Ceremonial Role Events and Ticket/Pass Distributions	A P
1. Agency Name	Date Stamp

C	eremonial Role Even	ts and Ticket/P	ass Distri	butions		A Public Document	
1.	Agency Name			~	Date Stamp	California 802	
	Oakland Alameda County C	oliseum Authority			Form OUZ		
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
	Larry Reid, OACCA Chair						
	Designated Agency Contact	(Name, Title)					
	v.				Amandment /Mus	t Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Amendment (mus	t Provide Explanation at Part 3.)	
	510.383.4801	lreid@oaklandnet.c	om		Date of Original Filing	g:(month, day, year)	
2.	Function or Event Infor	mation				3	
	Does the agency have a tick	ket policy? Yes [No □ F	ace Value of	Each Ticket/Pass \$.	149.50	
	Event Description: The Who				<u>, 19 , 16 </u>		
	Event Description:	Provide Title/ Explar	nation	Date(s)			
	Ticket(s)/Pass(es) provided	by agency? Yes	No □ I	f no:			
					Name of Source		
	Was ticket distribution made	e at the behest Yes [□ No⊠ ^{II}	f yes:	Official's Name (Last, Firs	st)	
	of agency official?						
3.	Recipients						
٠.	• Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individ	lual. • Use Section C to ide	entify an outside organization.	
			Number	1			
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/ Describe the		the public purpose made pursuant to the agency's policy		
						- w i	
	No. at a second						
	B. Name of Indi	vidual	Number of Tieket(a)/		Identify one of the following:		
	(Last, Fir		of Ticket(s)/ Passes		identity one of the following.		
	Reid, Larry			Ceren	nonial Role 🔲 Other		
	rtoro, zarry		If che		checking "Ceremonial Role" or "Other" describe below: igate efficiencies of operations of various sporting		
	Y ₁				ents that occur at C		
					nonial Role 🔲 Other	-	
				If checi	king "Ceremonial Role" or "Other"	describe below:	
	C. Name of Outside O		Number of Ticket(s)/	Describe th	e public purpose made p	oursuant to the agency's policy	
	(include address and	description)	Passes				
				1			
4.	Verification						
	I have read and understand FF	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution se	t forth above, is in accordance	
	with the requirements.	2//					
	Jany C.		rry Reid		OACCA Chair	5.6.16	
	Signature of Agency Head of Design	P ee P	rint Name		Title	(month, day, year)	
	Comment:						

Λ	Pu	h	ia	Da		1000	_	4
A	Pu	Ю	ıc	UO	Ю	JIM	ш	П

1,	Agency Name				Date Stamp	California 000
	Oakland Alameda County C	oliseum Authorit	у			Form OUZ
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Larry Reid, OACCA Chair					
	Designated Agency Contact	(Name, Title)	1			
	Area Code/Phone Number E-mail				☐ Amendment (Must	Provide Explanation in Part 3.)
		E-mail			Date of Original Filing	
	510.383.4801	Ireid@oakland	net.com		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy?	Yes⊠ No 🗆 F	ace Value of	Each Ticket/Pass \$	\$157.50
	Event Description: Rihanna		г	ate(s) 05	<u>, 07 , 16</u>	1 1
	Liveria Decemption.	Provide Title/	Explanation			
	Ticket(s)/Pass(es) provided	by agency?	∕es⊠ No□ lf	no:	Name of Source	
	Was ticket distribution made	at the hehest		yes:		
	of agency official?	at the benest	res □ No ☑	,	Official's Name (Last, First)
_						
3.	·					
	Use Section A to identify the agent	cy's department or ur		dentify an individ	lual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the	following:
	Reid, Larry				nonial Role Other	
			2	to investigat	king "Ceremonial Role" or "Other" o e efficiencies of oper	describe below: ations of various sporting
					ents that occur at Co	
						Income
				II Check	king "Ceremonial Role" or "Other" o	iescribe delow:
	N		Number			
	C. Name of Outside O (include address and		of Ticket(s)/	Describe th	e public purpose made pu	ırsuant to the agency's policy
			Fasses			
			1			15
4.	Verification					
	I have read and understand FF	PPC Regulations 1	8944.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
	with the equirements.	1				•
	Darrell to	V	Larry Reid		OACCA Chair	5.6.16
	Signature of Agency Head or Design	166	Print Name		Title	(month, day, year)
	Comment:					
	Z 4 11 11 11 11 11 11 11 11 11 11 11 11 1					

Ceremonial Role Events and Ticket/Pass Distributions	A	Public Document
l. Agency Name	Date Stamp	California 802
Oakland Alameda County Coliseum Authority		Form 002
Division, Department, or Region (if applicable)		For Official Use Only
Larry Reid, OACCA Chair		

Oakland Alameda County (Colliseum Authority			l	FOIIII OOL
Division, Department, or Reg	gion (if applicable)]	For Official Use Only
Larry Reid, OACCA Chair					
Designated Agency Contact	(Name,Title)			1	
				Amendment (Must	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail			Amendment (wast)	Frovide Explanation in Part 3.)
510.383.4801	lreid@oaklandnet.	com		Date of Original Filing:	(month, day, year)
2. Function or Event Info	rmation				
Does the agency have a tic	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ _	2.50
Event Description: Hill Son	g Unlimited		Date(s) 05	<u>, 14 , 16 </u>	
Event Description.	Provide Title/ Expl	anation	Jaic(3)	/	
Ticket(s)/Pass(es) provided	d by agency? Yes	⊠ No □ If	f no:		
			fuon:	Name of Source	
Was ticket distribution mad	e at the benest Yes	□ No⊠ "	f yes:	Official's Name (Last, First)	
of agency official?					Ψ.
3. Recipients					
• Use Section A to identify the age	ency's department or unit.	• Use Section B to	identify an individ	lual. • Use Section C to ider	ntify an outside organization.
		Number	1		
A. Name of Agency, Dep	partment or Unit	of Ticket(s)/ Passes	Describe th	ie public purpose made pu	rsuant to the agency's policy
		1	İ	· , · · · · · · · · · · · · · · · · · ·	
		10	1		
			ì		
B. Name of Inc	——————————————————————————————————————	Number	1	Identify one of the	following
(Last, F		of Ticket(s)/ Passes		identity one or the	rollowing;
Reid, Larry				nonial Role Other	
116id, Lairy		2		king "Ceremonial Role" or "Other" d e efficiencies of oper:	escribe below: ations of various sporting
				vents that occur at Co	1000
			Ceren	nonial Role Other [Income [
			If checi	king "Ceremonial Role" or "Other" d	escribe below:
C. Name of Outside (include address an		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
-		1			
S 			1		
4. Verification					
I have read and understand F	PPC Regulations 1804	4 1 and 18042	I have verified	that the distribution set	forth above is in accordance
with the equirements.) // Companions 1094	una 10072.	. Havo voimea	and the distribution set	ionin abovo, is in accordance
Town A X	<i>ell</i> 1.	arry Reid		OACCA Chair	5.6.16
Signature of Agency Head or Design		Print Name		Title	(month, day, year)
- / - /	5				
Comment:					

1. Agency Name Oakland Alameda County Colis Division, Department, or Region (If Applicable Yul Hay Kee, Commissioner Designated Agency Contact (Name, Title)		ty Date Stamp Galifornia 802 Form For Official Use Only
Area Code/Phone Number E-mail		Amendment (Must provide explanation in Part 3.)
	@YHLA.net	Date of Original Filing:
2. Function or Event Information Does the agency have a ticket policy? Event Description Serve Provide TillerExp Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest	Yes No	Face Value of Each Ticket/Pass \$ See attacks S Date(s) NA Name of Source
of agency official?	No ☐ Yes ☐	If yes:Official's Name (Last, First)
Recipients Use Section A to identify the agency's department or A. Name of Agency, Department or Unit	unit. • Use Section B Number of Ticket(s)/ Pass(ss)	to identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy
Yui Hay Lee, Commissioner	2 Aware	#3
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Maching "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
		hal the distribution set forth above, is in accordance with the requirements.
Significant of Jum. Priorition Designed Cognificant:	i Hay Lee	OACCA Commission 4/4/20/

Warriors Playoffs May 2016 Yui Hay Lee

•	Warriors	May 1, 2016	(2) tickets	\$5000.00
•	Warriors	May 3, 2016	(2) tickets	\$5000.00
•	Warriors	May 11, 2016	(2) tickets	\$5000.00
•	Warriors	May 16, 2016	(2) tickets	\$5000.00
•	Warriors	May 18, 2016	(2) tickets	\$5000.00
•	Warriors	May 26, 2016	(2) tickets	\$5000.00
•	Warriors	May 30, 2016	(2) tickets	\$5000.00

1.	Agency Name Oakland Alameda County Colisi	,	Date Stamp	Form 802 For Official Use Only			
	Division, Department, or Region (if Applicable Yui Hay Lee, Commissioner	(0)			For Official Ose Only		
	Designated Agency Contact (Name, Title)						
	Area Code/Phone Number (510) 836-6688 E-mail	Hay@YHLA.net	:	Date of Original Filing:	rovide explanation in Part 3.) (Month, Day, Year)		
2.	- and in a management			h - o	14950		
	Does the agency have a ticket policy? Event Description The When Provide TillerExp	Yes 🛛 No 🗆		of Each Ticket/Pass \$_ > .19 .2016			
	Ticket(s)/Pass(es) provided by agency?	Yes 🖾 No 🗋	If no:	Name of So	urce		
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🖾	If yes: Yu	i <u>î Hay Lee</u> Officiel's Name (i	Last, Firsi)		
j.	Recipients - Use Section A to identify the agency's department or	unit. • Use Section	B to identify an individe	ual. • Use Section C to iden	tify an outside organization.		
174	A, Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		dic purpose made pursuant			
•	YUI HAY VEE	2	#	3			
1	Sumseiver						
9	B. Neme of individual	Number of Ticket(e)/ Pass(es)	7000	identify one of the following:			
	÷1		000000000000000000000000000000000000000	Other Discribe below:	Income		
			Ceremonial Rote If checking "Ceremon	Other Diter describe below:	Income		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuani	t to the agency's policy		
	Van						
• 1	Verification have read and understand FPPC Regulations 18944.1 and You	d 18942. I have verified 11 Hay Lee		Forth above, is in accordance with ACCA Commissione	, ,		
	Signature of Agency Head or Designae	Print Nerrie		Title	(Monté, Day, Year)		

7	Agency Name		-			
•		Date Stamp Catifornia 80				
	Oakland Alameda County Colis	-			For Official Use Only	
	Division, Department, or Region (If Application)		For Olicial day Only			
	Yui Hay Lee, Commissioner					
	Designated Agency Contact (Name, Title)	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

	Area Code/Phone Number E-mail	**************************************		Amendment (Must p	rovide explanation in Part 3.)	
		iHay@YHLA.net		Date of Original Filling:	23	
_		Inayelinda.net		Out of Original Patricy;	(Month, Day, Year)	
2.	Function or Event Information				15750	
	Does the agency have a ticket policy?	Yes 🔯 No 🗆	Face Value of	Each Ticket/Pass \$ _	10/01	
	Event Description	JA-	Date(s)	17,2016	15750	
	Ticket(s)/Pass(es) provided by agency?	• *************************************	M			
	ricker(s)/Pass(es) provided by agency?	Yes 🖾 No 🗌	If no:	Name of So	urce	
	Was ticket distribution made at the behest	No 🗌 Yes 🖾	Maran Yil	i Hay Lee		
	of agency official?	140 [2] 169 [2]	If yes: Yui Hay Lee Official's Name (Last, First)			
3.	Recipients		-/A-MANAGA-W-			
	 Use Section A to identify the agency's department o 	r unit. • Use Section B	to identify an Individu	al. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(se)		ic purpose made pursuant		
	YUI HAY LEE	2	#2	3		
)	Commissioner				***************************************	
	B. Name of Individual (Last, Part)	Number of Ticket(s)/ Pass(es)	identify one of the following:			
				Other Discribe below:	Income 🔲	
į			Ceremonial Role [Other I	Income 🔲	
C. Name of Outside Organization Number Ticket(Pass(c)			Describe the publ	ic purpose made pursuant	to the agency's policy	
3	Sit nave in the contract of th					
	Verification have read and understand FEP C Regulations 18944.1 and Y	nd 18942. I have verified th		orth above, is in accordance will CCA Commissione		
1				·	0/4/10/6	
(Significate (if Abelicy Heiliti or Designee	Print Name	i .	Title	(Month, Day, Year)	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name **Date Stamp** California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Scott McKibben, Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510.383.4801 smckibben1@gmail.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No□ Event Description: Rihanna Date(s) _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ If no: _ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: . Official's Name (Last, First) of agency official? 3.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
 В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
McKibben, Scott		4	Ceremonial Role Other Management Income Income Income Income Inchecking "Ceremonial Role" or "Other" describe below: to investigate efficiencies of the operations of the various sporting and other events that occur at Coliseum Complex
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	Λ		

