C	jency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	butions	ŀ	A Public Docu	ıment
-	Agency Name				Date Stamp	California	802
	Oakland Alameda County C	Coliseum Authority				Form For Official Us	
	Division, Department, or Reg					For Official US	e Only
	Larry Reid, OACCA Chair						
	Designated Agency Contact	(Name, Title)					
	200.9				Amendment (Must	t Provide Explanation in P	art 3.)
	Area Code/Phone Number	E-mail					
	510.383.4801	Ireid@oaklandnet.d	com		Date of Original Filing	(month, day, year)	
2.	Function or Event Infor	mation				CAR Attac	hed
	Does the agency have a tic	ket policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$ .	Securial	170
	Event Description: Oakland	A's Season 2016		Date(s)			
		Provide Title/ Expla	nation	no:			
	Ticket(s)/Pass(es) provided	by agency? Yes			Name of Source		
	Was ticket distribution mad	e at the behest Yes	□ No⊠ II	yes:	Official's Name (Last, Firs	st)	TOTAL CONTRACTOR
	of agency official?						
3.	Recipients						
	<ul> <li>Use Section A to identify the age</li> </ul>	ncy's department or unit.		identify an indivi	dual. • Use Section C to ide	entify an outside organi	zation.
	A. Name of Agency, Dep	partment or Unit	Number of Ticket(s)/ Passes	Describe ti	he public purpose made p	oursuant to the agency	's policy
					7.00		
	B. Name of Inc		Number of Ticket(s)/ Passes		Identify one of th	e following:	
		rac)	rasses	Cere	monial Role Other	X	Income [
	Reid, Larry			to promote	cking "Ceremonial Role" or "Other the Coliseum Compl businesses to maxim	ex for use by the	general
				1	monial Role Other cking "Ceremonial Role" or "Other		Income [
	C. Name of Outside (include address an		Number of Ticket(s)/ Passes	Describe t	he public purpose made p	oursuant to the agency	's policy
Į.	Verification						
	I have read and understand Fi with the requirements.	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution se	t forth above, is in a	ccordanc
	Jasser Te		arry Reid	-	OACCA Chair		6.16
-	Signature of Agency Head or Desig	gnee	Print Name		Title	(month	, day, year)
	Comment!						

# OAKLAND A's LARRY REID JULY 2016

•	A's v Pittsburg	July 1, 2016	(2) tickets	\$90.00
•	A's v Pittsburg	July 2, 2016	(2) tickets	\$90.00
•	A's v Pittsburg	July 3, 2016	(2) tickets	\$80.00
•	A's v Toronto	July 15, 2016	(2) tickets	\$80.00
•	A's v Toronto	July 17, 2016	(2) tickets	\$90.00
•	A's v Houston	July 18, 2016	(2) tickets	\$80.00
•	A's v Houston	July 19, 2016	(2) tickets	\$80.00
•	A's v Houston	July 20, 2016	(2) tickets	\$80.00
•	A's v Tampa Bay	July 21, 2016	(2) tickets	\$80.00
•	A's v Tampa Bay	July 23, 2016	(2) tickets	\$90.00

1.	Agency Name			Date Stamp	California 802		
	Oakland-Alameda County C	oliseum Auth			Form For Official Use Only		
	Division, Department, or Regi	on (If Applicable					
	Barbara J. Parker, City Attor						
	Designated Agency Contact (	Name, Title)					
			Amendment (Must p.	rovide explanation in Part 3.)			
	Area Code/Phone Number	E-mail	l landait vatt	orney or	~	Date of Original Filing:	
2 - 100	(510) 238-3815	bparker@oa	ikianocityati	orney.or	y		(Month, Day, Year)
2.	Function or Event Infor		-		Eggs Value o	of Each Ticket/Pass \$ _	SeeAttached
	Does the agency have a ticke		Yes 🗵 No				
	Event Description Oakland A	's Tickets - 20 Provide Title/Expl	)16 Season Janation		Date(s)		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗵 No		If no:	Name of So	urce
	Was ticket distribution made a	at the behest	No ⊠ Yes		If ves:	Official's Name (	
	of agency official?		,,,,	Louis	) 20.	Official's Name (	Last, First)
3.	Recipients						
	Use Section A to identify the agence	y's department or	THE RESERVE THE PARTY OF THE PA	ection B to i	dentify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)		Describe the pub	blic purpose made pursuant	to the agency's policy
		1					
			Number of				
	B. Name of Individual (Last, First)	al	Ticket(s)/ Pass(es)			Identify one of the follow	ing:
					Ceremonial Role	THE STATE OF THE S	Income
	Barbara J. Parker		2	To in	1.7	nial Role" or "Other" describe below: efficiencies of the ope	rations of the various
						events that occur at C	
				1	Ceremonial Role	Other	Income
			2			nial Role" or "Other" describe below.	
			2	-			
			No. 1				
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/		Describe the pul	blic purpose made pursuant	to the agency's policy
			Pass(es)				
				+			
4.	Verification						
	I have read and understand FPPC Regu	lations 18944.1 and	d 18942. I have	verified that	the distribution set	forth above, is in accordance w	ith the requirements.
	1 1 1 1 W	2	Barbara J.	Parker	Cit	y Attorney/OAACA Off	icial 3/18/2015
	Jacker of Stark	-Language	Darbara U.	1 Citto	VII.	y Attorney/OAAOA OII	0/10/2010

