

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

A Public Document

1. Agency Name Oakland-Alameda County Coliseum Authority Division, Department, or Region (if Applicable) Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title)		Date Stamp <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	California Form 802 For Official Use Only
Area Code/Phone Number 510-272-3862	E-mail countyadministrator@acgov.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 158.00

Event Description Bruce Springsteen Concert Date(s) 3 / 13 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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


 Signature of Agency Head or Designee

Susan S. Muranishi
 Print Name

County Administrator
 Title

3/24/16
 (Month, Day, Year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

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

Event Description Warriors/Dallas Face Value of Each Ticket/Pass \$ 700.00
Provide Title/Explanation Date(s) 3.25.16

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

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

3. Recipients

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

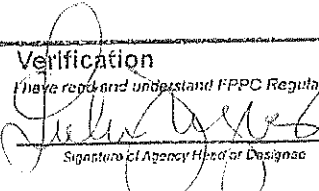
A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
		To reward a county employee for his or her exemplary service to the public
<u>Tim Dupuis</u>	<u>2</u>	

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

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

4. Verification

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

	Lee Ann Ferguson	Supervisors Assistant	<u>3.24.16</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

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

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

2. Function or Event Information

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

Event Description Andre Ward Date(s) 3, 26, 16
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Alameda County, District <u>One Four</u>	<u>2</u>	to promote the Coliseum Complex for the use by the general public and businesses to maximize revenues

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

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

4. Verification

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

Lee Ann Ferguson Lee Ann Ferguson Supervisors Assistant 3-24-16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

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1. Agency Name

Oakland-Alameda County Coliseum Authority

Division, Department, or Region (if Applicable)

Susan S. Muranishi, County Administrator, Alameda County

Designated Agency Contact (Name, Title)

Date Stamp

California Form 802

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)Date of Original Filing: _____
(Month, Day, Year)

Area Code/Phone Number

510-272-3862

E-mail

countyadministrator@acgov.org

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ 600.00Event Description Prince Concert
Provide Title/ExplanationDate(s) 3 / 4 / 16Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐If no: _____
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: _____
Official's Name (Last, First)

3. Recipients

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

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

4. Verification

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



Susan S. Muranishi

Print Name

County Administrator

Title

3.2.4.16
(Month, Day, Year)

Comment: _____

FPPC Form 802 (4/12)

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

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

A Public Document

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

2. Function or Event Information

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

Event Description Warriors Date(s) 03 / 03 / 16
Provide Title/Explanation

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

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

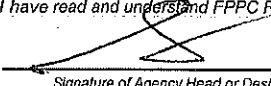
3. Recipients

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

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

4. Verification

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


 Signature of Agency Head or Designee

 Sabrina Landreth
 Print Name

 City Administrator
 Title

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

Comment: _____

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

A Public Document

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

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 700⁰⁰

Event Description Warriors Date(s) 03 / 01 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

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

Agency Report of:

A Public Document

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass \$ 126⁰⁰

Event Description	Justin Bieber
	<i>Provide Title/Explanation</i>

Date(s) 03 / 18 / 16

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

If no: _____
Name of Source

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

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

3. Recipients

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

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

4. Verification

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

Signature of Agency Head or Designee

Sabrina Landreth

Print Name

City Administrator

Title

(Month, Day, Year)

Comment:

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 158⁰⁰

Event Description Bruce Springsteen Date(s) 03 / 13 / 16
Provide Title/Explanation