Scott McKibben

Print Name

Comment:

4.27.16

(month, day, year)

Executive Director

Comment: _

	jency Report of: eremonial Role Even	nts and Ticket/P	ass Distri	butions	A	Public Document
	Agency Name				Date Stamp	
onec:	Oakland Alameda County C	Coliseum Authority			,	Form 802
	Division, Department, or Reg				1	For Official Use Only
	Chris Dobbins, OACCA Co					
	Designated Agency Contact				1	
		All modernous comments				
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)
	510.383.4801	chrisdobbinslaw@y	/ahoo.com		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	rmation	=		•	
	Does the agency have a tic	ket policy? Yes [⊠ No □ F	ace Value of	Each Ticket/Pass \$ 32	.50
	Event Description: Hillsong	United		oate(s)05	<u>, 14 , 16</u>	
		Provide Title/ Explai				
	Ticket(s)/Pass(es) provided	by agency? Yes [XI No □ If	no:	Name of Source	
	Was ticket distribution made	e at the behest Yes [yes:	Official's Name (Last, First)	
	of agency official?	1001	1 140 M		Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the age	ncy's department or unit. •	Use Section B to	identify an indivi	dual. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe ti	ne public purpose made purs	suant to the agency's policy
)					=	
	B. Name of Ind (Lest, Fi	Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
	Dobbins, Chris		2	to investigat	monial Role Other K king "Ceremonial Role" or "Other" des te efficiencies of operat d other events that occ	cribe below:
	2				monial Role Other Sking "Ceremonial Role" or "Other" des	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe ti	ne public purpose made purs	suant to the agency's policy
		3 - 3 - 4 - 11 - 11 - 11 - 11 - 11 - 11				
_	Verification		2.1.1.1			
	I have read and understand Fi with the requirements.	PPC Regulations 18944	l.1 and 18942.	I have verified	that the distribution set fo	rth above, is in accordance
1	(V /_)	Chris	s Dobbins		OACCA Commissioner	4.29.16
L	Signature of Agency Head or Desig		rint Name		Title	(month, day, year)

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

1.	Oakland Alameda County Courtsion, Department, or Reg	·			Date Stamp	For Official Use Only
	Chris Dobbins, OACCA Cor					1
	Designated Agency Contact					
	e in the contract of the contr	•				
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)
	510.383.4801	chrisdobbinslaw@	yahoo.com		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$	9.50
	Event Description: The Who)		Date(s) 05	<u>, 19 , 16</u>	
		Provide Title/ Expl	anation			* ***
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No □ I	f no:	Name of Source	
	Was ticket distribution made	e at the behest Yes		f yes:		
	of agency official?	103		•	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Department		• Use Section B to Number of Ticket(s)/ Passes	T	lual. • Use Section C to identi	
	B. Name of Indi	Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
	Dobbins,Chris		2	to investigat	nonial Role Other King "Ceremonial Role" or "Other" des e efficiencies of operat I other events that occ	cribe below:
					nonial Role Other Ciking "Ceremonial Role" or "Other" des	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
4 .	Verification		1		····	
	I have read and understand FF with the requirements.	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set fo	rth above, is in accordance
	Signature of Agency Head or Design		ris Dobbins Print Name		DACCA Commissioner	
	Comment:		FINIT NAME		i ide	(month, day, year)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Chris Dobbins, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510.383.4801 chrisdobbinslaw@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 157.50 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Rihanna Date(s) __05 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes ☑ No □ Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: . Official's Name (Last, First) of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🔀 Income Dobbins, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to investigate efficiencies of operations of the various sporting and other events that occur at Coliseum Complex Other 🔲 Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

I have	e read ,	and unde	rstand FPI	PC Regulations	18944.1 ai	nd 18942.	I have	verified that	the dis	stribution :	set forth	above, .	is in a	ccordance
with t	he requ	uirem è qts	8	_										

nth the requirements.	Chris Dobbins	OACCA Commissioner	4.29.16
Signature of Algency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

-5 , [-					
Ceremonial	Role	Events	and	Ticket/Pass	Distributions

1.	Agency Name					Date Stamp	California 802
	Oakland Alameda County C						Form 602 For Official Use Only
	Division, Department, or Regi						Por Official Ose Office
	Scott McKibben, Executive I						
	Designated Agency Contact (Name,Title)					
	Area Code/Phone Number	E-mail				Amendment (Must Pr	ovide Explanation in Part 3.)
						Date of Original Filing: _	
	510.383.4801	smckibben1	@gmail.	com		Date of Original Filling.	(month, day, year)
2.	Function or Event Infor	mation					11050
	Does the agency have a tick	ket policy?	Yes 🛚	No □ F	Face Value of	Each Ticket/Pass \$	149
	Event Description: The Who					<u>, 19 , 16 </u>	
		Provide Til	•	tion			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🛚	No 🔲 📗	f no:	Name of Source	
	Was ticket distribution made	at the hehest	Voo E				
	of agency official?	, at the beliest	res_	I NO M	. ,	Official's Name (Last, First)	
3.							
	Use Section A to identify the agen	ıcy's department oı	unit. • U		identify an individ	lual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa	artment or Unit		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy
	/************************************						
	 						
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	McKibben, Scott			1		nonial Role 🔲 Other 🗵	
				4	to investigat	king "Ceremonial Role" or "Other" des te efficiencies of the op	erations of the various
					sporting and		ur at Coliseum Complex
						monial Role Other Other Other des	Income 🗆
					II Chec	oking Ceremonial Role of Other des	спре реюм.
				Number			
	C. Name of Outside O			of Ticket(s)/	Describe th	ne public purpose made pure	suant to the agency's policy
				Passes	 		
			ŀ		1		
			1				
4.	Verification						
	I have read and understand f	RPC Regulations	s 18944.	1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance
	with the requirements.	\					
	*/IN-PIIIII		Scott I	McKibben		Executive Director	4.27.16
	Signature of Agency Mead or Design	nee	Pri	nt Name		Title	(month, day, year)
	Commont						
	Comment:						

Comment: ____

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

1								
•	Agency Name				Date Stamp	California 802		
	Oakland Alameda County C	oliseum Autl	hority			r Ollii		
	Division, Department, or Regi	on (If Applicab	le)		1	For Official Use Only		
	Sabrina B. Landreth							
	Designated Agency Contact (Name, Title)			i			
	City Administrator							
	Area Code/Phone Number			. Amendment (Must p	rovide explanation in Part 3.)			
	(510) 238-6840	Slandreth@	oaklandnet.c	om	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Infor	nation				E 00		
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$_	5000		
	Event Description Warriors			Date(s) 05	5 , 01 , 16			
		Provide Title/Ex	planation					
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of So			
	Was ticket distribution made a	it the beheet		Sahri		uro c		
	of agency official?	it the benest	No 🗌 Yes	⊠ If yes: <u>Sabri</u>	Official's Name (I	Last, First)		
3.	Recipients							
J.	Use Section A to identify the agency	/'s department o	runit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departme		Number of Ticket(s)/		olic purpose made pursuant			
	Market Market Villa		Pass(es)					
	B. Name of Individua	al .	Number of Ticket(s)/		identify one of the follow	ing		
	B. Name of Individua	d	Number of Ticket(s)/ Pass(es)		Identify one of the follow	Ing:		
	B. Name of Individual (Lest, First) Landreth, Sabrina	d .	Ticket(s)/	· ·	Identify one of the follow Other ial Role" or "Other" describe below:	Ing:		
	(Last, First)	al	Ticket(s)/ Pass(es)	· ·	Other I			
	(Last, First)	d ·	Ticket(s)/ Pass(es)	If checking "Ceremon	Other I	Income		
	(Last, First)	al	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon To investigate the e	Other island or "Other" describe below:	Income Income rations of the various		
	(Last, First)	ization	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To investigate the e sporting and other	Other Other Other or "Other" describe below: Other Other Other" describe below: efficiencies of the oper	Income In		
	Landreth, Sabrina C Name of Outside Organ	ization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Ceremonial Role If checking "Ceremon To investigate the e sporting and other	Other Other Other or "Other" describe below: Other Other Other of the oper events that occur at the	Income In		
4.	Landreth, Sabrina C. Name of Outside Organ (include address and des	ization eription)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To investigate the esporting and other Describe the pub	Other Other Other describe below: Other Other describe below: Other of the oper describe below: efficiencies of the oper events that occur at the oblic purpose made pursuant	Income In		
4.	Landreth, Sabrina C. Name of Outside Organ (include address and des	ization eription)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To investigate the esporting and other Describe the pub	Other Other Other describe below: Other Other describe below: Other of the oper describe below: efficiencies of the oper events that occur at the oblic purpose made pursuant	Income In		
4.	Landreth, Sabrina C. Name of Outside Organ (include address and des	ization eription)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To investigate the e sporting and other Describe the put	Other Other Other describe below: Other Other describe below: Other of the oper describe below: efficiencies of the oper events that occur at the oblic purpose made pursuant	Income In		

						A Fublic Document	
١.	Agency Name				Date Stamp	California 802	
	Oakland Alameda County C	oliseum Auth	ority			1 01111	
	Division, Department, or Regi	on (If Applicable	∍)		ĺ	For Official Use Only	
	Sabrina B. Landreth Designated Agency Contact (Name Title)					
		, , , , , , , , , , , , , , , , , , , ,					
	City Administrator Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
	(510) 238-6840		oaklandnet.c	oom	Date of Original Filing		
_			Oakianunet.C	COITI		(Month, Day, Year)	
-	Function or Event Information Does the agency have a ticke		of Each Ticket/Pass \$.	809			
		t policy?		*			
	Event Description A's	Provide Title/Exp	03 , 16				
	Ticket(s)/Pass(es) provided by	/ agency?	Name of S	Source			
	Was ticket distribution made a	t the behest	na Landreth				
	of agency official?		No ☐ Yes	и уез. <u></u>	Official's Name	(Last, First)	
3.	Recipients						
	Use Section A to identify the agency	/'s department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy	
			1 335(05)				
		W					
	Name of Individua (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:		
	Wang, Mailee				Other	Income	
	wang, wallee		2	1	onial Role" or "Other" describe below: ves to City employees that provide services to		
				the Authority	es to City employees	that provide services to	
				Ceremonial Role	Other	Income	
				If checking "Ceremon	ial Role" or "Other" describe below		
			2				
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuar	nt to the agency's policy	
	(on paon,	Pass(es)				
	No. of the control of						
	Verification						
	I have read and understand FPPC Regu	lations 18944.1 and	d 18942. I have ve	erified that the distribution set for	orth above, is in accordance v	vith the requirements.	
	with left	6	Sabrina La		City Administrator	51016	
	Signature of Agency Head or Designee		Print Nam	ne	Title	(Month, Day, Year)	
	Comment						
	Comment:						

Ceremonial Role Events and Ticket/Pass Distributions

7				A Fublic Document
. Agency Name			Date Stamp	California 802
Oakland Alameda County Coliseum Au	ıthority			I OIIII
Division, Department, or Region (If Applica	nble)			For Official Use Only
Sabrina B. Landreth				
Designated Agency Contact (Name, Title)				
City Administrator				
Area Code/Phone Number E-mail			. Amendment (Must pr	ovide explanation in Part 3.)
(510) 238-6840 Slandreth	@oaklandnet.c	com	Date of Original Filing: _	(Month, Day, Year)
. Function or Event Information			<u>'</u>	Enno
Does the agency have a ticket policy?	Yes 🛛 No	☐ Face Value o	of Each Ticket/Pass \$	50007
Event Description Warriors		Date(s) 05	03 , 16	5000
Provide Title/E	Explanation	Date(3)		
Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No	☐ If no:	Name of Sou	
AAA A-L-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-				irce
Was ticket distribution made at the behes of agency official?	t No ☐ Yes	If yes: Sabri	Official's Name (L	.ast. First)
 Recipients Use Section A to identify the agency's department 	or unit. • Use Sec	ction B to identify an Individu	ual. ● Use Section C to ident	ifv an outside organization.
A. Name of Agency, Department or Unit	Number of		olic purpose made pursuant	
A. Name of Agency, Department of Offic	Ticket(s)/ Pass(es)	Describe the pub	nic purpose made pursuant	to the agency's policy
<u> </u>				
= =====================================				
B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role Other		Income
Landreth, Sabrina	2	If checking "Ceremon	ial Role" or "Other" describe below:	
Ř.				
		Ceremonial Role	Other	Income
	2	If checking "Ceremon	ial Role" or "Other" describe below:	
	-		efficiencies of the operation	
-		sporting and other	events that occur at the	e Collseum Complex.
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
(motion desired and desired)	Pass(es)			
and the stage of				
. Verification I have read and understand FPPC Regulations 18944.1	and 18942 I have us	erified that the distribution set t	orth above is in accordance wit	h the requirements
A Constitution of the state of				The 1
Signature of Agency Head or Designee	Sabrina La		City Administrator	(Month, Day, Year)
-garay ross standards	, ma ream			(mem, say, rom)
Comment:				