## **OAKLAND** A's

## **Barbara Parker**

## **JULY 2016**

•	A's v Pittsburg	July 1, 2016	(2) tickets	\$90.00
•	A's v Pittsburg	July 2, 2016	(2) tickets	\$90.00
•	A's v Pittsburg	July 3, 2016	(2) tickets	\$80.00
•	A's v Toronto	July 15, 2016	(2) tickets	\$80.00
•	A's v Toronto	July 17, 2016	(2) tickets	\$90.00
•	A's v Houston	July 18, 2016	(2) tickets	\$80.00
•	A's v Houston	July 19, 2016	(2) tickets	\$80.00
•	A's v Houston	July 20, 2016	(2) tickets	\$80.00
•	A's v Tampa Bay	July 21, 2016	(2) tickets	\$80.00
•	A's v Tampa Bay	July 23, 2016	(2) tickets	\$90.00

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: chrisdobbinslaw@yahoo.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Oakland A's Season Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If yes: Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum Complex for use by general public and businesses to maximize revenuses Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPAC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Chris Dobbins **OACCA** Commissioner 4.29.16 Print Name Title (month, day, year) Signature of Agency Head or Designee

Agency Report of:

Comment:

# OAKLAND A's Chris Dobbins JULY 2016

•	A's v Pittsburg	July 1, 2016	(2) tickets	\$90.00
•	A's v Pittsburg	July 2, 2016	(2) tickets	\$90.00
•	A's v Pittsburg	July 3, 2016	(2) tickets	\$80.00
•	A's v Toronto	July 15, 2016	(2) tickets	\$80.00
•	A's v Toronto	July 17, 2016	(2) tickets	\$90.00
•	A's v Houston	July 18, 2016	(2) tickets	\$80.00
•	A's v Houston	July 19, 2016	(2) tickets	\$80.00
•	A's v Houston	July 20, 2016	(2) tickets	\$80.00
•	A's v Tampa Bay	July 21, 2016	(2) tickets	\$80.00
•	A's v Tampa Bay	July 23, 2016	(2) tickets	\$90.00

١.	Agency Name			Date Stamp	California 802
	Oakland Alameda County Coliseum Auth				For Official Use Only
	Division, Department, or Region (If Applicab	le)			
	Sabrina B. Landreth				
	Designated Agency Contact (Name, Title)				
	City Administrator			Amendment (Must o	rovide explanation in Part 3.)
	Area Code/Phone Number E-mail		ori		600 A 100 A
	(510) 238-6840 SLandreth(	@oaklandnet.d	com	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information		N 150	TOTAL TO MAKE IN TRANSPORT TO	9100
	Does the agency have a ticket policy?	Yes 🛛 No		of Each Ticket/Pass \$ _	10
	Event Description A's Provide Title/Ex		Date(s)07	7 , 01 , 16	
	Provide Title/Ex	planation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗵 No	☐ If no:	Name of So	ource .
	Was ticket distribution made at the behest	No ☐ Yes		ina Landreth	
	of agency official?	140 🛄 163	il yes.	Official's Name (	(Last, First)
3.	Recipients				
	Use Section A to identify the agency's department of		ction B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pul	blic purpose made pursuan	t to the agency's policy
	The state of the s	Pass(es)			
			+1		
	B. Name of Individual	Number of Ticket(s)/	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Identify one of the following:	
	(Last, First)	Pass(es)			A State and Stat
	Hang, Sophany		Ceremonial Role	Other Donial Role" or "Other" describe below.	Income 📙
	Trang, Sophany	2			that provide services to
	·		the Authority		
	n .		Ceremonial Role		Income
		2	If checking "Ceremo	onial Role" or "Other" describe below	
		20			
	C Name of Outside Organization	Number of			
	(include address and description)	Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuar	nt to the agency's policy
4	Verification				
	I have read and understand FDPC Regulations 18944.1				with the requirements.
		Sabrina La		City Administrator	1/15/10
	Signature of Agency Head or Designee	Print Nei	me ,	Title	(MOIIII, Day, Teal)
	Comment:				

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County Co	oliseum Autho	ority			For Official Use Only
	Division, Department, or Regio	on (If Applicable)		1 of Official osc only		
	Sabrina B. Landreth					
	Designated Agency Contact (/	Vame, Title)			-2	
	City Administrator				Amendment (Must p	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				SEC. 1970
	(510) 238-6840	SLandreth@	oaklandnet.c	com	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform				(E   T   UD   0	9000
	Does the agency have a ticket	policy?	Yes⊠ No [		of Each Ticket/Pass \$ _	10
	Event Description A's			Date(s)	7 , 02 , 16	
	•	Provide Title/Expl	anation			
	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 [	y If yes. Sabr	ina Landreth	
	of agency official?	t the beneat	NO LI TES L	∆ II yes	Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or	The second secon	tion B to identify an Individ	lual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pul	blic purpose made pursuan	t to the agency's policy
	A CONTRACTOR OF THE STATE OF TH		Pass(es)			
				1		
				5		
	5 (22 2 7 A 3 1 A 3 1 A 3 1 A 3 1 A 3 1 A 3 1 A 3 1 A 3 1 A 3 1 A 3 1 A 3 1 A 3 1 A 3 1 A 3 1 A 3 1 A 3 1 A 3	<b>建筑</b> / 19 / 19 / 19 / 19 / 19 / 19 / 19 / 1	Number of 9	al roll mer in 12.		
	B. Name of Individua		Ticket(s)/ Pass(es)		Identify one of the follow	
				Ceremonial Role		Income
	Bacian, Chris		2		onial Role" or "Other" describe below.	
				the Authority	ves to City employees	that provide services to
				Ceremonial Role	Other	Income [
				List and the control of the british	onial Role" or "Other" describe below.	(a) the state of t
			. 2			
						William Company of the Company of th
	C. Name of Outside Organ		Number of Ticket(s)/		blic purpose made pursuar	
	(Include address and des	scription)	Pass(es)	APPLIES HA		
-		3 V				
4.	Verification I have read and understand FPPC Regulation	lations 10044 4	nd 18040 I have	orified that the distribution set	t forth shove is in accordance:	with the requirements
	I have lead and understand FPPC Red	#IBUUIIS 10944.1 BIT				2 / 3/
	Signature of Agency Head or Designer	<u> </u>	Sabrina Lai		City Administrator	(Month Day Veer)
	orginature of Agency fleati of Designet		, mit ivail		rii.	(mond, pay,real)
	Comment:		11			