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

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

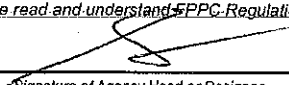
3. Recipients

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

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

4. Verification

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


Signature of Agency Head or Designee

Sabrina Landreth

Print Name

City Administrator

Title

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

Comment: _____

Agency Report of:
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1. Agency Name Oakland Alameda County Coliseum Authority <hr/> Division, Department, or Region (If Applicable) Sabrina B. Landreth <hr/> Designated Agency Contact (Name, Title) City Administrator <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Area Code/Phone Number (510) 238-6840</td> <td style="width: 50%;">E-mail SLandreth@oaklandnet.com</td> </tr> </table>		Area Code/Phone Number (510) 238-6840	E-mail SLandreth@oaklandnet.com	<div style="border: 1px solid black; padding: 5px; text-align: center;"> California Form 802 <small>For Official Use Only</small> </div> <hr/> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) <hr/> Date of Original Filing: _____ <small>(Month, Day, Year)</small>
Area Code/Phone Number (510) 238-6840	E-mail SLandreth@oaklandnet.com			

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 1300⁰⁰

Event Description Warriors Provide Title/Explanation Date(s) 03 / 23 / 16

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

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

3. Recipients

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

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

4. Verification

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

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

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Sabrina B. Landreth		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title)			
City Administrator			
Area Code/Phone Number (510) 238-6840	E-mail SLandreth@oaklandnet.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 105.00

Event Description Andre Ward vs. Barrera Date(s) 03 / 26 / 16
Provide Title/Explanation

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

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

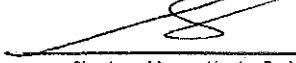
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A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Simmons,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

4. Verification

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

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City Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number (510) 238-6840	E-mail SLandreth@oaklandnet.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 600.00

Event Description Prince - Piano & A Microphone Tour Date(s) 03 / 04 / 16
Provide Title/Explanation

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

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

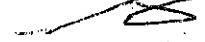
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Westbrook, Terri	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To provide incentives to City employees that provide services to the Authority
	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

Comment: _____

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Ceremonial Role Events and Ticket/Pass Distributions**

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Sabrina B. Landreth		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title)			
City Administrator			
Area Code/Phone Number (510) 238-6840	E-mail SLandreth@oaklandnet.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 600.00

Event Description Prince - Piano & A Microphone Tour Date(s) 03 / 04 / 16
Provide Title/Explanation

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

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

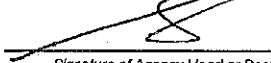
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Armstrong, Cynthia	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide services to the Authority
	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

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

Comment: _____

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

A Public Document

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

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 600.00

Event Description Warriors Date(s) 03 / 07 / 16
Provide Title/Explanation

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

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


3. Recipients

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

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

4. Verification

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

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

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority <hr/> Division, Department, or Region (If Applicable) Sabrina B. Landreth <hr/> Designated Agency Contact (Name, Title) City Administrator <hr/> <table style="width:100%;"> <tr> <td style="width:50%;">Area Code/Phone Number (510) 238-6840</td> <td style="width:50%;">E-mail SLandreth@oaklandnet.com</td> </tr> </table>		Area Code/Phone Number (510) 238-6840	E-mail SLandreth@oaklandnet.com	Date Stamp	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-weight: bold;">California Form 802</td> </tr> <tr> <td style="text-align: center; font-size: 0.8em;">For Official Use Only</td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) </div>	California Form 802	For Official Use Only
Area Code/Phone Number (510) 238-6840	E-mail SLandreth@oaklandnet.com						
California Form 802							
For Official Use Only							

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 93.00

Event Description Festival of Laughs Date(s) 03 / 05 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

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

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 700⁰⁰

Event Description Warriors Date(s) 03 / 09 / 16
Provide Title/Explanation

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

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

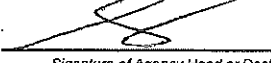
3. Recipients

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

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

4. Verification

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

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

Comment: _____

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority <hr/> Division, Department, or Region (If Applicable) Sabrina B. Landreth <hr/> Designated Agency Contact (Name, Title) City Administrator <hr/> <table style="width:100%;"> <tr> <td style="width:50%;">Area Code/Phone Number (510) 238-6840</td> <td style="width:50%;">E-mail SLandreth@oaklandnet.com</td> </tr> </table>		Area Code/Phone Number (510) 238-6840	E-mail SLandreth@oaklandnet.com	<div style="border: 1px solid black; padding: 5px;"> Date Stamp </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> California Form 802 <small>For Official Use Only</small> </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small> </div>
Area Code/Phone Number (510) 238-6840	E-mail SLandreth@oaklandnet.com			

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 600.00

Event Description Warriors Date(s) 03 / 11 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

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

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

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Area Code/Phone Number (510) 238-6840	E-mail SLandreth@oaklandnet.com			

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 600.00

Event Description Warriors Date(s) 03 / 12 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

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

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

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority <hr/> Division, Department, or Region (If Applicable) Sabrina B. Landreth <hr/> Designated Agency Contact (Name, Title) City Administrator <hr/> <table style="width:100%;"> <tr> <td style="width:50%;">Area Code/Phone Number (510) 238-6840</td> <td style="width:50%;">E-mail SLandreth@oaklandnet.com</td> </tr> </table>		Area Code/Phone Number (510) 238-6840	E-mail SLandreth@oaklandnet.com	<div style="border: 1px solid black; padding: 5px;"> Date Stamp </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> California Form 802 <small>For Official Use Only</small> </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small> </div>
Area Code/Phone Number (510) 238-6840	E-mail SLandreth@oaklandnet.com			

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 800⁰⁹

Event Description Warriors Date(s) 03 / 14 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

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

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

A Public Document

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

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

Event Description Warriors Date(s) 03 / 16 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

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

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 93.00

Event Description Festival of Laughs Comedy Show Date(s) 03 / 05 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

I have read and understand FPCC 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 3/01/2016
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \$600.00

Event Description Prince: Piano and a Microphone Date(s) 03 / 04 / 16
Provide Title/Explanation

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

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


3. Recipients

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

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

4. Verification

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

	Barbara J. Parker	City Attorney/OAACA Official	3/08/2016
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 105.00
Event Description Andre Ward v. Sullivan Barrera Date(s) 03 / 26 / 16
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source
Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: _____
Official's Name (Last, First)


3. Recipients

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

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

4. Verification

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

 Barbara J. Parker City Attorney/OAACA Official 3/08/2016
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 158.00

Event Description Bruce Springsteen Date(s) 03 / 13 / 16
Provide Title/Explanation

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

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


3. Recipients

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

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

4. Verification

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

	Barbara J. Parker	City Attorney/OAACA Official	3/01/2016
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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 Form 802 For Official Use Only
Oakland Alameda County Coliseum Authority			
Division, Department, or Region (if applicable)			
Barbara Kong-Brown, OACCA Marketing Committee		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Designated Agency Contact (Name, Title)			
Area Code/Phone Number	E-mail		
510.383.4801	bkongbrown1@gmail.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 600.00

Event Description: Warriors Basketball Date(s) 03 / 07 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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


 Signature of Agency Head or Designee
 Barbara Kong-Brown
 Print Name
 OACCA Marketing
 Title
 03.09.16
 (month, day, year)

Comment: _____

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name

Oakland Alameda County Coliseum Authority
 Division, Department, or Region (if applicable)
 Barbara Kong-Brown, OACCA Marketing Committee
 Designated Agency Contact (Name, Title)

Date Stamp

California
 Form **802**
 For Official Use Only

Area Code/Phone Number

510.383.4801

E-mail

bkongbrown1@gmail.com

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
 (month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 700.00

Event Description: Warriors Basketball Date(s) 03 / 09 / 16
 Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

Signature of Agency Head or Designee

Barbara Kong-Brown

Print Name

OACCA Marketing

Title

03.09.16

(month, day, year)

Comment: _____

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

A Public Document

1. Agency Name

Oakland/Alameda County Coliseum Authority

Division, Department, or Region (if Applicable)

Alameda County Supervisor Scott Haggerty, D1

Designated Agency Contact (Name, Title)

Lee Ann Ferguson, Ticket Administrator

Area Code/Phone Number

510 272-1691

E-mail

leeann.fergerson@acgov.org

Date Stamp

California Form 802

For Official Use Only

☐ Amendment (Must provide explanation in Part 3)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass \$ 600.00

Event Description: Warriors Trailblazers
Provide Title/Explanation

Date(s): 3, 12, 16

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

If no: GSW
Name of Source

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

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

3. Recipients

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

A. Name of Agency, Department or Unit

Number of Ticket(s)/Pass(es)

Describe the public purpose made pursuant to the agency's policy

At Co Garage

2

To reward a County employee for his or her exemplary service to the public or to encourage staff development

B. Name of Individual (Last, First)

Number of Ticket(s)/Pass(es)

Identify one of the following:

Ceremonial Role ☐ Other ☐
If checking "Ceremonial Role" or "Other" describe below:

Income ☐

C. Name of Outside Organization (Include address and description)

Number of Ticket(s)/Pass(es)

Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Lee Ann Ferguson Ticket Administrator

3-10-16

Comment:

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

KA

A Public Document

1. Agency Name <u>Oakland/Alameda County Coliseum Authority</u> Division, Department, or Region (If Applicable)		Date Stamp	California Form 802 For Official Use Only
Designated Agency Contact (Name, Title) <u>Alameda County Supervisor Scott Haggerty, D1</u> <u>Lee Ann Ferguson, Ticket Administrator</u> Area Code/Phone Number <u>510 272-1669</u> E-mail <u>leeann.fergerson@acgov.org</u>			
<input type="checkbox"/> Amendment (Must provide explanation in Part 3)		Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 600.00

Event Description Warriors Trailblazers Date(s) 3, 11, 16
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐ If yes: Alameda County Supervisor Scott Haggerty Officer's Name (Last, First) _____

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>Alco Garage</u>	<u>2</u>	<u>To reward a County employee & encourage staff development</u>

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

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

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

Lee Ann Ferguson Ticket Administrator 3-10-16
Signature of Agency Head or Designee First Name Title (Month, Day, Year)

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

A Public Document

1. Agency Name <u>Oakland/Alameda County Coliseum Authority</u> Division, Department, or Region (If Applicable)		Date Stamp	California Form 802 For Official Use Only
Designated Agency Contact (Name, Title) <u>Alameda County Supervisor Scott Haggerty, D1</u> <u>Lee Ann Ferguson, Ticket Administrator</u> Area Code/Phone Number <u>510 272-1691</u> E-mail <u>leeann.fergerson@acgov.org</u>			
<input type="checkbox"/> Amendment (Must provide explanation in Part 3)		Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 800.00

Event Description Winners/Trailblazers Date(s) 3 / 14 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

Lee Ann Ferguson Ticket Administrator 3-9-16
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 <u>Oakland/Alameda County Coliseum Authority</u>		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) <u>Alameda County Supervisor Scott Haggerty, D1</u>			
Designated Agency Contact (Name, Title) <u>Lee Ann Ferguson, Ticket Administrator</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3)	
Area Code/Phone Number <u>510 272-6691</u>	E-mail <u>leeann.fergerson@acgov.org</u>	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 600.00

Event Description Warriors / Magic Date(s) 3, 7, 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

Lee Ann Ferguson Ticket Administrator 3-10-16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

JPA

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

A Public Document

1. Agency Name <u>Oakland/Alameda County Coliseum Authority</u>		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) <u>Alameda County Supervisor Scott Haggerty, D1</u>		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number <u>510 272-1661</u>	E-mail <u>leeann.fergerson@acgov.org</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 600.00

Event Description Prince Date(s) 3, 4, 11
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐ If yes: Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First)

3. Recipients

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

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

4. Verification

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

Lee Ann Ferguson Ticket Administrator 3-9-16
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 <u>Oakland/Alameda County Coliseum Authority</u>		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) <u>Alameda County Supervisor Scott Haggerty, D1</u>		<input type="checkbox"/> Amendment (if must provide explanation in Part 3)	Date of Original Filing: _____ (Month, Day, Year)
Designated Agency Contact (Name, Title) <u>Lee Ann Fergerson, Ticket Administrator</u>			
Area Code/Phone Number <u>510 272-6691</u>	E-mail <u>leeann.fergerson@acgov.org</u>		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 1.00

Event Description Womers/Knicks Date(s) Mar 16, 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

Lee Ann Fergerson Ticket Administrator Mar 14 2016
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

A. Public Document

1. Agency Name

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

Alameda County Supervisor Scott Haggerty, D.1
Designated Agency Contact (Name, Title)

Lee Ann Ferguson, Ticket Administrator

Area Code/Phone Number

E-mail

510 272-1661

leeann.fergerson@acgov.org

Date Stamp

California Form 802
For Official Use Only

☐ Amendment (Must provide explanation in Part 3)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass \$ 1,300.00

Event Description LA Clippers / Basketball
Provide Title/Explanation

Date(s) 3, 23, 15

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

If no: GSW

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

Name of Source
Alameda County Supervisor Scott Haggerty, District 1
Official's Name (Last, First)

3. Recipients

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

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

4. Verification

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

Signature of Agency Head or Designee

Lee Ann Ferguson Ticket Administrator

Print Name


Title

2-17-16
(Month, Day, Year)

Comment:

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 1,100

Event Description Warriors / OKC Date(s) 3, 3, 16
Provide Title/Explanation

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

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



3. Recipients

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

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

4. Verification

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


 Lee Ann Ferguson
 
 Supervisors Assistant
 3-17-16

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 Form 802 For Official Use Only
Oakland Alameda County Coliseum Authority			
Division, Department, or Region (If Applicable)			
Scott Haggerly, OACCA Commissioner		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title)			
Area Code/Phone Number	E-mail		
510.272.6891	leeann.fergerson@acgov.org		

2. Function or Event Information	
Does the agency have a ticket policy? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$ <u>700.00</u>
Event Description <u>Warriors basketball</u> <small>Provide Title/Explanation</small>	Date(s) <u>3/1/16</u>
Ticket(s)/Pass(es) provided by agency? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If no: <u>BSW</u> <small>Name of Source</small>
Was ticket distribution made at the behest of agency official? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	If yes: <u>Haggerly, Scott</u> <small>Official's Name (Last, First)</small>

3. Recipients		
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Alameda County, District One		to promote the Coliseum Complex for the use by the general public and businesses to maximize revenues
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
<u>Makda Woldeesenbet</u>	<u>2</u>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales. <input type="checkbox"/>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification			
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.			
<u>[Signature]</u> <small>Signature of Agency Head or Designee</small>	Lee Ann Ferguson <small>Print Name</small>	Supervisors Assistant <small>Title</small>	<u>3-1-16</u> <small>(Month, Day, Year)</small>

Comment: _____

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

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ ~~199.50~~ 600⁰⁰

Event Description: Prince Provide Title/Explanation Date(s) 03 / 04 / 16

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

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

3. Recipients

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

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

4. Verification

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


 Signature of Agency Head or Designee
 Larry Reid
 Print Name
 OACCA Chair
 Title
 3.2.16
 (month, day, year)

Comment: _____

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Larry Reid, OACCA Commissioner Designated Agency Contact (Name, Title)		Date Stamp California Form 802 For Official Use Only
Area Code/Phone Number 51.383.4801	E-mail lreid@oaklandnet.com	
<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 126.00

Event Description: Justin Bieber Date(s) 03 / 18 / 16
Provide Title/ Explanation

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

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

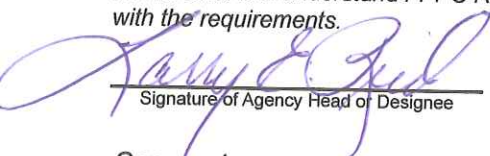
3. Recipients

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

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

4. Verification

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


 Signature of Agency Head or Designee
 Larry Reid
 Print Name
 OACCA Chair
 Title
 02.29.16
 (month, day, year)

Comment: _____

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

A Public Document

1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Larry Reid, OACCA Chair

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.383.4801

E-mail

lreid@oaklandnet.com

Date Stamp

California
Form **802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 93.00

Event Description: Festival of Laughs Date(s) 03 / 05 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

Signature of Agency Head or Designee

Larry Reid

Print Name

OACCA Chair

Title

02.29.16

(month, day, year)

Comment:

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 158.00

Event Description: Bruce Springsteen Date(s) 03 / 13 / 16
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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

 Larry Reid OACCA Chair 02.29.16
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 105.00

Event Description: Boxing: Ward v Barrera Date(s) 03 / 26 / 16
Provide Title/Explanation

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

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

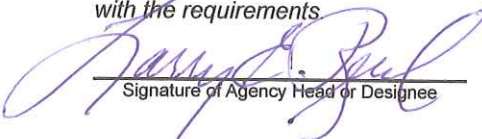
3. Recipients

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

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

4. Verification

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



Signature of Agency Head or Designee

Larry Reid
Print Name

OACCA Chair
Title

03.02.16
(month, day, year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 1000⁰⁰

Event Description: Prince Date(s) 03 / 04 / 16
Provide Title/ Explanation

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

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

3. Recipients

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

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

4. Verification

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

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 105.00
Event Description: Boxing: Ward v Barrera Date(s) 03 / 26 / 16
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: _____
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐ If yes: _____
Official's Name (Last, First)

3. Recipients

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

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

4. Verification

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

 Signature of Agency Head or Designee	Chris Dobbins Print Name	OACCA Commissioner Title	03.02.16 (month, day, year)
--	-----------------------------	-----------------------------	--------------------------------

Comment: _____

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

A Public Document

1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Chris Dobbins, OACCA Commissioner

Designated Agency Contact (Name, Title)

Area Code/Phone Number

51.383.4801

E-mail

Chrisdobbinslaw@yahoo.com

Date Stamp

California
Form **802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 126.00

Event Description: Justin Bieber
Provide Title/Explanation Date(s) 03 / 18 / 16

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

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

3. Recipients

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

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

4. Verification

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

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

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 158.00

Event Description: Bruce Springsteen Date(s) 03 / 13 / 16
Provide Title/ Explanation

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

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

3. Recipients

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

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

4. Verification

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

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

Comment: _____

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

A Public Document

1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (if applicable)

Chris Dobbins, OACCA Commissioner

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510.383.4801

E-mail

Chrisdobbinslaw@yahoo.com

Date Stamp

California
Form **802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 93.00

Event Description: Festival of Laughs
Provide Title/Explanation Date(s) 03 / 05 / 16

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

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

3. Recipients

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

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

4. Verification

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

Signature of Agency Head or Designee

Chris Dobbins

Print Name

OACCA Commissioner

Title

02.29.16

(month, day, year)

Comment: _____

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

A Public Document

1. Agency Name Oakland-Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Commissioner Rebecca Kaplan		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title) Renee Savage, Executive Assistant			
Area Code/Phone Number 510-238-7008	E-mail atl@oaklandnet.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 158.00

Event Description Bruce Spingsteen Date(s) 3 / 13 / 16
Provide Title/Explanation

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

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

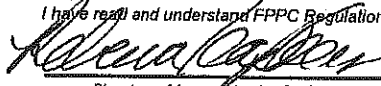
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Kaplan, Rebecca	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote the coliseum for use by the general public and business to maximize revenues.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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


 Signature of Agency Head or Designee

 Rebecca Kaplan
 Print Name

 Commissioner
 Title

 2/29/2016
 (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name Oakland-Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Commissioner Rebecca Kaplan			
Designated Agency Contact (Name, Title) Renee Savage, Executive Assistant		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number 510-238-7008	E-mail atlarge@oaklandnet.com		

2. Function or Event Information

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

Event Description Warrior vs. Thunder Date(s) 3 / 3 / 16
Provide Title/Explanation

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

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

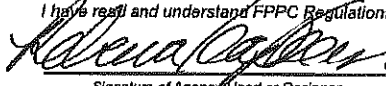
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Kaplan, Rebecca	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote the coliseum for use by the general public and business to maximize revenues.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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


 Signature of Agency Head or Designee
 Rebecca Kaplan
 Print Name
 Commissioner
 Title
 2/29/2016
 (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name Oakland-Alameda County Coliseum Authority		Date Stamp	California Form 802 For Official Use Only
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	E-mail atlarge@oaklandnet.com	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 700⁰⁰

Event Description Warrior vs. Jazz Date(s) 3 / 9 / 16
Provide Title/Explanation

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

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

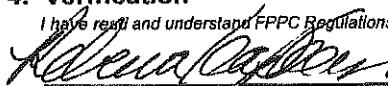
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Kaplan, Rebecca	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote the coliseum for use by the general public and business to maximize revenues.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	Rebecca Kaplan	Commissioner	2/29/2016
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Oakland-Alameda County Coliseum Authority			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Commissioner Rebecca Kaplan			
Designated Agency Contact (Name, Title)			
Renee Savage, Executive Assistant			
Area Code/Phone Number	E-mail		
510-238-7008	atlarge@oaklandnet.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 126⁰⁰

Event Description Justin Bieber Concert Date(s) 3 / 18 / 16
Provide Title/Explanation

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

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

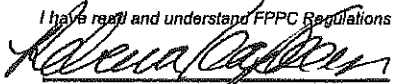
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Jones, Andre	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> To promote the coliseum for use by the general public and business to maximize revenues.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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


 Signature of Agency Head or Designee
 Rebecca Kaplan
 Print Name
 Commissioner
 Title
 2/29/2016
 (Month, Day, Year)

Comment: _____

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

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 126.00
Event Description: Justin Bieber Date(s) 03 / 18 / 16
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
McKibben, Scott	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the Coliseum Complex for use by the general public and businesses to maximize revenues
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

 Scott McKibben OACCA Executive Director 02.29.16
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 158.00

Event Description: Bruce Springsteen Date(s) 03 / 13 / 16
Provide Title/Explanation

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

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

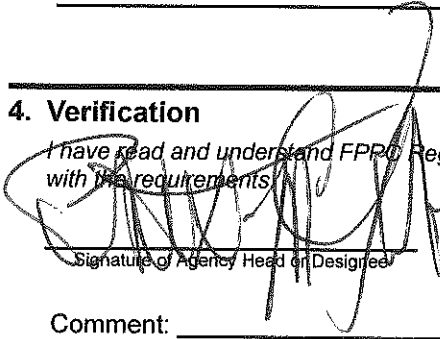
3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
McKibben, Scott	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the Coliseum Complex for use by the general public and businesses to maximize revenues
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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


SCOTT MCKIBBEN
 Signature of Agency Head or Designee Print Name OACCA Executive Director 02.29.16
(month, day, year)

Comment: _____

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Yui Hay Lee, Commissioner Designated Agency Contact (Name, Title)		Date Stamp California Form 802 For Official Use Only
Area Code/Phone Number (510) 836-6688	E-mail YuiHay@YHLA.net	
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 158⁰⁰

Event Description Bruce Springsteen Date(s) 3 B.I.C.
Provide Title/Explanation

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

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

3. Recipients

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

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

4. Verification

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


 Yui Hay Lee OACCA Commission 3/4/10
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Yui Hay Lee, Commissioner Designated Agency Contact (Name, Title)		Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number (510) 836-6688	E-mail YuiHay@YHLA.net	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 126⁰⁰

Event Description Justin Bieber Date(s) 3, 18, 19
Provide Title/Explanation

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Yui Hay Lee, Commissioner	<u>42</u>	#3
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

[Signature] Yui Hay Lee OACCA Commission 3/4/10
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name

Oakland Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Christopher Dobbins, OACCA Commissioner

Designated Agency Contact (Name, Title)

Date Stamp

California
Form 802

For Official Use Only

Area Code/Phone Number

510.383.4801

E-mail

Chrisdobbinslaw@yahoo.com

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass \$ see attached

Event Description Golden State Warriors Season

Provide Title/Explanation

Date(s) see attached

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

If no: _____
Name of Source

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

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

3. Recipients

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

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

4. Verification

I have read and understood FPPC Regulations 10943.1 and 10943.2. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Chris Dobbins

Print Name

OACCA Commissioner

Title

(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)

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

Warriors

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 Orleans	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

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

A Public Document

1. Agency Name

Oakland-Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Susan S. Muranishi, County Administrator, Alameda County

Designated Agency Contact (Name, Title)

Area Code/Phone Number

510-272-3862

E-mail

countyadministrator@acgov.org

Date Stamp

California

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)Date of Original Filing: _____
(Month, Day, Year)**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ _____

Event Description Golden State Warriors Basketball

Provide Title/Explanation

Date(s) See attached ____/____/____

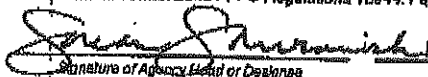
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐If no: _____
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: _____
Official's Name (Last, First)**3. Recipients**

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

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

4. Verification

I have read and understand FPFC Regulations 18B44.1 and 18B42. I have verified that the distribution set forth above, is in accordance with the requirements.



Susan S. Muranishi

Print Name

County Administrator

Title

(Month, Day, Year)

Comment: _____

Warriors

Susan Muranishi

• 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 Orleans	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

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

A Public Document

1. Agency Name

Oakland-Alameda County Coliseum Authority
Division, Department, or Region (If Applicable)
Barbara J. Parker, City Attorney/OAACA Official
Designated Agency Contact (Name, Title)

Date Stamp

California Form **802**
For Official Use Only

Area Code/Phone Number
(510) 238-3815

E-mail
bparker@oaklandcityattorney.org

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass \$ _____ October-April 2016

Event Description Warriors Basketball Tickets
Provide Title/Explanation

Date(s) See Attached C

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

If no: _____
Name of Source

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

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

3. Recipients

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

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

4. Verification

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

Barbara J. Parker
Signature of Agency Head or Designee

Barbara J. Parker
Print Name

City Attorney/OAACA Official
Title

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

Comment: _____

Warriors

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 Orleans	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

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

A Public Document

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

2. Function or Event Information

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

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

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

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

3. Recipients

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

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

4. Verification

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

Signature of Agency Head or Designee: [Signature] Date: 12/20/15
Print Name: DACA Chair Title: Chair

Comment: _____

Warriors

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
• Warriors v Portland	3/11/16	(2) tickets	\$600.00
• Warriors v Phoenix	3/12/16	(2) tickets	\$600.00
• Warriors v New Orleans	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

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

A Public Document

1. Agency Name

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

Yui Hay Lee, Commissioner

Designated Agency Contact (Name, Title)

Area Code/Phone Number
(510) 836-6688

E-mail
YuiHay@YHLA.net

Date Stamp

California
Form **802**
For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass \$ see attached

Event Description Warriors' Games
Provide Title/Explanation

Date(s) SEE ATTACHED FORM

Months of March & April

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

If no: _____
Name of Source

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

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

3. Recipients

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

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

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

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

4. Verification

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

Yui Hay Lee

OACCA Commission

Signature of Agency Head or Designee

Print Name

Title

2/19/16
(Month, Day, Year)

Comment: _____

Warriors

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 Orleans	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