Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Henry Gardner, Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 rsavage@coliseum.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 Each Ticket/Pass \$ Event Description: Oakland A's game Date(s) <u>04</u> Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 🗌 If no: Name of Source If yes: Iglesias, Chris Was ticket distribution made at the behest Yes ■ No □ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income __ Iglesias, Chris 18 If checking "Ceremonial Role" or "Other" describe below: to provide opportunities to community groups Ceremonial Role ___ Other Income __ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

with the requirements.

Comment:

Renee Savage

Ticket Administrator

04/04/23

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Print

Clear

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Agency Report of:

7	Aganau Nama	its and licket/l	Pass Dist	ributions		A Public Documen
	Agency Name		,		Date Stamp	California OOG
	Oakland Alameda County (Coliseum Authority				Form OUZ
	Division, Department, or Reg				1	For Official Use Only
	Henry Gardner, Executive [
	Designated Agency Contact	(Name,Title)				A
	Area Code/Phone Number	IE-mail			Amendment (Must	Provide Explanation in Part 3.)
	510.383.4801	rsavage@coliseum	n.com		Date of Original Filing	:
2.	Function or Event Infor	<u>l</u> mation				(month, day, year)
	Does the agency have a ticl			F \		6400
					Each Ticket/Pass \$ _	4/7
	Event Description: Oakland	As game	1	Date(s) <u>04</u>	01 23	
	Ticket(s)/Pass(es) provided	Provide Title/ Expla				
	ricket(s)/r ass(es) provided	by agency? Yes	No □ I	f no:		
	Was ticket distribution made	at the behest voc	NI- CT I	f yes: Iglesias	Name of Source Chris	
	of agency official?	de mo portoce 1681	No □ I	i yes.	Official's Name (Last, First)	
and the same						
3.	Recipients		en traditional product son and another statement to be able			
	 Use Section A to identify the agen 	cy's department or unit. •	Use Section B to i	dentify an individu	al. Use Section C to identi	ify an outside organization
	A. Name of Agency, Depa		Number of Ticket(s)/			rsuant to the agency's policy
			Passes			
	B. Name of Indiv		Number of Ticket(s)/		Identify one of the	5-11
	(Last, Firs	<i>t</i>)	Passes		——————————————————————————————————————	rollowing:
	Iglesias, Chris		8		onial Role Other on "Other on "Other" de	Income _
			Ü	ı		
				to provide of	pportunities to commi	unity groups
					onial Role Other on "Other" de	
	Name of Outside Organization (include address and	ganization description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
. 1	Verification					
<i>I</i>	have read and understand FPF	°C Regulations 18944.	1 and 18942. I	have verified th	at the distribution set fo	orth above, is in accordance
<u></u>	Rone Davage	Renee Savage	e	Ticket	Administrator	04/04/23
	Signature of Agency Head or Designed	e Prin	nt Name		Title	(month, day, year)
1	Comment:					,
		-				

Print

Clear

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Henry Gardner, Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** E-mail 510.383.4801 rsavage@coliseum.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No Event Description: Burna Boy Concert 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: Iglesias, Chris Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income ___ Iglesias, Chris If checking "Ceremonial Role" or "Other" describe below: 2 to promote the Coliseum and generate revenues Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification

Comment:

I have read	and understand FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth above	o in in consular
with the req	uiremente		. Have vormed that the	distribution set forth abou	re, is in accordance
with the reg	julionijenis.				

Renee Savage

Ticket Administrator

3/31/23

Title

(month, day, year)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions A Public Document** 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Henry Gardner, Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 rsavage@coliseum.com **Date of Original Filing:** (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No □ Event Description: Burna Boy Concert 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: Jenkins, Kevin of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Income ___ Jenkins, Kevin 10 If checking "Ceremonial Role" or "Other" describe below: to provide opportunities to community groups 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 (include address and description) Passes Verification

Comment:

I have read and understand	FPPC Regulations 1894	4.1 and 18942	I have verified that the	distribution set forth about	in in account.
with the requirements.			That o vormed that the	distribution set forth above,	is in accordance

1	Llu	le		W	Na	9	L	
	Signature	of Ag	ency	Head	d or De	sidr	iee	•

Renee Savage

Ticket Administrator

3/31/23

Title

(month, day, year)

Print

Clear

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Henry Gardner, Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383,4801 rsavage@coliseum.com **Date of Original Filing:** (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No □ Event Description: Future and Friends Concert Date(s) 4 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 🗆 If no: Name of Source If yes: Gardner, Henry Was ticket distribution made at the behest Yes ■ No □ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income Gardner, Henry If checking "Ceremonial Role" or "Other" describe below: 5 to promote the Coliseum and generate revenue 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 (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.

