remonial Role Event				Date Stamp	California 802
Agency Name		<del>rit</del> .			1 01111
Oakland-Alameda County Co	MSOUM Autho	ray			For Official Use Only
Division, Department, or Regio					
Susan S. Muranishi, County	Administrator,	Alameda Co	unty	-{	
Designated Agency Contact (/	lame, Title)				
				Amendmont (Must p	rovide explanation in Part 3.)
Area Code/Phone Number	E-mail		nr. AWA	Date of Original Filing:	(Month Day Year)
510-272-3862	countyadmin	istlatol e achi	ov.org		
Function or Event Inform	nation		r Eone Volue	of Each Ticket/Pass \$ _	\$158.00
Does the agency have a ticker	-	Yes ⊠ No 🗆			
Event Description Bruce Spri	ngsteen Conc Provide Title/Expla	ent			
Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No 🗀	] If no:	Name of S	ชวานต
Was ticket distribution made a of agency official?	it the behest	No⊠ Yes [	] If yes:	Official's Name	(Lest, First)
Recipients  • Use Section A to Identify the agence	y's department or	unit. • Use Sect	ion & to identify an indivi	dual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Departme		Number of Ticket(e)/ Pass(es)	Describe the p	ublic purpose made pursuar	nt to the agency's policy
<u>'</u>		Number of			
Name of Individu	ial	(icket(s)/ Pass(ss)		identify one of the follo	lncom:
			Caremonial Rol	nonial Role" or "Other" describe belok	ν:
Pattillo, Joni		2	To provide incen	tives to City & County	employees that provide
-			Çeremonial Ro #checking "Cere	le Other Omerine balo	fлcom
C. Name of Outside Org- (include address and d	enization escription)	Number of Ticket(s)/ Pass(cs)	Describe the	public purpose made pursu	ant to the agency's policy
					,
. Verification			I wide of the time distribution	set forth above, is in accordanc	e with the requirements.
I. Verification I have read and understand FPPC Re	equiations 18944.1	and 18942. I have t Susan S. M		County Administra	tor 3:04-/(
Signature of Albridy Head or Desig	(ped)	Print Na	m <del>a</del> .	Titlo	fusion can .
			_		FPPG Form 80

Agency Report or: Ceremonial Role Events and Ti	cket/Pass D	istributions		A Public Document			
1. Agency Name	egyvapyymaetyde hefy dy Alabande Danish polyhomaeth cyfluwedd y	والمساورة والمواجدة والمساورة والمساورة والمساورة والمساورة والمساورة والمساورة والمساورة والمساورة والمساورة	Date Stamp				
Oakland Alameda County Goliseum Auti	hority			For Official Use Only			
Division, Department, or Region (II Applicab			<b>1</b>	. or change out			
Scott Haggerly, OACCA Commissioner							
Designated Agency Contact (Name, Tille)			•				
				The second secon			
Area Code/Phone Number   E-mail			Amendment (Must)	provide explanation in Part 3.)			
l l	gerson@acgov.	org	Date of Original Filing:	(Month, Day, Year)			
2. Function or Event Information	esteropy, company the constitute sending respectively.	THE WAS TO SERVE AND THE PARTY AND THE PROPERTY OF THE PROPERT		700,00			
Does the agency have a ticket policy?	Yes⊠ No□	4	of Each Ticket/Pass \$ _	10000			
Event Description West S/DE	Wies	Date(s)	<u>3,25,16</u>				
Provide TillerEx	:planation		200				
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No□	j if no:C	Name of S	Ource			
101 - statut distribution made at the believe	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Hago						
of agency official?	No 🔲 Yes 🗠	ı n yes:	Official's Name	(Last, First)			
3. Recipients							
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(as)		o public purpose made pursuent to the agency's policy				
		To reward a cou	inty employee for h	is or her			
		exemplary servi	ce to the public				
Tim Dupuis	2						
B. Name of Individual	Number of Ticket(s)/ Pass(as)		wing:				
		Ceremonial Role It checking "Cemmo	Other Onlar Role' as 'Other' describe halow	income			
		Caremonial Role If checkley "Garama	Other	Incomo [			
C. Name of Outside Organization (include address and description)	Number of Tickel(s)/ Pass(os)	Describe the ρυ	public purpose made pursuant to the agency's policy				
			· · · · · · · · · · · · · · · · · · ·				
4. Verification		<u> </u>	Landi alaa a le la aanardaan	with the experience of			
Finave represent understand FPPC Regulations 18944.1			Supervisors Assista	*/~ III			
Signiture of Agency H) and or Designed	Lee Ann Ferg		file	(Month, Ony, Year)			
Comment:			FPPC Toll-Free Holpline	FPPC Form 802 (4/12 :: 866/ASK-FPPC (866/275-7772			

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 (II Applicable) Scott Haggerty, OACCA Commissioner Designated Agency Contact (Name, Tille) Amendment (Must provide explanation in Part 3) Area Code/Phone Number Date of Orlginal Filing: leeann.fergerson@acgov.org (Month, Day, Year) 510,272.6691 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🗵 No 🗌 Event Description Chada Ward
Provide Tille/Explanetion Ticket(s)/Pass(es) provided by agency? Yes 🗵 No 🗌 If yes: Haggerly, Scott Was ticket distribution made at the behest No ☐ 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 Name of Agency, Department or Unit Ticket(s)/ Pass(os) to promote the Coliseum Complex for the use by the general Alameda County, District One Four Z public and businesses to maximize revenues Number of Ticket(s)/ Identify one of the following: Name of Individual В. Pass(es) Income [ Other 🔲 Ceremonial Role 🔲 If checking "Ceremonial Role" or "Other" describe below. Income [ Ceremonial Role Olher 🔲 If checking "Carsingalal Role" of "Other" cascabe below. Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)f C. (include address and description) Pass(es) Verification I make read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth shove, is in accordance with the requirements Supervisors Assistant Lee Ann Fergerson lille Punt Name

Comment: -

ency Report of: remonial Role Event	s and Ticke	t/Pass Di	stributions		A Public Document
Agency Name				Date Stamp	California 802
Dakland-Alameda County Co	oliseum Authori	-	For Official Use Only		
Division, Department, or Regi	on (If Applicable)		,		
Susan S. Muranishi, County	Administrator, A				
Designated Agency Contact (	Vame, Title)				
			_	Amendment (Musi	t provide explanation in Part 3.)
Area Code/Phone Number	E-mall			Date of Original Filing	
510-272-3862	countyadminis	trator@acgo	v.org	Data of OttAther Lives	(Molited arm)), com
Function or Event infor	nation		60000		
- " we have a ticket policy? Vac 🔀 Na 🗍				of Each Ticket/Pass \$	
Event Description Prince Co	ncert		Date(\$)	3 4 16	
Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □					
Was ticket distribution made : of agency official?	at the behest	No 🛛 Yes 🗆	] If yes:	Official's Nam	ne (Last, Firat)
Recipients • Use Section A to Identify the agent	v'a department or il	vidual. • Use Section C to i	dentify an outside organization.		
A. Name of Agency, Departm		Number of Ticket(e)/ Pags(es)	Describe the	oublic purpose made pursu	ant to the agency's policy
		Number of	,	identify one of the fo	Bowine:
B. Name of Individ	µ <b>a</b> l	Ticket(s)/ Pass(ss)			)ncome
<u> </u>			Ceremonial R	ole Other 🗵 entonial Role* or "Other" describe be	
Muranishi, Susan		2			perations of the various the Coliseum Complex
			Ceremonial R		)ncomé
C. Name of Outside On	jenization Jescription)	Number of Ticket(s)i Pass(es)	Describe the	public purpose made pun	suant to the agency's policy
,				·	
L' Verification				- !	nace with the remitements.
! Verification I have read and understand FPPC F	egulations 18944.1 al	nd 18942. I have v Susan S. M	renified that the distribution Turanishi	County Adminion	trator 3241
Signature of (gency Head or Dos	дпво /	Print Na		Title	function call
	٠				FPPC Form 802 ( pline: 868/ASK-FPPC (866/275-

1.	. Agency Name	Date Stamp California O O O				
	Oakland Alameda County Coliseum Author	ority			Form OU4	
	Division, Department, or Region (If Applicable			1	For Official Use Only	
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)			4		
	City Administrator					
	Area Code/Phone Number   E-mail			☐ Amendment (Must p	rovide explanation in Part 3.)	
_	(510) 238-6840 SLandreth@	oaklandnet.c	om	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information			The second section of the sect		
	Does the agency have a ticket policy?	Yes⊠ No [	] Face Value o	of Each Ticket/Pass \$ _	11000	
	Event Description Warriors  Provide Title/Explo	Date(s) 03	3 , 03 , 16			
	Provide Title/Expla	,				
	Ticket(s)/Pass(es) provided by agency?	Yes ⊠ No [	] If no:	Name of So		
	Was ticket distribution made at the behest	No 🗀 Vee 🕏		reth, Sabrina	urce	
	of agency official?	No ☐ Yes 🗵	SI If yes:	Official's Name (i	Last, First)	
3.	Recipients					
	• Use Section A to identify the agency's department or a	ınit. • Use Secti	on B to identify an individe	ual. • Use Section C to iden	tlfy an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
		Pass(es)	······································			
				· · · · · · · · · · · · · · · · · · ·		
	B. Name of individual	Identify one of the following				
	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following:		
	Freeman, Doris		Ceremonial Role		Income 🗌	
	Tooman, bons	2	<del>-</del>	ial Role" or "Other" describe below: es to City employees t	hat provide convices to	
			the Authority	To provide incentives to City employees that provide the Authority		
			Ceremonial Role	Other	Income	
		2	If checking "Ceremon	If checking "Ceremonial Role" or "Other" describe below:		
	C Name of Outside Organization	Number of				
	(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy		
				<u> </u>		
				900	34	
				•		
1.	Verification	1				
	I have read and understand FPPC Regulations 18944.1 and	18942. I have verifi	ied that the distribution set fo	orth above, is in accordance will	the requirements.	
		Sabrina Land	ireth	City Administrator	3/15/16	
	Signature of Agency Head or Designee	Print Name		Tille	(Month, Day, Year)	
	Comment:					
	COMBIDER.			***		

### **Agency Report of:**

	-	-					
Cere	monia	l Role	Fvents	and Tid	cket/Pass	Dietribu	itione

1.	Agency Name	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	Date Stamp California 802						
	Oakland Alameda County Coliseu			Form For Official Use Only					
	Division, Department, or Region (If A	Division, Department, or Region (If Applicable)							
	Sabrina B. Landreth								
	Designated Agency Contact (Name, 7	1							
	City Administrator								
	Area Code/Phone Number E-mai	[			,	1	provide explanation in Part 3.)		
	(510) 238-6840 SLan	dreth@	oaklandnet.	.com		Date of Original Filing	(Month, Day, Year)		
2.	Function or Event Informatio	n		1					
	Does the agency have a ticket policy	?	Yes⊠ No	☐ Face	Value o	f Each Ticket/Pass \$ .	7000		
	Event Description Warriors	, 03	, 01 , 16						
	Provide	Title/Expl	lanation	Date(	(3)				
	Ticket(s)/Pass(es) provided by agen	cy?	Yes⊠ No	☐ If no:	·····	Name of S			
							ou/ce		
	of agency official?	CHICSL	No ∐ Yes	L⊠ If yes	Edita	eth, Sabrina Official's Name	(Last, First)		
3.	Recipients					m.novo			
-,	Use Section A to identify the agency's depart	tment or	unit. • Use Sec	ction B to identify a	n individu	al. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Department or Un	Number of Ticket(s)/			lic purpose made pursuar				
			Pass(es)						
	B. Name of Individual	Number of Ticket(s)/			Identify one of the following:				
	<u> </u>		Pass(es)	Ceremonial Roje		Other			
	Ford, Michael			If checking "Ceremonial Role" or "Other" describe below:			Income L		
			2	To provide in the Authority	ide incentives to City employees that provide services to nority				
				Ceremon	nial Role	Other 🔲	Income		
			2	If checking	g "Ceremonia	al Role" or "Other" describe below:			
			_						
		Number of							
	C. Name of Outside Organization (Include address and description)		Ticket(s)/ Pass(es)	Describe	the publ	olic purpose made pursuant to the agency's policy			
	Verification								
	I have read and understand FPPC Regulations 18	944.1 and	18942, I have ve	rified that the distribu	ution set fo	rth above, is in accordance w	ith the requirements.		
			Sabrina Lar	ndreth		City Administrator	3/15/16		
	Signature of Agency Head or Designee		Print Name	9		Title	(Month, Day, Year)		
	0								
	Comment:								

·					A Fubile Document
Agency Name				Date Stamp	California 802
Oakland Alameda County (			Form For Official Use Only		
Division, Department, or Reg	j <b>ion</b> (If Applicable	<del>)</del>			For Official Use Only
Sabrina B. Landreth					
<b>Designated Agency Contact</b>	(Name,Title)				
City Administrator					
Area Code/Phone Number	E-mail	1		Amendment (Must p	rovide explanation in Part 3.)
(510) 238-6840	SLandreth@	oaklandnet.	com	Date of Original Filing: .	(Month, Day, Year)
Function or Event Infor	<u> </u>			Į.	· · · · · · · · · · · · · · · · · · ·
Does the agency have a ticke		Yes⊠ No	Face Value o	of Each Ticket/Pass \$	12609
Event Description Justin Bie	ber	700 🔼 1,10		, 18 , 16	
Event Description	Provide Title/Exp	lanation	Date(s)		
Ticket(s)/Pass(es) provided b	v agency?	Yes ⊠ No	□ If no:		
		109 EZI 140	<u></u>	Name of Sou	urce
Was ticket distribution made a of agency official?	at the behest	No 🔲 Yes	⊠ If yes: <u>Landr</u>	eth, Sabrina Official's Name (L	
				Official's Name (L	ast, First)
Recipients					
Use Section A to identify the agence		unit. • Use Sec	tion B to identify an Individu	ial. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	
<u> </u>	··············				<u> </u>
			<u> </u>		
		,	•		
B. Name of Individu	al	Number of			
(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:
Dawren Dahawah			Ceremonial Role		fncome $\square$
Barnes, Deborah		2		al Role" or "Other" describe below:	
			the Authority	es to City employees t	hat provide services to
<del></del>		<u> </u>	Ceremonial Role	Other	Income 🔲
				al Role" or "Other" describe below:	income L
		2			
	200				
Name of Outside Organ		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy
(include address and des	ecription)	Pass(es)			
					-
Verification	The second secon		ritied that the distribution-set fo	rth-ahove-is-in-accordance-with	1-the-requirements—/
Verification have read and understand FSPC Regu	lations-18944.1-and	-18942. I have ve		THE BOOKS, IN ICT OCCUPIENCES WITH	1,-11
	lations-18944.1-and	-18942. I have ve Sabrina Lar		City Administrator	3/15/16

1.	Agency Name Oakland Alameda County Coliseum Authority					Date Stamp	California R02
							Form OU2
	Division, Department, or Regi	on (If Applicable	9)				For Official Use Only
	Sabrina B. Landreth						
	Designated Agency Contact (	Name, Title)			-		
	City Administrator						
	Area Code/Phone Number	E-mail	— I 🗆 :	Amendment (Must	provide explanation in Part 3.)		
	(510) 238-6840	SLandreth@	oaklandnet	.com	Date	of Original Filing	(Month, Day, Year)
)	Function or Event Inform	nation			1500		
	Does the agency have a ticket	policy?	Yes⊠ No	☐ Face Va	lue of Eac	h Ticket/Pass \$ .	1582
	Event Description Bruce Spri	ngsteen		Dato(e)	03 /	13 , 16	, ,
	Evert Description	Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:						
,	· · · · · · · · · · · · · · · · · · ·				androth (	Name of S	ource
	vvas ticket distribution made ai of agency official?	Vas ticket distribution made at the behest No ☐ Yes ☒ If yes: Lanc					(Last, First)
1,55,500	Recipients	· · · · · · · · · · · · · · · · · · ·					
	<ul> <li>Use Section A to identify the agency</li> </ul>	's department or	dividual. •	Use Section C to Ide	ntify an outside organization.		
	A. Name of Agency, Departmen	Number of				nt to the agency's policy	
			Ticket(s)/				
٠	A. Name of Agency, Departmen		Pass(es)			· · · · · · · · · · · · · · · · · · ·	
			Pass(es)			:	
-			Pass(es)				
-			Pass(es)  Number of Ticket(s)/ Pass(es)		, Ident	ify one of the follow	ving:
	B. Name of Individual		Pass(es)  Number of Ticket(s)/	Ceremonial	Role	Other	Income
	B. Name of Individual		Pass(es)  Number of Ticket(s)/	Ceremonial If checking "C	Role	Other  Other  Other describe below:	Income
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Ceremonial If checking "C	Role	Other  Other  Other describe below:	Income
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Ceremonial If checking "C To provide ince	Role   eremonial Role" o	Other  Other  Other describe below:	Income
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Ceremonial  If checking "C  To provide ince the Authority  Ceremonial	Role	Other  Other  Other  Other describe below.	that provide services to
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Ceremonial  If checking "C  To provide ince the Authority  Ceremonial	Role	Other  Other  Other describe below: City employees	that provide services to
	<b>B.</b> Name of Individual (Lest, First) Boyd, Karen		Number of Ticket(s)/ Pass(es)	Ceremonial  If checking "C  To provide ince the Authority  Ceremonial	Role	Other  Other  Other describe below: City employees	that provide services to
	B. Name of Individual	zatlon	Number of Ticket(s)/ Pass(es)	Ceremonial If checking "C To provide ince the Authority  Ceremonial If checking "C	Role	Other  Ot	that provide services to
	B. Name of Individual (Lest, First)  Boyd, Karen  Name of Outside Organiz	zatlon	Number of Ticket(s)/ Pass(es)	Ceremonial If checking "C To provide ince the Authority  Ceremonial If checking "C	Role	Other  Ot	Income that provide services to
	B. Name of Individual (Lest, First)  Boyd, Karen  Name of Outside Organiz	zatlon	Number of Ticket(s)/ Pass(es)	Ceremonial If checking "C To provide ince the Authority  Ceremonial If checking "C	Role	Other  Ot	Income that provide services to
	B. Name of Individual (Lest, First)  Boyd, Karen  Name of Outside Organiz	zatlon	Number of Ticket(s)/ Pass(es)	Ceremonial If checking "C To provide ince the Authority  Ceremonial If checking "C	Role	Other  Ot	Income that provide services to
	B. Name of Individual (Lest, First)  Boyd, Karen  Name of Outside Organiz	zatlon	Number of Ticket(s)/ Pass(es)	Ceremonial If checking "C To provide ince the Authority  Ceremonial If checking "C	Role	Other  Ot	Income that provide services to
- ( -	B. Name of Individual (Lest, First)  Boyd, Karen  Name of Outside Organiz	zatlon	Number of Ticket(s)/ Pass(es)	Ceremonial If checking "C To provide ince the Authority  Ceremonial If checking "C	Role	Other  Ot	Income that provide services to
	B. Name of Individual (Last, First)  Boyd, Karen  C. Name of Outside Organic (Include address and desc	zation ription)	Number of Ticket(s)/ Pass(es)  2  Number of Ticket(s)/ Pass(es)	Ceremonial If checking "C To provide ince the Authority  Ceremonial If checking "C  Describe th	Role General Role (1) Portives to Role General Role (1) Peremonial Role (1) Peremonial Role (1) Peremonial Role (1) Peremonial Role (1)	Other  Other  Other describe below.	that provide services to Income
	B. Name of Individual (Last, Fast)  Boyd, Karen  C. Name of Outside Organiz (include address and desc	zation ription)	Number of Ticket(s)/ Pass(es)  2  Number of Ticket(s)/ Pass(es)	Ceremonial If checking "C To provide ince the Authority  Ceremonial If checking "C  Describe the	Role	Other  Other  Other describe below.	that provide services to Income

### **Agency Report of:**

### Ceremonial Role Events and Ticket/Pass Distributions

_	Agency Name					A Public Documen
•	·	-11 4 41		•	Date Stamp	California 802
	Oakland Alameda County C Division, Department, or Regi	and the second s	-	For Official Use Only		
		ion (if Applicable	B)			. I. S.I.Jian Goo Griffy
	Sabrina B. Landreth					
	Designated Agency Contact (	Name, Title)	_			
	City Administrator			-		
	Area Code/Phone Number	E-mail			_	rovide explanation in Part 3.)
	(510) 238-6840	SLandreth@	oaklandnet.	.com	Date of Original Filing:	(Month Day Year)
	Function or Event Inform	Function or Event Information				
	Does the agency have a ticket	policy?	Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$ _	1300
	Event Description Warriors				3 , 23 , 16	
	Provide Title/Explanation			Date(s)		
	Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □			□ lf no:		•
	, , ,		<b></b>	Name of So	urce	
	Was ticket distribution made a	t the behest	No 🗌 Yes	✓ If yes: Land	reth, Sabrina	
	of agency official?				Official's Name (L	ast, First)
	Recipients				_	
	Use Section A to Identify the agency	's department or		ction B to identify an Individu	ual. • Use Section C to Ident	ify an outside organization.
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
				,		
	· · · · · · · · · · · · · · · · · · ·		Number of	· · · · · · · · · · · · · · · · · · ·	·	
	B. Name of Individual	Name of Individual (Last, First)		,	Identify one of the followi	ng:
	Landroth Cabrina					
	Landreth, Sabrina		2	If checking "Ceremonial Role" or "Other" describe below:		
				sporting and other	enciencies of the oper events that occur at th	ations of the various e Coliseum Complex
•				Ceremonial Role		·
				•	ial Role" or "Other" describe below:	Income [
			2		,	
(	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
-						······································
				4	Name of Source th, Sabrina  Official's Name (Last, First)  • Use Section C to identify an outside organization.  purpose made pursuant to the agency's policy  dentify one of the following:  Other	
		-				
٠			1			
•						
-	Verification					
	Verification have read and understand ⊊PPC Regula	lions 18944.1 and	18942. I have ve	rified that the distribution set fo	orth.aboveis.in.accordance.with	the requirements I
			18942 I have ve Sabrina Lar			the requirements.

Δ	Pu	hľ	ic	Doc	um	ont
٠.	Гu	IJΙ	16	$\nu \nu \iota$	ulli	LIII

I. Agency Name			Date Stamp	California Ono
Oakland Alameda County Coliseum Aut	hority	•	-	Form OUZ
Division, Department, or Region (If Applicat	•	-	-	For Official Use Only
	,		:	:
Sabrina B. Landreth				
Designated Agency Contact (Name, Title)				
City Administrator			Amendment /Must	provide explanation in Part 3.)
Area Code/Phone Number   E-mail				•
(510) 238-6840 SLandreth	@oaklandnet.d	com	Date of Original Filing	(Month, Day, Year)
2. Function or Event Information				10600
Does the agency have a ticket policy?	Yes⊠ No[	☐ Face Value o	of Each Ticket/Pass \$ .	100
Event Description Andre Ward vs.Barrera	a planation	Date(s)	3 , 26 , 16	
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No[	] If no:	Name of S	ource
Was ticket distribution made at the behest	No ☐ Yes [	0-1-4		
of agency official?	NO L. 168	on ilyes	Official's Name	(Last, First)
. Recipients				
Use Section A to identify the agency's department of	runit. • Use Sec	tion B to identify an individu	ual. • Use Section C to Ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	it to the agency's policy
				1-1-1
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
Olamana Bala		Ceremonia! Role		Income
Simmons, Dan	2		nial Role" or "Other" describe below:	
	-	the Authority	es to City employees	that provide services to
		Ceremonial Role	Other 🗌	Income T
			ial Role" or "Other" describe below:	
	2	·		
		· · · · · · · · · · · · · · · · · · ·		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuan	t to the agency's policy
····				
	.			
	.			
. Verification				
I have read and understand FPPC Regulations 18944.1 at	nd 18942. I have ver	ified that the distribution set fo	orth above, is in accordance w	ith the requirements.
	Sabrina Lan	dreth	City Administrator	3/15/16
Signature of Agency Head or Designee	Print Name		Tille	(Month, Day, Year)
Comment:				

1.	Agency Name Oakland Alameda County C	•		Datie Stamp  California 802  For Official Use Only			
	Division, Department, or Reg Sabrina B. Landreth		e)				
	Designated Agency Contact	(Name, Title)					
	City Administrator				Amendment (Must	provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail	>		Date of Original Filing:		
_	(510) 238-6840 Function or Event Infor		oaklandnet.	com	Date of Original Filing.	(Month, Day, Year)	
Z.	Does the agency have a ticke		V 1771	Eaga Value	of Each Ticket/Pass \$ ـ	600°	
	Event Description Prince - Pi		Yes ⊠ No ophone Tour		3 , 04 , 16		
	Ticket(s)/Pass(es) provided by	,	Yes ⊠ No	☐ If no:	Name of S	ource	
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes	⊠ If yes: <u>Sabri</u>	ina Landreth	A Final	
					Official's Name	(Last, First)	
3.	Recipients  • Use Section A to identify the agency	/'s department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to Idea	ntify an outside organization.	
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)		blic purpose made pursuan			
	B. Name of Individua	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:		
	Westbrook, Terri		1	Ceremonial Role Other Incom  If checking "Ceremonial Role" or "Other" describe below:  To provide incentives to City employees that provide services			
	***************************************			the Authority			
		1	Ceremonial Role If checking "Ceremon	Other     niel Role" or "Other" describe below;	Income Li		
	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	
		*		•		,	
1.	Verification I have read and understand FPPC Regula	alions 18944.1 and	i 18942. I həve vei Sabrina Lar		orth above, is in accordance wi City Administrator	ith the requirements.	
	Signature of Agency Head or Designee  Comment:		Print Name		Title	(Month, Dal, Year)	
						EDDC Form 902 (4/42)	

						WI apur pocalitetif
1.	Agency Name		Date Stamp California			
	Oakland Alameda County C	Coliseum Autho	ority			Form OUZ
	Division, Department, or Reg	ion (If Applicable	)			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:	(M-11-72
2.	Function or Event Infor			(Month, Day, Year)		
	Does the agency have a ticke		Yes⊠ No	☐ Face Value of	f Each Ticket/Pass \$	60000
	D :	ano & A Micro	_	<del>-</del> .	•	
	Event Description Prince - Pi	Provide Title/Expl		Date(s)		
	Ticket(s)/Pass(es) provided by	v agency?	Yes⊠ No	☐ If no:		
			163 24 140	<u></u>	Name of Sou	rce
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes	⊠ If yes: <u>Sabrir</u>	na Landreth	
*******					Official's Name (L	ast, First)
3.	Recipients			de Die Idealle este de de la	-l 11- 0 -4 0 1 1 4	
	Use Section A to identify the agency		Number of	· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , , ,
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	to the agency's policy
						· · · · · · · · · · · · · · · · · · ·
,						
	·					
			Number of			
	B. Name of Individua	ıl .	Ticket(s)/ Pass(es)		Identify one of the following	ng:
•				Ceremonial Role	Other	Income 🔲
	Armstrong, Cynthia		1	· ·	al Role" or "Other" describe below:	
				To provide incentive the Authority	es to City employees th	nat provide services to
•				Ceremonial Role	Other 🗍	
				-	i Role" or "Offier" describe below:	Income
			1			
				•		
ı	Name of Outside Organi (include address and des		Number of Ticket(s)/	Describe the publ	lc purpose made pursuant t	o the agency's policy
-	(molade address and desi	onphon,	Pass(es)			
		-				
				•		
	Verification	allana 1001/1 1	40040 I L	afford that the all-1.11. If	-dt	
,	have read and understand FPPC Regula					the requirements
	Signature of Agency Head or Designee		Sabrina Lar		City Administrator	<u> </u>
	orgunature of Agency riead of Designee		Print Name	#	Title	(Month, Day, Year)
	Comment:					

_	Aconov Nome				I	
٠.	Agency Name	\_! ^ !!	Date Stamp California Form			
	Oakland Alameda County C Division, Department, or Reg		,	For Official Use Only		
	Division, Department, or Reg	ion (ii Applicad				
	Sabrina B. Landreth					
	Designated Agency Contact (	Name, Title)				
	City Administrator					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 238-6840	SLandreth(	goaklandnet.d	com	Date of Original Filing:	(Month, Day, Year)
_	Function or Event Infor	l		9d****		/ Day, real)
	Does the agency have a ticke	t policy?	Yes⊠ No[	☐ Face Value o	f Each Ticket/Pass \$ _	600
	\\\(\frac{1}{2} = \frac{1}{2}		,08 E3 140 E			
	Event Description	Provide Title/Exp	olanation	Date(s)	, 07 , 16	
	Ticket(s)/Deco(es) provided by			- Kara		
	Ticket(s)/Pass(es) provided by	y agency r	Yes 🛛 No [	] If no:	Name of So	ource
	Was ticket distribution made a	t the behest	No ☐ Yes [	☑ If yes: Landr	eth, Sabrina	
	of agency official?	•	, 10 <u> </u>	.g 11 yes	Official's Name	(Last, First)
	Recipients					
	<ul> <li>Use Section A to identify the agency</li> </ul>	r's department o	unit. • Use Sect	ion B to identify an Individu	al. • Use Section C to Ider	itify an outside organization.
•	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuan	
			Pass(es)			
_	•					
	B. Name of Individua	ı	Number of Ticket(s)/		Identify one of the follow	ina
	(Lest, First)		Pass(es)		identity one of the follow	g.
	Fleming, Valarie			Ceremonial Role		Income
	r terring, valarie				al Role" or "Other" describe below:	Alana wwa sala a a wala a a a a
				the Authority	ss to City employees	that provide services to
٠				Ceremonial Role	Other	Income
				-	- Office E	income
			1 1	п спескинд Сегетопна	al Role" or "Other" describe below:	
				n checking Ceremonia	al Role" or "Other" describe below:	
				п спескину Сегетопи	al Role" or "Other" describe below:	
-	C. Name of Outside Organi		Number of Ticket(s)			to the approved and the
- (	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)		al Role" or "Other" describe below: ic purpose made pursuant	to the agency's policy
- (			Ticket(s)/			to the agency's policy
- (			Ticket(s)/			to the agency's policy
- (			Ticket(s)/			to the agency's policy
- (			Ticket(s)/			to the agency's policy
- (	(include address and desc		Ticket(s)/			to the agency's policy
	(include address and desconders)	cription)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	
	(include address and desc	cription)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	
	(include address and desconders)	cription)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	

	Agency Name Oakland Alameda County C	oliseum Auth	nority		Date Stamp	California 802		
	Division, Department, or Regi		•	· · · · · · · · · · · · · · · · · · ·	For Official Use Only			
	Sabrina B. Landreth							
	Designated Agency Contact (	Name, Title)			-			
	City Administrator	,						
	Area Code/Phone Number	E-mail	\	***	Amendment (Must provide explanation in Part 3.)			
-	(510) 238-6840	SLandreth@	Date of Original Filing:	(Month, Day, Year)				
	Function or Event Inform					9209		
	Does the agency have a ticket	•	Yes 🗵 No		f Each Ticket/Pass \$ _			
	Event Description Festival of	Laughs Provide Title/Exp	lanation	Date(s)	05 , 16			
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of Sc			
	Was ticket distribution made a	t the hehest	N - [**] V.			urce		
	of agency official?	raic periest	No ☐ Yes	If yes:	eth, Sabrina Official's Name (	Last, First)		
	Recipients		**************************************	A Company of the Comp		and the second s		
-	■ Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	ial. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
		•••		-				
					-			
	·. · · · · · · · · · · · · · · · · · ·							
	B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
•	(Lest, First)	) 	Ticket(s)/	Ceremonial Role	Other	ing:		
•		) 	Ticket(s)/	If checking "Ceremoni	Other I			
•	(Lest, First)	]	Ticket(s)/	If checking "Ceremoni To provide incentive	Other Delow:  al Role" or "Other" describe below:  as to City employees	Income Into Income Inco		
•	(Lest, First)	1	Ticket(s)/	If checking "Ceremoni To provide incentive the Authority Ceremonial Role	Other  al Role" or "Other" describe below; es to City employees	Income		
•	(Lest, First)		Ticket(s)/	If checking "Ceremoni To provide incentive the Authority Ceremonial Role	Other  al Role" or "Other" describe below; es to City employees  Other	Income Into Income Inco		
	(Last, First) McGee, Hakeim		Ticket(s)/	If checking "Ceremoni To provide incentive the Authority Ceremonial Role	Other  al Role" or "Other" describe below; es to City employees  Other	Income Into Income Inco		
	(Lest, First)	zation	Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive the Authority  Ceremonial Role If checking "Ceremoni	Other  al Role" or "Other" describe below; es to City employees  Other	Income In		
	(Last, First)  McGee, Hakeim  C. Name of Outside Organi	zation	Ticket(s)/ Pass(es)  Number of Ticket(s)/	If checking "Ceremoni To provide incentive the Authority  Ceremonial Role If checking "Ceremoni	Other	Income In		
	(Last, First)  McGee, Hakeim  C. Name of Outside Organi	zation	Ticket(s)/ Pass(es)  Number of Ticket(s)/	If checking "Ceremoni To provide incentive the Authority  Ceremonial Role If checking "Ceremoni	Other	Income In		
	(Last, First)  McGee, Hakeim  C. Name of Outside Organi	zation	Ticket(s)/ Pass(es)  Number of Ticket(s)/	If checking "Ceremoni To provide incentive the Authority  Ceremonial Role If checking "Ceremoni	Other	Income In		
	(Last, First)  McGee, Hakeim  C. Name of Outside Organi	zation	Ticket(s)/ Pass(es)  Number of Ticket(s)/	If checking "Ceremoni To provide incentive the Authority  Ceremonial Role If checking "Ceremoni	Other	Income In		
	(Last, First)  McGee, Hakeim  C. Name of Outside Organi	zation	Ticket(s)/ Pass(es)  Number of Ticket(s)/	If checking "Ceremoni To provide incentive the Authority  Ceremonial Role If checking "Ceremoni	Other	Income In		
	(Last, First)  McGee, Hakeim  C. Name of Outside Organi (Include address and desc	zation cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive the Authority  Ceremonial Role If checking "Ceremoni  Describe the publ	Other describe below: es to City employees  Other describe below: al Role" or "Other" describe below: lic purpose made pursuant	Income In		
	(Last, First)  McGee, Hakeim  C. Name of Outside Organi (include address and desc	zation cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive the Authority  Ceremonial Role If checking "Ceremoni  Describe the publication of th	Other describe below: es to City employees  Other describe below: al Role" or "Other" describe below: lic purpose made pursuant	Income In		

### **Agency Report of:**

_	•	-					_
Cerer	nonia	l Role	Events	and	Ticket/Pa	ass Dist	ributions

1.	Agency Name	-			Date Stamp	California OAS
	Oakland Alameda County Colis	eum Δuth	ority		Date Stamp	Form 802
	Division, Department, or Region		•			For Official Use Only
	•	• • • • • • • • • • • • • • • • • • • •	,			
	Sabrina B. Landreth  Designated Agency Contact (Nam	on Tilles				
		re, riue)				
	City Administrator				Amendment (Must	provide explanation in Part 3.)
		nail			Date of Original Filing	
_			oaklandnet.	com	Date of Original Filling	(Month, Day, Year)
2.	Function or Event Informat				<b></b>	700 69
	Does the agency have a ticket po	licy?	Yes 🗵 No	<del></del>	of Each Ticket/Pass \$ .	700
	Event Description Warriors	vide Title/Expl		Date(s)	03 , 09 , 16	
	-10		anation			
	Ticket(s)/Pass(es) provided by ag	ency?	Yes 🗵 No	☐ If no:	Name of S	ource
	Was ticket distribution made at the	e hehest	Na 🗀 Vaal		dreth, Sabrina	
	of agency official?	C DOMEST	No ☐ Yes	∆ If yes:	Official's Name	(Last, First)
3.	Recipients				Total Marie Commission	MACON CONTRACTOR OF THE PROPERTY OF THE PROPER
	• Use Section A to identify the agency's de	epartment or u	ınit.   • Use Sec	tion B to identify an indivi	dual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or	r Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursuar	t to the agency's policy
	*.		1			
					· · · · · · · · · · · · · · · · · · ·	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Kattchee, Susan		2		onial Role" or "Other" describe below:	Income that provide services to
				the Authority	vou to Ony employees	that provide solvides to
			2	Ceremonial Role If checking *Ceremo	Other Donial Role" or "Other" describe below:	Income [
	C. Name of Outside Organization (include address and description		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuan	t to the agency's policy
	·	•				
	- 11					
	Verification I have read and understand FPPC Regulations	s 18944,1 and	18942. I have ver	, rified that the distribution set	forth above, is in accordance w	ith the requirements.
						2/11-11
			Sabrina Lan	dreth	City Administrator	9118 1110

1.	Agency Name				Date Stamp	California Q 0 2
	Oakland Alameda County Colise	eum Autho	ořity	4		Form OUZ
	Division, Department, or Region (	If Applicable	)		<del>-</del> [	For Official Use Only
	Sabrina B. Landreth					
i	Designated Agency Contact (Name	e, Title)	<u>.</u>			
	City Administrator		٠	•		
	Area Code/Phone Number   E-m	ıail	***************************************		Amendment (Must pi	ovide explanation in Part 3.)
	(510) 238-6840 SLa	andreth@	oaklandnet.	com	Date of Original Filing: .	(Monlh, Day, Year)
·.	Function or Event Informati	ion				
	Does the agency have a ticket poli	icy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	600 Op
	Event Description Warriors		_		3 , 11 , 16	
	Prov.	ride Title/Expla	anation	Date(s)		J
	Ticket(s)/Pass(es) provided by age	ency?	Yes 🗵 No	□ If no:	Name of Sou	
	-	•			· · · · · · · · · · · · · · · · · · ·	irce
	Was ticket distribution made at the of agency official?	behest	No ☐ Yes	If yes: Landr     Landr	reth, Sabrina Official's Name (L	ant Fireft
					Onicia) s tvarne (L	ast, First)
•	Recipients			dian b to the otter and high to		
	Use Section A to identify the agency's dep					
	A. Name of Agency, Department or	Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	•					
	R Name of Individual		Number of			
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other 🔲	Income 🔲
	Mitchell, Jason		2		ial Role" or "Other" describe below:	
			_	To provide incentive the Authority	es to City employees t	nat provide services to
				Ceremonial Role		
					. Other	Income
			2	If checking "Ceremoni	. Other	Income
			2	If checking "Ceremoni		Income .
				If checking "Ceremoni		Income .
	C. Name of Outside Organization (include address and description		Number of Ticket(s)/	VV-100 HARA		-
			Number of	VV-100 HARA	lal Role" or "Other" describe below:	-
			Number of Ticket(s)/	VV-100 HARA	lal Role" or "Other" describe below:	-
			Number of Ticket(s)/	VV-100 HARA	lal Role" or "Other" describe below:	-
			Number of Ticket(s)/	VV-100 HARA	lal Role" or "Other" describe below:	-
			Number of Ticket(s)/	VV-100 HARA	lal Role" or "Other" describe below:	-
	(include address and description	on)	Number of Ticket(s)/ Pass(es)	Describe the publ	al Role" or "Other" describe below: lic purpose made pursuant (	to the agency's policy
	(include address and description)	on) 18944.1 and	Number of Ticket(s)/ Pass(es)	Describe the publ	al Role" or "Other" describe below: lic purpose made pursuant (	to the agency's policy

١.	Agency Name				Date Stamp	California 202
	Oakland Alameda County Co	liseum Autho		Form 002		
İ	Division, Department, or Regio	n (If Applicable	) <sub>.</sub>	····		For Official Use Only
	Sabrina B. Landreth					
•	Designated Agency Contact (N	lame, Title)				
	City Administrator					
_		E-mail	Amendment (Must	provide explanation in Part 3.)		
	(510) 238-6840	SLandreth@	oaklandnet.	com	Date of Original Filing	:(Month, Day, Year)
_	Function or Event Inform	nation		COL	<u>L,</u>	<i>i</i> - 00
	Does the agency have a ticket		Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$ .	600=
	Event Description Warriors	•		Date(s)		
	Event Description	Provide Title/Expl	analion	Date(s)	12 1 10	
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	□ If no:		
		5,-	169 EN NO		Name of S	ource
١	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Land of agency official?				eth, Sabrina	4 1 C - 1
	or agency unicial?				Official's Name	(Last, First)
	Recipients					
		s department or L	ial. • Use Section C to Ide	ntify an outside organization.		
_	<ul> <li>Use Section A to identify the agency's</li> </ul>		T	· · · · · · · · · · · · · · · · · · ·		
_	• Use Section A to identify the agency's  A. Name of Agency, Department		Number of Ticket(s)/ Pass(es)		lic purpose made pursuan	nt to the agency's policy
_			Number of Ticket(s)/		fic purpose made pursuan	nt to the agency's policy
_			Number of Ticket(s)/		lic purpose made pursuan	nt to the agency's policy
_			Number of Ticket(s)/		lic purpose made pursuan	nt to the agency's policy
		t or Unit	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/		lic purpose made pursuan	
	A. Name of Agency, Department  Name of Individual	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	Identify one of the follow	ving:
-	A. Name of Agency, Department  Name of Individual	t or Unit	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/	Describe the pub	Identify one of the follow	wing:
-	A. Name of Agency, Department  Name of Individual	t or Unit	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/	Describe the pub  Ceremonial Role  V checking *Ceremon	Identify one of the follov  Other  date of the follow.	wing:
-	A. Name of Agency, Department  Name of Individual	t or Unit	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/	Ceremonial Role  If checking "Geremon  To provide incentive the Authority  Geremonial Role	Identify one of the follow  Other  al Role" or "Other" describe below: es to City employees  Other	wing:  Income □  that provide services to
-	A. Name of Agency, Department  Name of Individual	t or Unit	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/	Ceremonial Role  If checking "Geremon  To provide incentive the Authority  Geremonial Role	Identify one of the follow  Other  al Role" or "Other" describe below: es to City employees	wing:  Income □  that provide services to
-	A. Name of Agency, Department  Name of Individual	t or Unit	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/	Ceremonial Role  If checking "Geremon  To provide incentive the Authority  Geremonial Role	Identify one of the follow  Other  al Role" or "Other" describe below: es to City employees  Other	wing:  Income □  that provide services to
	A. Name of Agency, Department  Name of Individual	t or Unit	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/	Ceremonial Role  Wichecking "Ceremon  To provide incentive the Authority  Ceremonial Role  Wichecking "Ceremonial Role  Wichecking "Ceremonial Role	Identify one of the follow  Other  al Role" or "Other" describe below: es to City employees  Other	wing:  Income □  that provide services to  Income □
	A. Name of Agency, Department  Name of Individual (Last, First)  Hill, May  Name of Outside Organiza	t or Unit	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)	Ceremonial Role  Wichecking "Ceremon  To provide incentive the Authority  Ceremonial Role  Wichecking "Ceremonial Role  Wichecking "Ceremonial Role	Identify one of the follow  Other  al Role" or "Other" describe below: es to City employees  Other  al Role" or "Other" describe below:	wing:  Income □  that provide services to  Income □
	A. Name of Agency, Department  Name of Individual (Last, First)  Hill, May  Name of Outside Organiza	t or Unit	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)	Ceremonial Role  Wichecking "Ceremon  To provide incentive the Authority  Ceremonial Role  Wichecking "Ceremonial Role  Wichecking "Ceremonial Role	Identify one of the follow  Other  al Role" or "Other" describe below: es to City employees  Other  al Role" or "Other" describe below:	wing:  Income □  that provide services to  Income □
	A. Name of Agency, Department  Name of Individual (Last, First)  Hill, May  Name of Outside Organiza	t or Unit	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)	Ceremonial Role  Wichecking "Ceremon  To provide incentive the Authority  Ceremonial Role  Wichecking "Ceremonial Role  Wichecking "Ceremonial Role	Identify one of the follow  Other  al Role" or "Other" describe below: es to City employees  Other  al Role" or "Other" describe below:	wing:  Income □  that provide services to  Income □
	A. Name of Agency, Department  Name of Individual (Last, First)  Hill, May  Name of Outside Organiza	t or Unit	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)	Ceremonial Role  Wichecking "Ceremon  To provide incentive the Authority  Ceremonial Role  Wichecking "Ceremonial Role  Wichecking "Ceremonial Role	Identify one of the follow  Other  al Role" or "Other" describe below: es to City employees  Other  al Role" or "Other" describe below:	wing:  Income □  that provide services to  Income □
	A. Name of Agency, Department  B. Name of Individual (Last, First)  Hill, May  C. Name of Outside Organiza (Include address and descr	t or Unit	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)	Ceremonial Role  Wichecking "Ceremon  To provide incentive the Authority  Ceremonial Role  Wichecking "Ceremonial Role  Wichecking "Ceremonial Role	Identify one of the follow  Other  al Role" or "Other" describe below: es to City employees  Other  al Role" or "Other" describe below:	wing:  Income □  that provide services to  Income □
	A. Name of Agency, Department  Name of Individual (Last, First)  Hill, May  Name of Outside Organiza	ation	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)	Ceremonial Role  Wichecking Ceremon  To provide incentive the Authority  Ceremonial Role  Wichecking Ceremonial  Ceremonial Role  Wichecking Ceremonial	Identify one of the follow  Other  al Role" or "Other" describe below: es to City employees  Other  al Role" or "Other" describe below:	wing:  Income □  that provide services to  Income □
	A. Name of Agency, Department  B. Name of Individual (Last, First)  Hill, May  C. Name of Outside Organize (Include address and description)	ation iption)	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Geremon To provide incentive the Authority  Ceremonial Role If checking "Ceremonial Describe the pub	Identify one of the follow  Other  al Role" or "Other" describe below: es to City employees  Other  al Role" or "Other" describe below:	wing:  Income □  that provide services to  Income □

1.	Agency Name				Date Stamp	California Q00
	Oakland Alameda County C	oliseum Auth	ority			Form OUZ
	Division, Department, or Regi	on (If Applicable	е)		1	For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact (	Name, Title)		***************************************		•
	City Administrator					
	Area Code/Phone Number	E-mail	***************************************		Amendment (Must)	orovide explanation In Part 3.)
	(510) 238-6840	SLandreth@	goaklandnet.	.com	Date of Original Filing:	(Month, Day, Year)
	Function or Event Inform	nation				- 50°
	Does the agency have a ticket	policy?	Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$ _	800
	Event Description Warriors			Date(s) 03	3 , 14 , 16	1 1
		Provide Title/Exp	lanation	Date(3)		
	Ticket(s)/Pass(es) provided by	agency?	Yes⊠ No	☐ If no:	Name of So	
	Was ticket distribution made at	f fha habaas	=	= land		ource
	of agency official?	i ine benest	No 🗌 Yes	If yes: Land	reth, Sabrina Official's Name (	Last, First)
_	Recipients	The state of the s	***************************************			
•	Use Section A to identify the agency	's department or	unit. • Use Sea	ction B to identify an individ	ual. • Use Section C to Iden	itify an outside organization.
	A. Name of Agency, Departmen		Number of		olic purpose made pursuan	
	7 (1 Maine of rigation) Departmen	·	Ticket(s)/ Pass(es)	Describe the pur	nic purpose made pursuan	t to the agency's policy
			bhushau af			
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ing:
	B. Name of Individual			Ceremonial Role		
	B. Name of Individual (Lest, First)  Chester, Debra		Ticket(s)/ Pass(es)	Ceremonial Role  If checking "Ceremon		
	(Lest, First)		Ticket(s)/	If checking "Ceramon To provide incentiv	Other   ial Role" or "Other" describe below:	
	(Lest, First)		Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentive the Authority	Other III ial Role" or "Other" describe below: es to City employees	Income _
	(Lest, First)		Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentiv the Authority  Ceremonial Role	Other	Income _
	(Lest, First)		Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentiv the Authority  Ceremonial Role	Other III ial Role" or "Other" describe below: es to City employees	income that provide services to
	(Lest, First)		Ticket(s)/ Pass(es)	If checking "Ceremon To provide incentiv the Authority  Ceremonial Role	Other	income that provide services to
. 1	(Last, First)  Chester, Debra  C. Name of Outside Organiz	zation	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremon To provide incentiv the Authority Ceremonial Role If checking "Ceremon	Other	Income C
. 1	(Last, First) Chester, Debra	zation	Ticket(s)/ Pass(es)  2  Number of	If checking "Ceremon To provide incentiv the Authority Ceremonial Role If checking "Ceremon	Other	Income C
. 1	(Last, First)  Chester, Debra  C. Name of Outside Organiz	zation	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremon To provide incentiv the Authority Ceremonial Role If checking "Ceremon	Other	Income C
. 1	(Last, First)  Chester, Debra  C. Name of Outside Organiz	zation	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremon To provide incentiv the Authority Ceremonial Role If checking "Ceremon	Other	Income C
	(Last, First)  Chester, Debra  C. Name of Outside Organiz	zation	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremon To provide incentiv the Authority Ceremonial Role If checking "Ceremon	Other	Income C
•	(Lest, First)  Chester, Debra  Name of Outside Organiz (include address and desc	zation	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremon To provide incentiv the Authority Ceremonial Role If checking "Ceremon	Other	Income C
.	C. Name of Outside Organia (include address and desc	zation ription)	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/ Pass(es)	If checking "Geramon To provide incentive the Authority  Ceremonial Role If checking "Geremon  Describe the pub	Other	that provide services to  Income
•	(Lest, First)  Chester, Debra  Name of Outside Organiz (include address and desc	zation ription)	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/ Pass(es)	If checking "Geramon To provide incentive the Authority  Ceremonial Role If checking "Geremon  Describe the pub	Other	that provide services to  Income
. I	C. Name of Outside Organia (include address and desc	zation ription)	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/ Pass(es)	If checking "Geremon To provide incentive the Authority  Ceremonial Role If checking "Geremon  Describe the pub  diffied that the distribution set for	Other	that provide services to  Income

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. Agency Name				Date Stamp	California 802
Oakland Alameda County C					Asset Conference and a second property of the second
Division, Department, or Regi	ion (If Applicable	e)	····		For Official Use Only
Sabrina B. Landreth					
Designated Agency Contact (	Name,Title)			1	,
City Administrator	<b>4</b>				
Area Code/Phone Number	E-mail	<del></del>		Amendment (Must pi	ovide explanation in Part 3.)
(510) 238-6840	SLandreth@	oaklandnet.	.com	Date of Original Filing: .	(Month, Day, Year)
Function or Event Inforr					11000
Does the agency have a ticket	t policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	
Event Description Warriors			Date(s)03	, 16 , 16	
	Provide Title/Expl	anation	Duic(3)		
Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗵 No	☐ If no:	Name of Sou	
Was ticket distribution made a	t the hehest	No ET Mo		,	rce
of agency official?	, aic nellegt	No ☐ Yes	凶 If yes: <u>carrer</u>	Official's Name (L	ast, First)
Recipients					
Use Section A to Identify the agency	's department or c	ınit. • 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)/		lic purpose made pursuant	
		Pass(es)			
B. Name of Individual	· · · · · · · · · · · · · · · · · · ·	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
(Lest, First)	<b>I</b>	Ticket(s)/	Ceremonial Role [	Other	ing:
B. Name of Individual (Last, First)		Ticket(s)/	If checking "Ceremoni	Other at Role" or "Other" describe below:	income []
(Lest, First)	1	Ticket(s)/	If checking "Ceremoni	Other	income []
(Lest, First)		Ticket(s)/	If checking "Ceremoni To provide incentive the Authority Ceremonial Role	Other  al Role" or "Other" describe below:  es to City employees the	income []
(Lest, First)		Ticket(s)/	If checking "Ceremoni To provide incentive the Authority Ceremonial Role	Other  at Role" or "Other" describe below:  es to City employees the	income
Flynn, Debbie  C Name of Outside Organiz	zation	Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive the Authority  Ceremonial Role If checking "Ceremonial	Other  al Role" or "Other" describe below:  es to City employees the  Other  al Role" or "Other" describe below:	income In
Flynn, Debbie	zation	Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive the Authority  Ceremonial Role If checking "Ceremonial	Other  at Role" or "Other" describe below:  es to City employees the	income In
Flynn, Debbie  C. Name of Outside Organiz	zation	Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive the Authority  Ceremonial Role If checking "Ceremonial	Other  al Role" or "Other" describe below:  es to City employees the  Other  al Role" or "Other" describe below:	income In
Flynn, Debbie  C Name of Outside Organiz	zation	Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive the Authority  Ceremonial Role If checking "Ceremonial	Other  al Role" or "Other" describe below:  es to City employees the  Other  al Role" or "Other" describe below:	income In
Flynn, Debbie  C Name of Outside Organiz	zation	Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive the Authority  Ceremonial Role If checking "Ceremonial	Other  al Role" or "Other" describe below:  es to City employees the  Other  al Role" or "Other" describe below:	income In
Flynn, Debbie  C. Name of Outside Organiz (include address and desc	zation	Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive the Authority Ceremonial Role If checking "Ceremonia	Other  al Role" or "Other" describe below:  es to City employees the  Other  al Role" or "Other" describe below:	income In
Flynn, Debbie  C. Name of Outside Organiz (include address and desc	zation ription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To provide incentive the Authority  Ceremonial Role [ If checking "Ceremonial Describe the publ	Other all Action of College and College an	income Inat provide services to Income Incom
Flynn, Debbie  C. Name of Outside Organiz (include address and desc	zation ription) lions 18944.1 and	Number of Ticket(s)/ Pass(es)	If checking "Ceremonic To provide incentive the Authority  Ceremonial Role [ If checking "Ceremonic Ceremonic Ceremo	Other all Action of College and Action of Co	income Inat provide services to Income Incom
Flynn, Debbie  C. Name of Outside Organiz (include address and desc	zation ription) lions 18944.1 and	Number of Ticket(s)/ Pass(es)	If checking "Ceremonist To provide incentive the Authority  Ceremonial Role [ If checking "Ceremonist Ceremonist Ceremoni	Other all Action of College and College an	income Inat provide services to Income Incom

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on, Department, or Regi	ion (If Applicabl	le)			For Official Use Only
ara J. Parker, City Attor	rney/OAACA	Official			
Code/Phone Number	F-mail			Amendment (Must pr	ovide explanation in Part 3.)
	The Indiana	aklandcitvatt	ornev ora	Date of Original Filing: _	
			ay.org		(Month, Day, Year)
		Voc VI No	□ Face Value o	f Fach Ticket/Pass \$	93.00
Description Festival of	Provide Title/Exp	ledy SHOW	Date(s)		
/.\/D/-\	The second control of		17		
(s)/Pass(es) provided by	/ agency?	Yes 🗵 No	☐ If no:	Name of Sou	rce
	t the behest	No XI Yes			
ency official?		110 🔄 100	П усз	Official's Name (La	ast, First)
pients					
ection 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.
Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy
Norman of the dividual		Number of			
(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	g:
ra J. Parker		2	If checking "Ceremonia To investigate the e	of Role" or "Other" describe below:  fficiencies of the opera	
		2	Ceremonial Role	Other	Income 🗌
		Number of			
Name of Outside Organiz (include address and desc		Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	o the agency's policy
	ription)	Ticket(s)/ Pass(es)	rified that the distribution set for		the requirements.
t I () CE pe	and-Alameda County Con, Department, or Region, Department of Lost, First)  Name of Individual (Last, First)	and-Alameda County Coliseum Authon, Department, or Region (If Applicable ara J. Parker, City Attorney/OAACA nated Agency Contact (Name, Title)  Code/Phone Number	and-Alameda County Coliseum Authority on, Department, or Region (If Applicable) ara J. Parker, City Attorney/OAACA Official nated Agency Contact (Name, Title)  Code/Phone Number	and-Alameda County Coliseum Authority  on, Department, or Region (If Applicable)  ara J. Parker, City Attorney/OAACA Official  nated Agency Contact (Name, Title)  Code/Phone Number	and-Alameda County Coliseum Authority on, Department, or Region (If Applicable) ara J. Parker, City Attorney/OAACA Official nated Agency Contact (Name, Title)    Code/Phone Number   E-mail   Date of Original Filling:

1.							
	Agency Name				Date Stamp	California 802	
	Oakland-Alameda County C	Coliseum Au	thority			Form OUZ	
	Division, Department, or Reg	ion (If Applical	ole)			For Official Use Only	
	Barbara J. Parker, City Atto	rney/OAAC	A Official				
	Designated Agency Contact		1				
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 238-3815	Acres expenses and	aklandcityatt	ornev.org	Date of Original Filing: _		
)	Function or Event Infor		and Tability and			(Month, Day, Year)	
	Does the agency have a ticke		Yes⊠ No	□ Face Value o	f Each Ticket/Pass \$	\$600.00	
	Prince: Dis	ano and a M		- Annual Control of the Control of t			
	Event Description	Provide Title/Ex		Date(s)	, 04 , 16		
	T-1-4-\/D/\		The second of th	_ * 16			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	If no:	Name of Sour	rce	
10	Was ticket distribution made a	t the behest	No ⊠ Yes				
	of agency official?				Official's Name (La	est, First)	
3.	Recipients						
	<ul> <li>Use Section A to identify the agency</li> </ul>	r's department o	r unit. • Use Se	ction B to identify an individu	al. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy	
-			1 435(65)				
i	B. Name of Individua (Last. First)	I was a second	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:	
	(Last. First)		Ticket(s)/	Ceremonial Role	Other 🛛	g:	
	B. Name of Individua (Last. First) Barbara J. Parker	I	Ticket(s)/	If checking "Ceremonia	Other And Processing Security Control of the Contro	Income 🗌	
	(Last. First)		Ticket(s)/ Pass(es)	If checking "Ceremonia To investigate the e	Other   Other   Other   Other describe below:  Other describe below:	Income In	
	(Last. First)		Ticket(s)/ Pass(es)	If checking "Ceremonic To investigate the e sporting and other e	Other   al Role" or "Other" describe below:  officiencies of the operate ovents that occur at Col	tions of the various liseum Complex	
	(Last. First)		Ticket(s)/ Pass(es)	If checking "Ceremonic To investigate the e sporting and other e	Other   Other   Other   Other describe below:  Other describe below:	Income In	
	(Last. First)		Ticket(s)/ Pass(es)	If checking "Ceremonic To investigate the e sporting and other e	Other   Other   al Role" or "Other" describe below:  officiencies of the operate ovents that occur at Col  Other	tions of the various liseum Complex	
	(Last. First) Barbara J. Parker		Ticket(s)/ Pass(es)  2  Number of	If checking "Ceremonic To investigate the e sporting and other e  Ceremonial Role [ If checking "Ceremonic	Other And Role" or "Other" describe below:  officiencies of the operate ovents that occur at Col  Other  Other  If Role" or "Other" describe below:	tions of the various liseum Complex	
	(Last. First)	zation	Ticket(s)/ Pass(es)	If checking "Ceremonic To investigate the e sporting and other e  Ceremonial Role [ If checking "Ceremonic	Other   Other   al Role" or "Other" describe below:  officiencies of the operate ovents that occur at Col  Other	tions of the various liseum Complex	
	(Last. First)  Barbara J. Parker  Name of Outside Organi	zation	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremonic To investigate the e sporting and other e  Ceremonial Role [ If checking "Ceremonic	Other And Role" or "Other" describe below:  officiencies of the operate ovents that occur at Col  Other  Other  If Role" or "Other" describe below:	Income In	
	(Last. First)  Barbara J. Parker  Name of Outside Organi	zation	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremonic To investigate the e sporting and other e  Ceremonial Role [ If checking "Ceremonic	Other And Role" or "Other" describe below:  officiencies of the operate ovents that occur at Col  Other  Other  If Role" or "Other" describe below:	Income In	
	(Last. First)  Barbara J. Parker  Name of Outside Organi	zation	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/	If checking "Ceremonic To investigate the e sporting and other e  Ceremonial Role [ If checking "Ceremonic	Other And Role" or "Other" describe below:  officiencies of the operate ovents that occur at Col  Other  Other  If Role" or "Other" describe below:	Income In	
-	Barbara J. Parker  Name of Outside Organia (include address and description)	zation :ription)	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/ Pass(es)	If checking "Ceremonic To investigate the esporting and other esporting and other esporting are considered by the control of t	Other Dal Role" or "Other" describe below:  officiencies of the operate events that occur at Col  Other Dal Role" or "Other" describe below:	tions of the various liseum Complex  Income	
-	Barbara J. Parker  Name of Outside Organic (include address and desc	zation :ription)	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/ Pass(es)	If checking "Ceremonic To investigate the esporting and other espo	Other And a Cordance with the above, is in accordance with the above.	Income tions of the various liseum Complex  Income the agency's policy  the requirements.	
-	Barbara J. Parker  Name of Outside Organia (include address and description)	zation :ription)	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/ Pass(es)	To investigate the esporting and other esporting and other esporting and other esporting are considered.  Ceremonial Role If checking *Ceremonial*  Describe the publication of the publ	Other Dal Role" or "Other" describe below:  officiencies of the operate events that occur at Col  Other Dal Role" or "Other" describe below:	Income tions of the various liseum Complex  Income the agency's policy  the requirements.	

### Agency Report of:

### Ceremonial Role Events and Ticket/Pass Distributions

Barbara J. Parker  2  If checking "Ceremonial Role" or "Other" describe below.  To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex		ordinaria rtolo Evol	ico ana m	JILOUI GOO	Biotribations		A Public Document
Oakland-Alameda County Colliseum Authority Division, Department, or Region (if Applicable) Barbara J, Parker, City Attorney/OAACA Official Designated Agency Contact (Nivme, Title)  Area Code/Phone Number [E-mail] [5(10) 238-3815 [Date of Original Filing: Motion Provide exploration in Part 3.) Date of Original Filing: Motion Day, Year  2. Function or Event Information Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass ⑤ 105.00  Event Description Andre Ward v. Sullivan Barrera Date(s) 03 / 26 / 16	1.	Agency Name				Date Stamp	
Barbara J. Parker, City Attorney/OAACA Official  Designated Agency Contact (Name, Table)  Area Code/Phone Number [510) 238-3815   Darker@oaklandcityattorney.org   Date of Original Filing: (Month. Day, Year)  2. Function or Event Information  Does the agency have a ticket policy? Yes \( \) No \( \) Face Value of Each Ticket/Pass \( \) 105.00  Event Description Addre Ward v. Sulfus Barrera Date(s) \( 03 \) 26   16   James of Table September (Ticket(s)/Pass(es)) provided by agency? Yes \( \) No \( \) Yes \( \) No \( \) Yes \( \) If no: \( \) Name of Secretor A to identify the agency's department or unit. * Use Section 8 to identify an individual factor of the following:  A. Name of Agency, Department or Unit   Number of Ticket(s)/Pass(es)   Describe the public purpose made pursuant to the agency's policy   Pass(es)    B. Name of Individual factor of the following:   Describe the public purpose made pursuant to the agency's policy   Pass(es)   Describe the public purpose made pursuant to the agency's policy   Pass(es)   Describe the public purpose made pursuant to the agency's policy   Pass(es)   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose   Describe the public purpose   Descr		Oakland-Alameda County (	Coliseum Autl	nority			Folin
Designated Agency Contact (Name, Tible)		Division, Department, or Reg	<b>jion</b> (If Applicabl	le)			For Official Use Only
Area Code/Phone Number (510) 238-3815   Darker @ oaklandcityattorney.org   Date of Original Filing:		Barbara J. Parker, City Atto	rney/OAACA	Official			
Area Code/Phone Number (510) 238-3815   Date of Original Filling:    Date of Original Filling:    (Nicotti), Date (72)   Date (82)   Date (82)   Date (83)   Date (83)		<b>Designated Agency Contact</b>	(Name, Title)			-	
Area Code/Phone Number (610) 238-3815   Dparker@ ackland cityattorney.org   Date of Original Filing:							
Pack		Area Code/Phone Number	E-mail			Amendment (Must prov	ide explanation in Part 3.)
Pack		(510) 238-3815	bparker@oa	aklandcityatt	orney.org	Date of Original Filing:	(Month Day Year)
Event Description Andre Ward v. Sullivan Barrera Provide TitleEsplanation Ticket(s)/Pass(es) provided by agency? Yes No Into Info Info Info Info Info Info Info Inf	2.	Function or Event Infor	mation				(month, Day, Tour)
Ticket(s)/Pass(es) provided by agency? Yes No   If no: Name of Source  Was ticket distribution made at the behest of agency official?  No Yes   If yes: Official's Name (Last. First)  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)  B. Name of Individual (Last. First)  Barbara J. Parker    Number of Ticket(s)/Pass(es)   Identify one of the following:		Does the agency have a ticke	et policy?	Yes X No	Face Value of	of Each Ticket/Pass \$	105.00
Ticket(s)/Pass(es) provided by agency? Yes No   If no: Name of Source  Was ticket distribution made at the behest of agency official?  No Yes   If yes: Official's Name (Last. First)  **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)  **Barbara J. Parker  **Describe the public purpose made pursuant to the agency's policy  **Barbara J. Parker  **Describe the public purpose made pursuant to the agency's policy  **To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex  **Corremonal Role   Other   Income    **Corremonal Role   Oth		Fuent Deportation Andre Wa	rd v. Sullivan			3 , 26 , 16	7 7
Was ticket distribution made at the behest of agency official?  No Ves If yes: Officials Name (Last. First)  Recipients  Use Section A to identify the agency's department or unit.  Number of Ticket(s) Pass(es)  B. Name of Agency, Department or Unit  Number of Ticket(s) Pass(es)  Number of Ticket(s) Pass(es)  Barbara J. Parker  If yes: Officials Name (Last. First)  Describe the public purpose made pursuant to the agency's policy  Number of Ticket(s) Pass(es)  Recipients  Use Section A to identify an outside organization.  Number of Ticket(s) Pass(es)  Recipients  Use Section C to identify an outside organization.  Number of Ticket(s) Pass(es)  Recipients  Use Section C to identify an outside organization.  Use Section C to identify an outside organization.  Use Section C to identify an outside organization.  Number of Ticket(s) Pass(es)  Recipients  Identify one of the following:  Recipients  Income (Include address and description)  Number of Ticket(s) Pass(es)  Describe the public purpose made pursuant to the agency's policy  Pass(es)  Verification  Recipients  Number of Ticket(s) Pass(es)  Describe the public purpose made pursuant to the agency's policy  Recipients  Number of Ticket(s) Pass(es)  Pass(es)  Pass(es)  Pass(es)  Pass(es)  Describe the public purpose made pursuant to the agency's policy  Recipients  Number of Ticket(s) Pass(es)  P		Event Description	Provide Title/Exp	lanation	Date(s)		
Was ticket distribution made at the behest of agency official?  No Ves If yes: Officials Name (Last. First)  Recipients  Use Section A to identify the agency's department or unit.  Number of Ticket(s) Pass(es)  B. Name of Agency, Department or Unit  Number of Ticket(s) Pass(es)  Number of Ticket(s) Pass(es)  Barbara J. Parker  If yes: Officials Name (Last. First)  Describe the public purpose made pursuant to the agency's policy  Number of Ticket(s) Pass(es)  Recipients  Use Section A to identify an outside organization.  Number of Ticket(s) Pass(es)  Recipients  Use Section C to identify an outside organization.  Number of Ticket(s) Pass(es)  Recipients  Use Section C to identify an outside organization.  Use Section C to identify an outside organization.  Use Section C to identify an outside organization.  Number of Ticket(s) Pass(es)  Recipients  Identify one of the following:  Recipients  Income (Include address and description)  Number of Ticket(s) Pass(es)  Describe the public purpose made pursuant to the agency's policy  Pass(es)  Verification  Recipients  Number of Ticket(s) Pass(es)  Describe the public purpose made pursuant to the agency's policy  Recipients  Number of Ticket(s) Pass(es)  Pass(es)  Pass(es)  Pass(es)  Pass(es)  Describe the public purpose made pursuant to the agency's policy  Recipients  Number of Ticket(s) Pass(es)  P		Ticket(s)/Pass(es) provided b	y agency?	Yes 🛛 No	☐ If no:		
A. Name of Individual  (Latt. Hall)  B. Name of Individual  (Latt. Hall)  Number of Ticket(s)/ Pass(es)  Barbara J. Parker    C. Name of Outside Organization (Include address and description)    Number of Ticket(s)/ Pass(es)				100 🖂 110		Name of Source	е
B. Name of Individual (Jaw. Paul)  Barbara J. Parker    A. Name of Outside Organization (Include address and description)   A. Name of Outside Organization (Include address and description)   A. Name of Outside Organization (Include address and description)   A. Name of Agency, Department or Unit (Include address and description)   Income (Include address and description)   Include organization (Include address and description)   Include organization (Include address and description)   Include organization (Include address and description)   Inverse of Outside Organization (Include address and description)   Inverse of Outside Organization (Include address and description)   Inverse of Outside Organization (Include address and Outside Organization (Include address and Outside Out			at the behest	No 🛛 Yes	☐ If yes:	Official's Name (Lea	t Circle
Use Section A to identify the agency's department or unit.   Use Section B to identify an individual.   Observible the public purpose made pursuant to the agency's policy				Avenue alla line and		Official's Ivallie (Las	i, Filst)
A. Name of Agency, Department or Unit    Number of Ticket(s)/ Pass(es)     Describe the public purpose made pursuant to the agency's policy	3.		ula dan autorant au	it	akian Dika idankir, an indi id		
B. Name of Individual (task Fieth)  Barbara J. Parker    Number of Ticket(s)/ Pass(es)   Identify one of the following:   Ceremonial Role   Other   Image: O							
B. Name of Individual   (Laut. Fiet)   Identify one of the following:   Pass(es)   Income   It checking "Coremonial Role or "Other" describe below.   To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex   Ceremonial Role or Other of the operations of the various sporting and other events that occur at Coliseum Complex   Ceremonial Role or Other of the operations of the various sporting and other events that occur at Coliseum Complex   Ceremonial Role or Other of the operations of the various sporting and other events that occur at Coliseum Complex   Ceremonial Role of Other of the operations of the various sporting and other events that occur at Coliseum Complex   Ceremonial Role or Other of the operations of the various sporting and other events that occur at Coliseum Complex   Ceremonial Role or Other of the operations of the various sporting and other events that occur at Coliseum Complex   Ceremonial Role or Other of the operations of the various sporting and other events that occur at Coliseum Complex   Ceremonial Role or Other of the operations of the various sporting and other events that occur at Coliseum Complex   Ceremonial Role or Other of the operations of the various sporting and other events that occur at Coliseum Complex   Ceremonial Role or Other of the operations of the various sporting and other events that occur at Coliseum Complex   Ceremonial Role or Other of the operations of the various sporting and other events that occur at Coliseum Complex   Income of the operations of the various sporting and other events that occur at Coliseum Complex   Income of the operations of the various sporting and other events that occur at Coliseum Complex   Income of the operation of the o		A. Name of Agency, Departme	ent or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy
Barbara J. Parker    Ceremonial Role   Other   Income   I						With the second	
Barbara J. Parker    Ceremonial Role   Other   Income   I		a a					
Barbara J. Parker    Ceremonial Role   Other   Income   I							
Barbara J. Parker    Ceremonial Role   Other   Income   I							
Barbara J. Parker  2 Ceremonial Role Other Searche below. To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex  Ceremonial Role Other Image: Other of the operations of the various sporting and other events that occur at Coliseum Complex  Ceremonial Role Other Image: Other of the operations of the various sporting and other events that occur at Coliseum Complex  Ceremonial Role Other Image: Other of the operations of the various sporting and other events that occur at Coliseum Complex  Ceremonial Role Other Image: Other of the operations of the various sporting and other events that occur at Coliseum Complex  Ceremonial Role Other Image: Other Other describe below.  Ceremonial Role Other Image: Other Other describe below.  Describe the public purpose made pursuant to the agency's policy pass(es)  Verification  I have read and understand FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Barbara J. Parker City Attorney/OAACA Official 3/08/2016	10	B. Name of Individua	1			Identify one of the following	
Barbara J. Parker  2  If checking "Ceremonial Role" or "Other" describe below.  To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex  Ceremonial Role  Other  Income  Income  Income  Include address and description)  Number of Ticket(s)/ Pass(es)  Pass(es)  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Verification  I have read and understand FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Barbara J. Parker  City Attorney/OAACA Official 3/08/2016		(Last. First)				identity one of the following:	
To investigate the efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex    Ceremonial Role   Other   Income		Barbara I Darkor					Income
Sporting and other events that occur at Coliseum Complex  Ceremonial Role  Other  Income  Inco		Daibaia J. Faikei		2	8		one of the various
Verification  I have read and understand FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Barbara J. Parker  City Attorney/OAACA Official 3/08/2016							
C. Name of Outside Organization (include address and description)  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Verification  I have read and understand-FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Barbara J. Parker  City Attorney/OAACA Official 3/08/2016	-				Ceremonial Role	Other	Income
C. Name of Outside Organization (include address and description)  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Verification  I have read and understand FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Barbara J. Parker City Attorney/OAACA Official 3/08/2016					If checking "Ceremoni	1000 State S	шесте 🗀
Verification  I have read and understand FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Barbara J. Parker  City Attorney/OAACA Official 3/08/2016							
Verification  I have read and understand FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Barbara J. Parker  City Attorney/OAACA Official 3/08/2016							
Verification  I have read and understand FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Barbara J. Parker City Attorney/OAACA Official 3/08/2016	(			Ticket(s)/	Describe the publ	lic purpose made pursuant to t	the agency's policy
I have read and understand FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Barbara J. Parker City Attorney/OAACA Official 3/08/2016				Pass(es)			
I have read and understand FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Barbara J. Parker City Attorney/OAACA Official 3/08/2016							
I have read and understand FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Barbara J. Parker City Attorney/OAACA Official 3/08/2016							
I have read and understand FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Barbara J. Parker City Attorney/OAACA Official 3/08/2016							<i>y</i> *
I have read and understand FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Barbara J. Parker City Attorney/OAACA Official 3/08/2016	-						
Barbara J. Parker City Attorney/OAACA Official 3/08/2016			ations 18044 1 and	18042   have	rified that the distribution	off above to the second second	
Construct the second of the se	90	B A S I					
Title (Month, Day, Year)	<u>.</u>	Signature of Agancy Hood or Doors	_				
		organistics of Agency fredu of Designee		<i>гин</i>	<del>.</del>	Title	(Month, Day. Year)

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٦.	Agency Name		Date Stamp	California 802				
	Oakland-Alameda County C			Form OUZ				
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only		
	Barbara J. Parker, City Atto	rnev/OAACA	Official					
	Designated Agency Contact		Omolai					
	- sanguates rigorroy contact	, vamo, naoj						
		,			Amendment (Must pi	ovide explanation in Part 3.)		
	Area Code/Phone Number	E-mail						
	(510) 238-3815	bparker@oa	aklandcityatt	orney.org	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Infor	mation						
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	158.00		
	Event Description Bruce Spri	ingsteen		Deta(a) 03	, 13 , 16	7		
	Event Description Bruce Springsteen Date(s) 03 / 13 / 16							
	Ticket(s)/Pass(es) provided by	v agency2	Vas IVI Na	☐ If no:				
	menal(e)m dee(ee) provided b	y ageney:	Yes 🗵 No	L 11110.	Name of Source			
	Was ticket distribution made a	No X Yes	☐ If ves:					
	vas ticket distribution made at the behest No ☑ Yes ☐ If yes:							
3.	Recipients							
	<ul> <li>Use Section A to identify the agency</li> </ul>	's department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.		
3	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's nolicy		
- 4			Pass(es)					
•								
ī	B. Name of Individua		Number of Ticket(s)/		Id-all and the			
_	(Last, First)		Pass(es)		Identify one of the following	ig:		
	Barbara J. Parker			Ceremonial Role Other 🗵		Income		
3	Barbara J. Parker		2	100 E	al Role" or "Other" describe below:			
			_		To investigate the efficiencies of the operations sporting and other events that occur at Coliseur			
-			-	sporting and other e	events that occur at Co	onseum Complex		
				Ceremonial Role	Other	Income		
			2	ir checking "Geremonia	al Role" or "Other" describe below:			
_			Number of					
(	Name of Outside Organi (include address and desc		Ticket(s)/	Describe the publi	ic purpose made pursuant t	o the agency's policy		
-			Pass(es)			High amount of the Court		
-								
1	/erification							
11	nave read and understand FPPC Regula	tions 18944.1 and	18942. I have ve	rified that the distribution set for	th above, is in accordance with	the requirements.		
	Day & Hou	1	Barbara J. F		Attorney/OAACA Offic			
-	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)		
					nentendi	processing stays, result		
C	comment:							

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Olficial Use Only Barbara Kong-Brown, OACCA Marketing Committee Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3,) Area Code/Phone Number Date of Original Filing: 510.383.4801 bkongbrown1@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 600.00 Does the agency have a ticket policy? Yes 🔯 No 🗌 Event Description: Warriors Basketball Date(s) \_\_03 07 , Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ If no: . Name of Source Was ticket distribution made at the behest. Yes ☐ No 図 If yes: \_ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number of Ticket(s)/ A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Passes Number of Ticket(s)/ Name of individual ₿. identify one of the following: (Last, First) Passes Ceremonial Role Other 🔀 Kong-Brown, Barbara 2 to investigate efficiencies of the operations of various sporting and other events that occur at Collseum Complex Ceremonial Role 🔲 Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy (include address and description) 4. Verification

I haye Jead and unperstand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements!

Barbara Kong-Brown Print Neme

OACCA Marketing

03.09.16

(month, dey, year)

Cerem	onial Role Eve	nts and Tick	ef/Pass Dic	efribustiana	é	LEED IF HIS PER-
1. Agen	cy Name		MINISTER STATE		Public Documen	
Oakla	nd Alameda County	Coliseum Author	lfv		Date Stamp	California 802
Divisio	n, Department, or Re	gion <i>(if epplicable)</i>	*	-	For Official Use Only	
Barbai	ra Kong-Brown, OAC	CA Marketing C			The strong was comp	
Design	ated Agency Contact	(Name, Title)				
Area Co	ode/Phone Number	[E-mail		Amendment (Must)	Provide Explanation in Part 3.)	
510.38	3,4801	bkongbrown1@	gmail.com		Date of Original Filing:	
2. Funct	ion or Event Infor	mation			Andrew Control States of the S	(month, day, year)
Does th	e agency have a tick	ket policy? γ	∕es⊠ No□	Face Value of	Each Ticket/Pass \$ 70	00.00
Event E	escription: Warriors	Basketball		Date(s) 03		and the same of th
Ticket(s	)/Pass(es) provided i	<i>Provide Tille/E</i> by agency? γ				
Man iint	rat distribution				Neme of Source	
of ager	et distribution made cy official?	at the behest y	es□ No⊠	If yes:	Official's Name (Lest, First)	
J. 4901	es ouldet:				Amend a tangen (Epoli 1, 1997)	
. Recip						
* Use Sect	tion A to identify the agenc	y's department or unit	. * Use Section B to	identify an Endividu	ial, • Use Section C to identi	fil an autolda aussuls er
A.	Name of Agency, Depart		Number	1	The state of the s	
		MOSIN OF OTHE	of Tickef(c)/ Passes	Describe the	bapije britese usee brits	uant to the agency's policy
					And the second s	
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						o data 444, yang data
B.	Name of Individ	de en la	Number			
<u></u>	(Last, First)	ruai	of Ticket(s)/ Passes		ldentify one of the fail	owing:
Kong-Bro	own, Barbara			Ceremon	Isi Role Other X	income []
			2	(Cehankian	"Ceremonial Rule" or "Oliner" descri Officiencies of the ope	
	**************************************			sporting and o	ther events that occur	at Coliseum Complex
		·		Ceramoni	si Role Other	Income F
				ll cheaidng	"Ceremonial Role" or "Other" descri	he balow:
C,	Name of Outside Organ	itzelion	Number	River to the second		THE RESERVE THE PROPERTY OF TH
W 1	(include address and des	scription)	of Ticket(s)/ Passes	Describe the pa	ublic purpose made pursus	int to the agency's policy
				The second secon		The second secon
/erificatio	Î.			anganisan ang paganan ang		
		Dogulofica - 400 / 4	ن مدهمار في سالم			
ith the requ	rentents	1694 <i>4</i>	.1 and 18942. [ f	have verified that	the distribution set forth	above, is in accordance
19/11	1M/h _	Rarhara	Kong-Brown	•		
	11 81	나라 나라 나라	NONGADIOMU	O.	ACCA Marketing	03.09.16
Signature of A	gency Head or Designee	Olividation - DAGE	in! Name	The state of the s	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and	Ticket/De	non Mindulland				
1. Agency Name	ioneura	es Distributions A Public Docum				
Oalland/Marveda Col Division, Department, or Region (PAPP)	seum Authority Date Steinp California 80					
Statuda Couch Se en 18 Designated Agency Confect (Western Title)	C364	taggerty. D.1				
Lee Ann Fergerson, Tickel & day island						
510 272-6691 leea		CSON Cacqcu org Date of Original Filing:				
a. Function of Event Information	Name of the Owner, where the Owner, which is the Owner, where the Owner, which is t	(Monin, Day, Year)				
Does the agency have a ticket policy?  Event Description	Yes N	The state of the state of				
Provide Tillete	Xplanation	Date(s)				
Ticket(s)/Pass(es) provided by agency?	Yes 💹 No	of Ifno: GGW				
Was ticket distribution made at the behest	No IT Ve	. Name of Source				
or agency onicials	No ☐ Yes	If yes: Official's Name (Last, First)				
Recipients		A STATE OF THE PARTY OF THE PAR				
A. Name of Agency, Department or Unit	Number of	elion 8 to identify an individual, . • Use Saction C to identify an outside organization.				
Table of Agency, Department of Unit	<ul> <li>Describe the public purpose made pursuant to the agency's policy</li> </ul>					
Allo Garaye	2	To reward a County employee for his				
Ú.		or her exemplary service to the public or to encourage staff development				
B. Namo of Individual (Loss, Flory)	Number of Ticket(s)/ Pase(es)	identify one of the following:				
	.	Cetemonial Rote Other I Income Income I				
		В ————————————————————————————————————				
Name of Outside Organization (Include address and description)	Number of Ticket(e)/ Pass(es)	Describe the public purpose made pursuent to the agency's policy				
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erification						
vo read and understand FPPO Regulations 18944.1 and 18	942. I have verited	d that the distribution set forth obove, is in accordance with the requirements.				
Lee!	duin Fen	gerson Ticket-Administrator Z-10-1/				
Signalitie al Agency Hond of Dosignoo	Print Nama	Title (Hanth, Day, Yuan)				
mment:						

Agency Report of:			KA		
Ceremonial Role Events and Tic		A Public Document			
1. Agency Name  Oakland/Alameda Count  Biyislon, Department, or Region (If Applicable	y Coliseu		Date Stamp	California 802	
Mamoda County Succession & Designated Agency Confect (Name, 1716)	Hameda Courty SuperVisor Scott Haggerty, D. 1.				
Lee Ann Fergerson, Ticke Area Godel Phone Number   E-mail 510 272-lde9   Lee awn		provido explanálion lá Pail 3.) (Manin, Day, Year)			
2. Function or Event Information  Does the agency have a ticket policy?	f Each Ticket/Pass \$.	(00.00)			
Event Description Provide Title/Expl	anation	GS	W	·	
Ticket(s)/Pass(es) provided by agency?	Yes 🗆 No	1.	. Name of S	A CONTRACTOR OF THE CONTRACTOR	
Was ticket distribution made at the behest of agency official?	No ☐ Yes	If yes: Ala	Official's Name	Cast, Flat Hay gerty	
3. Recipients • Use Section A to identify the agancy's department or		ollon 8 to identify an individu	ial, • Uso Saction C to Ide	ntify on outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(cs)	** Tickel(B)			
Mco Garage	2	13 reward ac	jounty emplo	- I was a second	
		encourage	apment		
B. Name of Individual	Number of Ticket(s)/ Pass(co)		identify one of the follow		
		h " ==	20.3		
,		Cetemental Rote If chocking "Coromon	Other      el Rele" or "Other" describe below	Incoma 🗀	
C, Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	No purposo made purcuoi	nt to the agency's policy	
			Daniel Control of the State of		
4. Verification I have roug and understand FPFO Regulations 18944.1 ont	1 18942. I have vo	origed that the distribution sol to	onh above, is in accordance v Lee L'Adwinis	with the requirements.	
Signature of Agancy Hond or Posignes	Prior Num	-	Title	(Manth, Doy, Your)	
Comment:			FPPC Toll-Free Helpline:	FPPC Form 802 (4/12) 856(ASK-FPPC (886)275-7772)	

Agency Report of: Geremonial Role Events and Tie	cket/Pass	s Distributions		A Public Document	
1. Agency Name Oakland/Alameda Coum Division, Department, or Region (If Applicab	ty Colise		Dale Stamp	California 802	
Alameda Quuty SurerVISON. Designated Agency Confect (Netre, Tille)	-	• •			
Lee Ann Fergerson, Ticks Area Gode/Phone Number   E-mall 510 272-6691   Lee arw	Amondment (Musi provide explonation in Part 3.)  Date of Original Filing: (Monin, Day, Year)				
2. Function or Event Information  Does the agency have a ticket policy?  Event Description Provide Title/Exp	Each Ticket/Pass \$	800.00			
Tickel(s)/Pass(es) provided by agency?	Yes 🔃 No	10.	Nome of So noda County Su		
Was ticket distribution made at the behest of agency official?	No ☐ Yes	If yes: 500	Oliciai's Name (	The state of the s	
<ol> <li>Recipients</li> <li>Use Section A to identify the agency's department or</li> </ol>	unii. 🗸 Uso So	oilon B to identify an Individua	ıl,   • Use Saction C to Iden	tify on outside organization.	
A. Name of Agency, Depuriment or Unit	Number of Tickel(a)/ Pass(cs)	1	c bribose wego brienauf	Management of the Company of the Com	
Elements and the control of the Elements of th				* The state of the	
B. Name of Individual (Last, Flat)	Number of Ticket(s)! Pass(eu)		Identify one of the following:		
Mile Diambresio	2	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.			
		Ceramonial Roto L Héhacking "Ceromonial	Other C Relo <sup>®</sup> or "Othor" describe below:	Incoma 🗍	
C. Name of Outside Organization (Include address and description)	Numbar of Tickel(s)! Pass(es)	Describe the public	purpose made purcuent i	to the agency's policy	
				and the second s	
Verification I have read and understand FPFO Regulations 18944.1 and		ived that the distribution set forti			
Signaturo of Agency Head or Oo Senae	Print Nama	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	Tulo	(Manth, Doy, Yuan)	
Comment:		FP.	PC Toll-Free Helpline: 86	FPPC Form 882 (4/12) 6/ASK-FPPC (868/276-7772)	

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	Agency Report of:  Ceremonial Role Events and Ticket/Pass Distributions  A Public Document				
	. Agency Name	Date Stamp	California 802		
	Oakland/Alameda Count	y Colise	um Authority		Form OUZ
	Hamida Courty Serentsor (Designated Agency Contact (North, 1910)	Scott Ho	iggerty, DI	e lei	
	Leedan Fergerson, Ticke Area Gode/Phone Number   E-mall	Amondment (Must p.	rovide explanation in Part 3.)		
2.	510 272-669   Leeawn Function or Event Information	.terger	50m@acgov.org	Date of Original Filing:	(Monin, Day, Year)
	Does the agency have a ticket policy?	Yes No	Face Value of	f Each Ticket/Pass \$_	000,00
	Event Description Way (18 S M	agree ination	Dale(s)	17,16	
	Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no:	. Name of Sou	Urco
	Was ticket distribution made at the behest of agency official?	No ☐ Yes	☐ If yes: ★	Official's Name (L	asi, Flist)
3.	Recipients • Use Section A to Identify the agency's department or a	nll Uso Sa	cilon B to identify an individua	al, • Use Saction G to Ident	ily on outside organization.
	A. Name of Agency, Department or Unit	Number of Tickel(s)/ Pase(es)		c burbose mede powonut	Annua compromentation property and the Contract of the Contract Annual A
	Barrers and the second				
	B. Namo of Individual (Last, Flat)	Number of Ticket(s)! Pass(co)		identify one of the followin	ıg:
	Darryl Bollack	2	To promote attend to maximize poter parking sales.	dance at a county sponso ntial county revenue for co	ored event in order 3 Grand
•		Cetemental Role L If checking "Coromontal			Incoma 🗀
. (	Name of Outside Organization (Include address and description)	Number of Tickel(s)/ Pass(as)	Describe the public	purposo made pursuent te	o the agency's policy
		enalet medium et til terheliselik	ijka naviga ga paris disemina. Nima sini dili dili dili dili dila kanta, nyaéta, dia pali manasani disemina B		and the second s
2. \	Terification invo mad and understand FPFO Regulations 18944.1 and 1				the requirements
**	Signature of Agader Honder Dosignee	Print Nama	SOUND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO	et Administra	(Month, Day, Yuan
				i L	
C	Comment:		FP	PC Toll-Free Helpline; 86	FPPC Form 882 (4/12) GIASK-FPPC (858/275-7772)



Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland/Alameda County Coliseum A Division, Department, or Region (IF Applicable) Form For Official Usa Only Lee Ann Fergerson, Ticket Amondment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year) Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass S Yes No No **Event Description** Provide Title/Explanation Tickel(s)/Pass(es) provided by agency? Yes No D Name of Source Was ticket distribution made at the behest Alameda County Supervisor Scott Haggerty. District 1 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 Tickel(a)/ Name of Agency, Department or Unit . Describe the public purpose made pursuant to the agency's policy Pass(cs) Number of B. Name of Individual Ticket(s)/ Pass(es) identify one of the following: To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. Ceremonial Role · Other Incoma [ If chacking "Coremontal Role" or "Other" describe below: Numbar of Name of Outside Organization Tickel(s)/ Pass(as) Describe the public purpose made pursuant to the agency's policy (Include address and description) Verification I have read and understand FPFO Regulations 16944.1 and 16942. I have vertical that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Signature of Agency Head or Designan Print Nama (Month, Day, Yuan Comment:

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

Agency Report of:	P1 - 1 1 1 1 Ph	Ph.P. C. M.		
Ceremonial Role Events and 7	icketras	s Distributions		A Public Document
1. Agency Name  Oakkand/Alameda Cou  Bivision, Department, or Region ((FApplic)	nty Colise	eurn Authority	Date Stamp	California 802
1	(Scott H	aggerty, DI		- I of officer out of the
Lee Ann Fergerson, Tick Area Gode/Phone Number   E-mail 510 272-6691   lee an	ministrator. Irson@acgov.og	Amondment (Musi pr	ovide explanation in Part 3.) (Manth, Day, Year)	
2. Function or Event Information  Does the agency have a ticket policy?	Yes No	Face Value of	Each Ticket/Pass \$	100
Event Description Provide Title To	planation	Date(s)	0 10 16	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no:	. Name of Sour	69
Was ticket distribution made at the behest of agency official?	No ☐ Yes	If yes: Hag	Official's Name (La.	si, Firsi)
3. Recipients	With the State of			
Use Section A to identify the egency's department of Agency, Department or Unit	Number of Ticket(s)/ Pass(ss)		l. • Use Section C to identify purpose made purevant to	The state of the s
	1 4 400(00)		The second secon	The state of the s
				-
B. Name of Individual (Int., Furt)	Number of Ticket(s)/ Pass(es)	. 10	dentily one of the following:	
Frank Im hof	2	To promote attenda to maximize potenti parking sales.	ance at a county sponsore ial county revenue for cond	d event in order 3 Cession and
The second secon		Cetemonial Rote [	· Other [] ofe" or "Other" describe below:	Іпсотпа []
C, Name of Outside Organization (Include address and description)	Numbar of Ticket(s)/ Pass(es)	Describe the public p	ourpose made pursuent to ti	ne agency's policy
				The State of the control of the cont
/)		· · · · · · · · · · · · · · · · · · ·		The second secon
Verification	CHEMICAL PROPERTY.			
l have read and understand FPPO Regulations 18944.1 and 1	8942. I havo vori?	ed that the distribution set forth o	bove, is in accordance with the	
Signaluro of Agency Hand or Dosignes	Ann Hen	rgerson Ticke	+ Administrate	Mary 4 2016
Comment:				ä
		FPPC	Toll-Fron Halpline: 866/AS	FPPC Form 802 (4112) SK-FPPC (856/275-7772)

Agency Report of:			<u> </u>		
Geremonial Role Events and	Ficket/Pa	ss Distributions		8 <b>7</b> )	
I. Agency Name			Date Stamp	A Public Docume	
Oakland/Alameda Cou Division, Department, or Region (MANDIC)	Oakland/Alameda County Coliseum Authority				
A 4:	Alamoda Church Sizenberg Soll II combine				
Leedin Fergerson, Ticket Administration					
510 272-6691 Jeeann ferger m Cacco Day Date of Ortginal Frience					
Function or Event Information     Does the agency have a ticket policy?	-		эцский	(many out 1 tau)	
Event Description A Cuppers / Provide Title S	Yes to i	No Face Value of Date(s)	Each Ticket/Pass \$_	1,300.00	
Tickel(s)/Pass(es) provided by agency?		la 🗆 . If no: 65	SW		
Was ticket distribution made at the behest of agency official?	No ☐ Ye	If yes; _Alamed	Name of Som la County Supervisor Scot Official's Name (La	tt Haggerty, District 1	
3. Recipients  • Use Section A to Identify the agency's department of	runii. v Uso S	cellon B to Identify an Individual	The state of the s		
A. Name of Agency, Department or Unit	Number of Ticket(e)/ Pass(es)	- Describe the public	bulbose wago bnushing to	ithe agoncy's policy	
				-	
, him				<u> </u>	
B. Namo of Individual (tox), Ent)	Number of Ticket(e)/ Paso(eu)	la la	iontily one of the fallowing:		
		Coremonial Role	Olhar 🔲	Income 🗖	
Allison Brooks	2.	To promote attendand to maximize potential parking sales.	ce at a county sponsored county revenue for conce	event in order Session and	
C, Name of Outside Organization (Include address and description)	C. Name of Outside Organization Number of Tickot(s)! Discourse and description)			e attency's policy	
		***************************************	,	9500 median median median representa	
		*	Commission of the Commission o	2004	
Verification  The Provident Understand FPFC Regulations 18944.1 and 18  Lee  Signature of Aspers, Heard of Configure	1942, I huvo vonu Lan Fer Print Namo	rgerson Ticke	nave, is in accordance with the re HAdvulaistrator Tule	equirements  (Menth, boy, Yua)	
Comment:				- 89 (960)	

Agency Report of: Ceremonial Role Events and Tic	ket/Pasi	s Distributions				
Agency Name     Oakland Alameda County Coliseum Auth     Division, Department, or Region (if Applicable     Scott Haggerly, OACCA Commissioner     Designated Agency Contact (Name, Title)	ority		Date Stamp	A Public Documen  Selfformer (1) 2  For Official Use Only		
Area Code/Phone Number E-mail	510.272.6691 leeann.fergerson@acgov.org					
2. Function or Event Information  Does the agency have a ticket policy?  Event Description Provide Tule/Explain Ticket(s)/Pass(es) provided by agency?  Was ticket distribution made at the behest of agency official?	f Each Ticket/Pass \$					
3. Recipients  • Use Section A to Identify the agency's department or u	nit. » Uso Se	ction B to identify an individua	al. u Usa Saction C to identif	Van culelde essenivation		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		c purpose made pursuant t			
Alameda County, District One		to promote the Coliseum Complex for the use by the general public and businesses to maximize revenues				
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:		
Mike Diambros	0 2	To promote attendance to maximize potential of parking sales.	e at a county sponsored e ounty revenue for conce	event in order ome ssion and		
		Ceremonial Role [	Other :: Role 'or 'Other' desente helow.	Income 🗌		
C. Name of Outside Organization Number of Ticket(s)/ Pass(es)		Describe the public	c purpose made pursuant to	the agency's policy		
	and the second section of the section of the section of the second section of the secti	yesen kalinisia dupum propilskolikkolika kaliniska kilosika ada masu p	THE STANSAGE AND ASSESSED TO STANSAGE AND ASSE	onegy and a 3-banyary and the major monomical published to the yabour		
Verification They read and understand FPPC Regulations 18944.1 and I Signature of Agency time for Dasignee  Comment:	It above, is in accordance with t upervisors Assistant file	ho requirements.  3 - 17-10  (Month, Day, Year)				
SOUTHWINE THE PROPERTY OF THE		FF	PPC Toll-Free Helpline: 866	FPPC Form 802 (4/12) 6/ASK-FPPC (866/275-7772)		

	gency Report of: eremonial Role Event	s and Tick	(et/Pass	Distributions		A Public Document
1.	Agency Name	Market and Charge and American	450-6-5-0	AND SERVICE OF PARTY OF PARTY AND ADDRESS OF THE PARTY OF	Date Stamp	actilionism of Vol
	Oakland Alameda County Co	oliseum Autho	rity	=		150000 101/2
	Division, Department, or Regi					For Official Use Only
	Scott Haggerly, OACCA Cor	nmissioner				
	Designated Agency Contact (I					
	Area Code/Phone Number	E-mail			Must	provide explanation in Part 3.)
	510.272.6691	leeann.ferger	son@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation	Committee to stand by Asserbit	MANAGEMENT TO THE STATE OF THE	TARREST STATE OF THE STATE OF T	76000
	Does the agency have a ticket	policy?	f Each Ticket/Pass \$ _	700		
	Event Description Way	Provide Title/Explu	nation	Date(s)	2416	
	Ticket(s)/Pass(es) provided by		Name of S	Ource		
	Was ticket distribution made a	the believe	erly, Scott			
	of agency official?	ine beliest	Official's Name	(Lasi, Firsi)		
3.	Recipients  • Use Section A to Identify the agency	's department or u	nit. • Usa Sec	ction B to identify an Individu	al. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	Alameda County, District One			to promote the Coliseum Complex for the use by the general public and businesses to maximize revenues		
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	vina:
	D. (Lov, First)		Pass(os)	ns)		
	Makda Woldesenbet		2		nce at a county sponso al county revenue for c	
				Ceremonial Role If checking "Ceremonial	Other : Other describe helow	Income .
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursua	nt to the agency's policy
			ATTERNATION AND ADDRESS THE REAL PROPERTY.		NJANJY SOATS SIMBOO OLIVON ENG PRINCIPOTS MISS	was engage about the best substance be obtained by
1.	Verification Theye read and understand FPFC Regul			- iline that the distribution on to	adli akova, je ja uccordance i	with the requirements
1	I have repd and understand FPFC Regul		ee Ann Fei		Supervisors Assistar	•
	Signature of Agency Heed or Dasignae		Puat Nau	ne	Fille:	(Month, Day, Yest)
	Comment:					FPPC Form 802 (4/12)
				!	FPPC Toll-Free Helpline:	: 866/ASK-FPPC (866/275-7772)

### Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alamea County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Larry Reid, OACCA Chair 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 Ireid@oaklandnet.com (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: Prince Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: \_ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income Reid, Larry If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events that occur at the Coliseum Complex Ceremonial Role Other Income \_\_ If checking "Ceremonial Role" or "Other" describe below:

C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
/erific	ation		

I have read and understand FPPC Regulations 18944.1 and 18942 with the requirements.	2. I have verified that the distribution set forth above, is in accordance
with the requirements.	

with the requirements.	ione rearring and rearring to	vermed that the distribution set forth	above, is in accordance
Jarry & Sun	Larry Reid	OACCA Chair	3.2.16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Larry Reid, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 51.383.4801 Ireid@oaklandnet.com **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 \$ 126.00 Yes No No Event Description: Justin Bieber Date(s) \_\_03 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: \_ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Reid, Larry Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

| Larry Reid | OACCA Chair | 02.29.16 |
| Signature of Agency Head of Designee | Print Name | Title | (month, day, year) |
| Comment: \_\_\_\_\_\_

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Larry Reid, OACCA Chair Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Ireid@oaklandnet.com **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 \$ 93.00 Yes ☐ No ☐ Event Description: Festival of Laughs Date(s) \_\_03 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 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 Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Reid, Larry Ceremonial Role Other X Income If checking "Ceremonial Role" or "Other" describe below: to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other \_ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy (include address and description) of Ticket(s)/ Passes Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Larry Reid **OACCA Chair** 02.29.16 Signature of Agency Head or Designee Print Name Title (month, day, year) Comment:

Agency Report of:

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Larry Reid, OACCA Chair 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 lreid@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 158.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Bruce Springsteen Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: \_ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: \_ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income Reid, Larry If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex 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)/ (include address and description) Passes Verification

I have read and unders	tand FPPC	Regulations	18944.1 and	l 18942. I ha	ve verified that th	ne distribution set fo	rth above.	is in accordance
with the requirements.	-	0						
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Sigi	nature of Age	ncy Head c	r Designe	1	-
/	/	/			

Larry Reid
Print Name

OACCA Chair

02.29.16

Title

(month, day, year)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Larry Reid, OACCA Chair Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 **Date of Original Filing:** Ireid@oaklandnet.com (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: Boxing: Ward v Barrera Date(s) \_\_03 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No If no: \_ Name of Source Was ticket distribution made at the behest Yes ☐ No ☐ If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last. First) Passes Ceremonial Role Other X Reid, Larry Income | If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events that occur at the Coliseum Complex Ceremonial Role Other Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Larry Reid OACCA Chair 03.02.16 Signature of Agency Head or Designee Print Name

Comment:

(month, day, year)

Title

### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alamea County Coliseum Authority Form 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: 510.383.4801 Chrisdobbinslaw@yahoo.com (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: Prince Date(s) \_\_03 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: \_ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: . Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events that occur at the Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

### 4. Verification

	I have read and understand FPPC R	Regulations 18944.1 and 18	942. I have verified that the	e distribution set forth above	. is in accordance
i	with the requirements.				,
į					

	Chris Dobbins	OACC
Signature of Agency Head or Designee	Drint Name	

A Commissioner

3.2.16

Comment:

(month, day, year)

THE PERSON NAMED IN						I I WINIO BOOMINGING
1.	Agency Name			-	Date Stamp	California 802
	Oakland Alameda County C			2	]	1 31111 3 3 -
	Division, Department, or Reg					For Official Use Only
	Chris Dobbins, OACCA Cor					
	Designated Agency Contact	(Name,Title)				
	Area Code/Phone Number	[E-mail			Amendment (Must	Provide Explanation in Part 3.)
		100			Data of Original Fillians	
	510.383.4801	Chrisdobbinslaw@	@yahoo.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	cet policy? Yes	⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$ 1	05.00
	Event Description: Boxing: \	Nard v Barrera		Date(s) 03	<u>, 26 , 16 </u>	1 7
		Provide Title/ Exp	lanation	Jaic(3)		
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No□ I	f no:		
	Was ticket distribution made	at the beheet		f yes:	Name of Source	
	of agency official?	at the beliest Yes	L NoL '	1 yes	Official's Name (Last, First)	
	an algoritary american					
3.	Recipients					
	Use Section A to identify the agen-	cy's department or unit.	• Use Section B to	identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pui	rsuant to the agency's policy
						THE STATE OF THE S
	B. Name of Indiv		Number of Ticket(s)/ Passes		Identify one of the f	following:
	Reid, Larry				onial Role Other Ding "Ceremonial Role" or "Other" de	
			2	to investigate	e efficiencies of opera ents that occur at the	tions of various sporting
						Income 🗌
				п спескі	ing "Ceremonial Role" or "Other" de	scribe delow:
	C. Name of Outside Org	ganization	Number of Ticket(s)/	Describe the	public purpose made pur	suant to the agency's policy
	(include address and	шезсприопу	Passes			
1	Verification have read and understand FPF	°C Regulations 1894	1.1 and 18942. I	have verified th	nat the distribution set fo	orth above, is in accordance
V	with the requirements.					
/	<u> </u>		s Dobbins	O	ACCA Commissioner	03.02.16
	Signature of Agency Head or Designer	e Р	rint Name		Title	(month, day, year)
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** 51.383.4801 Chrisdobbinslaw@yahoo.com 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 \$ 126.00 Yes ☐ No ☐ Event Description: Justin Bieber Date(s) \_\_03 / 18 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: \_ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Dobbins, Chris Other X Income If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

### 4. Verification

Comment:

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

	Chris Dobbins	OACCA Commissioner	02.29.16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form 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: 510.383.4801 Chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 158.00 Does the agency have a ticket policy? Yes No I Event Description: Bruce Springsteen Date(s) \_\_03 / 13 / Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⋉ No □ If no: . Was ticket distribution made at the behest Yes ☐ No ☑ If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below. 2 to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

### 4. Verification

Comment:

Thave read and understand	FPPC Regulations	18944.1 and 18942	2. I have verified that the	distribution set forth above,	is in accordance
with the requirements.	3.				

Signature of Agency Head or Designee

Chris Dobbins

OACCA Commissioner

02.29.16

Print Name

Title

(month, day, year)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Chrisdobbinslaw@yahoo.com 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 \$ 93.00 Yes ☐ No ☐ Event Description: Festival of Laughs Date(s) \_\_03\_\_/ 05 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No If no: \_ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 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 Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Dobbins, Chris Ceremonial Role Other X Income | If checking "Ceremonial Role" or "Other" describe below: to investigate efficiencies of operations of various sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Chris Dobbins

Print Name

Signature of Agency Head or Designee

Comment:

FPPC Form 802 (2/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

02.29.16

(month, day, year)

**OACCA Commissioner** 

Title

I. Agency Name			Date Stamp	
Oakland-Alameda County Colls	eum Authority		Date Stamp	California 802
Division, Department, or Region			-	For Official Use Only
Commissioner Rebecca Kaplan				,
Designated Agency Contact (Nam			_	
•			,	
Renee Savage, Executive Assis  Area Code/Phone Number   E-n			Amendment (Must	provide explanation in Part 3.)
•	nan arge@oaklandnet.co	om.	Date of Original Filing:	•
. Function or Event Informat		JIII	Date of original I mily.	(Month, Day, Year)
Does the agency have a ticket pol		- Enco Value	of Each Tiplest/Dans &	15800
·		<del></del>	of Each Ticket/Pass \$ _	
Event Description Bruce Spingsto	vide Title/Explanation	Date(s)	13 / 16	-
Ticket(s)/Pass(es) provided by age	,	- If no		
	,	0[] 1110:	Name of Sc	Purce
Was ticket distribution made at the	behest No ☐ Ye	s⊠ lfyes: <u>Kapl</u> a	an, Rebecca	
of agency official?	HD-CA-		Official's Name (	Last, First)
Recipients				
Use Section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency of	Contract to the second of the			
A. Name of Agency, Department or	Hebedan	Describe the pub	llc purpose made pursuant	to the agency's policy
	Pass(es)	and the second s		NAME OF THE OWNER OW
		· ·		
B. Name of Individual	Number of			
(Lest, Pirst)	Ticket(s)/ Pass(es)	1	Identify one of the follow!	ng:
Kanlan Pohoosa		Ceremonial Role	Other 🛛	TING
Kaplan, Rebecca				Income 🗌
•	2	4	al Role" or "Olher" describe below:	
	2	To promote the coli	seum for use by the g	
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Name of the state	2	To promote the coli business to maximi	seum for use by the g ze revenues.	
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Oakland-Alameda County Coliseum Authority  Division, Department, or Region (If Applicable)  Commissioner Rebecca Kaplan  Designated Agency Contact (Name, Title)  Renee Savage, Executive Assistant  Area Code/Phone Number   510-238-7008   atlarge@caklandnet.com   Date of Original Filling: (Month, Day, Ve.)  2. Function or Event Information  Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Use Only  Part 3.)
Division, Department, or Region (If Applicable)  Commissioner Rebecca Kaplan  Designated Agency Contact (Name, Title)  Renee Savage, Executive Assistant  Area Code/Phone Number   E-mail	Part 3.)
Commissioner Rebecca Kaplan  Designated Agency Contact (Name, Title)  Renee Savage, Executive Assistant  Area Code/Phone Number 510-238-7008  2. Function or Event Information  Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 1000 000 000 000 000 000 000 000 000	Part 3.)
Designated Agency Contact (Neme, Title)	er)
Renee Savage, Executive Assistant  Area Code/Phone Number   E-mail     Date of Original Filling:   (Month, Day, Ye.    2. Function or Event Information   Does the agency have a ticket policy?   Yes   No     Face Value of Each Ticket/Pass \$   1/0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	er)
Area Code/Phone Number 510-238-7008	er)
Area Code/Phone Number 510-238-7008	er)
atlarge@oaklandnet.com  Date of Original Filing:  (Month, Day, Ye.  Levent Description  Ticket(s)/Pass(es) provided by agency?  Was ticket distribution made at the behest of agency official?  Atlarge@oaklandnet.com  Date of Original Filing:  (Month, Day, Ye.)  (And In the second	
2. Function or Event Information  Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 1/00°  Event Description Warrior vs. Thunder  Provide Title/Explanation  Ticket(s)/Pass(es) provided by agency? Yes No Face Value of Each Ticket/Pass \$ 1/00°  Date(s) 3 / 3 / 16 / Pass(es) Pass(es) Provided by Agency? Yes No Face Value of Each Ticket/Pass \$ 1/00°  Date(s) 3 / 3 / 16 / Pass(es) Pass(es) Provided by Agency? Yes No Face Value of Each Ticket/Pass \$ 1/00°  Date(s) 3 / 3 / 16 / Pass(es) Pass(es) Provided by Agency? Yes No Face Value of Each Ticket/Pass \$ 1/00°  Date(s) 3 / 3 / 16 / Pass(es) Pass(es) Pass(es) Provided by Agency? Yes No Face Value of Each Ticket/Pass \$ 1/00°  Date(s) 3 / 3 / 16 / Pass(es) Pass(es	
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \frac{100^{5}}{100^{5}}\$  Event Description \frac{\text{Warrior vs. Thunder}}{\text{Provide Titles Explanation}} \frac{1}{2} \text{Date(s)} \frac{3}{3} \tau \frac{3}{3} \tau \frac{16}{3}	1
Event Description Warrior vs. Thunder  Provide Title/Explanation  Ticket(s)/Pass(es) provided by agency? Yes No I If no:  Was ticket distribution made at the behest of agency official?  No I Yes I Kaplan, Rebecca  Official's Name (Last, First)  Recipients	
Ticket(s)/Pass(es) provided by agency? Yes No I If no:  Name of Source  Was ticket distribution made at the behest of agency official?  No I Yes I If yes: Kaplan, Rebecca  Official's Name (Last, First)  Recipients	West Control of the C
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no:	<del></del>
Was ticket distribution made at the behest No 🗆 Yes 🗵 If yes: Kaplan, Rebecca of agency official?  Recipients	
of agency official? Official's Name (Last, First)  . Recipients	
. 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 of the Identify and Identify an Individual.	
	ilzation.
A. Name of Agency, Department or Unit   Number of   Describe the public purpose made pursuant to the agency's po	fley
Pass(es)	
Number of	
B. Name of Individual Number of Ticket(s)/ Identify one of the following:  ((as, First) Pass(es)	
Kaplan, Rebecca  Ceremonial Role Other   Kaplan, Rebecca  If checking "Ceremonial Role" or "Other" describe below:	Income [
To promote the coliseum for use by the general public a business to maximize revenues.	nd
Ceremonial Role  Other  O	Income
If checking "Ceremonial Role" or "Other" describe below:	
C. Name of Outside Organization Number of (Include address and description) Describe the public purpose made pursuant to the agency's po	licy
Pass(es)	
	e e e e e e e e e e e e e e e e e e e
Verification I have regil and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	
I have real and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	(2016
I have resil and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Rebecca Kaplan Commissioner 2/29	/2016 Dey, Year)

- ` 1.	Agency Name				Date Stamp	California 202	
	Oakland-Alameda County C	Coliseum Autho	ority			Form OU72	
	Division, Department, or Regi				<b>1</b>	For Official Use Only	
	Commissioner Rebecca Kap	olan					
	Designated Agency Contact (	Name, Title)					
	Renee Savage, Executive A	ssistant			Amendment (Must	provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Date of Original Filing	•	
	510-238-7008	atlarge@oak	landnet.con	n	Date of Original Fring	(Month, Day, Year)	
	Function or Event Inform		v (E) N-	Eace Value	of Each Ticket/Pass \$ .	70000	
	Does the agency have a ticket		Yes 🛛 No				
	Event Description Warrior vs.	. Jazz Provide Title/Expla	nation	Date(s)	3 9 16		
	Ticket(s)/Pass(es) provided by agency? Yes ⊠ No ☐ If no:						
	Ticket(s)/Fass(es) provided by	y agency:	· ·		ource		
	Was ticket distribution made a	t the behest	No ☐ Yes	☑ If yes: Kapl	an, Rebecca Official's Name	// not Eirot)	
Treateur	of agency official?				. Olidais Name	tract t not	
3.	Recipients  • Use Section A to Identify the agency	r'e denartment or ::	mit. • Use Sec	ction B to identify an individ	iual. • Use Section C to ide	ntifv an outside organization.	
			Number of		blic purpose made pursuar		
	A. Name of Agency, Departme	nt or Oant	Ticket(s)/ Pass(es)	Describe the pu	unc purpose made purada	it to the agency a policy	
٠						•	
	- Louis Communication Communic						
						•	
		Alan isa Malan	Number of				
į	B. Name of Individua		Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
•					Other 🗵	Income [	
	Kaplan, Rebecca	•	2		nial Role" or "Other" describe below liseum for use by the		
	•			business to maxim		general public and	
			<u> </u>	Ceremonial Role	Other 🔲	Income	
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		landlan	Number of			TANGES COLORED (NO COLORED SERVICES SELECTION COLORED SERVICES SERVI	
1	Name of Outside Organi (include address and des		Ticket(s)/ Pass(es)		blic purpose made pursuar	t to the agency's policy	
•						· · · · · · · · · · · · · · · · · · ·	
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	have resti and understand FPPC Regul	ations 18944.1 and	18942. I have ve	erified that the distribution set	forth above, is in accordance w	ilh the requirements.	
P	Westa Walles	-	Rebecca K	aplan	Commissioner	2/29/2016	
M,							
M	Signature of Agency Head or Designee		Print Nam		· Tille	(Month, Day, Year)	

1. 7	Agency Name				Date Stamp	California OAA
	Dakland-Alameda County C	Coliseum Auth		Form 502		
	livision, Department, or Regi			For Official Use Only		
(	Commissioner Rebecca Kaj	nlan		,		
	esignated Agency Contact (					
	Renee Savage, Executive A				***************************************	
	rea Code/Phone Number	E-mail	<u> </u>	201-00-00-00-00-00-00-00-00-00-00-00-00-0	☐ Amendment (Must p	rovide explanation in Part 3.)
	10-238-7008	atlarge@oa	klandnet.co	m	Date of Original Filing:	(Month, Day, Year)
2. F	unction or Event Infor					
D	oes the agency have a ticket	t policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	12600
=	vent Description Justin Bleb	er Concert			, 18 , 16	,
<b></b>	vent Description	Provide Title/Expl	ianation	Date(s)		
Ti	cket(s)/Pass(es) provided by	agency?	Yes 🗵 No	☐ If no:	Name of So	
14	For an Athaland International Community of the Communit	t 45 t t				urce
	/as ticket distribution made a of agency official?	t the benest	No ☐ Yes	☑ If yes: Kapla	Official's Name (I	ast. First)
	Recipients					
	tecipients Use Section A to identify the agency	's department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to Ident	lfy an outside organization.
Δ	Name of Agency, Departmen	A 11	Number of Ticket(s)/		lic purpose made pursuant	
7. j			Pass(es)			to the again, a policy
						. •
Б	Name of Individual		Number of		<b>***</b>	
В	(Lèsi, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:
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				To promote the coliseum for use by the general public ar business to maximize revenues.		
ata 199025		O		Ceremonial Role		Income []
	•				al Role" or "Other" describe below:	income
					•	•
enzancez		MERCONOMINATE PROPERTY OF THE		***************************************	O CONTRACTOR OF THE CONTRACTOR	
C.	Name of Outside Organi: (include address and desc		Number of Ticket(s)/	Describe the publi	c purpose made pursuant	o the agency's policy
			Pass(es)		The state of the s	
					•	
	- AMPRICADA COMO DE UNICO DO COMO DE C			-	e) company of the com	7-0801
1/-	erification					
	Princation To read and understand FPPC Regula	tions 18944.1 and	18942. I have ve	rified that the distribution set for	· th above, is in accordance with	the requirements.
(L)	Veua Carlon	<u></u>	Rebecca K		Commissioner	2/29/2016
20	Signature of Agenor Head or Designee		Print Nam		Tille	2/29/20 10 (Month, Day, Year)
				,		· · · · · · · · · · · · · · · · · · ·
Co	omment:					

### Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: smckibben1@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 126.00 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Justin Bieber 03 Date(s) \_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: Was ticket distribution made at the behest Yes ☐ No ☑ If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X McKibben, Scott Income 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 [ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

C Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance I hayé read and understan equirenten. Scott McKibben

Print Name

**Verification** 

Comment:

OACCA Executive Director

02.29.16

Title

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Scott McKibben, OACCA Executive Director 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 \$ 158.00 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Bruce Springsteen Date(s) \_\_03 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No 🗆 If no: \_ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: \_ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other X McKibben, Scott Income 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 C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Verification

egulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance have read and under with the requirements Scott mc Kibben OACCA Executive Director 02.29.16 Print Name Title (month, day, year) Comment:

1	. Agency Name		the state of the s	Date Stamp	California 900	
	Oakland Alameda County Colis		rity		Form OUZ	
	Division, Department, or Region (If Applicable)				For Official Use Only	
	Yui Hay Lee, Commissioner	ui Hay Kee, Commissioner				
	Designated Agency Contact (Name, Tille)					
	Area Code/Phone Number   E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 836-6688 YuiHay	@YHLA.net		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Information	and the full standard and successive	The state of the s	Account of the second of the s	Charles and the same of the sa	
	Does the agency have a ticket policy?	Yes No	] Face Value o	f Each Ticket/Pass \$	15800	
	Event Description Bull Sprovide Title/Ext	analion (	Per Date(s)	3 B/G		
	Ticket(s)/Pass(es) provided by agency?	Yes No [	] If no:	Name of Sou	rce	
	Was ticket distribution made at the behest of agency official?	No ☐ Yes ☐	] If yes:	Official's Name (La	ast, First)	
3.	Recipients  • Use Section A to identify the agency's department or	unit. • Use Secti	on B to identify an Individu	al. • Use Section C to Identif	iy an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		ic purpose made pursuant t		
	Yui Hay Lee, Commissioner	2	#3			
	3					
	B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(as)		identify one of the following:		
			Ceremonial Role [	Other I	Income 🗌	
•			Ceremonial Role [	Other	Income [	
(	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to	the agency's policy	
	ferification navelread and understand FPPC Regulations 18944.1 and 1	8942. I have verille	d that the distribution set for	th above is in accordance with t	ha requiremente	
		Hay Lee		CA Commission	2/4/10	
(	Signalua of Alancy Head or Designee	Print Name	The second second second second second	Title	(Month, Guy, Year)	
C	omment:				EDDC Form 802 (4/12)	

Agency Report of: Ceremonial Role Events and T	icket/Pass [	Distributions		A Public Documen	
1. Agency Name	Agency Name				
Oakland Alameda County Coli	sium Author	city		California 802	
Division, Department, or Region (If Applica	ble)		*	For Official Use Only	
Yui Hay Kee, Commissioner					
Designated Agency Confact (Name, Tille)	•				
			[ Argandrant /texts	and the second s	
Area Code/Phone Number E-mail			Amendment (Musi p.	•	
	y@YHLA.net		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information		,,,,,,		12600	
Does the agency have a ticket policy?	Yes□ No□		of Each Ticket/Pass \$	100	
Event Description US W Bulle Date(s) 3			1816		
Ticket(s)/Pass(es) provided by agency?	Yes□ No□	If no:	Name of Soc	rce	
Was ticket distribution made at the behest of agency official?	No ☐ Yes ☐	If yes:	Officiel's Name (L	ast, First)	
3. Recipients  • Use Section A to identify the agency's department o	r unit.      Use Section	n B to identify an individu	al. • Use Section C to identi	ify an quiside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
Yui Hay Lee, Commissioner	#2	#3			
694.	Number of				
Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the following	ıg:	
		Ceremonial Role [	] Other [] Il Role" or "Other" describe below:	Incoms	
		Ceremonial Role [	Other	Income []	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	o the agency's policy	

4. Verification		The state of the s	A CONTRACTOR OF THE PROPERTY O
I have read fordunderstate PPPC Regulations 1	8944.1 and 18942. I have verified that the distribut	lion set forth above, is in accordance with th	e dinuiromente . 1
411	Yui Hay Lee	OACCA Commission	3/4/10
Signastica of Alberton Venit or Designee	Pflul Name	Title	(Stunde Day, Year)
Comment:			

### Agency Report of:

A.

Ceremonial Role Events and Ti	ckeypas:	3 Distributions		A Public Documen
Agency Name     Oakland Alameda County Coliseum Aut     Division, Department, or Region (If Applicab)	Date Stamp	(Sellifoldalis) (6)(0)(2)   For Official Use Only		
Christopher Dobbins, OACCA Commiss Designated Agency Contact (Name, Title)	general section of the section of th			
Area Code/Phone Number   E-mail	giller er e	ALCOHOLOGY	Amondment (Must)	provida explanation in Part 3.)
	nslaw@yalno	o.com	Date of Original Filing:	(Month, Day, Year)
<ol> <li>Function or Event Information         Does the agency have a ticket policy?     </li> <li>Event Description Golden State Warriors</li> </ol>	Yes <u>⊠</u> No Season		of Each Ticket/Pass \$ SUL AHM	Le attache
Provide Tille/Exp	lanation	Date(s)	Eros prive	AHA
Ticket(s)/Pass(es) provided by agency?	Yes 🕅 No	If no:	Name of So	urca
Was ticket distribution made at the behest of agency official?	No⊠ Yes	[] Il yes:	Official's Name (i	nst, First)
S. Recipients  « Use Section A to identify the agency's department or	unik. 💩 Use Sec	Gon 8 to Identify an inclivid	Di. a Usa Socilar C to idout	House subside a successful of
A. Mame of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	Control of the contro
	=	n entre de 1908 Medicine (Salah Salah S		
S. Name of Individual	Number of Ticket(s)/ Pass(es)		tdentify one of the following	ay:
Dobbins, Chris	2 per	lo investigate the ef	Olher 🗟  MR0's or Olher describe below ficiencies of the opera events that occur at the	licome   ]   tions of the various e Coliseum Complex
	2 per	Ceremonial Role	and the second s	Income []
( Name of Outside Organization (include address and description)	Number of Ticket(a)/ Pass(eu)	Describe the publi	c purpose made pursuant t	o the agency's policy
		t og star skallende for the star of the st	The second se	
Verification (	a-aaa		· · · · · · · · · · · · · · · · · · ·	na a sa
I from transford and had understand CODO #	8942. I have verit		ih above, is in accordance with	the requirements.
Thave read and understood FPPC Regulations 19944 Fond 1 Synature of Agent; Head or Designac	Chris Dobb	ins O	ACCA Commissioner	(Month, Day, Year)

## **Chris Dobbins**

•	Warriors v Hawks	3/1/16	(2) tickets	\$700.00
•	Warriors v OKC	3/3/16	(2) tickets	\$1100.00
•	Warriors v Orlando	3/7/16	(2) tickets	\$600.00
•	Warriors v Jazz	3/9/16	(2) tickets	\$700.00
•	Warriors v Portland	3/11/16	(2) tickets	\$600.00
•	Warriors v Phoenix	3/12/16	(2) tickets	\$600.00
•	Warriors v New Orlean	s 3/14/16	(2) tickets	\$800.00
•	Warriors v Knicks	3/16/16	(2) tickets	\$1100.00
	Warriors v Clippers	3/23/16	(2) tickets	\$1300.00
•	Warriors v Mavericks	3/25/16	(2) tickets	\$700.00
•	Warriors v 76ers	3/27/16	(2) tickets	\$350.00
•	Warriors v Wizards	3/29/16	(2) tickets	\$700.00

1.	Agency Name	ggggstatis bulletin mennengg	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Maria dia		
	Oakland-Alameda County Coliseum A	Date Stamp	California			
j	Division, Department, or Region (If Applic		For Official Use Only			
	Susan S. Muranishi, County Administra					
ī	Designated Agency Contact (Name, Title)	ator, Alameo	a County			
7	Area Code/Phone Number E-mail			[] Amendment (Must pro	Vida avrienzstaa ta 12-12 a k	
	14 A AWA	ministrator@:	5000)/ 610	Date of October 1911	seen avisationism at Last 37)	
fraktikenek	Function or Event information	THE RELEASE OF THE	ac Ros tol A	Date of Original Filing: _	(Monih, Day, Year)	
E	ops the agency have a ticket policy?	Yes⊠ N	la Paga Valor a		·	
	vent Description Golden State Warrion		(OL) (Bub Value O	f Each Ticket/Pass 5	· · · · · · · · · · · · · · · · · · ·	
J.o.	Provide TitleE		Date(s)See a	ttached_///		
T	icket(s)/Pass(es) provided by agency?					
		Yes 🔀 N	0[] HUO	Name of Source	i6	
Ŋ	/as ticket distribution made at the behest of agency official?	No⊠ Ye				
5//-			The state of the s	Öfficiəl's Name (Lai	it, Pirst)	
3. f€ 1a	ecipients					
A	les Section A to identify the agency's department of	Number of				
•	Name of Agency, Department or Unit	Ticket(s)/ Pass(as)	Describe the public	lo purposo made pursuant to the agency's policy		
				**************************************	, , , , , , , , , , , , , , , , , , ,	
-	**************************************		POCOCO.			
			Control of the second s	M	the contract of the contract o	
NO. MORROS	E			•	•	
8.	Name of Individual	Number of Ticket(s)			CONTRACTOR OF THE PROPERTY OF	
	1 (been 184)	Pass(65)		dentify one of the following:	The second secon	
Mu	ranishi, Susan S.		Ceremoniel Role	Other [X]	ि कास्व्यंत्र	
		2/date		ites or to their describe below: to City and County emp		
-			provide services to th	e Authority	noyees mar	
			Ceremonie) Role	Other 🗍	, lucome []	
			if chacking "Coromonial A	ole" or "Olher" describe below:	. Module [1]	
			,		•	
C.	Name of Ostakie Organization	Number of			A	
Mare	(include address and description)	Ticket(e)/ Pass(ee)	Describe the public (	ourpose made pursuent to th	e agency's policy	
,	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER					
				,		
,			Andrew Control of the	The state of the s	and the state of t	
	fication				,	
	read and understand FPPC Regulations 18944.1 and	16642. I have veri	lied that the distribution set forth :	above, is in accordance was the	· • enamenturo	
	min Armichi's	Susan S. Mur		unty Administrator	~નેલા હોલાલે	
	Stansture of Ageory Lieud or Designae	Pint Numo	W.	The	files of the second sec	
<b>^</b>	no anat-			• ****	(Morth, Day, Year)	
JON)	ment:	· · · · · · · · · · · · · · · · · · ·	Tree descriptions and the second seco			

### Susan Muranishi

•	Warriors v Hawks	3/1/16	(2) tickets	\$700.00
6	Warriors v OKC	3/3/16	(2) tickets	\$1100.00
•	Warriors v Orlando	3/7/16	(2) tickets	\$600.00
•	Warriors v Jazz	3/9/16	(2) tickets	\$700.00
•	Warriors v Portland	3/11/16	(2) tickets	\$600.00
•	Warriors v Phoenix	3/12/16	(2) tickets	\$600.00
•	Warriors v New Orlean	s 3/14/16	(2) tickets	\$800.00
•	Warriors v Knicks	3/16/16	(2) tickets	\$1100.00
	Warriors v Clippers	3/23/16	(2) tickets	\$1300.00
•	Warriors v Mavericks	3/25/16	(2) tickets	\$700.00
0	Warriors v 76ers	3/27/16	(2) tickets	\$350.00
6	Warriors v Wizards	3/29/16	(2) tickets	\$700.00

## Agency Report of:

Ceremonial Ro	le	<b>Events</b>	and	Ticket/Pass	Distributions
---------------	----	---------------	-----	-------------	---------------

	1. Agency Name				ก rubiic Documen
	Oakland-Alameda County Coliseum A	Date Stamp	California R02		
	Division, Department, or Region (If Applic		For Official Use Only		
			1 of Official Ose Offix		
	Barbara J. Parker, City Attorney/OAAC Designated Agency Contact (Name, Title)	CA Official			
	besignated Agency Contact (Name, Tille)				
	Area Code/Phone Number   IE-mail		Actinities to the land to the	Amendment (Must pro	1
		والمراجع المراجع المرا			vide explanation in Part 3.)
- -	. Function or Event Information	oaklandcilya	Romey.org	Date of Original Filing:	(Month, Day, Year)
4	Does the agency have a ticket policy?	o ☐ Face Value o		Oolobaa Aaalloodo	
		f Each Ticket/Pass \$	October-April2016		
	Event Description Warriors Basketball T	Se attaci	be C		
	Ticket(s)/Pass(es) provided by agency?				
	ronol(a) is assess provided by agency?	Name of Source	······································		
	Was ticket distribution made at the behest	No ☑ Ye:			
ESSAS.	of agency official?			Ollicial's Name (Las	il, Fust)
3,	Recipients	ing a di ar imagi pagging pagamakan a di punilah garapinan di	derektek da dan manggan periode menangkan periode periode periode da dan kananan ana ana ana ana ana ana ana a		
	Use Section A to identify the agency's department	or unit. • Use Se	ection 8 to identify an individua	al. • Use Section C to identify	an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(e)/	Describe the publi	c bnibose waqe bnistiaut fo	the agency's policy
		Pess(es)			
			The second secon		
	APPRICACE CONTRACTOR C		]		
	B. Nama of Individual	Number of Ticket(s)/			
	B DEW Reg	Past(es)		identify one of the following:	
	Barbara J. Parker		Coremonal Role	Othor X Ring or Other describe helps	Income []
		2		liciencies of the operation	one of the continue
	and the second s		sporting and other ev	ents that occur at Colis	eum Complex
			Ceremonial Role	·	Income
		2	ll clacking 'Coroniqual	Rain ar Ollini Ansenta belaw	
~	Name of Outside Organization	Number of		Miles of productions and the second s	
ď.	(include address and description)	Ticke((s)/ Pass(es)	Describe the public	purpose made pursuant to ti	is agancy's policy
_					
_		and annual property of the second	And the state of t	The second secon	
V	/erification		addining the the Contract to State of the Contract of the Cont	\$	
11	navertead and understand EPPC Regulations 18944 1 and	18942. I have yen	died that the distribution set forth	above, is in accordance with the	requirements
	2 ) , , , ( 1 - <i>d2</i> - )	Barbara J. P		Itorney/OAACA Official	1/22/2016
	Signation of Agency Hasd in Devegner	Finit Name	The second secon	Title	(Month Day Year)
_	riconnect.				
اب	omnent:	<del></del>	i idiran endellikikan katishi idan kan manguntusi adan mitudiga mengunyat opi talitikan haki api jepa idiga ma	and the second s	FPRC Form 802 (4/42)

## Barbara Parker

•	Warriors v Hawks	3/1/16	(2) tickets	\$700.00
•	Warriors v OKC	3/3/16	(2) tickets	\$1100.00
	Warriors v Orlando	3/7/16	(2) tickets	\$600.00
	Warriors v Jazz	3/9/16	(2) tickets	\$700.00
•	Warriors v Portland	3/11/16	(2) tickets	\$600.00
•	Warriors v Phoenix	3/12/16	(2) tickets	\$600.00
•	Warriors v New Orlean	s 3/14/16	(2) tickets	\$800.00
•	Warriors v Knicks	3/16/16	(2) tickets	\$1100.00
•	Warriors v Clippers	3/23/16	(2) tickets	\$1300.00
•	Warriors v Mavericks	3/25/16	(2) tickets	\$700.00
	Warriors v 76ers	3/27/16	(2) tickets	\$350.00
•	Warriors v Wizards	3/29/16	(2) tickets	\$700.00

Ceremonial Role Events and Ti	cket/Pass	Distributions		A Public Documen
1. Agency Name  Oak On A Manual ( Division, Department, or Region (If Application Control of Contro	Must U	coliseum Suthon to	Date Stamp	For Official Use Only
Designated Agency Contact (Name, Tille)	AMERICAN CONTRACTOR OF THE PARTY OF THE PART	gen - Na anna agus agus agus ann ann agus thagailt <mark>Maistide agus d</mark> an agus an tan agus agus agus agus agus agus a		
Area Code/Phone Number E-mail 510.383.4801 Lretd(	Dockla	nd net com	Amendment (Must	provide explanation in Part 3.)
Function or Event Information     Does the agency have a ticket policy?	Yes)X( No [			Oll Africo Co
Event Description Warriors Season  Provide Title/Exp	Vanalion		isu at	
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No∏		Nome of So	NIFCE
Was ticket distribution made at the behest of agency official?	Not Yes [	If yes:	Official's Name (	Last, First)
3. Recipients  • Use Section A to identify the agency's department or	unit> Use Seatt	on i3 to identify an Individua	d » Use Section C to iden	BIV au Orisido organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pess(es)		s purpose made pursuant	
Name of Individual (Lost, Fish)	Number of Ticket(s)/ Pass(es)	nierosas antigoros (por como en la seconda en la como e	ldentify one of the follow)	ng:
Beld, Larry	2 Jel game	No es	Other R Role or Other describe below 10SHqaH	Income []
		Ceremonial Role [] If checking *Ceremonial I*	Other L. Rate or Other describe fielow	Income
Name of Outside Organization (include address and description)	Number of Ticket(u)/ Pass(es)	Describe the public	purpose mado pursuant t	o the agency's policy
			**	
Vorification Have read and understand FPPC Regulations 18944 T and 18	8942. I have verified	f that the distribution set forth	above, is in accordance with	the requirements
Signature of Agency Head or Dasignus			CA grace	gr .
Domment:	_			

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866(ASK-FPPC (666/275-7772)

Agency Report of:

ā,

## Larry Reid

•	Warriors v Hawks	3/1/16	(2) tickets	\$700.00
	Warriors v OKC	3/3/16	(2) tickets	\$1100.00
•	Warriors v Orlando	3/7/16	(2) tickets	\$600.00
•	Warriors v Jazz	3/9/16	(2) tickets	\$700.00
6	Warriors v Portland	3/11/16	(2) tickets	\$600.00
•	Warriors v Phoenix	3/12/16	(2) tickets	\$600.00
0	Warriors v New Orleans	s 3/14/16	(2) tickets	\$800.00
•	Warriors v Knicks	3/16/16	(2) tickets	\$1100.00
	Warriors v Clippers	3/23/16	(2) tickets	\$1300.00
•	Warriors v Mavericks	3/25/16	(2) tickets	\$700.00
•	Warriors v 76ers	3/27/16	(2) tickets	\$350.00
0	Warriors v Wizards	3/29/16	(2) tickets	\$700.00

The state of the s		A Public Document		
1. Agency Name	Date Stamp	California OAO		
Oakland Alameda County Colisium Authority		California 802		
Division, Department, or Region (If Applicable)		For Official Use Only		
Vari Harr V C	1			

	Oakland Alameda County Coli	sium Auth	nority		Form OUZ
	Division, Department, or Region (If Applicab	ole)			For Official Use Only
	Yui Hay Kee, Commissioner				
	Designated Agency Contact (Name, Title)				
	Area Code/Phone Number E-mail	Pro- 1		Amendment (Must pro	ide explanation in Parl 3.)
Zwese	C STATE OF THE PARTY OF THE PAR	@YHLA.ne	t	Date of Original Filing:	(Monih, Day, Year)
2.			ALL CONTRACTOR OF THE PARTY OF		
	Does the agency have a ticket policy?	Yes No	Face Value o	f Each Ticket/Pass \$ 🔼	le attache
	Event Description Warner Provide Title:Exp	Gem	Date(s) SE	Futher Of Ma	ED FORM
	Ticket(s)/Pass(es) provided by agency?	Yes□ No	lf no:	Name of Source	e a rop oc
	VVas ticket distribution made at the behest of agency official?	No ☐ Yes	☐ If yes:	Official's Name (Las	t, First)
· .	Recipients		The state of the s		Name of the State
	Use Section A to Identify the agency's department or		ction B to identify an individua	al. • Use Section C to identify	an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
	Yui Hay Lee, Commissioner	3	#3		
-	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following:	
			Ceremonial Role [	Other G	tncome []
-			Ceremonial Role	Other Role" or "Olher" describe below:	Income []
C	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to ti	ne agency's policy
_					
	erification	NAME OF TAXABLE PARTY.		The state of the s	
h	overreda and understar LPPPC Regulations 18944.1 and 1 Yu.i	8942. I have verii Hay Lee	fied that the distribution set forth OACC	above, is in accordance with the CA Commission	requirements.
-	Signature of Agency wood or Dasignen	Print Name	PRODUCTION OF THE PRODUCTION O	Tille	(Manth, Day Year)
C.c	ommerkt:				

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

## Yui Hay Lee

•	Warriors v Hawks	3/1/16	(2) tickets	\$700.00
•	Warriors v OKC	3/3/16	(2) tickets	\$1100.00
•	Warriors v Orlando	3/7/16	(2) tickets	\$600.00
•	Warriors v Portland	3/11/16	(4) tickets	\$600.00
•	Warriors v New Orlear	ns 3/14/16	(2) tickets	\$800.00
•	Warriors v Knicks	3/16/16	(2) tickets	\$1100.00
•	Warriors v Clippers	3/23/16	(4) tickets	\$1300.00
•	Warriors v Mavericks	3/25/16	(2) tickets	\$700.00
•	Warriors v 76ers	3/27/16	(2) tickets	\$350.00
	Warriors v Wizards	3/29/16	(2) tickets	\$700.00