١.	Agency Name				Date Stamp	California 802
	Oakland Alameda County Co		rity			For Official Use Only
	Division, Department, or Regi	on (If Applicable)				
	Sabrina B. Landreth					
	Designated Agency Contact (	Name, Title)	]			
	City Administrator				Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Pate of Original Fillings	
	(510) 238-6840	SLandreth@d	oaklandnet.c	com	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform	mation	_			Pn 09
	Does the agency have a ticker	t policy?	Yes⊠ No[		of Each Ticket/Pass \$ .	
	Event Description A's	Provide Title/Expla		Date(s)	7 , 15 , 16	
	Event Bedonption	Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No [	] If no:	Name of S	Cource
	Was ticket distribution made a	at the hehest	No D Vac		ina Landreth	ource .
	of agency official?	it the beliest	No 🗌 Yes [	△ If yes:	Official's Name	(Last, First)
3	Recipients					
٠.	Use Section A to identify the agency	y's department or u	nit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the pu			blic purpose made pursua	nt to the agency's policy	
	The Property Commission Section 1995	Commence of the Party of the Pa	Pass(es)		ACTION OF THE PARTY OF THE PART	Control and the property of the control of the cont
		1				
		,				
	Name and the state of the state of the	YAYA ZARA	Number of	STATES THE WAS TO SELECT THE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follo	wing:
				Ceremonial Role	the state of the s	Income
	Galli, Brian		2	Ä.	nial Role" or "Other" describe below	
				the Authority	ves to City employees	s that provide services to
				Ceremonial Role	Other	Income
					nial Role" or "Other" describe below	_
			2			
	Name of Outside Organ		Number of Ticket(s)/	Describe the pu	blic purpose made pursua	nt to the agency's policy
	(Include address and de-	scription)	Pass(es)	The state of the s		
				ii ia		
			ļ			
4.	Verification I have read and understand FPPC Regard	ulations 19044 4 cont	118042 / hours	orified that the distribution and	forth should be in necessary	with the requirements
	Thave lead and understand FPFC Regu	510(10) \$ 10944.1 and				7/20/20
	Signature of Agency Head or Designer	<u> </u>	Sabrina La		City Administrator	(Month Day Year)
	Digitalists of Agency Fleat of Designer	~	, and ivali		TING	(monai, Day, 16ai)
	Comment:	14				

١.	Agency Name				Date Stamp	California 802
	Oakland Alameda County Co	oliseum Auth		For Official Use Only		
	Division, Department, or Regi	on (If Applicabl	le)			For Official Ose Only
	Sabrina B. Landreth					
	Designated Agency Contact (	Name, Title)				
	City Administrator				☐ Amendment (Must	provide explanation in Part 3.)
99	Area Code/Phone Number	E-mail			I -	
	(510) 238-6840	SLandreth(	@oaklandnet.c	com	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform	mation				900
	Does the agency have a ticker	t policy?	Yes⊠ No[	Face Value	of Each Ticket/Pass \$ .	10
	Event Description A's Game			Date(s) 07	7 , 17 , 16	
	Event Description	Provide Title/Ex	planation			
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:			Name of S		
						Source
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Sabrina Landreth  of agency official? Sabrina Landreth  Official's Name (Last, First)					(Last First)
						1
3.	Recipients  • Use Section A to identify the agency			tion D to identify an individ	ual Allea Saction C to ide	antify an outside organization
			Number of	SEPROPEUT ET DESCRIPTION	and the second second second	AND DESCRIPTION OF THE PARTY OF
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Law County, where the property of the fact of the county of	blic purpose made pursua	
	TAY IN CONTRACTOR WERE ON A SECOND FOR A SE	CHEST CONTRACT VILLE	Maria	A TOTAL CHARLES SHOW IT TO SECOND	Additional orbitals of Estatement receives Settle Authority Million and Addition	to the stage of the control of the stage of
	B. Name of Individua	al	Number of Ticket(s)/	<b>特</b> 伦·埃尔· <b>特</b>	Identify one of the follo	wing:
	B. Name of Individual (Last, First)	al .		Commoniel Bolo		
	(Last, First)	al	Ticket(s)/ Pass(es)	Ceremonial Role If checking *Ceremo		Income [
		al	Ticket(s)/	If checking "Ceremo	Other Inial Role" or "Other" describe below	Income [
	(Last, First)	al ·	Ticket(s)/ Pass(es)	If checking "Ceremo	Other Inial Role" or "Other" describe below	Income [
	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremo To provide incenting the Authority Ceremonial Role	Other Inial Role" or "Other" describe belowes to City employees  Other Inial Role	Income [ w: s that provide services to Income [
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo To provide incenting the Authority Ceremonial Role	Other Inial Role" or "Other" describe belowes to City employees	Income [ w: s that provide services to Income [
	(Last, First)		Ticket(s) Pass(es)	If checking "Ceremo To provide incenting the Authority Ceremonial Role	Other Inial Role" or "Other" describe belowes to City employees  Other Inial Role	Income [ w: s that provide services to Income [
	Addision, Leonda		Ticket(s) Pass(es)	If checking "Ceremo To provide incenting the Authority Ceremonial Role	Other Inial Role" or "Other" describe belowes to City employees  Other Inial Role	Income [ w: s that provide services to Income [
	(Last, First)	nization	Ticket(s)/Pass(es)  2  Number of Ticket(s)/	If checking "Ceremo To provide incenti the Authority  Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe belowes to City employees  Other Inial Role	Income [ v: s that provide services to Income [ v:
	Addision, Leonda  C. Name of Outside Organ	nization	Ticket(s) Pass(es)  2  Number of	If checking "Ceremo To provide incenti the Authority  Ceremonial Role If checking "Ceremo	Other	Income [ v: s that provide services to Income [ v:
	Addision, Leonda  C. Name of Outside Organ	nization	Ticket(s)/Pass(es)  2  Number of Ticket(s)/	If checking "Ceremo To provide incenti the Authority  Ceremonial Role If checking "Ceremo	Other	Income [ v: s that provide services to Income [ v:
	Addision, Leonda  C. Name of Outside Organ	nization	Ticket(s)/Pass(es)  2  Number of Ticket(s)/	If checking "Ceremo To provide incenti the Authority  Ceremonial Role If checking "Ceremo	Other	Income [ v: s that provide services to Income [ v:
	Addision, Leonda  C. Name of Outside Organ	nization	Ticket(s)/Pass(es)  2  Number of Ticket(s)/	If checking "Ceremo To provide incenti the Authority  Ceremonial Role If checking "Ceremo	Other	Income In
	Addision, Leonda  C. Name of Outside Organ (include address and det	nization	Ticket(s)/Pass(es)  2  Number of Ticket(s)/	If checking "Ceremo To provide incenti the Authority  Ceremonial Role If checking "Ceremo	Other	Income [ v: s that provide services to Income [ v:
4.	Addision, Leonda  C. Name of Outside Organ (include address and decomposition)	nization scription)	Pass(es)  2  Number of Ticket(s)/Pass(es)	If checking "Ceremo To provide incentified Authority  Ceremonial Role If checking "Ceremo  Describe the pu	Other	Income [  s that provide services to  Income [  w.
4.	Addision, Leonda  C. Name of Outside Organ (include address and det	nization scription)	Pass(es)  2  Number of Ticket(s)/Pass(es)	If checking "Ceremo To provide incentii the Authority  Ceremonial Role If checking "Ceremo  Describe the pu	Other	Income [  Income

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Autho	rity		5	For Official Use Only
`	Division, Department, or Regi	on (If Applicable)		2		For Official Use Offiy
	Sabrina B. Landreth					
	Designated Agency Contact (	Name, Title)		21		
	City Administrator	(4)	Amendment (Must provide explanation in Part 3.)			
	Area Code/Phone Number   E-mail			Date of Original Filing:		
	(510) 238-6840		oaklandnet.c	com	Date of Original Fining	(Month, Day, Year)
	Function or Event Infor			- Face Value	of Freeh Tielset/Deep C	800
	Does the agency have a ticke	t policy?	Yes⊠ No[		of Each Ticket/Pass \$ .	00
	Event Description A's Game	Provide Title/Expla	nation	Date(s)	7 , 18 , 16	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗵 No [	] If no:	Name of S	ource
	Was ticket distribution made a	at the hehest	Na 🗖 Vaal	Sabr	ina Landreth	
	of agency official?	it the penest	No ☐ Yes I	if yes:	Official's Name	(Last, First)
	A. Name of Agency, Department	ent or Unit	Number of Ticket(s)/ Pass(es)	and the resemble of the state o	olic purpose made pursua	· · · · · · · · · · · · · · · · · · ·
		14	1			
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follo	wing:
	Name of Individue (Last. First)  Welch, Nicole	al		690 Decis (0.400 Decis ) - 0.000 Decis (0.400 Decis )	Other Inial Role" or "Other" describe below	Income I
	(Last, First)	al .	Ticket(s)/ Pass(es)	If checking "Ceremon To provide incenting the Authority  Ceremonial Role	Other Inial Role" or "Other" describe below	Income Income Income Income Income
	(Last, First)	nization	Ticket(s)/ Pass(es)	If checking "Ceremo To provide incenti the Authority  Ceremonial Role If checking "Ceremo	Other	Income In
	(Last First)  Welch, Nicole  Name of Outside Orga	nization	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremo To provide incenti the Authority  Ceremonial Role If checking "Ceremo	Other   nial Role" or "Other" describe below ves to City employees   Other   describe below nial Role" or "Other" describe below	Income In
	(Last First)  Welch, Nicole  Name of Outside Orga	nization	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremo To provide incenti the Authority  Ceremonial Role If checking "Ceremo	Other   nial Role" or "Other" describe below ves to City employees   Other   describe below nial Role" or "Other" describe below	Income In
4.	Welch, Nicole  C. Name of Outside Orga (include address and de	nization scription)	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/ Pass(es)	If checking "Ceremon To provide incention the Authority  Ceremonial Role If checking "Ceremon Ceremon	Other   nial Role" or "Other" describe below ves to City employees Other   nial Role" or "Other" describe below blic purpose made pursua	Income In
4.	Welch, Nicole  C. Name of Outside Orga (include address and de	nization scription)	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/ Pass(es)	If checking "Ceremon To provide incention the Authority  Ceremonial Role If checking "Ceremon To the Authority  Describe the public that the distribution see	Other   nial Role" or "Other" describe below ves to City employees Other   nial Role" or "Other" describe below blic purpose made pursua	Income In