Print

Comment:

Clear

Renee Savage

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

3/31/23

(month, day, year)

Ticket Administrator

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Henry Gardner, Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 rsavage@coliseum.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 Each Ticket/Pass \$ _ Event Description: Future and Friends Concert Date(s) <u>04</u> Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 🗆 If no: Name of Source If yes: Jenkins, Kevin Was ticket distribution made at the behest Yes ■ No □ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other ____ Income Jenkins, Kevin 4 If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum and generate revenue Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

Comment:

I nave read and understand FPPC Regulations	8944 1 and 18942 I have verified that the distribution act forth above in the
in .	8944.1 and 18942. I have verified that the distribution set forth above, is in accordanc
with the requirements.	, , , , , , , , , , , , , , , , , , , ,
Mana Duana	

JUNE JUNE GERENEES

ee Savage Ticket Administrator

3/31/23

orginatore of Agency Flead of Designate

Print Name

Title

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Henry Gardner, Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 rsavage@coliseum.com **Date of Original Filing:** (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes No П Face Value of Each Ticket/Pass \$ Event Description: Future and Friends Concert Date(s) <u>04</u> <u>01</u> 23 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 🗆 If no: Name of Source If yes: Haubert, David Was ticket distribution made at the behest Yes No Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other ... Income Haubert, David 4 If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum and generate revenue Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designede

Comment:

Renee Savage

Ticket Administrator

3/31/23

Print Name

Title

(month, day, year)

Print

Clear

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority **Form** Division, Department, or Region (if applicable) For Official Use Only Henry Gardner, Executive Director Designated Agency Contact (Name, Title) ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 rsavage@coliseum.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes No I Face Value of Each Ticket/Pass \$ Event Description: New Edition Concert Date(s) <u>04</u> Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 🗆 If no: Name of Source If yes: Iglesias, Chris Was ticket distribution made at the behest Yes ■ No □ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other ____ Income Iglesias, Chris 2 If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum and generate revenues Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Signature of Agency Head or Designee

with the requirements

Comment:

Renee Savage

Ticket Administrator

04/04/23

Print Name

Title

(month, day, year)

Peremonial Role Eve Agency Name		and a state of the	CHOMACIONS		A Public Docume
Oakland Alameda County	Colinarium A. II. III			Date Stamp	California
Division, Department, or Re	conseum Authority	/			Form 80
Henry Gardner, Executive	D:			1	For Official Use Only
Designated Agency Contact	(Marra Till)				
o and general contact	(Name, Inte)			1	
Area Code/Phone Number	IF			П	
510.383.4801	E-mail			Amendment (Mu	st Provide Explanation in Part 3.)
	rsavage@colise	um.com		Date of Original Filin	ıq:
Function or Event Infor	mation	And the state of t			(month, day, year)
Does the agency have a tick	kot nalia. O	Program	_		11/2 75
		s No 🗌	Face Value of	Each Ticket/Pass \$	143.75
Event Description: New Edi			Date(s) <u>04</u>	09 23	
Ticket(s)/Pass(es) provided	Provide Title/ Exp	planation			
			If no:		
Was ticket distribution made	at the behest vo	o Maria	Haubert	Name of Source	
of agency official?	Les	s No 🗆	r yes:	Name of Source David Official's Name (Last, Firs	t)
Recipients • Use Section A to identify the agence	cy's department or unit.	• Use Section B to	identify an individu:	d disa Santian Chill	
				ii. Ose section C to iden	tify an outside organization.
A. Name of Agency, Depar	rtment or Unit	Number of Ticket(s)/ Passes			ursuant to the agency's policy
A. Name of Agency, Depar	rtment or Unit	of Ticket(s)/			
A. Name of Agency, Depart	rtment or Unit	of Ticket(s)/		public purpose made pu	ursuant to the agency's policy
A. Name of Agency, Department of Agency, Dep	rtment or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe the	Identify one of the	following: Income
A. Name of Agency, Depart	rtment or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceremo If checkin to promote the	public purpose made public purpose public purpose public purpose purpose public publi	following: Income [escribe below: nerate revenues
A. Name of Agency, Depart	rtment or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceremo If checkin to promote the Ceremon	Identify one of the	following: Income
A. Name of Agency, Depart	idual	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceremo If checkin to promote the	Identify one of the hial Role Other of "Other" de Coliseum and gel	following: Income
B. Name of Indiv (Last, First) Haubert, David	idual	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceremo If checkin to promote the	Identify one of the hial Role Other of "Other" de Coliseum and gel	following: Income [escribe below: Income [escribe below:
B. Name of Indiv (Last, First) Haubert, David	idual	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceremo If checkin to promote the	Identify one of the hial Role Other of "Other" de Coliseum and gel	following: Income [escribe below: Income [lescribe below: Income
B. Name of Indiv (Last, First) Haubert, David C. Name of Outside Org (include address and december) Verification have read and understand FPP	idual () panization plescription)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 3 Number of Ticket(s)/ Passes	Ceremo If checking to promote the	Identify one of the lial Role Other of the control	following: Income [escribe below: nerate revenues] Income [escribe below: resuant to the agency's policy
B. Name of Indiv (Last, First) Haubert, David C. Name of Outside Org (include address and december)	idual () panization plescription)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes A.1 and 18942. I	Ceremo If checking to promote the Ceremon If checking Describe the	Identify one of the lial Role Other of the control	following: Income [escribe below: nerate revenues] Income [escribe below: resuant to the agency's policy

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Henry Gardner, Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 rsavage@coliseum.com Date of Original Filing: (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 118 75 Does the agency have a ticket policy? Yes No 🗆 Event Description: Muse Concert Date(s) 64 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: Baker, Chuck of agency official? Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other | Income ___ Bakaer, Chuck 4 If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum and generate revenues 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 (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. Renee Savage Ticket Administrator 04/04/23 Signature of Agency Head or Designee Print Name Title (month, day, year) Comment:

Agency Report of: