I ubile becamen
١.	Agency Name				Date Stamp	California R02
	Oakland Alameda County C	Oakland Alameda County Coliseum Authority				Form 904
	Division, Department, or Reg	i on (If Applicabl	e)			For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)				
	City Administrator					
	Area Code/Phone Number	E-mail			Amenament (Must p	rovide explanation in Part 3.)
	(510) 238-6840	SLandreth@	oaklandnet.	.com	Date of Original Filing:	(Month, Day, Year)
	Function or Event Inform	nation				0 TD
	Does the agency have a ticket	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$ _	<u> </u>
	Event Description AMA Supe	rcross		Data(a) 01	, 30 , 16	
	Event Description	Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	□ If no:	Name of So	
			700 23 700			ırce
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	☑ If yes: Sabrir	na Landreth Official's Name (L	and Final)
		****		***************************************	Uniciai s Name (L	asi, rirsi)
•	Recipients	d- d				
	Use Section A to identify the agency		Number of	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
				· · · · · · · · · · · · · · · · · · ·		
	Name of Individua	I	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
•	······································			Ceremonial Role	Other	Income
	Remo, Cedric		2		al Role" or "Other" describe below:	
					es to City employees t	hat provide services to
		·		the Authority		
				Ceremonial Role	Other Date of "Other" describe below:	Income
			İ			
-	Name of Outside Organi		Number of Ticket(s)/	Describe the multi-	ic purpose made pursuant	to the agency's notice
_	(include address and desc	ription)	Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
,						
,	Verification					
	have read and understand FPPC Regula	tions 18944.1 and	l 18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	n the requirements.
	The second secon		Sabrina Lar	ndreth	City Administrator	2/8/16
•	Signature of Agency Head or Designee		Print Name	·····	Title	(Month, Day, Year)
1	Comment [,]					

4	. Agency Name				Data Stamp	A Pro- In Co.
	Oakland Alameda County Co	oliseum Autl	hority		Date Stamp	California 802
	Division, Department, or Region			For Official Use Only		
	Sabrina B. Landreth	. ,,				
	Designated Agency Contact (/	Jamo Titlo)				
		vanie, ride)				
	City Administrator Area Code/Phone Number				☐ Amendment (Must	provide explanation in Part 3.)
		E-mail	5			
2			@oaklandnet	.com	Date of Original Filing:	(Month, Day, Year)
۷,	Function or Event Inform					55®
	Does the agency have a ticket	-	Yes 🗵 No		f Each Ticket/Pass \$ _	
	Event Description Globetrotte	rs	···	Date(s)01	<u>, 23 , 16 </u>	
		Provide Title/Exp	lanation	.,		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No	☐ If no:	Name of So	
	Was ticket distribution made at	the behest	Na 🗀 Vaa	Sabrir		urce
	of agency official?	the beliest	No ☐ Yes	If yes: Sabrir	Official's Name (I	Last. First)
}.	Recipients					
	Use Section A to identify the agency's	s department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to iden	lify an outside organization
	A. Name of Agency, Department	Number of Ticket(s)/ Pass(es)		ic purpose made pursuant		
			i ass(es)			
				1		
	B. Name of Individual	······································	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Barrett, Kay	******		Ceremonial Role		Income
	Barrott, rtay		2		Role" or "Other" describe below:	
				the Authority	s to City employees t	hat provide services to
_				Ceremonial Role	Other	Income
					Role" or "Other" describe below:	income
_		"Him.				
(Name of Outside Organiza (include address and descri	tion ntion)	Number of Ticket(s)/	Describe the public	purpose made pursuant t	to the agency's policy
-			Pass(es)			
-						
				-		
	/erification					
11	nave read and understand FPPC Regulatio	ns 18944.1 and	18942. I have ver	ified that the distribution set fort	h above, is in accordance with	the requirements.
			Sabrina Lan	dreth	City Administrator	
	Signature of Agency Head or Designee		Print Name		Tille	(Month, Day, Year)
С	omment:					
_						

Agency Report of: Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
Agency Name Oakland Alameda County Coliseum Author Division, Department, or Region (If Applicable Scott Haggerly, OACCA Commissioner Designated Agency Contact (Name, Title)	ority	anna a mara ann a Gallerin II an 'r rents kallering a maggi a nadaluri bahan	Date Stamp	For Official Use Only
Area Code/Phone Number E-mail	rson@acgo	v.org	Date of Orlginal Filing:	
2. Function or Event Information Does the agency have a ticket policy? Event Description Provide Tille/Expl. Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?	Yes⊠ No anation Yes⊠ No No □ Yes	Date(s)	of Each Ticket/Pass \$	occount
3. Recipients	Number of Ticket(s)/ Pass(ss) to promote the Co		Idual. # Use Section C to identify an outside organization. ublic purpose made pursuant to the agency's policy pliseum Complex for the use by the general esses to maximize revenues	
B. Name of Individual (tou, Far) Mark Slater Emily Jensen	Number of Ticket(s)/ Pass(os)	[]	Identify one of the followince at a county sponsore al county revenue for cor	d event in order no
C. Name of Outside Organization (include address and description)	Number of Tickel(s)/ Pass(us)		Other	Income Income
4. Verification	o de la company de la comp	Consequent to the single-training and the second	and alone is in recording to	man mercenta sentat tanàna habampicani tambana in tanàna in tanàna in tanàna in tanàna in tanàna in tanàna in t

Lee Ann Fergerson

Frat Namu

Supervisors Assistant

Tille.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California 8 Date Stamp Oakland Alameda County Coliseum Authority Form Division, Department, or Region (If Applicable) For Official Use Only Scott Haggerty, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3) Area Code/Phone Number E-mail Date of Orlginal Filing: 510.272.6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🗵 No 🗌 Event Description Mayenches us Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 If yes: Haggerty, Scott Was ticket distribution made at the behest No ☐ Yes ☒ of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to Identify the agency's department or unit. . Use Section B to identify an Individual. . Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Identify one of the following: Pass(es) To promote attendance at a county sponsored event in order Mil & Barbara to maximize potential county revenue for concession and parking sales. Ceremonial Role Other Income [If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification

Verification

There read and understand EPEC Regulations 16944 1 and 16942 There verified that the distribution set forth above, is in accordance with the requirements