Agency Name			Date Stamp	California 802
Oakland Alameda County Coliseum Authori	ty	9		For Official Use Only
Division, Department, or Region (If Applicable)		Tor Official Osc Only		
Sabrina B. Landreth				
Designated Agency Contact (Name, Title)				
City Administrator			Amendment (Must or	rovide explanation in Part 3.)
Area Code/Phone Number E-mail				*
(510) 238-6840 SLandreth@oa	aklandnet.com		Date of Original Filing:	(Month, Day, Year)
Function or Event Information				8000
Does the agency have a ticket policy?	es⊠ No□		f Each Ticket/Pass \$	00
Event Description A's Game		Date(s)07	, 19 , 16	
Provide Title/Explana	ation	•		
Ticket(s)/Pass(es) provided by agency?	es 🛛 No 🗌	If no:	Name of So	urce
Man tiples distribution made at the habest		If yes: Sabri		2.00
Was ticket distribution made at the behest of agency official?	No ☐ Yes ☒	If yes:	Official's Name (I	Last, First)
Recipients				
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or un</li> </ul>	it. • Use Section	B to identify an individe	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/		olic purpose made pursuant	SELECTION OF THE SELECT
	Pass(es)	· · · · · · · · · · · · · · · · · · ·		
		*		
1				
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role	Other	Income
Quaintance, Linda	2   7	-	nial Role" or "Other" describe below:	that provide services to
		ne Authority	res to oity employees	that provide services to
		Ceremonial Role	Other	Income [
	2	If checking "Ceremoi	nial Role" or "Other" describe below:	
	2			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pul	blic purpose made pursuan	t to the agency's policy
(include autiess and description)	Pass(es)			CONTRACTOR OF THE CONTRACTOR O
		Š.		
. Verification I have read and understand FDFC Regulations 18944.1 and 1	9040 1	d that the distance	forth about to in accordance	ith the requirements
				un une requirements.
	Sabrina Landr	eth	City Administrator	-4 [[5]
Signature of Agency Head of Designee	Print Name	7.61	Title	(Month, yay, Year)

	gency Report of: eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name Oakland Alameda County Coliseum Auth Division, Department, or Region (Il Applicable Scott Haggerty, OACCA Commissioner Designated Agency Contact (Name, Title)			Date Stamp	For Official Use Only
	Area Code/Phone Number   E-mail   510.272.6691   leeann.ferge	rson@acgo	v.org	Amendment (Must)	provide explanation in Part 3.) (Month, Day, Year)
	Function or Event Information  Does the agency have a ticket policy?  Event Description Base ball  Provide Tille/Expl  Ticket(s)/Pass(es) provided by agency?  Was ticket distribution made at the behest	Yes ⊠ No  unation  Yes ⊠ No  No □ Yes	Date(s) 7		2000 At Wethers
3.	of agency official?  Recipients  • Use Section A to Identify the agency's department or	unit. + Use Sec	ction B to identify an Individu	Official's Name (	A CONTRACTOR OF THE OWN DISTRICTS AND THE STATE OF THE ST
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	Alameda County, District One			seum Complex for the ses to maximize rever	
	B. Name of Individual gloss, Fran	Number of Ticket(s)/ Pass(os)	Ceremonial Role	Identify one of the follow.  Other  Other  at Role' at 10 ther describe below.	ing:
			Caremonial Role  If checking "Caremoni	Other : of Role or "Other" describe below.	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)! Pass(os)	Describe the publ	lic purpose made pursuan	to the agency's policy
	United Contractors IT crow Canyon Ct. Ste 100 San Ramon CA 94583	18/4	I o reward a sci	nool or non-profit ones to the communit	rganization for
,	Verification  I have read and understand FAFC Regulations 18944.1 and  V Signature of Agency Heaver Dasigner  Comment: Proceeds (asserted)  Adult Cary Pff	ee Ann Fer	gerson.  S DINNEY & Li	Supervisors Assistant	11/-01/



gency Report of: Seremonial Role Events and Ticket	Pass Dis	tributions	A Public Document		
eremonial Role Events and Traker	AND ADDRESS OF TAXABLE PARTY.	Date Stam			
Agancy Name			For Official Use Only		
Coldand Alameda County Collseum Authority	/				
Division, Department, or Region (If Applicable)					
Scott Haggerly, OACCA Commissioner					
Designated Agency Contact (Neme, Title)					
Dealghates		Amandmen	(Must provide explanation in Part 3.)		
Aug Cada/Phone Number   E-mail		Date of Origina			
Area Code, I Idino Italia	on@acgov.or	g Date of Origina	Filing: (Month, Day, Year)		
010,212,0001	AND ADDRESS OF STREET, ST.		(AD) OD		
Function or Event Information	es 🗵 No 🗆	Face Value of Each Tickel/P	ass 5		
Does the agency have a ticket policy? Y	UCI PAISOY	$\text{Xull}_{\text{Date(s)}} = \frac{7.5}{100} = \frac{100}{100}$	0		
Event Description Provide Title/Explan	UV CA 1. PC-UZ	Date(s)	OLDHETICS		
110100		If no:	Jame of Source		
Ticket(s)/Pass(es) provided by agency?	fes⊠ No□		totilo oi Santa		
	No ☐ Yes ☒	If yes: Haggerly, Scott	al's Name (Last, First)		
Was ticket distribution made at the someon of agency official?		THE CHARLES AND THE PROPERTY OF THE PROPERTY O	Charles Art Charles and Street Annual sections of the Annual Street Charles Charles Charles Charles Annual Charles		
Of agenty of the second of the	N. D. F. St. Sail St. Belleville St. Co. St. C		- C to identify an outside organization.		
3. Recipients  • Use Section A to Identify the agency's department or u	nit. • Use Section	on B to identify an Individual Use Section	no to the concrete notice		
	Number of Ticket(s)/	Describe the public purpose mad	e pursuant to the agency's policy		
A. Name of Agency, Dapartment or Unit	Pass(as)				
Al-			**		
B. Name of Individual	Number of Ticket(s)/	Identify one o	Identify and of the following:		
iD. Rost, Fart	Pass(es)		lat Rote Other Incomo		
		If checking "Communital Role" or "Other" o	describe delaw		
			□ Incomo □		
		Caremonial Role Other	L-i		
		If checking "Caramonini Role" or "Other"	casanov nauv.		
			the agency's policy		
C. Name of Outside Organization	Number of Ticket(s)/	Describe the public purpose m	ade pursuant to the agency's policy		
C. (include address and description)	Pass(os)	To a sould a Henry	lance at a Country sponso		
Duil aget alas 16F.	18/1	10 promote actions	with facility in order		
BAY AKEA MENTED	14	Even held at a co	1 1 ( - 4 18 18 11 10		
MANUT DISTRICT		to maximize pote	intraviounty revenue		
The st site to	0	from parking Do	201682101 3a		
1 Voltagion 2 - 14 940	15	and the distribution and forth phone is i	n accordance with the requirements.		
4. Verification SF A 940	end 18942. I have	verified that the distribution set rang above, is t	rs Assistant 6/30/1U		
Velley & Sur	Lee Ann Fi	argerson	Tille (Month, Day: Year)		
Signature at Agency Heed on Daksighae	Print N	X X	- Duriture the		
A Deblic Agen	cy tha	+ Dlanages Al	FPPC Form 802 (4/12)		
Comment:	11	FPFC Toll-F	ree Helpline: 866/ASK-FPPC (866/275-7772)		
Wey Area Co	untres				

Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: Chrisdobbinslaw@yahoo.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Yes⊠ No□ Does the agency have a ticket policy? Date(s) \_\_07 Event Description: Louis C.K. Provide Title/ Explanation If no: Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below 2 to investigate the efficiencies of the operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Income \_\_ Other If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification Thaye 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 06.29.16 Signature of Agency Head or Designed Print Name Title (month, day, year)

Agency Report of:

Comment:

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		The state of the s					
Date Stamp California Form	. Agency Name						
m Authority For Official Use Or	Oakland-Alameda County Coliseum Authority						
	Division, Department, or Region (If Applicable)  Barbara J. Parker, City Attorney/OAACA Official  Designated Agency Contact (Name, Title)						
tie)		vame, ritie)	esignated Agency Contact (				
Amendment (Must provide explanation in Part 3							
	Area Code/Phone Number E-mail						
er@oaklandcityattorney.org Date of Original Filing:	(510) 238-3815 bparker@oaklandcityattorney.org						
		nation	unction or Event Inforr				
? Yes ⊠ No ☐ Face Value of Each Ticket/Pass \$65	⊠ No 🗆	t policy?	oes the agency have a ticket				
Date(s) 07 / 09 / 16			event Description Louis C.K.				
Title/Explanation		Provide Title/Explai	vent Description				
cy? Yes ⊠ No ☐ If no:		v agency?	icket(s)/Pass(es) provided by				
Name of Source		, agono,	ionet(s)/i ass(es) provided by				
ehest No ☑ Yes ☐ If yes:	X Yes 🗌	it the behest	Vas ticket distribution made a				
Official's Name (Last, First)			of agency official?				
			Recipients				
tment or unit. ● Use Section B to identify an individual. ● Use Section C to identify an outside organization	The Part of the Pa	y's department or u	Use Section A to identify the agency				
it Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy		nt or Unit	A. Name of Agency, Departme				
Pass(es)	ass(es)						
Number of Ticket(s)/ Identify one of the following:	cket(s)/	3	Name of Individua				
Pass(es)  Ceremonial Role Other Inco	ass(es)		(Last. Pirst)				
If checking "Ceremonial Role" or "Other" describe below:			Barbara J. Parker				
To investigate the efficiencies of the operations of the various	2 7						
sporting and other events that occur at Coliseum Complex	S						
Ceremonial Role Other Inco							
If checking "Ceremonial Role" or "Other" describe below.	2						
Non-Lord Co.							
Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy	cket(s)/		Name of Outside Organ (include address and des				
Pass(es)	ass(es)	onpuon,	(morado dadroso dila doc				
			Verification				
3944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.							
Barbara J. Parker City Attorney/OAACA Official 7/13/20							

Agency Name	Date Stamp	California 802		
Oakland Alameda County Colise		For Official Use Only		
Division, Department, or Region (If				
Sabrina B. Landreth	9			
Designated Agency Contact (Name,	Title)			
City Administrator	Amendment (Must p	provide explanation in Part 3.)		
Area Code/Phone Number E-ma	Date of Original Filing:			
()	ndreth@oaklandnet.c	com	Bate of original rinning	(Month, Day, Year)
Function or Event Information		Eace Value o	of Each Ticket/Pass \$ _	65
Does the agency have a ticket police	cy? Yes⊠ No[			
Event Description Louis C.K.	de Title/Explanation	Date(s)	, 09 , 16	
	10 min 1 mi			
Ticket(s)/Pass(es) provided by age	ncy? Yes⊠ No!	P-0.05	Name of S	ource
Was ticket distribution made at the	behest No ☐ Yes	✓ If yes: Sabri	na Landreth	
of agency official?		,,	Official's Name	(Last, First)
Recipients				
Use Section A to identify the agency's dep		tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or		Describe the put	olic purpose made pursuar	nt to the agency's policy
沙里 医皮肤 医腹膜 医皮肤	Pass(es)	A CONTRACTOR OF THE CONTRACTOR		
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	wind:
(Last, First)	Pass(es)	**************************************		
Crowder, Will		Ceremonial Role  If checking *Ceremon	Other nial Role" or "Other" describe below	Income L
-	2	To provide incention the Authority	es to City employees	that provide services to
		Ceremonial Role	Other	Income
2	2	If checking "Ceremon	nial Role" or "Other" describe below	
	_			
Photographic and the Company of the	Number of			
C. Name of Outside Organization (include address and descript)	Ticket(s)/	Describe the pu	blic purpose made pursua	nt to the agency's policy
Color And No. 18 Color Color Section 1981		· · · · · · · · · · · · · · · · · · ·	ver C ( ) ( A Sparrer ) He problem ( ) the	DESCRIPTION OF THE PROPERTY OF
		ts.		
. Verification				
. Verification I have read and understand FPPC Regulation.	s 18944.4 and 18942. I have v	erified that the distribution set	forth above, is in accordance	with the requirements.
	Sabrina La		City Administrator	7/13/
Signature of Agency Head or Designee	Print Nar		Title	(Monlh, Day, Year)
Comment:				

Agency Name			Date Stamp	California 802
Oakland Alameda County Coliseum Author		For Official Use Only		
Division, Department, or Region (If Applicable)				
Sabrina B. Landreth				
Designated Agency Contact (Name, Title)				
City Administrator			Amendment (Must p	provide explanation in Part 3.)
Area Code/Phone Number E-mail		Č	Date of Original Filing:	
(510) 238-6840 SLandreth@	oaklandnet.c	com	Bate of Original Fining.	(Month, Day, Year)
Function or Event Information	22.0	_ =	( F. al. TalauDara 0	6500
	Yes ⊠ No [		f Each Ticket/Pass \$ _	
Event Description Louis C.K.		Date(s)07		
Provide Title/Exple	anation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗵 No	If no:	Name of Se	ource
Was ticket distribution made at the behest	No ☐ Yes [	⊠ If yes: Sabri	na Landreth	
of agency official?	No □ Tes [	11 yes	Official's Name	(Last, First)
Recipients				
Use Section A to identify the agency's department or it.	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuar	t to the agency's policy
	Pass(es)		THE RESERVE OF THE PARTY OF THE	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
Crowder, Will		Ceremonial Role  If checking "Ceremon	Other Inial Role" or "Other" describe below	Income 🔲
	2			that provide services to
		the Authority		
		Ceremonial Role	Other	income
	2	If checking "Ceremon	nial Role" or "Other" describe below	
The state of the s	SHEET STREET, SAN TO SAN	4	Secretaria de la composição de la compos	The state of the s
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pul	olic purpose made pursua	nt to the agency's policy
	Pass(es)			
. Verification	na nacannasan nac	THE SHAP SHAPE ATTRIBUTES AND	S 14 S 14 S 14 S	
I have read and understand FPPC Regulations 18944.4 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance v	with the requirements.
	Sabrina La		City Administrator	
Signature of Agency Head or Designee	Sabrina La		City Administrator	(Month, Day, Year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . chrisdobbinslaw@yahoo.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 285.00 Does the agency have a ticket policy? Yes 🛛 No 🗌 Date(s) \_\_07\_\_/ Event Description: USA Basketball 26 / Provide Title/ Explanation If no: . Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If yes: . Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. **Passes** Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of the operations of various sporting Income Ceremonial Role Other \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

### 4. Verification

Comment:

	egulations 18944.1 and 18942. I have	verified that the distribution set forth ab	ove, is in accordance
with the requirements.			
	Chris Dobbins	OACCA Commissioner	07.21.16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland-Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (If Applicable) Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title) Amendment (Must provide explanation in Part 3.) Area Code/Phone Number Date of Original Filing: countyadministrator@acgov.org (Month, Day, Year) 510-272-3862 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes X No Event Description USA vs. China Basketball 26 Provide Title/Explanation If no: . Ticket(s)/Pass(es) provided by agency? Yes No D Name of Source Was ticket distribution made at the behest No X 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 Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of identify one of the following: Name of Individual B. Ticket(s)/ (Last, First) Pass(es) Other 🔀 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Muranishi, Susan S. 2 to investigate the efficiencies of the operations of the various sporting and other events that occur at the Coliseum Complex Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: . } Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket/s\/ (include address and description) Pass(88) 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.

Sunaturo of Adency bleed or Designee That

Susan S. Muranishi

County Administrator

Тию

(Month, Day, Year)

Comment: \_\_

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Scott McKibben Designated Agency Contact (Name, Title) ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 smckibben1@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 285.00 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) \_\_\_\_\_/ Event Description: USA Basketball 26 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Was ticket distribution made at the behest Yes ☐ No ☒ of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: of Ticket(s)/ В. (Last, First) **Passes** Ceremonial Role Other X McKibben, Scott If checking "Ceremonial Role" or "Other" describe below: 4 to promote the Coliseum Complex for use by the general public and businesses to maximize revenues Ceremonial Role Other Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes

4. Verification

Comment:

I have read and understand	I FPF	Regulations	189 <b>4</b> 4.1 and 18942.	I have verified that the	e distribution set to	rtn above, is in accordance
have read and understand						

Scott McKibben

OACCA Executive Director

07.21.16

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

l. Agend	cy Name				Date Stamp	California 802
	and Alameda Cou			ity		Form For Official Use Only
Division	n, Department, or Regi	on (If Applicable	)			
Yui H	Hay Kee, Commis	sioner				
Designa	ated Agency Contact (	Name, Title)				
					C Assessment (14. /	the contraction to Ford A
Area Co	ode/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
(510)	836-6688	YuiHay(	GYHLA.net		Date of Original Filing: _	(Month, Day, Year)
. Funct	ion or Event Inform	nation	<u> </u>			no500
Does th	ne agency have a ticket	policy?	Yes No [	Face Value o	f Each Ticket/Pass \$	280
	USA	Bost	ETRAL	L Data(a) 7	,26,2016	28500
Event L	Description USA	Provide Title/Expla	anation	Date(s)		
Ticket/s	s)/Pass(es) provided by	VI CASE	Yes∏ No □	1 If no:		
noncip	sin ass(es) provided by	agono, .	IEST NOT	,	Name of Sou	rce
	ket distribution made a	t the behest	No ☐ Yes ☐	] If yes:		and the state of t
of age	ncy official?				Official's Name (L	est, First)
. Recip						
• Use Sec	ction A to identify the agency	's department or o	Number of	on B to Identify an Individu	ral. • Use Section C to Identi	fy an outside organization.
Α. Ν	Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Yui H	day Lee, Commis	sioner	2=	#3		
В.	Name of Individua	ı	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other Dan Role" or "Other" describe below:	Income 🗌
toughy to the recent					Other all Raie" or "Other" describe below:	Income
C.	Name of Outside Organi (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	o the agency's policy
	*)					
Verific I have lead			18942.   have verifi i Hay Lee		orth above, is in accordance with CCA Commission	the requirements.
Signi	ague of Agens Heath Designae		Print Name		Title	S/S/100
Comme	nt:					EDDC Farm 900 (4/40)

gency Report or: eremonial Role Events and Tic	ket/Pass D	istributions		A Public Document
Agency Name	CEPTURE I DE CONTROL DE	ENTERNIS PROPRIO PROPRIO LINES ENTERNIS PROPRIO PROPIO PROPRIO PROPRIO PROPRIO PROPRIO	Date Stamp	California 802
Oakland Alameda County Coliseum Auth	orlty			For Official Use Only
Division, Department, or Region (If Applicable				
Scott Haggerly, OACCA Commissioner				
Designated Agency Contact (Neme, Title)				
Designation / Garage		*		weight a releasing to Day 21
Area Code/Phone Number E-mail			Amendment (Musica	provide explanation in Part 3.)
	erson@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
Function or Event Information	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	Construction Control	A SELECTION OF THE PROPERTY OF	205 00
Does the agency have a ticket policy?	Yes⊠ No□	Face Value o	of Each Ticket/Pass \$ _	287100
Does the agency have a ticket policy.	Mail		1,26,16	1 1
Event Description Provide Tille/Exp	tanation	Date(s)		tententent of the second of th
	Yes⊠ No□	ı lf no:	GSW	
Ticket(s)/Pass(es) provided by agency?	Yes IXI NO L		Name of So	ource
Was ticket distribution made at the behest of agency official?	No ☐ Yes 🗵	If yes: Hago	perty, Scott Official's Name	(Losi, Firsi)
Recipients	BERNOTO FX SAMPLES OF TAXABLE BY NO.			-if an autolde propriestion
Use Section A to Identify the agency's department or	runit Use Section	on B to identify an Individ	ual. = Use Section C to ide:	nuly an obtaine digamization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	olic purpose made pursuar	at to the agency's policy
,				
B. Name of Individual	Number of Ticket(s)/ Pass(os)		Identify one of the follow	
	7 1130(00)	To promote at	tendance at a coun	ty sponsored even <sub>me</sub>
Diana Mosbey	2		ximize potential co d parking sales	unty revenue for
		Caremonial Rolo	lead [m]	income [
C. Name of Outside Organization (include address and description)	Number of Tickel(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
		ANNEX CALL DOCK LINES OF THE POLICE CALL DATE OF THE P	nutra programa de la composición de la	500.5 E 390.0 ME 2010. Shall be Special Specia
. Verification  I have read and understand FPPC Regulations 18944.1 a  Signature of Agency (field of Designa)	nd 18942. I have ver Lee Ann Ferg	gerson	t forth above, is in accordance Supervisors Assista	
Comment:			American spiritual regional region before described annual spiritual described annual desc	FPPC Form 802 (4/1