Agency Report of: Ceremonial Role Events and Tick	et/Pass (Distributions	N	A Public Document	
1. Agency Name	CPLINAL RANGE OF THE PARTY OF T	ONE HALL STREET, SALES AND ASSESSMENT OF THE PARTY OF THE	Opto Stamp	California 802	
Oakland Alameda County Coliseum Author	rity			For Official Use Only	
Division, Department, or Region (II Applicable)				Par Official Use Offin	
Scott Haggerly, OACCA Commissioner			=		
Designated Agency Contact (Name, Title)					
	*		C amandment (Mus)	provide explanation in Part 3.)	
Area Code/Phone Number E-mail			1		
510,272,6691 leeann.ferger	son@acgov	.org	Date of Original Filing	(Month, Day, Year)	
2. Function or Event Information			FOOD		
Does the agency have a ticket policy?	f Each Tickel/Pass \$.	7,000			
Event Description Provide Tille/Expla	,26,16				
		- If no: G	w		
Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No 🛚		Name of S	Source	
Was ticket distribution made at the behest of agency official?	No ☐ Yes	⊠ If yes: <u>Hagg</u>	erty, Scott Official's Name	o (Losi, Firsi)	
3. Recipients • Use Section A to Identify the Agency's department or u	ınlt. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	entify on outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(or)	Dascriba the put	ent to the agency's policy		
Alameda County, District One		to promote the Col public and busines	iseum Complex for II ses to maximize revo	he use by the general enues	
弱 。 Name of Individual	Number of Ticket(9)/ Pass(e8)		Identify and of the following:		
Paul Daco	2	To promote attenda to maximize potention parking sales.	nce at a county sponso al county revenue for c	ored event in order mo 🗆 concession and	
		Caremonial Role	Olher	NV.	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pess(es)	Describe the pu	ublic purpose made pursuant to the agency's policy		
4. Verification I have good and funderstand FPPC Regulations 189/14.1 an					
Signature of Agency (seed or Designae)	Lee Ann Fo	***************************************	Supervisors Assist	(Month, Day, Year)	

gency Report of: eremonial Role Events	and Ticke	t/Pass [Distributions		A Public Document			
Agency Name		(0)		Date Stamp	California 802 Form			
Oakland Alameda County Coli	seum Authon	ıy			For Official Use Only			
Division, Department, or Region								
Scott Haggerty, OACCA Comp Designated Agency Contact (Na	missioner me, Title)							
				Amendment (Must	provide explanation in Part 3.)			
Area Code/Phone Number E	-mail		2					
510,272.6691	I I I I I I I I I I I I I I I I I I I				Date of Original Filing: (Month, Day, Year)			
Function or Event Informa	ation	- Fara Válua s	of Each Ticket/Pass \$ _	5,000				
Does the agency have a ticket p	oolicy? Y	es 🛛 No 🕻] Face value t	16 16	(a)			
Event Description	11012	-tfz	Date(s)	1010				
	Provide Tille/Explan	If no:	5W					
Tickel(s)/Pass(es) provided by a	agency? Y	Name of S	ource					
Was ticket distribution made at to of agency official?	the behest	No ☐ Yes [gerty, Scott Official's Name	(Lost, First)				
Recipients • Uso Section A to Identify the agency's	department or un	il. • Uso Saci	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.			
A. Name of Agency, Department		Number of Ticket(s)/ Pass(es)	Describe the put	Describe the public purpose made pursuant to the agency's policy				
			4		•			
			18					
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following:				
ALLEN DAVIC	SON	2	To promote attendate to maximize potent parking sales.	promote attendance at a county sponsored event in order naximize potential county revenue for concession and king sales.				
	1,000,000,000	ri Ni	Ceremonial Role If checking *Cemmo	Other Diniel Role" or "Other" describe halow	lucome V.			
C. Name of Outside Organiz	ation ription)	Number of Ticket(s)/ Page(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy			
Venification In vertication In vertication Teppo Regula. Signature of Agency Head or Designor	lians 18944,1 and L	18942 I have ve ee Ann Fer Pant Nam	gerson	t forth ehove, is in accordance Supervisors Assista	with the requirements. nt 5/144 (syenth, Day Year)			
Comment:			_i	EDDC Toll Free Helpline	FPPC Form 802 (4 : 866/ASK-FPPC (866/275-77			

Geremonial Role Events and T	menumber 40	o progradution		A Public Docume		
Agency Name	. 11.	1 11 11	Date Stomp	California 80		
Oakland/Alameda Cou	uty Colise	ium Authority		Form OU		
Division, Department, or Region (If Applies	150 S (W)			For Official Use Only		
Alameda (burty SizerVisor Besignated Agency Contact (Works, 1910)	Scott H	aggerty DI		9		
Lee Ann Fergerson, Tick	et Adv	unistrator		1		
Area.Code/Phone Number E-mail	• ^		Amondment (Must p			
	n.terge	rom@acgov wg	Date of Original Filing:	(Month, Day, Year)		
Function or Event Information			The state of the s	The state of the s		
Does the agency have a ticket policy	Yes A No	No Face Value of Each Ticket/Pass \$ 149,50				
Event Description Provide Title/Ex	,19,10					
Ticket(s)/Pass(es) provided by agency?	Yes 🔼 No	□ If no:	W			
Was ticket distribution made at the behest		- Suc	H L Nome of Sou	Too Manual Com		
of agency official?	No ☐ Yes	If yes:	Officials Name (L.	DSI, First		
Recipients • Use Section A to identify the agency's department or	mall - Dec Se	allon than Irlandiin on fault this				
A. Name of Agency, Department or Unit	Number of			AND ADDRESS OF THE RESIDENCE OF THE PARTY OF		
THE TRANSPORT OF THE PROPERTY	Pass(es)	- Dotterido sun public	s purpose mado pursuant t	o:the agency's policy		
		0.5.1				
3. Namo of Individual (top, Fut)	Number of Ticket(s)/ Pass(es)	identify one of the fallowing:				
Lee Eentry	2	To promote attenda to maximize potent parking sales.	ance at a county sponsor ial county revenue for cor	ed event in order 3 Concession and		
		Cetomonial Role [] If chocking *Communial R	Olher U	Іпсопа 🗀		
Name of Outside Organization (include address and description)	Number of Tickel(e)/ Pass(es)	Describe the public p	purpose made pursuent to	the agency's policy		
	Pages American Services of the	A STATE OF THE SALE OF SALES OF SALES		***************************************		
^		: • :				
erification	L					
vo reus and understand EPPO Regulations 10944.1 and 1						
	1 100	ma a second man bear	+Administrat	(/ bad /		

Agency Report of: Deremonial Role Events and Tic	ket/Pass	Distributions		A Public Document		
. Agency Name Oakland Alameda County Collseum Auth Division, Department, or Region (If Applicable Scott Haggerly, OACCA Commissioner Designated Agency Contact (Name, Title)	ority		Oate Stanu	California SUZ Forme For Official Use Only		
Designated Agency Contract (Carry)			Amendment (Must	Amendment (Must provide explanation in Part 3.)		
Area Code/Phone Number E-mail S10,272,6691 Leeann.ferge	erson@acgo\	v.org	Date of Original Filing:	(Month, Day, Year)		
Function or Event Information Does the agency have a licket policy? Event Description Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?	Yes X No l	Date(s) 5	of Each Ticket/Pass \$ / 18 / 10 Name of Secrety, Scott Official's Name			
Recipients • Use Section A to identify the agency's department or	unit. • Uso Sec	tion B to identify an individu	ual. • Use Section C to Idar	ntify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(0)/ Pass(65)	Onscribe the pub	ilc purposo made pursuan	t to the agency's policy		
		ir .				
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following:			
Gruy Login	2	To promote attenda to maximize potenti parking sales.	nnce at a county sponso ial county revenue for c	oncession and		
		COLDINOLING LINE	Other Officer of Role" or "Other" describe heliow:	income C		
C. Name of Outside Organization (include address and description)	Number of Ticket(a)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy		
	-					
Verification I move regard and understand super Residentians 18844.1 und Signature of Approxy Head or Ensigner	18942 I have ver ee Ann Ferg Post Neros	gerson	nh etove, is in accordance with Supervisors Assistant	th the regularments. 5- 3-(Lamba, Day, Year)		
Comment:				FPPC Form 802 (4/12		



Print Form

Comment: __

					A Public Document
Agency Name				Date Stamp	California 802
Oakland-Alameda County C	oliseum Autho		100250000		
Division, Department, or Regi	on (If Applicable)				For Official Use Only
Commissioner Rebecca Kap	olan				
Designated Agency Contact (Name, Title)	There is a		1	
Renee Savage, Executive A	ssistant			Amandment (Must -	rovide explanation in Part 3.)
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
510-238-7082	atlarge@oak	landnet.com	1	Date of Original Filing:	(Month, Day, Year)
. Function or Event Inform	nation				15759
Does the agency have a ticker	t policy?	Yes 🗵 No [_	f Each Ticket/Pass \$ _	157
Event Description Rihanna C	oncert Provide Title/Expla		Date(s)5	<u>, 7 , 16 </u>	
T-1-1/					
Ticket(s)/Pass(es) provided by	/ agency?	Yes 🛛 No [lt no:	Name of So	urce
Was ticket distribution made a	t the behest	No ☐ Yes [☑ If yes: Kapla	n, Rebecca	
of agency official?				Official's Name (_ast, First)
Recipients					
Use Section A to identify the agency	r's department or u		tion B to identify an individu	ial. • Use Section C to Iden	tify an outside organization.
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)			to the agency's policy
		1 435(03)			
		ļ			
Name of Individua	ıl	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		1 445(45)	Ceremonial Role	Other 🔀	Income [
Wright, Jarrod				ial Role" or "Other" describe below:	E
Y			To promote the coli business to maximi	seum for use by the g ze revenues.	eneral public and
			Ceremonial Role	Other	Income
			If checking "Ceremoni	al Role" or "Olher" describe below:	
Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
(************************************		. waa(da)			
					2
Verification I have read and understand FPFC Regul	lation 18044 1 and	18042 have us	rified that the distribution and f	orth shove is in secondaries with	th the requirements
I have issue don understand FFFC Regul	200115 10044.1 4110				
rencelly region	11	Rebecca Ka		Commissioner	May 9, 2016
Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)

Agency Report of: Ceremonial Role Events and T	lcket/Pas	ss Distributions		A Dublic Process
1. Agency Name Oakland/Alameda Cow bivision, Department, or Region (If Applies Alameda Quuty Sizer (Name, 11110) Designated Agency Content (Name, 11110)	uty Colise South H	eum Authority aggerty, D.I	Date Steinp	A Public Docume
Lee Ann Fergerson, Tick Area Code/Phone Number E-mail 510 272-1291 Leeaw 2. Function or Event Information	****	ninistrator. Ison Cacqouog	1	rovido explanation in Part 3.) (Manin, Day, Year)
Does the agency have a ticket policy? Event Description Provide TillerEn	Yes 🖾 No	Face Value of Date(s)	Each Ticket/Pags \$	2,000
Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?	Yes ☑ No No ☐ Yes	If no:	Nome of Sou	44
3. Recipients • Use Section A to Identify the agency's department or	unli. • Uso Se	otlan B to Identify an Individual	. • Ugo Baatlen & in Manife	As par guidalde exemples (fee
A. Name of Agency, Depurtment or Unit	Number of Tickel(e)/ Pass(es)		purposa mado purouant la	AND RESIDENCE AN
B. Namo of Individual (tail, Flat)	Number of Flakel(s)/ Page(es)	la	dentify one of the following	j.
Alisa Wilson	2	To promote altenda to maximize potentia parking sales	nce at a county sponsore al county revenue for con	ed event in order 1 1 cession and
or line	-	Cetamonial Rola []	Other	Incoma [
C. 'Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public p	urposo mado pursuant to u	he agancy's policy
		·		A STATE OF THE PROPERTY OF THE
Verification I may read and understand FPPO Regulations 18944.1 and 18 Lee Signature at Agency Honder Dosignes Comment:		ed that the distribution set forth above Ticke		