Lee Ann Fergerson Supervisors Assistant

Signature of Agency rised or Designee Final Name Inte (Moath, Day, Year)

FPPC Form 802 (4/12)

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

Agency Report of:		
Ceremonial Role Events and 1. Agency Name	d Ticket/	Pass Distributions
1. Agency Name	10	A Public Document
Ockland Alameda Ce Blylston, Department, or Region (FAp)	unty Co	liseum Authority Date Stemp California 802
Atameda Courty Survey Obesignated Agency Confeat (Nemo, Title	(N. Seall	For Official Usa Only
Contact Neme, Tille)	Haggiry D.I.
Lee Ann Fergerson, The Area Godel Phone Number E-mail	cket A	dunistrativ
VIII-10107.1	Min Com	
2. Function or Event Information	MAN JEAN	14 30 1/2 composition bale of Original Ellips.
Does the agency have a ticket policy?	Yes 🔲	Mol Face Veloca (F. C.
Event Description PBR		THE THE PASS \$ 41.LS
Ticketts VPasstart Trucketts VPasstart	Explanation	Date(s)
Tickel(s)/Pass(es) provided by agency?	Yes 🗌	No ☐ . If no:
Was licket distribution made at the behas of agency official?	t No 🗆 Y	Jest Scott Haggerty District t
3. Recipients		
A Name of a	orunii. v Uso	Section B to identify an inclvidual. • Use Section G to Identify an outside organization.
Raine of Agency, Department or Unit	Number of Ticket(e)/ Pase(es)	Describe the public purpose made pursuant to the agency's policy
	- Laportes)	To reward a county owned
		To reward a county employee for his or her exemplary service to the public
-		
B. Name of Individual	Number of	
	Pass(eu)	identify one of the following:
Rhonda Johnson	(1.	To promote attendance at a county sponsored event in order to maximize potential county revenue for sevential county revenue for sev
moonload Johnson	-114	to maximize potential county revenue for concession and
	1.17	
		Coremonial Role Other Income Income Income Income
	1	Color Colore
C. Name of Outside Organization	Number of	
(Include address and description)	Ticket(s)/ Pasa(es)	Describe the public purpose made pursuant to the agency's policy
, E		a policy
Verification	White Property lies	
Plant Indicate and 1894	12, I huvo vorided	I that the distribution set forth above, is in accordance with the requirements
Signaturo of Agency House or Dostogno	Phi Nama	gerson Ticket Administrator 1-8-110
Comment:	- emi #\$[G(Z)	Title (Manth, Day Yusi)

Agency Report of: Ceremonial Role Events and Ti	cket/Pas	s Distributions		A Public Documen
1. Agency Name Oakland/Alameda Coun Division, Department, or Region (If Applicate Alameda County Discribion Designated Agency Contact (Name, mile)	ty Colise	cum Authority	Date Stump	California 802
Lee Ann Fergerson, Tick Area Code/Phone Number E-mail 510 272-669 Lee and 2. Function or Event Information	et Adv		Amendment (Must p	
Does the agency have a ticket policy? Event Description WARRIDES Provide Title Exp	Yes No	Date(s)	FEach Ticket/Pass \$_ 	3.50.00
Tickel(s)/Pass(es) provided by agency? Was licket distribution made at the behest of agency official?	Yes No ☐ Yes	Alameda C	Nome of Sou Ounty Supervisor Sci Official's Name (La	ott Haggerty, D 1
 Recipients Use Section A to Identify the agency's department or 	unil Uso So	nilan B to identify so Individen	l a lico Canilan C in Manual	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(as)	1	c brithnae worde britenary (The same of the sa
B. Name of Individual	Number of Ticket(s)/ Pass(cs)		dentify one of the following	ji.
Renee Beaudoin	2	To promote attendance to maximize potential coparking sales.	at a county sponsored e ounty revenue for conce	event in order ma significant materials.
	- andromina specific	Ceremonial Rela Il chacking *Coromonial F	· Other [] ide ar alhor describe below:	Income 🗀
C. Name of Outside Organization (Include address and description)	Number of Tickel(e)I Pass(es)	Describe the public	purpose made pursuent to	the agency's policy
				A COMMAND AND A
		* ,		
Vérification Inavorged and undarstand FPFO Ragulations 18944.1 and 18 Lec Signulo el Agans Honder Dosigneo Comment:			obove, is in accordance with the LAdMinistrat	o requirements. 106 1-7-16 (Manin, Day, Yosh

		VIAIL - CONTRACTOR CONTRACTOR				A Public Document
1.	Agency Name				Date Stamp	California 802
Oakland Alameda County Coliseum Auth			hority			Form OUZ
	Division, Department, or Reg					For Official Use Only
	Sabrina B. Landreth					
*	Designated Agency Contact ((Name, Title)				
	City Administrator	- -				
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 238-6840	SLandreth@	@oaklandnet	.com	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	mation				11. 09
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	/////
	Event Description Warriors			Data(a) 01		1
	Event Besonption	Provide Title/Exp	olanation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:		
			100 🖂 110		Name of Sour	се
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes	If yes: Sabrir	na Landreth	
_					Official's Name (La	st, First)
3.	Recipients		WHEN DAYS SHOW A SECOND ASSESSMENT		III 242 200 202 00 00 00° VIII	
	Use Section A to identify the agency		Number of	ction B to identify an individua	al. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Department	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
12						
	Å.					
-					+	
				G		
1	Name of Individual	I	Number of Ticket(s)/ Pass(es)	VI II	Identify one of the following	3:
	Darensburg, Shelley			Ceremonial Role	- Company - Company	Income
	Darensburg, Stielley		2	A	Role" or "Other" describe below:	
				the Authority	s to City employees that	at provide services to
-				Ceremonial Role	Other	Income
				If checking "Ceremonial	Role" or "Other" describe below:	_
_			Number of			
(Name of Outside Organiz (include address and desc		Number of Ticket(s)/	Describe the public	c purpose made pursuant to	the agency's policy
-			Pass(es)			
-						
_						
	/erification	tions 10011	140040	· · · · · · · · · · · · · · · · · · ·	and the second s	
11	have read and understand FPPC Regular	auns 18944.1 and			h above, is in accordance with th	he requirements.
-	Cignature of Agent 111 1 2		Sabrina Lan	The state of the s	City Administrator	1/8/15
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
С	Comment:					