			2.00		A Public Document
. Agency Name				Date Stamp	California 802
Oakland Alameda County Co	oliseum Autho	ority			
Division, Department, or Region	on (If Applicable		For Official Use Only		
Sabrina B. Landreth					
Designated Agency Contact (/	Name, Title)				
City Administrator					
Area Code/Phone Number	E-mail			. ∐ Amendment (Must ⊾	provide explanation in Part 3.)
(510) 238-6840	SLandreth@	oaklandnet.	com	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inforn	nation				
Does the agency have a ticket	policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$ _	5000
Event Description Warriors			Date(s) 05	30 , 16	5000
Event Besonption	Provide Title/Expl	anation	Date(s)		
Ticket(s)/Pass(es) provided by	agency?	Yes 🛛 No	☐ If no:	Name of Sc	
Mee tielest distribution					ource
Was ticket distribution made at of agency official?	the benest	No 🗌 Yes	If yes: Sabri	Official's Name ((Last First)
					,,
B. RecipientsUse Section A to identify the agency	's department or i	unit. • Use Sec	tion B to identify an individu	ual. ● Use Section C to iden	ntify an outside organization.
A. Name of Agency, Departmen		Number of Ticket(s)/		lic purpose made pursuan	and the second s
	n - 'n 1739	Pass(es)			
9,					
	7 188 110	Number of			
Name of Individual		Ticket(s)/ Pass(es)		Identify one of the follow	ring:
			Ceremonial Role	Other	Income
Landreth, Sabrina		2		ial Role" or "Other" describe below:	
				efficiencies of the ope events that occur at the	rations of the various ne Coliseum Complex
				Other	Income
				ial Role" or "Other" describe below:	
		2			
C. Name of Outside Organi	zation	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
(include address and desc	cription)	Pass(es)			
¥					
4. Verification					
I have read and understand FPPC Regul	ations 18944.1 and	l 18942. I have ve	erified that the distribution set f	orth above, is in accordance w	ith the requirements
/8		Sabrina La		City Administrator	6/11/6
Signature of Agency Head or Designee		Print Nam	ne e	Title	Mohth, Day, Year)
Comment:					
Sommone					

						711 dane a codinioni	
T	Agency Name		Date Stamp	California 802			
	Oakland Alameda County C	oliseum Autho	-	Form 002			
	Division, Department, or Regi	on (If Applicable)			For Official Use Only	
	Sabrina B. Landreth						
	Designated Agency Contact (Name, Title)					
	City Administrator						
	Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)	
	(510) 238-6809	SLandreth@	oaklandnet.	com	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inforr	nation					
	Does the agency have a ticket	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	90-	
	Event Description A's			Data(a) 05	5 , 28 , 16	9000	
	Event Description	Provide Title/Expl	anation	Date(s)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	90 8 8	Name of So	purce	
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Sabri	na Landreth Official's Name (i	l ast First)	
_					Omdara Warne (i	Lest, i noty	
3.	Recipients	da danarimant ar	unit - Han Con	tion B to identify an individu	ual - Uan Sention C to iden	tifu on outside examination	
			Number of		ual. • Use Section C to identify an outside organization.		
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
}				- x.	7. A. M. L.O		
	B. Name of Individual	31	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
				Ceremonial Role	Other 🛛	Income	
	Espinoza, Eli		2	If checking "Ceremonial Role" or "Other" describe below: To provide incentives to City employees that provide services to			
				To provide incentive the Authority	res to City employees	that provide services to	
	¥=				П он П	D	
				Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income	
			2				
	C Name of Outside Organ	ization	Number of Ticket(s)/	Describe the nut	olic purpose made pursuan	t to the agency's policy	
	(include address and des	scription)	Pass(es)				
			1212				
4.	Verification						
	I have read and understand FPPO Regu	lations 18944.1 and	d 18942. I have ve	erified that the distribution set i	forth above, is in accordance w	ith the requirements	
	18	;	Sabrina B. L	andreth	City Administrator	6/1/16	
1	Signature of Agency Head or Designee		Print Nan	ne	Title	(Month, Day, Year)	
	Comment:						

			2.0412410110	ě:	A Public Document
Agency Name				Date Stamp	California 802
Oakland Alameda County C	oliseum Autho	rity			MANAGE TO SERVICE TO S
Division, Department, or Reg	ion (If Applicable)	7)			For Official Use Only
Sabrina B. Landreth					
Designated Agency Contact	(Name, Title)				
City Administrator					
Area Code/Phone Number	E-mail	_		Amendment (Must p	rovide explanation in Part 3.)
(510) 238-6809	SLandreth@d	oaklandnet.	com	Date of Original Filing:	
. Function or Event Infor					(Month, Day, Year)
Does the agency have a ticke		Yes ⊠ No	☐ Face Value o	f Each Ticket/Pass \$ _	9000
	. релеу .	IES [A] INU	_		(V
Event Description A's	Provide Title/Explai	nation	Date(s)	, 28 , 16	
Ticket(a)/Deeg(ee) provided b	_		— If m all		
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗵 No	IT no;	Name of So	urce
Was ticket distribution made a	at the behest	No ☐ Yes	If yes: Sabrir	na Landreth	
of agency official?				Official's Name (l	Last, First)
. Recipients					
Use Section A to identify the agence	y's department or u		ction B to identify an individu	al. • Use Section C to ident	tify an outside organization.
A. Name of Agency, Department	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
				rip	
B. Name of Individua	al	Number of Ticket(s)/		Identify one of the following	
(Last, First)		Pass(es)		Identify one of the followi	
Colson, Jason		2	_	al Role" or "Other" describe below:	Income Income Income Income Income Income Income Income Income
		2	Ceremonial Role	Other al Role" or "Other" describe below:	Income
C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
. Verification I have read and understand FPPG Regu	lations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance wit	ih the requirements.
18		abrina B. L		City Administrator	6/1/16
Signature of Agency Head or Designee		Print Nam		Title	(Monin, Day, Year)
					2 101 55
Comment:					

				Dietributione		A Public Document
N _S	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Auth		1000000		
	Division, Department, or Reg	ion (If Applicable	e)		For Official Use Only	
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)	1			
	City Administrator		- Amountment (st.)			
	Area Code/Phone Number	E-mail			. Amendment (Must pr	ovide explanation in Part 3.)
	(510) 238-6809	SLandreth@	oaklandnet.	.com	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	nation			<u> </u>	900
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	80
	Event Description A's			Date(s) 05	29 , 16	809
		Provide Title/Expl	lanation	Dutc(0)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	☐ If no:	Name of Sou	
	Was ticket distribution made a	t the beheat				rce
	of agency official?	it the benest	No ☐ Yes	If yes: Sabri	Official's Name (L	ast, First)
3.	Recipients				-	
٠.	Use Section A to identify the agency	/'s department or	unit. • Use Sec	ction B to identify an individւ	ıal. ● Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
	The state of the s		F 483(65)			
N,					The state of the s	
			Number of			
	Name of Individua		Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Medina, Jacqueline			Ceremonial Role		Income
	Wedina, bacqueine		4	I .	ial Role" or "Olher" describe below: es to City employees t	hat provide services to
				the Authority	es to oity employees t	nat provide services to
				Ceremonial Role	Other	Income [
			4	If checking "Ceremon	ial Role" or "Other" describe below:	
	O Name of Outside O	:41	Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			, , , , ,			
_	Verification					
	have read and understand FPBC Regu	lations 18944.1 and	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.
			Sabrina B. L		City Administrator	Calillo
ľ	Signature of Agency Head or Designee		Print Narr		Title	(Morylin, Day, Year)
						A A NO. 1 280 - 10
	Comment:					

ociciioillai itole Eveli	is and Tic	Neur ass	Distributions		A Public Document
. Agency Name				Date Stamp	California 802
Oakland Alameda County Co	oliseum Autho	ority			TOTH
Division, Department, or Regi	on (If Applicable)			For Official Use Only
Sabrina B. Landreth					
Designated Agency Contact (Name, Title)				-
City Administrator					
Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
(510) 238-6809	SLandreth@	oaklandnet.	com	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform	nation		*		50000
Does the agency have a ticket		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	
Event Description Warrior Tic	kets		Date(s)	, 26 , 16	
	Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided by	agency?	Yes 🗵 No	☐ If no:	Name of Sou	urae (f
Was ticket distribution made a	t the beheat				irce
of agency official?	t the benest	No 🗌 Yes	⊠ If yes: Sabri	Official's Name (L	ast, First)
3. Recipients					
Use Section A to identify the agency	ս's department or ւ	unit. • Use Sec	ction B to identify an individu	ıal. ■ Use Section C to ident	ify an outside organization.
A. Name of Agency, Departmen		Number of Ticket(s)/		lic purpose made pursuant	
	NEW TOTAL	Pass(es)			
-					
B. Name of Individua		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng
			Ceremonial Role	Other,	Income
Pulliam, Usana		2		ial Role" or "Other" describe below:	
		-	To provide incentive the Authority	es to City employees t	hat provide services to
		<u> </u>		Other	
			Ceremonial Role If checking "Ceremon	L Other L ial Role" or "Other" describe below:	Income
		2			
	- 1				
C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
(include address and des	cription)	Pass(es)			18 7-3
					
					Y
4. Verification					5 Ji
I have read and understand FPPC Regul	-				n the requirements.
		Sabrina B. L		City Administrator	4/1/16
Signature of Agency Head or Designee		Print Narr	ne	Title	(Month, Day, Year)
Comment					

Ceremonial Role Events and Ticket/Pass Distributions

_						A Fublic Document		
ι.	Agency Name		Date Stamp	California 802				
	Oakland Alameda County C	oliseum Auth	ority			10111		
	Division, Department, or Regi	on (If Applicable	e)		For Officíal Use Only			
	Sabrina B. Landreth							
	Designated Agency Contact (Name, Title)						
	City Administrator							
	Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)		
	(510) 238-6840	SLandreth@))oaklandnet.d	com	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Inform	nation				4000		
	Does the agency have a ticker	t policy?	Yes ⊠ No	Face Value o	f Each Ticket/Pass \$ _	80		
	Event Description A's	Provide Title/Exp		Date(s) 05	, 18 , 16	8000		
	Evolit Boothpilon	Provide Title/Exp	planation					
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no:	Name of So	VIPO O		
	Was ticket distribution made a	t the beheet		Cabri		urce		
	of agency official?	it the penest	No ☐ Yes	If yes:	Official's Name (I	Last, First)		
2	Recipients							
٠.	Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ident	tify an outside organization.		
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	blic purpose made pursuant to the agency's policy			
			Pass(es)					
	<u> </u>		-					
	D. Norman of Individual		Number of			K		
	B. Name of Individua		Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
				Ceremonial Role	Other	Income		
	Joyner, Ersie		4		ial Role" or "Other" describe below:	(la - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
				the Authority	es to City employees	that provide services to		
				Ceremonial Role	Other	Income 🔲		
					ial Role" or "Other" describe below:			
	Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy		
			Pass(es)					
_	Veuifiestien							
₩.	Verification I have read and understand FORC Regu	lations 18944.1 an	nd 18942. I have ve	rified that the distribution set fi	orth above, is in accordance wi	th the requirements		
		ENGLISHING TO THE TOP	Sabrina Lar		City Administrator	Collella		
	Signature of Agency Head or Designee		Print Nam		Title	(Mchth, Day, Year)		
	Comment:							

١.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Auth	ority			Form OOL
	Division, Department, or Regi	ion (If Applicable)		1	For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)			1	
	City Administrator Area Code/Phone Number	E-mail			Amendment (Musi	provide explanation in Part 3.)
	(510) 238-6840)oaklandnet.	com	Date of Original Filing	
_			oakiai idi ici.i			(Month, Day, Year)
	Function or Event Infor			East Value o	of Each Ticket/Page \$	
	Does the agency have a ticke	t policy?	Yes 🛛 No		TI Lacii Ticketi Fass \$	
	Event Description A's	Provide Title/Expl	(4°	Date(s)	5 , 16 , 16	
			ianation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of S	Source
	Was ticket distribution made a	at the behest	No ☐ Yes		na Landreth	
	of agency official?	at the believe	No 🔲 Tes	□ If yes:	Official's Name	e (Last, First)
_	Recipients					
,	Use Section A to identify the agence	y's department or	ual. • Use Section C to ide	entify an outside organization.		
	A. Name of Agency, Departme		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
			Pass(es)			
			-			
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follo	ewing:
	(Last First)		Pass(es)			
	Houston, Horace			Ceremonial Role	Other	Income [
	riouston, rioracc		4	1		s that provide services to
				the Authority		
	2		1	Ceremonial Role	Other	Income
				1	nial Role" or "Other" describe belo	W:
			ļ			
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pul	blic purpose made pursua	int to the agency's policy
	(include address and des	acription)	Pass(es)			
	Q ueen 					
4.	Verification					
	I have read and understand FPPC Regu	ulations 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance	with the requirements
	-6		Sabrina La	ndreth	City Administrator	6/6/16
	Signature of Agency Head or Designee	e	Print Nan	ne	Title	Month Day, Year)
	Comments					

4	A series Name				D + 0:	AT upile becamen	
١.	Agency Name		Date Stamp	California 802			
	Oakland Alameda County C			For Official Use Only			
	Division, Department, or Regi	ion (If Applicable))				
	Sabrina B. Landreth						
	Designated Agency Contact (Name,Title)					
	City Administrator						
	Area Code/Phone Number			I ∐ Amendment (Must ⊭	provide explanation in Part 3.)		
	(510) 238-6840	SLandreth@	oaklandnet.	com	Date of Original Filing:	(Month, Day, Year)	
<u></u>	Function or Event Infor	mation					
	Does the agency have a ticke	t policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$ _	15750	
	Event Description Rhianna- A				5 , 07 , 16		
	Event Description	Provide Title/Expla	anation	Date(s)			
	Ticket(s)/Pass(es) provided by	v agency?	Yes⊠ No	□ If no:	Name of Sc		
	, , , , , , , , , , , , , , , , , , ,	, -g, ·	163 ZI 140			purce	
	Was ticket distribution made a	at the behest	No 🗌 Yes	⊠ If yes: <u>Sabri</u>	na Landreth Official's Name (U not First	
	of agency official?				Отісіаі s ivame ((Last, First)	
3.	Recipients						
	Use Section A to identify the agency	y's department or u	unit. • Use Sec	tion В to identify an individu	ual. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuan	pose made pursuant to the agency's policy	
			Pass(es)				
	D Name of Individua	al.	Number of				
	B. Name of Individua	al	Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	*			Ceremonial Role	Other	Income	
	Moore, Joe		2		ial Role" or "Other" describe below:		
				To provide incentive the Authority	es to City employees	that provide services to	
	19		-				
				Ceremonial Role If checking "Ceremon	☐ Other ☐ iial Role' or Other describe below:	Income L	
				, and a			
	C. Name of Outside Organ	nization	Number of	Describe the sub	lia	A to the general policy	
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	it to the agency's policy	
	-						
	:						
1	Varification		1				
4.	Verification I have read and understand FPPC Regu	ulations 18944.1 and	d 18942. I have ve	erified that the distribution set f	forth above, is in accordance w	rith the requirements	
			Sabrina La		City Administrator	C/ 111	
	Signature of Agency Head or Designee	,	Print Nan		Title	(Month, Day, Year)	
						I Consider	
	Comment:						

	Agency Name				Date Stamp	California 802	
	Oakland Alameda County Colis	eum Autho	rity			Form OUZ	
	Division, Department, or Region	(If Applicable)			1	For Official Use Only	
	Sabrina B. Landreth						
	Designated Agency Contact (Nam	ne, Title)					
	City Administrator						
		mail			Amendment (Must	provide explanation in Part 3.)	
		_andreth@d	oaklandnet.c	com	Date of Original Filing:	(Month, Day, Year)	
>	Function or Event Information	tion					
	Does the agency have a ticket po		Yes⊠ No[☐ Face Value o	of Each Ticket/Pass \$ _	50000	
		•	100 🛅 110		5 , 11 , 16	v z	
	Event Description Warriors	vide Title/Expla	nation	Date(s)			
	Ticket(s)/Pass(es) provided by ag	iencv?	Yes 🛛 No [□ If no:			
	Tionot(a)/T ass(cs) provided by ag	, c. 10 y .	TES IND L		Name of S	ource	
Was ticket distribution made at the behest			No ☐ Yes [⊠ If yes: Sabri	ina Landreth	4 15 1	
	of agency official?				Official's Name	(Last, First)	
3.	Recipients						
	Use Section A to identify the agency's d	lual. • Use Section C to ide	ntify an outside organization.				
	A. Name of Agency, Department of	r Unit	Number of Ticket(s)/	Describe the pul	ublic purpose made pursuant to the agency's policy		
			Pass(es)				
	B. Name of Individual		Number of		Ideal Comment of the College		
	(Last First)		Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
	T 14 0 1			Ceremonial Role		Income	
	Todd, Amber		2	, and the second	nial Role" or "Other" describe below.		
				the Authority	ves to City employees	that provide services to	
	·		-		Other	Income 🔲	
					nial Role" or "Other" describe below		
				19			
	C. Name of Outside Organizat	ion	Number of Ticket(s)/	Describe the pul	blic purpose made pursuar	nt to the agency's policy	
	(include address and descrip	tion)	Pass(es)				
	÷						
4.	Verification						
	I have read and understand FPPC Regulation	ns 18944 1 and	18942. I have ve	erified that the distribution set	forth above, is in accordance w	vith the requirements	
		_	Sabrina Lar	ndreth	City Administrator	6/6/16	
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)	
	Commont						
	Comment:						

1.	Agency Name		Date Stamp	California 802			
	Oakland Alameda County C	oliseum Autho		Form 002			
	Division, Department, or Regi	ion (If Applicable)			For Official Use Only	
	Sabrina B. Landreth						
	Designated Agency Contact (Name, Title)			1		
	City Administrator				Amendment (Must	movido qualquation in Port 2.1	
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 238-6840	SLandreth@	oaklandnet.	com	Date of Original Filing	:(Month, Day, Year)	
2.	Function or Event Infor	mation				5 moe	
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$.	900	
	Event Description Warriors			Data(s) 0	5 , 16 , 16	5000°E	
	Event Description	Provide Title/Expl	anation	Date(s)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of S		
						Source	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Sabr	ina Landreth Official's Name	// set Firet	
	of agency official?				Omera s rvame	(Lust, r nat)	
3.	Recipients			er met et ere er er er		4-1-1	
	Use Section A to identify the agence	y's department or	ction B to identify an individ	iual. • Use Section C to ide	entify an outside organization.		
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuant to the agency's policy		
			1 200(00)				
	R Name of Individual Number						
	B. Name of Individual (Last First)		Ticket(s)/ Pass(es)		Identify one of the follo	wing:	
	:			Ceremonial Role	Other	Income	
	Orlogas, Alexandra		2		onial Role" or "Other" describe below		
			_	To provide incention the Authority	ves to City employees	s that provide services to	
	74			Ceremonial Role		Income _	
					Other Donial Role" or Other describe below		
	C Name of Outside Organ	nization	Number of	Docosiho the nu	blic purpose made pursua	nt to the agency's policy	
	(include address and des	scription)	Ticket(s)/ Pass(es)	Describe the pu	one purpose made pursua	nt to the agency's policy	
			İ				
4.	Verification						
4.	I have read and understand FPPC Regu	ulations 18944.1 an	d 18942. I have vi	erified that the distribution set	forth above, is in accordance	with the requirements.	
			Sabrina La		City Administrator	Calalita	
	Signature of Agency Head or Designer	 : 	Print Nan		Title	(Month, Day, Year)	
	and read or setting for					, ,	
	Comment:						

Ceremonial Role Events and Ticket/Pass Distributions

For Official Use Only		
For Official Use Only		
Amendment (Must provide explanation in Part 3.)		
fonth, Day, Year)		
<u> </u>		
32 ^{5,9}		
First)		
outside organization.		
e agency's policy		
ublic purpose made pursuant to the agency's policy		
Income		
ing "Ceremonial Role" or "Other" describe below: incentives to City employees that provide services to		
provide derviced to		
Income		
e agency's policy		
requirements.		
Call 111-		
Month, Day, Year)		

_						711 done becamen	
	Agency Name				Date Stamp	California 802	
	Oakland Alameda County C	oliseum Autho		Form OUZ			
	Division, Department, or Regi	on (If Applicable	·)			For Official Use Only	
	Sabrina B. Landreth						
	Designated Agency Contact (Name, Title)					
	City Administrator				Amendment (Must	provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			_		
	(510) 238-6840		oaklandnet		Date of Original Filing	(Ivionth, Day, Year)	
2.	Function or Event Inform	mation				5000°	
	Does the agency have a ticker	t policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$.	5000	
	Event Description Warriors		5 <u>, 18 , 16</u>				
	Evont Boodilphon	Provide Title/Expl	lanation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No [☐ If no:	Name of S	*	
				ource			
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes l	✓ If yes: Sabri	Official's Name	(Last, First)	
_							
3.	Recipients	v'e densitment or	unit • Hee Ser	tion B to identify an individu	ual • Use Section C to ide	ntify an outside organization.	
	Use Section A to identify the agency's department or unit. Use Section B to identify an individual Number of						
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Describe the pub		blic purpose made pursuant to the agency's policy		
							
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:			
					Other	Income	
Cotton, Chantal		2		ionial Role' or "Other" describe below:			
			To provide incentives to City employees that provide services to the Authority				
				Ceremonial Role	Other D	Income	
					Other nial Role" or Other" describe below		
			3.01				
	C Name of Outside Organ		Number of Ticket(s)/	Describe the nut	olic purpose made pursua	nt to the agency's policy	
	(include address and des	scription)	Pass(es)	20001100 0110 put			
4	Verification						
٠,	I have read and understand FPPC Regu	ılations 18944 1 an	d 18942, I have ve	erified that the distribution set	forth above, is in accordance	with the requirements.	
			Sabrina La	ndreth	City Administrator	6/1/16	
Signature of Agency Head or Designee			Print Nam		Title	(Month. Day. Year)	
						1 1	
	Comment:						

. Agency Name			Date Stamp	California 802	
Oakland Alameda County Coliseum Au	thority			Form OUZ	
Division, Department, or Region (If Application)	1	For Official Use Only			
Sabrina B. Landreth					
Designated Agency Contact (Name, Title)					
City Administrator					
Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)		
(510) 238-6840 SLandreth	@oaklandnet.	com	Date of Original Filing	:(Month. Day, Year)	
2. Function or Event Information					
Does the agency have a ticket policy?	Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$.	809	
Event Description A's		Data(s) 05	5 , 17 , 16	8000	
Event Description AS Provide Title/E	xplanation	Date(s)			
Ticket(s)/Pass(es) provided by agency?	Yes 🗵 No	☐ If no:	Name of S		
Was ticket distribution made at the behest of agency official?	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Sab				
			Official's Name	(Lusi, 1 may	
B. Recipients	an unit a blacka	stion B to identify an individ	lual - Has Castian C to ide	natifican autable aggregation	
Use Section A to identify the agency's department	Number of				
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursua	nt to the agency's policy	
^					
B. Name of Individual	Number of Ticket(s)/		Identify one of the following:		
(Last First)	Pass(es)		Tuesting one of the follo		
Rivera, Esmirna	,	Ceremonial Role	Other onial Role' or "Other" describe below	Income	
rivera, Estilitia	4			s that provide services to	
		the Authority	ves to only employees	That provide dervices to	
		Ceremonial Role	Other	Income	
			nial Role" or "Other" describe below		

-					
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pu	Describe the public purpose made pursuant to the agency's policy		
(morado adarece and accomplication)	Pass(es)				
, (1)					
4. Verification			South all aug to to a	with the meaning of the	
I have read and understand FPPC Regulations 18944.1				11	
November of the state of the st	Sabrina La		City Administrator	- CHUITE	
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)	
Comment:					

Ceremonial Role Events and Ticket/Pass Distributions

Ē	Agency Name Oakland Alameda County C	oliseum Autho	:4		Date Stamp	California 802
Ē		oliseum Autho				
		onocum, tutin	ority			
,	Division, Department, or Regi	on (If Applicable)			For Official Use Only
•	Sabrina B. Landreth					
Ē	Designated Agency Contact (Name, Title)				
(City Administrator		D Amendment at the	it. 1 5 5 0 101		
7	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3)
((510) 238-6840	SLandreth@	oaklandnet.	com	Date of Original Filing:_	(Month, Day, Year)
2. F	Function or Event Inforr	nation				14.450
	Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of				f Each Ticket/Pass \$	1479
F	Event Description The Who Provide Title/Explanation Date(s)			, 19 , 16	- I - I I	
		Provide Title/Expl	anation			
Т	Ticket(s)/Pass(es) provided by	/ agency?	Yes⊠ No[If no:	Name of Sou	
1.					rce	
V	Nas ticket distribution made a of agency official?	t the benest	No 🗌 Yes l	If yes: Sabrii	Official's Name (L	ast, First)
B. 1	Recipients					
	• Use Section A to identify the agency	/'s department or	unit. • Use Sec	tion B to identify an individu	ıal. • Use Section C to identi	ify an outside organization.
			Number of Ticket(s)/		lic purpose made pursuant	Water Waller and State of Stat
-			Pass(es)			
-						
E	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other	Income
'	Valle, Neil		2	-	ial Role" or "Other" describe below:	
				the Authority	es to City employees t	hat provide services to
-			+	Ceremonial Role	Other	Income
					ial Role" or "Other" describe below:	
(Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
-			Pass(es)			
ē			-			
					*	
	Verification					
	have read and understand FPPC Regu	lations 18944 1 and	d 18942. I have ve	rified that the distribution set f	orth above, is in accordance with	n the requirements
			Sabrina Lar		City Administrator	dalu
9		5 5 5 5 5 C		- Carring and	7 V///V	

1.	Agency Name				Date Stamp California		
	Oakland Alameda County Coliseum Authority					Form OUZ	
	Division, Department, or Regi	ion (If Applicable		For Official Use Only			
	Sabrina B. Landreth						
	Designated Agency Contact (Name, Title)	-				
	City Administrator						
	Area Code/Phone Number	E-mail	Amendment (Must provide explanation in Part 3.)				
	(510) 238-6840	SLandreth@	oaklandnet	com	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation				200	
	Does the agency have a ticke	t policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$ _	70	
	Event Description A's	Provide Title/Expl		Date(s)0	5 , 30 , 16	900	
		Provide Title/Expl					
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	☐ If no:	Name of S	ource	
	NA to distant distants attended at the behavior			rina Landreth	ource		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: ☒ of agency official?			If yes:	Official's Name	(Last, First)	
3.	Recipients						
٠.	Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an indivi	dual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pu	iblic purpose made pursuan	nt to the agency's policy	
			Pass(es)				
};	3 11112111111111111111111111111111111						
						10	
	Number of						
	Name of Individual (Last First)		Ticket(s)/ Pass(es)	Identify one of the following:		wing:	
	***************************************			Ceremonial Role	Other	Income	
	Ranelletti,Darin		4		onial Role" or "Other" describe below:		
				the Authority	ves to City employees	that provide services to	
	:				Other	Income	
					onial Role" or "Other" describe below:		
	D-						
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the pu	Describe the public purpose made pursuant to the ag		
	(morade address and des	scription)	Pass(es)				
4.	Verification I have read and understand FPPC Regu	dations 18044 1 an	d 19042. I have us	orified that the distribution se	t forth above is in apportance u	with the consideraments	
	Thave read and understand FFPC Regu	nauons 16944 I am				out the requirements.	
	Signature of Agency Head or Designee		Sabrina La		City Administrator	(Month, Day, Year)	
	Signalare of Agency Flead of Designer	,	r mit iven.		ime	John, Day, Tear	
	Comment:						

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Autho	ority			Form For Official Use Only
	Division, Department, or Reg	ion (If Applicable	·)]	For Official Ose Offiy
	Sabrina B. Landreth					
	Designated Agency Contact	Name, Title)			1	
	City Administrator				Amandanant (t)	
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 238-6840	SLandreth@)oaklandnet.	com	Date of Original Filing	:(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🗵 No	_		
	Event Description A's			Date(s)	5 , 31 , 16	
		Provide Title/Expl	lanation	,		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🛛 No	☐ If no:	Name of S	Source
	Was ticket distribution made a	at the behest	No ☐ Yes		ina Landreth	
	of agency official?	at the benest	No 🔲 Tes	△ If yes:	Official's Name	(Last, First)
3.	Recipients					
•	Use Section A to identify the agence	y's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pul	olic purpose made pursua	nt to the agency's policy
			Pass(es)			
						
	R Name of Individu	al	Number of			
	B. Name of Individue		Ticket(s)/ Pass(es)		Identify one of the follo	wing:
				Ceremonial Role		Income
	McCullough,Artisha		4		nial Role" or "Other" describe below	
				the Authority	es to City employees	s that provide services to
				Ceremonial Role	Other	Income
					nial Role" or Other describe below	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pul	blic purpose made pursua	nt to the agency's policy
			Pass(es)			
	(-			
4.	Verification I have read and understand EPPC Regu	llatione 18044 1 and	d 18942 have v	arified that the distribution set	forth above is in accordance	with the requirements
	There read and uniderstand remove Regul	adions (0344) dill				- L. M
j.	Signature of Agency Head or Designed	-	Sabrina La		City Administrator	(Nohth, Day, Year)
	organizatio di Agonoy Fredu di Designet	•	i inicivali		, mo	Jan. Day. Teal?
	Comment:					

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Autho	ority			Form 002
	Division, Department, or Regi	on (If Applicable	*)		1	For Official Use Only
	Sabrina B. Landreth					
	Designated Agency Contact (Name, Title)			1	
	City Administrator					- Nive -
	Area Code/Phone Number	E-mail		<u> </u>	Amendment (Must	provide explanation in Part 3.)
	(510) 238-6840	SLandreth@)oaklandnet.	com	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$,	5000
	Event Description Warriors			Date(s) 05	5 , 26 , 16	<u>5000°</u>
	Event Description	Provide Title/Expl	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of S	
	VAILE AND AND AND AND AND AND AND AND AND AND					ource
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	⊠ If yes: <u>Sabri</u>	Official's Name	(Last, First)
-	Recipients					
٠.	Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursual	nt to the agency's policy
ĭ						
	B. Name of Individual	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	
	Pulliam, Usana			Ceremonial Role	Other Other Other Other Other Other Other Other Other	Income
	r dilidiri, Osaria		2	· ·		that provide services to
				the Authority	, , ,	
					Other	Income
				If checking "Geremor	nial Role" or "Other" describe below	;
			-			
	C Name of Outside Organ	nization	Number of	Donneite the	olic purpose made pursua	at to the agency's policy
	(include address and des	scription)	Ticket(s)/ Pass(es)	Describe the put	one purpose made pursua	nt to the agency's policy
4.	Verification		10			
	I have read and understand FPPC Regu	ılations 18944 1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance w	with the requirements.
)			Sabrina La		City Administrator	6/6/16
1	Signature of Agency Head or Designee	7	Print Nam	ne	Title	(Month Day Year)
	Comment:					

Ceremonial Role Events and	Ticket/Pag	ss Distributions	19	W Lyplic DoonWeak
1. Agency Name		and the cast of the Cast of th	Date Slamp	California – – – –
Oakland-Alameda County Collseum	Authority			
Division, Department, or Region (II Appl	11/105-21/1	7000		For Official Use Chily
Susan S. Muranishi, County Administ	rator, Alamed	n County .		1.0
Dupignated Agency Centact (Name, Title)			1	
Aréa CodelPhone Number E-mail	***************************************		Amendment (Must	worldo explanation in Part %)
The state of the s	iministrator@	SCOOV.org	Date of Original Fillings	A Print of Manual Print of A
2. Function or Event Information	Williamonous	Ben (19)		(Month, DAy, Your)
Dops the agency have a licket policy?	Yes 🛭 N	lo 🔲 📗 Face Value o	of Each Tluket/Pass 5	see attache
Event Description Golden State Warrio Provide Title	<u>ra Daskethall.</u> Expleneden		ttanhad /	
Ticket(s)/Pass(ss) provided by agency?	Yes 🔀 N	o 🖂 If no:	Name of Sq	
Was licket distribution made at the beha	Mo I Ye			
of agency official?	- 140 Ed 18	¥I_I II yes:	Official's Name (Lawl, Pleat)
. Recipients		Add Math	VI (12 14 14 14 14 14 14 14 14 14 14 14 14 14	and the same of th
. Use fination Ato identify the agency's department	torunk, . Uso 6			
A. Name of Agency, Department or Unit	-"riaket(a)/ 6"quu(an)	Idual est equand	a bushano maga busanusi	to the agency's policy
the state of the s		**************************************		(A) (A)
B. Name of individual	Humber of Pass(es)		identify one of the followin	di ,
Muranishi, Susan S.		Garemonial Rolo	Other [8]	lijeome [
according to a property of the second section of the section of the second section of the sect	2/date		to City and County or To Authority	-
		Ceremontol Rigia	The state of the s	Income [
		- Hillians		
C. Name of Custode Organization (Include address and description)	Number of Hotel(e)/ Pass(as)	Dagariba the public	purpose inside pulsuant to	the agency's policy
		and the second		All differences to the second
Vedireation		and the second s	and the second second	T Company
have read and understand FPPC Regulations 18944.1 and	Susan S. Mur	anishi Go	abaya, is in accordance with it purity Administrator	ha rayulremente.
Ministers of Aglacia Holid of Designan	Pårt Nump		780	(Manth, Day, Year)
comment:				* 8

Warriors Playoffs May 2016 Susan Muranishi

•	Warriors	May 1, 2016	(2) tickets	\$5000.00
•	Warriors	May 3, 2016	(2) tickets	\$5000.00
•	Warriors	May 11, 2016	(2) tickets	\$5000.00
•	Warriors	May 16, 2016	(2) tickets	\$5000.00
•	Warriors	May 18, 2016	(2) tickets	\$5000.00
•	Warriors	May 26, 2016	(2) tickets	\$5000.00
•	Warriors	May 30, 2016	(2) tickets	\$5000.00

	40.	су керогтот: nonial Role Events and Tid	cket/Pass	Distributions		A Public Document
7	<u>Oa</u>	ency Name Klan Salumudu C slon, Department, or Region (II Applicab	ounty 2	oliseum Mythority	Date Stamp	California 802 Form For Official Use Only
		y Reid, Chair gnated Agency Contact (Name, Tille)				
	-				Amendment (Must p	rovide explanation in Part 3.)
		383.4801 E-mail Lreud (Doakla	nd net .com	Date of Original Filing:	1
2.	. Fur	ction or Event Information				
		the agency have a ticket policy? Warriors Season Regulde TitleFy	Yes X No [Face Value o	f Each Ticket/Pass \$	see altaobed
		Provide Title/Exp et(s)/Pass(es) provided by agency?	Yes 🕍 No 🛭			
		ticket distribution made at the behest gency official?	No Yes [If yes:		
3.		iplents Section A to Identify the agency's department or	unit. • Use Secti	ion B to identify an individu	al. • Use Section C to Ident	ify an outside organization.
	A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		ic purpose made pursuant	
j						
	В.	Name of Individual (Lost, First)	Number of Ticket(s)/ Pass(os)		Identify one of the follow	ng:
	R	ud, Larry	Per Per		Other All Role" or 'Other describe below	Income []
	1-5		game	#3 to 11	vestigate	efficiencies
				Ceremonial Role [If checking 'Ceremonia	Other Date of "Other" describe helow	Incorre 🛄
	C.	Name of Outside Organization (include address and description)	Number of Tickel(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
						<u> </u>
1.		ication ead and understand FPPC Regulations 18944 Lanc	1 (00.4) House 112.2	Sod that the distribution and	oth physics to be according.	the complexity of
		range But Lu	Mushin	DA	CCA: Charle	2/2015
	S	ignature of Agency Head or Designet	Print Name		Titte	(Month. Day, Year)

Warriors Playoffs May 2016 Larry Reid

•	Warriors	May 1, 2016	(2) tickets	\$5000.00
٠	Warriors	May 3, 2016	(2) tickets	\$5000.00
•	Warriors	May 11, 2016	(2) tickets	\$5000.00
•	Warriors	May 16, 2016	(2) tickets	\$5000.00
	Warriors	May 18, 2016	(2) tickets	\$5000.00
•	Warriors	May 26, 2016	(2) tickets	\$5000.00
•	Warriors	May 30, 2016	(2) tickets	\$5000.00

Agency Report of:

_							
Ce	remonial	Role	Fyante	and	Ticket/Page	Dietributi	One

_						N IN A WAY OF THE REAL PROPERTY.
. A	gency Name				Date Stamp	California 802
	akland-Alameda County C					
Di	vision, Department, or Reg	ion (If Applicab	le)			For Official Use Only
В	arbara J. Parker, City Atto	rney/OAACA	Official			
	esignated Agency Contact					
Ar	ea Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	10) 238-3815		aklandcityatte	Orney Ora	Date of Original Filing: _	
	unction or Event Infor		amandonyan	omey.org		(Month, Day, Year)
	es the agency have a ticke		V 67 1	Econ Value a	f Fools Tightet/Dane	October-April2016
			Yes⊠ No	race value o	f Each Ticket/Pass \$	MOSTS & Fina
Εv	ent Description Warriors B	Provide Title/Exp	Kets	Date(s)		J-, j
			nanation			
Tic	cket(s)/Pass(es) provided by	agency?	Yes 🛛 No	☐ If no:	Name of Soul	rce
W:	as ticket distribution made a	t the hehest	No DI Va-	12		
	f agency official?	LATO DOTTEGE	No ⊠ Yes	☐ If yes:	Official's Name (La	ast, First)
D	ecipients	-				
	se Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	al a liee Section C to identif	fu an outoido organization
A			Number of			
~	Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	ic purpose made pursuant t	o the agency's policy
В.	Name of Individua		Number of Ticket(s)/		Identify one of the followin	a:
В.	Name of Individua (Losi, First)		Number of		Identify one of the followin	
			Number of Ticket(s)/	Ceremonial Role [Other 🔀	g: Income
	(Lost, First)		Number of Ticket(s)/	If checking "Ceremonia	Other X	Income
	(Lost, First)		Number of Ticket(s)/ Pass(es)	If checking "Ceremonia" To investigate the e	Other 🔀	Income I
	(Lost, First)		Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To investigate the e sporting and other e	Other Other Other Other describe below.	Income tions of the various
Ва	(Lost, First)	zation	Number of Ticket(s)/ Pass(es)	If checking "Caremonia To investigate the e sporting and other e Ceremonial Role If checking "Ceremonia	Other Other Other Other describe below. Other describe below. Other Other Other Other	Income tions of the various diseum Complex
Ва	(Lost, First) rbara J. Parker Name of Outside Organia	zation	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Caremonia To investigate the e sporting and other e Ceremonial Role If checking "Ceremonia	Other Diagram of the operative that occur at Co. Other Diagram of the operativents that occur at Co. Other Diagram of Role or Other describe below:	Income tions of the various liseum Complex Income
C.	(Lost, First) rbara J. Parker Name of Outside Organia	zation ription)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking *Ceremonia To investigate the electric sporting and other electric sporting and other electric sporting and other electric sporting and other electric sporting and other electric sporting and other electric sporting	Other Delay of "Other" describe below. Ifficiencies of the operativents that occur at Color of the Other Delay of Tolher describe below. If Role" or "Other" describe below.	Income Itions of the various Isseum Complex Income

Warriors Playoffs May 2016 Barbara Parker

	Warriors	May 1, 2016	(2) tickets	\$5000.00
•	Warriors	May 3, 2016	(2) tickets	\$5000.00
•	Warriors	May 11, 2016	(2) tickets	\$5000.00
•	Warriors	May 16, 2016	(2) tickets	\$5000.00
•	Warriors	May 18, 2016	(2) tickets	\$5000.00
•	Warriors	May 26, 2016	(2) tickets	\$5000.00
•	Warriors	May 30, 2016	(2) tickets	\$5000.00

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ole)				
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ioner		1		
		*:		
	4			
		Amendment (Must pro	ovide explanation in Part 3.)	
nslaw@vahoo	com	Date of Original Filing:		
Van IVI Na li	T Face Value of	Front Tieket/Dane © 3	Deattach	
		SOA OLLA	had	
Event Description Golden State Warriors Season Provide Title/Explanation Date(s)				
Yes 🛛 No	If no:	Name of Sour	rce	
No XI Yes F	If yes			
110 [2] 100]	ii yes.	Official's Name (La	ısı, First)	
runit. 👨 Use Sect	ion B to Identify an Individua	al. • Use Section C to identif	y an outside organization.	
Number of				
Pass(es)				
Number of				
Ticket(s)/ Pass(es)		Identify one of the following	g:	
	Ceremonial Role	Other 🛛	Income	
2 ner			1	
2. poi	to investigate the eff	iciencies of the operati	ons of the various	
			Coliseum Complex	
			Income	
2 per	Transcand Colenolida	TOTAL OF CHIEF CHESCHING DEIDLY.		
Number of	Daniel III			
Pass(es)	Describe the public	purpose made pursuant to	the agency's policy	
L		The state of the s	35 A 2000	
18942, I have verifi	ied that the distribution set fort	h above, is in eccordance with ti	he requirements	
Chris Dobbi	ins O/	ACCA Commissioner	2/20/(
Print Norne		Tille	(Month, Day, Year)	
CHIRT INGUIC		TING	(month, Day, Year)	
	Yes X No Season planation Yes X No Season No X Yes Sector unit. • Use	Season planation Yes No No If no: No Yes If yes: Tunit. • Use Section B to Identify an individual Number of Tickot(s)/ Pass(es) Ceremonial Role If checking 'Ceremonial to investigate the eff sporting and other events of the public 2 per Number of Ticket(s)/ Pass(es) Describe the public Ceremonial Role If checking 'Ceremonial to investigate the eff sporting and other events of the public Describe the public Describe the public It checking 'Ceremonial Describe the public Number of Ticket(s)/ Pass(es) Describe the public	Passon Page 1 No	

Warriors Playoffs May 2016 Chris Dobbins

	Warriors	May 1, 2016	(2) tickets	\$5000.00
	Warriors	May 3, 2016	(2) tickets	\$5000.00
	Warriors	May 11, 2016	(2) tickets	\$5000.00
•	Warriors	May 16, 2016	(2) tickets	\$5000.00
•	Warriors	May 18, 2016	(2) tickets	\$5000.00
•	Warriors	May 26, 2016	(2) tickets	\$5000.00
	Warriors	May 30, 2016	(2) tickets	\$5000.00

Agency Name				Date Stamp	California OA2
Oakland Alameda County C	oliseum Autl	nority			Form OUZ
Control of the Contro				•	For Official Use Only
Coott Makibban OACCA Fire	Alice Dise	-t			
		ctor			
Designated Agency Contact (vame, rue)				
				Amendment (Must	provide evolenation in Part 3.1
Area Code/Phone Number	E-mail			1	
510.383.4801	smckibben '	1@gmail.com		Date of Original Filing	(Month, Day, Year)
Function or Event Inform	nation		32719070000000000000000000000000000000000		
Does the agency have a ticket	policy?	Yes 🛛 No 🗀] Face Value o	of Each Ticket/Pass \$	Sie attache
Event Description Warriors S	eason		C)oto(a)	Sep. OF	tuches
Event pescription	Provide Title/Exp	olanation	Date(s)	The Contract of the Contract o	
Ticket(s)/Pass(es) provided by	agency?	Ves 🕅 No 🗀	1 f no:		
		163 63 140		Name of S	OUrce
	t the behest	No ☐ Yes ☐] If yes:		
of agency official?				Official's Name	(Last, First)
Recipients					
 Use Section A to Identify the agency 	's department o		on B to identify an Individu	ial. • Use Section C to idea	ntify an outside organization.
A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuar	nt to the agency's policy
		Pass(es)			
	V.	Ticket(s)/		Identify one of the follow	ving:
Innie de la companya de la companya de la companya de la companya de la companya de la companya de la companya		Pass(es)	O dat Data		
McKibben, Scott					Income
			see attached		*
			Ceremonial Role	Olher 🗌	Income []
		1	If checking *Coremoni	ial Role" or "Other" describe below:	
		Number of Ticket(s)/	Describe the publ	lic purpose made pursuan	t to the agency's policy
(Michae address and desc	приоп)	Pass(es)			
		1 1			
			160		
7.1					
Verification					
Verification have continued and orders and FPPC Regula	tions 18944.1 an	d 18942. I have verifi	ed that the distribution set fo	orth above, is in accordance w	ith the requirements.
	itions 18944.1 an	d 18942. I have verifi Scott McKibl		orth above, is in accordance w	ith the requirements.
	Oakland Alameda County C Division, Department, or Regi Scott McKibben, OACCA Ext Designated Agency Contact (I Area Code/Phone Number 510.383.4801 Function or Event Inform Does the agency have a ticket Event Description Warriors S Ticket(s)/Pass(es) provided by Was ticket distribution made at of agency official? Recipients Use Section A to Identify the agency A. Name of Agency, Department B. Name of Individual (Look, First) McKibben, Scott	Oakland Alameda County Coliseum Auth Division, Department, or Region (If Applicab) Scott McKibben, OACCA Executive Direct Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail smckibben 510.383.4801 Smckibben 5	Oakland Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail	Oakland Alameda County Coliseum Authority Division, Department, or Region (If Applicable) Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail smckibben1@gmail.com Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Season Provide Title/Explanation Date(s) Pace Event Description Warriors Season Date(s) Provide Title/Explanation Date(s) Provide Title/Explanation Provide Ti	Oakland Alameda County Collseum Authority Division, Department, or Region (If Applicable) Scott McKibben, OACCA Executive Director Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail

Warriors Playoffs May 2016 Scott McKibben

•	Warriors	May 1, 2016	(2) tickets	\$5000.00
•	Warriors	May 3, 2016	(2) tickets	\$5000.00
•	Warriors	May 11, 2016	(2) tickets	\$5000.00
•	Warriors	May 16, 2016	(2) tickets	\$5000.00
•	Warriors	May 18, 2016	(2) tickets	\$5000.00
•	Warriors	May 26, 2016	(4) tickets	\$5000.00
	Warriors	May 30, 2016	(2) tickets	\$5000.00

1.	Agency Name				Date Stamp	California 802			
	Oakland-Alameda County C	Coliseum Auth	nority			Form OUZ			
	Division, Department, or Reg	ion (If Applicabl	(e)		1	For Official Use Only			
	Barbara J. Parker, City Atto	rney/OAACA	Official						
	Designated Agency Contact		1						
					Amendment (Must provide explanation in Part 3.)				
	Area Code/Phone Number	E-mail							
	(510) 238-3815	bparker@oa	aklandcityatto	orney.org	Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Infor	mation				SeeAttached			
	Does the agency have a ticke	, -	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	SeeAllached			
	Event Description Oakland A	's Tickets - 2 Provide Title/Exp	016 Season	Date(s)					
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of Sc	urce			
	Was ticket distribution made a	it the behest	No 🛛 Yes	☐ If yes:	Official's Name (
	of agency official?				Official's Name (Last, First)			
3.	Recipients			atan Dan Idan Miran Indiala		416			
	Use Section A to Identify the agency		Number of						
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant to the agency's policy				
	B. Name of Individua	el	Number of Ticket(s)/ Pass(es)		identify one of the follow	fy one of the following:			
	Barbara J. Parker			Ceremonial Role Other Income					
	Darbara D. Farmor		2	To investigate the efficiencies of the operations of the various					
				sporting and other	events that occur at C	oliseum Complex			
	5			Ceremonial Role		Income			
			2	If checking "Ceremor	nial Role" or "Other" describe below:				
19	C. Name of Outside Organ (Include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy			
)								
_									
	Verification			wified that the distribution sate	fault at a second second				
		lations 18944.1 an	d 18942. I have ve	nneu mai me dismounon sei i	iorin above, is in accordance wi	th the requirements.			
	have read and understand FPPC Regul	lations 18944.1 and	d 18942. I have ve Barbara J. F		y Attorney/OAACA Off				

Oakland A's

Barbara Parker

•	A's v Seattle	5.2.16	(2) tickets	\$90.00
•	A's v Seattle	5.3.16	(2) tickets	\$80.00
•	A's v Seattle	5.4.16	(2) tickets	\$80.00
•	A's v Texas	5.16.16	(2) tickets	\$80.00
•	A's v Texas	5.17.16	(2) tickets	\$80.00
•	A's v Texas	5.18.16	(2) tickets	\$80.00
•	A's v NYY	5.19.16	(2) tickets	\$90.00
•	A's v NYY	5.20.16	(2) tickets	\$100.00
•	A's v NYY	5.21.16	(2) tickets	\$100.00
•	A's v NYY	5.22.16	(2) tickets	\$100.00
•	A's v Detroit	5.28.16	(2) tickets	\$80.00
•	A's v Detroit	5.29.16	(2) tickets	\$90.00
•	A's v Twins	5.30.16	(2) tickets	\$80.00
•	A's v Twins	5.31.16	(2) tickets	\$80.00

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Larry Reid, OACCA Chair Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: 510.383.4801 Ireid@oaklandnet.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Secattacked Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Oakland A's Season 2016 Date(s) ____/___ Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no: _ Name of Source Was ticket distribution made at the behest Yes □ No ☑ If yes: Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other 🔀 Income Reid, Larry If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum Complex for use by the general public and businesses to maximize revenues

Verification			
I have read and understand FPPC Regular with the requirements.	tions 18944.1 and 18942. I have	verified that the distribution set forth	above, is in accordance
Varyof (Here)	Larry Reid	OACCA Chair	4.6.16
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment			

Number

of Ticket(8)/

Passes

Name of Outside Organization

(Include address and description)

C.

Ceremonial Role

Other 🔲

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

If checking "Ceremonial Role" or "Other" describe below.

Income 🔲

Oakland A's

Larry Reid

•	A's v Seattle	5.2.16	(2) tickets	\$90.00
•	A's v Seattle	5.3.16	(2) tickets	\$80.00
•	A's v Seattle	5.4.16	(2) tickets	\$80.00
•	A's v Texas	5.16.16	(2) tickets	\$80.00
•	A's v Texas	5.17.16	(2) tickets	\$80.00
•	A's v Texas	5.18.16	(2) tickets	\$80.00
•	A's v NYY	5.19.16	(4) tickets	\$90.00
•	A's v NYY	5.20.16	(4) tickets	\$100.00
•	A's v NYY	5.21.16	(4) tickets	\$100.00
•	A's v NYY	5.22.16	(4) tickets	\$100.00
•	A's v Detroit	5.28.16	(4) tickets	\$80.00
•	A's v Detroit	5.29.16	(4) tickets	\$90.00
•	A's v Twins	5.30.16	(4) tickets	\$80.00
•	A's v Twins	5.31.16	(4) tickets	\$80.00

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_	ı u	_		-	···	1110	

	Agency Name				Date Stamp	California 802
	Oakland Alameda County C		y			Form OUZ For Official Use Only
	Division, Department, or Reg					1 of Official Ose Offiy
	Chris Dobbins, OACCA Cor					
	Designated Agency Contact	(Name, Litte)				
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)
	510.383.4801	chrisdobbinslav	v@vahoo.com		Date of Original Filing: _	
_						(month, day, year)
2.	Function or Event Infor		_		Each Ticket/Pass \$ 🍣	an altached
	Does the agency have a tick		′es⊠ No∏ F	ace Value of	Each Ticket/Pass \$	ac de destactives
	Event Description: Oakland	A's Season	D	ate(s)	see attack	RO _
	Ticket(s)/Pass(es) provided	Provide Title/ E		no:		
	Ticket(3)/1 ass(es) provided	by agency:	e2 17 140 11 11	110.	Name of Source	
	Was ticket distribution made	at the behest Y	′es□ No⊠ ^{lf}	yes:	Official's Name (Last, First)	
	of agency official?				Omolara Namo (Edal, Firal)	
_	Recipients					
•	• Use Section A to identify the agen	ıcy's department or un	it. • Use Section B to i	dentify an individ	lual. • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	Describe th	e public purpose made purs	uant to the agency's policy
			Passes			
K						
			1			
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Dobbins, Chris			Cerem	nonial Role Other X	Income 🗋
	Dobbins, Chris			If check	king "Ceremonial Role" or "Other" desc he Coliseum Complex i	
					usinesses to maximize	
					nonial Role Other O	
			1	If check	king "Ceremonial Role" or "Other" desc	CRDe Delow:
			Number			
	C. Name of Outside O (include address and		of Ticket(s)/	Describe th	e public purpose made purs	uant to the agency's policy
			1 23333			
١.	Verification)				
	I have read and understand FF	PC Regulations 18	3944.1 and 18942.	l have verified t	that the distribution set for	rth above, is in accordance
	with the redulrements.	/				
	Simple of Access Lines 2		Chris Dobbins		DACCA Commissioner	4.29.16
j	Signature of Agency Head or Design	iee	Print Name		Title	(month, day, year)
	Comment:					

Oakland A's

Chris Dobbins

•	A's v Seattle	5.2.16	(2) tickets	\$90.00
•	A's v Seattle	5.3.16	(2) tickets	\$80.00
•	A's v Seattle	5.4.16	(2) tickets	\$80.00
•	A's v Texas	5.16.16	(2) tickets	\$80.00
•	A's v Texas	5.17.16	(2) tickets	\$80.00
•	A's v Texas	5.18.16	(2) tickets	\$80.00
•	A's v NYY	5.19.16	(4) tickets	\$90.00
•	A's v NYY	5.20.16	(4) tickets	\$100.00
•	A's v NYY	5.21.16	(4) tickets	\$100.00
•	A's v NYY	5.22.16	(4) tickets	\$100.00
•	A's v Detroit	5.28.16	(4) tickets	\$80.00
•	A's v Detroit	5.29.16	(4) tickets	\$90.00
•	A's v Twins	5.30.16	(4) tickets	\$80.00
•	A's v Twins	5.31.16	(4) tickets	\$80.00

	gency Report of: eremonial Role Even	ts and Ticket/F	Pass Distri	ibutions	A	Public Document
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	Coliseum Authority				Form 802
	Division, Department, or Reg					For Official Use Only
	Scott McKibben, Executive	Director				
	Designated Agency Contact	(Name, Title)				
	Area Code/Phone Number	E-mail			Amendment (Must P	rovide Explanation in Part 3.)
	510.383.4801	smckibben1@gma	ail.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				(200)
	Does the agency have a ticl	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$	8000
	Event Description: Oakland	A's Baseball			<u>/ 18 / 16</u>	
		Provide Title/ Expl		_		
	Ticket(s)/Pass(es) provided	by agency? Yes			Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes	⊠ No□ ^I	f yes: <u>McKibb</u>	en,Scott Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the ager	ncy's department or unit.		identify an indivic	lual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Department	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
j						
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	Zaninovich, Jamie		4	to promote (nonial Role Other King "Ceremonial Role" or "Other" de Coliseum Complex for sees to maximize rever	- scribe below: use by general public
				Cerer	nonial Role Other C king "Ceremonial Role" or "Other" de	Income
	Name of Outside C		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy

4.	1/0	rifi	catio	n
₩.	AF	;[]]	cauc	,,,

Lhave read	d and unders	and FPPC	Regulations	18944.1	and	18942.	l have	verified that	t the	distribution	set forth	above,	is in	accordai	nce
with the red	guiremeh#k//	//	Regulations												

Scott McKibben

Executive Director Title

05.03.16

Print Name

(month, day, year)

Comment:

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Aaron Goodwin, OACCA Commissioner Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510.383.4801 agsonyaz@aol.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No□ Event Description: Warriors Playoff game Date(s) __05 / 03 / Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Goodwin, Aaron If checking "Ceremonial Role" or "Other" describe below: 2 to investigate the efficiencies of the operations of various Sporting and other events that occur at Coliseum Complex Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) **Passes**

4. Verification

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

Aaron Goodwin

OACCA Commissioner

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

_								2000		
1.	Agency Name					Date Stamp California Form				
	Oakland-Alameda County C		For Official Us							
	Division, Department, or Reg			1 of Office	dal Osc Only					
	Barbara J. Parker, City Atto	rnev/OAACA	- 1							
	Designated Agency Contact									
	T. C. J. (Dt	Te			[Amendment (Must provide explanation in Part 3.)				
	Area Code/Phone Number	E-mail	معقم والماء			ate of Original Filing: _				
_	(510) 238-3815	bparker@oa	кіапосітуатто	rney.org		ato or original rining	(Month, Day.	Year)		
2.	Function or Event Infor					:		32.50		
	Does the agency have a ticke	t policy?	Yes⊠ No.	_		ach Ticket/Pass \$:		
	Event Description Hill Song I	Jnited		Date(s)	05	14 / 16				
		Provide Title/Expl	lanation	6-						
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🛛 No [If no:		Name of Sou				
			No ⊠ Yes I							
	Was ticket distribution made a		Official's Name (L	ast First)						
	of agency official?		Ometar o Tvarrio (E	addi, 1 moly						
3.	Recipients									
	Use Section A to identify the agenc	ndividual.	Use Section C to identify	ity an outside o	rganization.					
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe th	ne public p	ourpose made pursuant	to the agency'	s policy		
	Access to the second se		Pass(es)							
			1							
	9									
		Number of		-						
	B. Name of Individual (Last. First)	al	Ticket(s)/ Pass(es)	NAME OF STREET	Id	Identify one of the following:				
			1 000(00)	Ceremonial	Role \square	Other 🔀		Income		
	Barbara J. Parker			If checking "Ceremonial Role" or "Other" describe below:				_		
			2			ciencies of the opera				
	7			sporting and o	ther eve	ents that occur at Co	oliseum Cor	nplex		
				Ceremonial	Role	Other		Income		
			2	If checking *C	Seremonial Ri	ole" or "Other" describe below				

	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe th	ne public į	purpose made pursuant	to the agency'	s policy		
	(include address and dec	scription)	Pass(es)							
	A OR									
_	Varification									
4.	Verification I have read and understand FRPC Regu	ılations 18944.1 and	d 18942. I have ve	rified that the distribution	on set forth	above, is in accordance will	h the reauiremer	ıts		
	A ACHO	roo r i i and								
	Signature of Accordant to an Div		Barbara J. I		City A	ttorney/OAACA Offi		7/13/2016		
	Signature of Agency Head or Designed	ī.	rnn Nam	ਓ		rine	(1)	Month, Day, Year)		
	Comment:									
	COMMUNICATION CONTRACTOR CONTRACT									

1.	Agency Name		Date Stamp California 80							
	Oakland-Alameda County C	Coliseum Autho		Form 002						
	Division, Department, or Reg	ion (If Applicable		For Official Use Only						
	Barbara J. Parker, City Atto	rnev/OAACA (
	Designated Agency Contact		-							
	Area Code/Phone Number	E-mail	Amendment (Must pi	Amendment (Must provide explanation in Part 3.)						
	(510) 238-3815	klandcitvatto	rnev ora	Date of Original Filing:	Date of Original Filing:(Month, Day, Year)					
_	Function or Event Infor	bparker@oaklandcityattorney.org				(Month, Day, Year)				
۷.			e of Each Ticket/Pass \$ _	149.50						
	Does the agency have a ticke	t policy?								
	Event Description The Who	Oravida Title/Evale	05 , 19 , 16							
		1 TOTAL THOLESPANATION								
	Ticket(s)/Pass(es) provided b	y agency?	Name of So	urce						
	Was ticket distribution made a	at the behest								
	of agency official?	30 110 2011000	Official's Name (L	Last, First)						
2	Recipients									
٥.	Use Section A to identify the agence	y's department or i	unit. • Use Sec	tion B to identify an indiv	idual. • Use Section C to ident	tify an outside organization.				
	A. Name of Agency, Department or Unit Number of Ticket(s)/			Describe the public purpose made pursuant to the agency's policy						
	,									
	Number of									
	B. Name of Individual (Last First)		Ticket(s)/ Pass(es)		identify one of the following					
	Barbara J. Parker			Ceremonial Rol	e Other X nonial Role" or "Other" describe below:	Income				
	Darbara o. 1 arkor		2	To investigate the	e efficiencies of the oper er events that occur at C					
				Ceremonial Rol	e Other	Income				
			2		nonial Role" or "Olher" describe below					
			Number of Ticket(s)/ Pass(es)	Describe the p	oublic purpose made pursuant	to the agency's policy				
	C. Name of Outside Organization (include address and description)			Describe the public purpose made pursuant to the agency's polic						
4.	Verification I have read and understand FPPC Regu	ilations 18944.1 and	l 18942. I have ve	erified that the distribution s	el forth above. is in accordance wi	th the requirements.				
	Bush)				•				
	1 one Jan		Barbara J. I	raikei C	City Attorney/OAACA Off	icial 7/13/2016				
	Signature of Asiana Hand or Designa		Drint Man	10		Month Day Ves 1				
	Signature of Agency Head or Designed	9	Print Nam	е	Title	(Month, Day. Year)				

1.	Agency Name		Date Stamp	California 802					
	Oakland-Alameda County C	Coliseum Auth]	Form For Official Use Only					
	Division, Department, or Reg	ion (If Applicable		Tot Official Osc Only					
	Barbara J. Parker, City Atto	rney/OAACA							
	Designated Agency Contact								
	Area Code/Phone Number	E-mail	Amendment (Must pre	ovide explanation in Part 3,)					
	(510) 238-3815	bparker@oa	Date of Original Filing:(Month. Day. Year)						
_	Function or Event Infor					(Month, Bay, Youly			
۷.	Does the agency have a ticket		of Each Ticket/Pass \$	157.50					
	-		5 , 07 , 16						
	Event Description Rihanna	Provide Title/Exp							
	Ticket(s)/Pass(es) provided b	y agency?		Name of Sou	исе				
	Was ticket distribution made at the behest No ☐ Yes ☐ If yes:				Official's Name (L				
	of agency official?			Official's Name (L	ast, First)				
3.	Recipients								
	Use Section A to identify the agence	y's department or		tion B to identify an individ	ual. • Use Section C to identi	ify an outside organization.			
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy					
		Pass(es)							
	A 		Number of			0.00			
	B. Name of Individual		Ticket(s)/ Pass(es)	Identify one of the following:					
			1200(00)	Ceremonial Role	Other 🛛	Income			
	Barbara J. Parker				nial Role" or "Other" describe below:				
			2		efficiencies of the oper				
	(A <u></u>			_ · _ · _ ·	events that occur at Co				
				Ceremonial Role	Other Inial Role" or "Other" describe below:	Income			
			2	in checking Ceremb	markore of other beschild below.				
	C. Name of Outside Organization Ticket(s		Number of						
			Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
4.									
	M. Continue								
	Verification I have read and Orderstand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.								
	Bu CP		Barbara J.		ty Attorney/OAACA Offi				
	Signature of Agency Head or Designe	ee	Barbara J.		Title	(Month, Day, Year)			
	Signification Agency Fredu or Designe	•	. min rean.		···-	,			
	Comment:								