		_		21011184110110		A Public Document
۹.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Auth	nority			Form OUZ
	Division, Department, or Regi			21		For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)				50
	City Administrator				Amendment (Must pro	vide emission in Red 2.1
	Area Code/Phone Number	E-mail			Amendment (wast pro	ovide explanation in Part 3.)
	(510) 238-6840	SLandreth@	oaklandnet.	com	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inforr	nation				200
	Does the agency have a ticket	t policy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$	550
	Event Description Warriors			Data(a) 01	, 02 , 16	
	Event Description	Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Sour	
			TOO EST THO			rce
1	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes	☑ If yes: Sabrir	na Landreth	-1 Fi-0
10-10-1	or agency official?				Official's Name (La	est, First)
	Recipients					
	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu I	al. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy
154						2
-					E	
	B. Name of Individual	V	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
	Mlay, Serenity			Ceremonial Role	Other Dal Role" or "Other" describe below:	Income
	445			15	es to City employees th	at provide services to
-				the Authority		
				Ceremonial Role		Income
	a			If checking "Ceremonia	al Role" or "Other" describe below:	
-	Name of Outside Organiz	zation	Number of			
,	(include address and desc		Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	the agency's policy
-						
-						
,	/ovification					
	/erification have read and understand FPPC Re gula	tions 18944.1 and	18942. I have vei	rified that the distribution set for	rth above, is in accordance with t	the requirements.
			Sabrina Lar	ndreth	City Administrator	1/8/15
	Signature of Agency Head or Designee		Print Name	•	Title	(Month, Day, Year)
		155				
(Comment:					

and the property of the control of t			21041184410110		A Public Document
1. Agency Name				Date Stamp	California 802
Oakland Alameda	Oakland Alameda County Coliseum Authority Division, Department, or Region (If Applicable)				Form OUZ
Division, Departmer					For Official Use Only
Sabrina B. Landret	h				
Designated Agency				-	
City Administrator	LL date was being the state of				
Area Code/Phone N	umber E-mail	-		Amendment (Must p	rovide explanation in Part 3.)
(510) 238-6840		@oaklandnet	com	Date of Original Filing:	
	Function or Event Information				(Month, Day, Year)
Does the agency have		Yes ⊠ No	. □ Face Value o	of Each Ticket/Pass \$ _	1/0000
		162 🔼 140	_	14 //a	
Event Description W	Provide Title/E	cplanation	Date(s)	14	
Ticket(s)/Pass(es) pr			□ If no:		
ricket(3)/i a33(e3) pi	ovided by agency !	Yes 🛛 No		Name of So.	urce
	n made at the behest	No ☐ Yes	If yes: Sabrir	na Landreth	
of agency official?				Official's Name (L	ast, First)
3. Recipients					
Use Section A to identify	the agency's department of		ction B to identify an individu	al. • Use Section C to ident	tify an outside organization.
A. Name of Agency	, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
				=	
	f Individual ast, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
Hecathorn, Milloanr	Hecathorn, Milloanne			al Role" or "Other" describe below:	Income In
	-	8	Ceremonial Role	Other al Role" or "Other" describe below:	Income
	ide Organization s and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant	to the agency's policy
l. Verification					
	PPC Regulations 18944.1 an	d 18942. I have ve	rified that the distribution set for	rth above, is in accordance with	the requirements,
		Sabrina Lar		City Administrator	1/8/15
Signature of Agency Head	or Designee	Print Name		Title	(Month, Day, Year)
					8 - 1
Comment:					

1	Agency Name				Date Stamp	California OOO
	·—·	aliaauma Auth	aritu		Date otamp	Form 802
	Oakland Alameda County C Division, Department, or Regi					For Official Use Only
	Division, Department, or Regi	оп (п Аррисави	z)			
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)				
	City Administrator			3	Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail		9		N 9
	(510) 238-6840	SLandreth@	oaklandnet.	com	Date of Original Filing	:(Month, Day, Year)
2.	Function or Event Inform	mation		110000		
	Does the agency have a ticket	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$.	1100
	Event Description Warriors			Date(s) 01	0416	1 1
	Event Description	Provide Title/Exp	lanation	Date(3)		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No	☐ If no:	Name of S	
				Cabri	F	ource
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes	☑ If yes: Sabria	Official's Name	(Last. First)
_		************************				(Last, Mey
3.	Recipients • Use Section A to identify the agency	ilo donoutusont ou	unit allos Coo	stion P to identify an individu	ual - Usa Saction C to ide	ntify an outside organization
	1		Number of			
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursua	nt to the agency's policy
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	B. Name of Individua	I -	Number of Ticket(s)/		Identify one of the follow	wing:
	(Last, First)		Pass(es)		identity one of the follow	wing.
	Aviete Francis			(e)erenannanna tinenali	Other	Income
	Ayala, Leopold		2	10U/10U/100000000 0 0 10000000000000000000000000	ial Role" or "Other" describe below	s that provide services to
				the Authority	es to City employees	s that provide services to
	water the same of			Ceremonial Role	□ Other □	Income
				CO 25 VA 7 VA	ial Role" or "Other" describe below	1,000,000,000,000,000,000,000,000,000,0
	C. Name of Outside Organi		Number of Ticket(s)/	Describe the pub	lic purpose made pursual	nt to the agency's policy
	(include address and des	cription)	Pass(es)			ASS 111 S AS
	4					
					8	
	Verification					/
	I have read and understand FPPC Regul	ations 18944.1 and	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance v	with the requirements.
	8		Sabrina Lar	ndreth	City Administrator	1/8//5
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)
	Comment:					

1.	Agency Name		Date Stamp	California 802		
	Oakland Alameda County C	oliseum Auth		Form OUZ		
	Division, Department, or Reg				1	For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)			1	
	City Administrator				Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail		Tr. Marie Ma		2 D 10 S 20 20 20 S 20 S
	(510) 238-6840	SLandreth@	oaklandnet.		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				51030
	Does the agency have a ticker	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	000	
	Event Description Warriors v	S Pacers Provide Title/Exp	lanation	Date(s)0	1 , 22 , 16	500°
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No[☐ If no:	Name of So	ource
	Was ticket distribution made a	t the behest	No ☐ Yes I		ina Landreth	
	of agency official?	t are periodi	140 □ 162 l	ıı yes	Official's Name ((Last, First)
3.	Recipients					
	Use Section A to identify the agency	's department or	ual. • Use Section C to iden	ntify an outside organization.		
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)			Describe the pub	olic purpose made pursuan	t to the agency's policy
	5		-			
	B. Name of Individual Number Ticket(Identify one of the follow	ring:
1	[Last, 11st]		Pass(es)	Ceremonial Role	Other 🗆	Income
	Linard, Nicolas		2		nial Role" or "Other" describe below:	income
			~	To provide incentive the Authority	es to City employees	that provide services to
				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
			20			
5						
					(#	
	Verification					
1	have read and understand FPPC Regula	ations 18944.1 and				th the requirements.
			Sabrina Lan		City Administrator	1/0//
	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)
,	Comment:					
- 2						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document **Agency Name** Date Stamp California Form vakland For Official Use Only Division, Department, or Region (If Applicable Larry Reid, Chair Designated Agency Contact (Name, Title) ☐ Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail ed Coakland net com Date of Original Filing: 510.383.4801 (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ☐ No ☐ Event Description Globetrotter Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes□ No□ Name of Source Was ticket distribution made at the behest No ☐ Yes ☐ If yes: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Income Ceremonial Role If checking "Ceremonial Role Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) 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.

Print Name

Signature of Agency Head or Designee

Comment:

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

Title

Ceremonial Role Events and Ticket/Pass Distributions

7.	Agency Name Oakland Alameda County Col	liseum Auth		Date Stamp	California 802	
	Division, Department, or Regio		*		α.	For Official Use Only
	Office of the County Counsel				_	
	Designated Agency Contact (Na	ame, Title)	11			
	Donna Ziegler, County Couns	sel				
	Area Code/Phone Number E	E-mail			Amendment (Must provide explanation in Part 3.)	
			er@acgov.or	g	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform					350.00+35.00Parking
	Does the agency have a ticket p		Yes ⊠ No	☐ Face Value o	f Each Ticket/Pass \$	ooc.oo oo.oor arking
	Event Description Warriors Ga	me and Par	king Pass anation	Date(s)1	f Each Ticket/Pass \$	
	Ticket(s)/Pass(es) provided by a	agency?	Yes 🗵 No	☐ If no:	Name of Sour	rce
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Zieg			er, Donna		
	of agency official?		110 🗀 103	i yes. <u></u>	Official's Name (La	st, First)
3.	Recipients					
	Use Section A to identify the agency's	department or	_	tion B to identify an individu	al. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
	s				3	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following:		
			Y	1923 SEASON SEAS	Other Dal Role" or "Other" describe below:	Income
				Ceremonial Role	Other	Income 🔲
				If checking "Ceremonia	al Role" or "Other" describe below:	e .
a	C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
	Pearl and Ivy Community Corpnon-profit)	poration (a	2	To provide opportur facility	nities for community gro	oups to utilize the
	P. O. Box 5167 Richmond, CA 94805-0167				8	
4.	Verification	one 190444	18040 15	dead that the district of		
	I have read and understand FPPC Regulation	ons 18944.1 and				
	Signature of Agency Head or Designee	_	Donna Zie		County Counsel	12/01/2015 (Month, Day, Year)
					-	3
	Comment:					

Ceremonial Role Events and Ticket/Pass Distributions

1	Agency Name Oakland Alameda County C			Date Stamp	California 802 Form For Official Use Only	
	Scott McKibben, OACCA Exc Designated Agency Contact (I	ecutive Direc	•			
	Aver On to (Division Name)	- "			Amendment (Must pro	ovide explanation in Part 3.)
	Area Code/Phone Number 510.383.4801	E-mail smckibben1	@gmail.com		Date of Original Filing: _	
2	Function or Event Inform		wgman.com			(Month, Day, Year)
Alica s	Does the agency have a ticket	E SUSSIE	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$	see attacher
	Event Description Warriors S	150 5		Date(s)	see, ast	ached
	Ticket(s)/Pass(es) provided by	20 10/10/2000 10 10 10 10 10 10 10 10 10 10 10 10	Yes 🛛 No [] If no:	Name of Sour	rce
	Was ticket distribution made at of agency official?	t the behest	No ☐ Yes [☐ If yes:	Official's Name (La	est First)
3.	Recipients					
	Use Section A to identify the agency	's department or	al. • Use Section C to identif	y an outside organization.		
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy
	B. Name of Individual	l	Number of Ticket(s)/		Identify one of the followin	q:
	(Last, First)		Pass(es)	0		
	McKibben, Scott			Ceremonial Role [If checking "Ceremonial See attached	Other al Role" or "Other" describe below:	Income L
				Ceremonial Role	Other all Role" or "Other" describe below:	Income 🗌
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
45	Verification have call and understand FPPC Regula	tions 18944.1 and	l 18942. I have veri	ified that the distribution set fo	rth above, is in accordance with	the requirements.
	St fnature of Agency Head or Designee	1	Scott McKib	oben	Executive Director	1-Lo -16 (Month, Day, Year)
	Comment:		200000 VI TUTES A			(moning ed), rout)

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 Date Stamp California Form For Official Use Only ision, Department, or Region (If Applicable) Larry Reid, Chair Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail lookland net com 510.383.4801 reco Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes X No □ Event Description Warriors Season Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes No I Name of Source Was ticket distribution made at the behest Yes 🗌 If yes: of agency official? Official's Name (Last, First) 3. Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of В. Name of Individual Identify one of the following: Ticket(s)/ Pass(es) Ceremonial Role Other 🔀 Income If checking 'Ceremonial Role Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) 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 requirement Signature of Agency Head or Designer

Comments FPPC Form 802 (4/12)

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

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

FIRST	Company of the second s	Marian Street,				At abile becament	
1	. Agency Name				Date Stamp	California Q02	
	Oakland Alameda County C	Coliseum Aut	hority			Form OUZ	
	Division, Department, or Reg	ion (If Applicab	ole)	,		For Official Use Only	
	Christopher Dabbin 2400		P OSCOSO CONTRA				
	Christopher Dobbins, OACO		ioner				
	Designated Agency Contact ((Name, Title)					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)	
	510.383.4801	0.000 pt 10.000	nslaw@yaho	o com	Date of Original Filing:		
9		The second second	00.00111	Date of Original Filling.	(Month, Day, Year)		
<i>L</i> .,	Function or Event Inform					LO Allaha	
	Does the agency have a ticket	130 8	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$.5	Deattache	
	Event Description Golden Sta	ate Warriors	Season	D-4-(1)	Sel attac	shed.	
	Event Besonption	Provide Title/Exp	planation	Date(s)	9	7700	
	Ticket(s)/Pass(es) provided by	, agonou?					
	Tieket(s)/i ass(es) provided by	agency	Yes 🗵 No	☐ If no:	Name of So.	urce	
	Was ticket distribution made a	t the behest	No ⊠ Yes	Π μ			
	of agency official?		NO M Tes	☐ If yes:	Official's Name (L	Last, First)	
2	Pacinianta				,		
Э.	Recipients Use Section A to identify the agency	'e department or	unit - Uso Co	offen Ditality ut a name			
	Use Section A to identify the agency		Number of	ction is to identify an individua	al. • Use Section C to ident	Ify an outside organization.	
	A. Name of Agency, Departmen	nt or Unit	Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy	
	And a second design of the second		Pass(es)				
	B. Name of Individual		Number of				
	(Lost, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:	
50				Ceremonial Role	Other 🛛	Income	
	Dobbins, Chris				Role" or "Other" describe below:	mcome L	
			2 per	to investigate the eff	iciencies of the opera	tions of the various	
				sporting and other e	vents that occur at the	e Coliseum Complex	
				Ceremonial Role	Other [Income	
				ANT ORDER TO DESCRIPTION OF THE PARTY OF THE	Role" or "Other" describe below:	ilicome []	
			2 per				
á	Name of Outside Organiz	ation	Number of				
-	(include address and descr	ription)	Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant t	o the agency's policy	

1	/erification						
	have read and understand FPPC Regulati	ions 18944 1 and	18942. I have yer	ified that the distribution set feet	h ahova je in acceptance ""	the second constant	
		The said		er • Account		une requirements.	
-			Chris Dobl	The state of the s	ACCA Commissioner	12/2015	
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
,							
C	comment:						

GOLDEN STATE WARRIORS

February 2016

Warriors v OK City 2.0

2.6.16

(2) tickets \$1100.00

Warriors v Rockets

2.9.16

(2) tickets \$1100.00

C 1.	Agency Name					A Public Docume	
	Oakland-Alameda County C	Calicaum Aut	haritu		Date Stamp	California 80°	
	Division, Department, or Reg	ion (If Applicab	le)		****	Form For Official Use Only	
	Barbara J. Parker, City Atto Designated Agency Contact (Official				
	Designated Agency Contact (ivame, rue)					
	Area Code/Phone Number	-	The state of the s		☐ Amendment (Must	provide explanation in Part 3.)	
	(510) 238-3815			1			
1007					Date of Original Filing	(Month, Day, Year)	
	Peacition or Event Information					October-April2016	
		•	Yes⊠ No	race value o	of Each Ticket/Pass \$.	COODET APPRIZOTO	
	Event Description Warriors B	Provide Tille/Exp	Kets lanation	Date(s)	oracina) emanagement and an analysis and an an	mountaine and accommon accommon and accommon acc	
	Ticket(s)/Pass(es) provided by						
	Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no:				Name of S	OVICE	
	Was ticket distribution made at	t the behest	No ⊠ Yes	If yes:			
260	of agency official?	Maharan and a same and a same a s		,	Official's Name	(Last, Fust)	
	Recipients				and the second s		
	 Use Section A to Identify the agency 		unit. • Use Se Number of	ction B to identify an individu	Jal. • Use Section C to ider	atify an outside organization.	
	A. Name of Agency, Department or Unit				slic purpose made pursuant to the agency's policy		
	A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pess(es)	Describe the pub	ilic purpose made pursuan	t to the agency's policy	
-	A. Name of Agency, Department Name of Individual	nt or Unit	Ticket(s)/ Pass(es) Number of Ticket(s)/	Describe the pub	lic purpose made pursuan		
	3. Name of Individual	nt or Unit	Ticket(s)/ Pass(es)	Ceremonial Role [Identify one of the follow		
f	3. Name of Individual	nt or Unit	Ticket(s)/ Pass(es) Number of Ticket(s)/	Coremonial Role # checking "Ceremonia	Identify one of the follow Other Other describe below	ing:	
	3. Name of Individual	nt or Unit	Number of Ticket(s)/ Pass(es)	Coremonial Role [# checking Ceremonial To investigate the e	Identify one of the follow	Ing: Income [
	3. Name of Individual	nt or Unit	Number of Ticket(s)/ Pass(es)	Ceremonial Role # checking Ceremonial To investigate the esporting and other estimates and other estimates are considered.	Identify one of the follow Other Other If Role or Other describe below Ifficiencies of the oper Events that occur at C Other	Ing: Income [
	3. Name of Individual	nt or Unit	Number of Ticket(s)/ Pass(es)	Ceremonial Role # checking Ceremonial To investigate the esporting and other estimates and other estimates are considered.	Identify one of the follow Other Other Hole or Other describe below Ifficiencies of the oper ovents that occur at C	Ing: Income [rations of the various oliseum Complex	
	3. Name of Individual	nt or Unit	Number of Ticket(s)/ Pass(es)	Ceremonial Role # checking Ceremonial To investigate the esporting and other estimates and other estimates are considered.	Identify one of the follow Other Other If Role or Other describe below Ifficiencies of the oper Events that occur at C Other	Ing: Income [rations of the various oliseum Complex	
	Barbara J. Parker Name of Individual gues rear	ation	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	Coremonial Role [# checking "Cetemonial To investigate the elegation of the common of the common of the checking "Getemanial # checking "Getemania"	Identify one of the follow Other of the of the of the of the oper ovents that occur at C Other Other of the of the ovents that occur ovents ove	Income Crations of the various oliseum Complex	
	Barbara J. Parker	ation	Number of Ticket(s)/ Pass(es)	Coremonial Role [# checking "Cetemonial To investigate the elegation of the common of the common of the checking "Getemanial # checking "Getemania"	Identify one of the follow Other Other If Role or Other describe below Ifficiencies of the oper Events that occur at C Other	Income Crations of the various oliseum Complex	
	Barbara J. Parker Name of Individual gues rear	ation	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Coremonial Role [# checking "Cetemonial To investigate the elegation of the common of the common of the checking "Getemanial # checking "Getemania"	Identify one of the follow Other of the of the of the of the oper ovents that occur at C Other Other of the of the ovents that occur ovents ove	Income Crations of the various oliseum Complex	
	Barbara J. Parker Name of Individual gues rear	ation	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Coremonial Role [# checking "Cetemonial To investigate the elegation of the common of the common of the checking "Getemanial # checking "Getemania"	Identify one of the follow Other of the of the of the of the oper ovents that occur at C Other Other of the of the ovents that occur ovents ove	Income Crations of the various oliseum Complex	
	Barbara J. Parker Name of Individual gues rear	ation	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Coremonial Role [# checking "Cetemonial To investigate the elegation of the common of the common of the checking "Getemanial # checking "Getemania"	Identify one of the follow Other of the of the of the of the oper ovents that occur at C Other Other of the of the ovents that occur ovents ove	Income Crations of the various oliseum Complex	
	Barbara J. Parker Name of Outside Organize (Include address and descri	ation	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Coremonial Role [# checking "Cetemonial To investigate the elegation of the common of the common of the checking "Getemanial # checking "Getemania"	Identify one of the follow Other of the of the of the of the oper ovents that occur at C Other Other of the of the ovents that occur ovents ove	Income Crations of the various oliseum Complex	
V	Barbara J. Parker Name of Outside Organize (Include address and descri	ation (ption)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	Coremonial Role [# checking Ceremonial To investigate the elsporting and other el Ceremonial Role [# checking Governance]	Identify one of the follow Other Other If Role or Other describe below ovents that occur at C Other Other If Role or Other describe below If purpose made pursuant	Ing: Income Cations of the various oliseum Complex Income Categories the superior of the agency's policy	
V	Barbara J. Parker Name of Outside Organize (Include address and descri	ation (ption)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	Coremonial Role [# checking Ceremonial To investigate the eleganting and other eleganting and other eleganting Geremonial # Checking Geremonial Describe the publication for the children in the control of the children in the control of the children in th	Identify one of the follow Other Other If Role or Other describe below ovents that occur at C Other Other If Role or Other describe below If purpose made pursuant	Ing: Income Cations of the various oliseum Complex Income Categories to the agency's policy	

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

Ceremonial Role Events and Ticket/Pass Distributions

1. 7	Agency Name		Commence of the Commence of th	D-1	- E0100	
	Dakland-Alameda County Coliseum	Authority		Date Stamp	California	
Ē	hivision, Department, or Region (If App	licable)		4	For Official Use Only	
	Susan S. Muranishi, County Adminis		Country			
D	esignated Agency Contact (Name, Title	ratur, Aldiriega	County			
		•				
Ā	réa Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)	
		dministrator@a	COOV ora	Date of Original Filling:(Month, Day, Year)		
	unction or Event Information	armining and wa	oguv.org	Stigitati t milig.	(Month, Day, Year)	
	oes the agency have a ticket policy?	Yes⊠ No	- D Foce Velue e			
	vent Description Golden State Warri			of Each Ticket/Pass 5 _	· · · · · · · · · · · · · · · · · · ·	
		e/Explenation	Date(s)See a	ttached /	1	
Ti	cket(s)/Pass(es) provided by agency?	V 1971 No.	. ET lf no:			
) [] II IIO	Name of So.	urce	
W	as ticket distribution made at the behe of agency official?	ist No 🗵 Yes	If yes:			
				Official's Name (l	ast, Pirst)	
	ecipients	_				
	as Section A to identify the agency's departmen	torunit. • Uso Se	ction B to identify an individua	al. * Use Section C to Ident	ify an outside organization.	
A —	Name of Agency, Department or Unit	Ticket(s)/ Pass(as)	Describe the publ	lo purpose made pursuent :	to the agency's policy	
				· · · · · · · · · · · · · · · · · · ·	·	
	·					
_		Number of				
В.	Name of Individual (Leat Fra)	Ticket(s)/ Pass(es)		identity one of the followin	19 17 -	
Mμ	ranishi, Susan S.		Ceremoniel Role		ińcoma 🔲	
	,	2/date		Role" or "Other" describe below:	·····	
			provide services to the	to City and County er	mployees that	
			Ceremoniai Role		/ Income [
				flole" or "Olhei" describo below:	income [
					•	
_	Hama of Outside Assessed	Number of	Marie Manager			
U,	Name of Outside Organization (Include address and description)	Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy	
	,	1.00(0.5)				
				,		
		_	**************************************			
Ver	fication				1	
	read and understand FPPC Regulations 18944.1 a	ınd 18942. I hava vəri	fied that the distribution set forth) áboyé, is in accordance was s	ha manifemente	
\subseteq	near Transit	, Susan S. Mur				
<u></u>	Spnature of Ageory Head or Designes	Print Namo		Dunty Administrator	Islands Para Maria	
^					(Month, Day, Yest)	
COM	ment:					
					EDDC Cores 644 /4/17	

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

						A Public Document
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C					101111
	Division, Department, or Reg	ion (If Applicabl	(e)]	For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact ((Name, Title)				
	City Administrator					
10	Area Code/Phone Number	E-mail			Amendment (Must pr	rovide explanation in Part 3.)
	(510) 238-6840	SLandreth@	oaklandnet	.com	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticke	t policy?	Yes ⊠ No	☐ Face Value o	f Each Ticket/Pass \$	50000
I	Event Description Warriors			Data(s) 01	, 27 , 16	, ,
		Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	agency?	Yes ⊠ No	☐ If no:	Name of Sou	
١	Was ticket distribution made a	t tha babaat				rce
3	of agency official?	t the benest	No ☐ Yes	If yes: Sabrir	Official's Name (La	ast First)
3.	Recipients				emoure (Et	uot, i noty
	• Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization
	A. Name of Agency, Departmen		Number of Ticket(s)/		ic purpose made pursuant t	
-			Pass(es)			The same sections of
-						
E	Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	,	Identify one of the followin	g:
-				Ceremonial Role	Other	Income
r	Frazier, Esther		2	70 70	I Role" or "Other" describe below:	3
				the Authority	s to City employees th	nat provide services to
-				Ceremonial Role	Other	Income
					Role" or "Other" describe below:	moonie 🗀
-					4400	
C	Name of Outside Organiz (include address and desc	ation ription)	Number of Ticket(s)/	Describe the public	c purpose made pursuant to	the agency's policy
		15 151	Pass(es)			
	erification ave read and understand FPPC Regulat	ions 18944 1 and	18942 have yor	ified that the distribution out for	th above in in access	the results and the
0.17527	your					are requirements.
-	Signature of Agency Head or Designee	a se	Sabrina Lan	politicas de las	City Administrator	Month Del Verd
			·······································		nuc	(Month, Day, Year)
Co	omment:					

Agency Report of: Ceremonial Role Events and Tid	:ket/Pas	s Distributions		A Public Documen
1. Agency Name Oakland/Alameda Coun Division, Department, or Region (If Applicable)	ty Colise		Date Stamp	California 802
Alameda County Surer (Norte, 110)	Scott H		• *	
		niniskator rsonCacyolog	Amendment (Musips	
Function or Event Information Does the agency have a ticket policy? Event Description Provide Title Expl.	Yes ☐ No	Face Value of	Each Ticket/Pass \$_	580.00
Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?	Yest® No No ☐ Yes	Alameda C	Name at Sout County Supervisor Sco	ott Haggerty, D 1
3. Recipients • Uso Section A to Identify the agency's department or a	mil. » Uso Se	otion 8 to identify an individua	il. • Use Section C to Identif	V BN Quiside crombatina.
A. Name of Agency, Department or Unit	Number of Tickel(e)/ Pass(es)	T -	e barboso wago bawaan f	The same of the sa
Barrier and the state of the st				
B. Namo of Individual	Number of Ticket(s)/ Pase(es)		ldentify one of the following	and the state of t
Scott Haggerty A.C. Supervisor, Dist 1	2	To obtain oversig received county f	ht of facilities or eve unding or support	nts that have 🤋 🗖
		Cetemonial Rolu [· Other 🔲 Role" ar "Other" describe below:	Incoma 📋
C. Name of Outside Organization (Include address and description)	Number of Tickel(s)! Pass(es)	Describe the public	purposo made pursuant to	the agency's policy
				The second secon
		•		
Verification I higher place and Direct Stand FPFO Regulations 18944.1 and 18 Which have been been been been been been been be		ged that the distribution sol forth argers on Ticket		

Ceremonial Role Events and Ticket/Pass Distributions

)minor	Agency Name				Date Stamp	California 802
	Oakland Alameda County Col		-			Form For Official Use Only
	Division, Department, or Region	1 (If Applicabl	le)		- Contraction of the Contraction	FOI Official Use Only
	Otis McGee Jr., Oakland City	Attornev				
	Designated Agency Contact (Na	•	<u> </u>	Market Colonia (1900-1900) - Saran Caraca Ca		
	Area Code/Phone Number E	-mail			Amendment (Must provide explanation in Part 3.)	
			@oaklandcity	vattornev.org	Date of Original Filing: _	Month O V
2	Function or Event Informa			,,	_	(Wonth, Day, Year)
alco-H	Does the agency have a ticket p		Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	1100.00
		-	162 🔽 140	_		
	Event Description Warriors Bas	rovide Title/Exp	lanation	Date(s)	, 14 , 16	
		ŕ		promp I.E		
	Ticket(s)/Pass(es) provided by a	igency?	Yes 🛛 No	LJ IT NO:	Name of Sou	rce
	Was ticket distribution made at the	he behest	No ⊠ Yes			
	of agency official?		E.J 100	11 y G 3	Official's Name (L	ast, First)
3.	Recipients	Tidak tiday ana ay Sakalah Sakalah ani kanal f				
	Use Section A to identify the agency's of the section A to identify the agency at the agency at the section A to identify the agency at the	department or	al. • Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant t	to the agency's policy
			Pass(es)	, , , , , , , , , , , , , , , , , , ,		
		Number of	with the contract of the contr	And the second s		
	R. Name of Individual (Lest, First)		Ticket(s)/	ldentify one of the following:		ng:
	The state of the s		Pass(es)	Ceremonial Role	Other 🗵	Income 🔲
	McGee, Otis Jr				al Role" or "Other" describe below:	income L
			2		ficiencies of the opera	
				sporting and other e	events that occur at Co	liseum Complex
					Other 🔲	Income 🔲
			2	If checking "Ceremonia	el Role" or "Other" describe below:	
			Number of	reconstruction of the second o	**************************************	
	Name of Outside Organization (include address and description)		Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy
	The second section of the second seco	r Marinton marinton m	Pass(es)			The state of the s
		The second of th	Valida or an annual			4004/40-hidd-in-accessor
MODELLIN MA			(Amazo propologica compression and a compression		PETER PARKETING PETER PE	Service response to the late of the late o
1/	Verification /		A CONTRACTOR OF THE PROPERTY O	ACOMMON TO SERVICE STREET STRE	The second secon	on the second of the second
	I have read and understand FIPC Regulation	ns 18944.1 and	l 18942. I have ver	rified that the distribution set fo	rth above, is in accordance with	the requirements.
	XX/III	ATTA ENTERHOUSE COMMENSAN	Otis McGe	e Jr. (Dakland City Attorney	
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
	Comment:	(II) with the second of the se		The state of the s		######################################

Ceremonial Role Events and Ticket/Pass Distributions

						A rabiic bocament
	Agency Name				Date Stamp	California 202
	Oakland Alameda County C				1	Form 99/4
Ì	Division, Department, or Regi	ion (If Applicabl	le)			For Official Use Only
	Otis McGee Jr., Oakland Cit	ty Attornev				
	Designated Agency Contact (•	ritrining	WANTES MICHIGARIA CONTROL CONT		
					THE PARTY OF THE P	
7	Area Code/Phone Number	E-mail	#65 _{color}		Amendment (Must pr	ovide explanation in Part 3.)
	510.383.4801		∕⁄⁄ Moaklandeit	yattorney.org	Date of Original Filing:	
oggașană	Function or Event Inform	<u> </u>	Woakiandek	yattorney.org	Date of Original Filing: _	(Month, Day, Year)
				prompt (mana) falses as	Eman I Tri I I I I I I I I I I I I I I I I I I I	1100.00
	Does the agency have a ticket	,	Yes⊠ No	—	f Each Ticket/Pass \$	4040 more and a second
E	Event Description Warriors B	asketball Provide Title/Exp		Date(s)01	<u> </u>	
		rroviae Пітел <u>ь</u> хр	pianation			
7	Ficket(s)/Pass(es) provided by	/ agency?	Yes 🛛 No	☐ If no:	Name of Sou	ICO
14	Vas ticket distribution made a	t the heheet				
	of agency official?	t are benest	No ⊠ Yes	LJ If yes:	Official's Name (L	ast. First)
tares services			No.		0.000,0000,000	aut, 7 noty
	Recipients	r'e department er	unit altes Co.	ntion B to identify on individu	al	
	Use Section A to identify the agency		Number of	ction is to identity an individu	al. • Use Section C to identi	ty an outside organization.
,	Name of Agency, Department	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	to the agency's policy
-			1 433(64)	<u> </u>	WTCH400C0052486	
~				404.4		OMINISTRA CONTRACTOR OF THE STATE OF THE STA
 P	Alaman of Landau land		Number of			A Commission of the Commission
	Name of Individual (Lest, First)	í	Ticket(s)/ Pass(es)		Identify one of the following	ng:
	THE PARTY OF THE P			Ceremonial Role	Other 🔀	Income 🔲
Λ	AcGee, Otis Jr			-	al Role" or "Other" describe below:	moone
			2		ficiencies of the operat	
_				sporting and other e	events that occur at Co	liseum Complex
				Ceremonial Role	Other	Income 🔲
			2	If checking "Ceremonia	ni Role" or "Other" describe below:	
			Number of	фринципальный принципальный пр		
C	Name of Outside Organia (include address and desc		Ticket(s)/	Describe the publi	ic purpose made pursuant t	o the agency's policy
		• •	Pass(es)	· Prince and the second	CONTRACTOR OF THE STATE OF THE	
e-feat	MEGNING THE TOTAL PROPERTY OF THE PARTY OF T	TOWNSHIP STORMAN AND ADDRESS OF THE PERSON A			WWW.	
y	erification	міністромі при под продення под продення под	material in the second	ните на применения в применения В применения в приме	in the column to	
/h	averead and understand FPIFC Regula	tions 18944.1 and	18942. I have ve	rified that the distribution set for	th above, is in accordance with	the requirements.
	XXeb/W h	₄)	Otis McGe	e Jr. C	Dakland City Attorney	
	Signature of Agericy Hear or Designer	**************************************	Print Name		Title	(Month, Day, Year)
	(/ `					
C	omment:					

Ceremonial Role Events and Ticket/Pass Distributions

_						A Public Document			
1.	Agency Name		Date Stamp	California 802					
	Oakland Alameda County C	oliseum Auth		Form OUZ					
	Division, Department, or Reg			For Official Use Only					
	Sabrina B. Landreth								
	Designated Agency Contact (Name, Title)							
	City Administrator								
	Area Code/Phone Number	Doaklandnet.com		Date of Original Filing: (Month, Day, Year)					
	(510) 238-6840 SLandreth@								
	Function or Event Inform	nation				11 60			
	Does the agency have a ticket policy? Yes			Face Value o	f Each Ticket/Pass \$	1100			
	Event Description Warriors			D 02	, 09 , 16				
	Event Description	Provide Title/Exp	Date(s)						
	T.I. (CVD / .)			□ If no					
				Name of Source					
	Was ticket distribution made at the behest No ☐ Ye								
	of agency official?		(%)	Official's Name (Last, First)					
	Recipients								
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.								
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
	2.0	7 11 2							
			1.60						
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:					
	1.6			Ceremonial Role	Other	Income			
	Jeffery, Jamea		d		onial Role" or "Other" describe below:				
				To provide incentive the Authority	es to City employees th	at provide services to			
					585500				
				Ceremonial Role	Other D	Income			
(Name of Outside Organization		Number of						
_	(include address and description)		Ticket(s)/ Describe the pub Pass(es)		lic purpose made pursuant to the agency's policy				
100									
7	Verification								
	have read and understand FPPC Regula	tions 18944.1 and	rth above, is in accordance with	the requirements. / /					
			Sabrina Lar		City Administrator	0/18/16			
	Signature of Agency Head or Designee	Print Name	· ·	Title	(Month, Day, Year)				
	oz 1995 1795 S T 1 75				(1948/950)	many and south			
(Comment:	4	961						

Comment: ___

Oa	gency Name		Date Stamp	California Ong			
	akland Alameda County (Coliseum Aut	Bate Gramp	Form 80			
	vision, Department, or Reg				-	For Official Use Only	
Sa	abrina B. Landreth						
	signated Agency Contact	(Name, Title)					
	ty Administrator	•					
	ea Code/Phone Number	E-mail	Date of Original Filing: (Month, Day, Year)				
(51	10) 238-6840	oaklandnet.com					
. Fu	inction or Event Infor	mation					
Doe	Does the agency have a ticket policy?			Face Value of	of Each Ticket/Pass \$ _	110000	
Fve	Event Description Warriors			Date(s)			
Provide Title/Explai			clanation	Date(s)			
Tick	Ticket(s)/Pass(es) provided by agency?			☐ If no:			
\/\/a-	Was ticket distribution made at the behavior			Name of Source		urce	
Was ticket distribution made at the behest of agency official?			No 🗌 Yes	If yes: Sabin	Official's Name (Last, First)		
Re	cipients						
	se Section A to identify the agency	r's department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.	
Α.			Number of Ticket(s)/ Pass(es)	Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's p			
 B.	Name of Individua		Number of				
<u> </u>	McDonnell, John		Ticket(s)/ Pass(es)	Identify one of the following:			
Mc[2	To provide incentive	al Role" or "Other" describe below: es to City employees t	Income [
			1 i	tha Authoritu	, ,		
1-1				the Authority			
I danna				Ceremonial Role	Other I	Income [
C .	Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Ceremonial Role [Other		
C.				Ceremonial Role [Other I		
Veri	(include address and description)	ription)	Ticket(s)/ Pass(es)	Ceremonial Role [If checking "Ceremonia Describe the publi	Other Delication of "Other" describe below:	to the agency's policy	
Veri	(include address and desc	ription)	Ticket(s)/ Pass(es)	Ceremonial Role [If checking "Ceremonia Describe the publication of the control	Other Delication of "Other" describe below:	to the agency's policy	