Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

A Public Document

. Agency Name			Date Stamp	California 802		
Oakland Alameda County Coliseum Authorit		roilli				
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@colise	eum.com		Date of Original Filing:	(month, day, year)		
2. Function or Event Information				175.00		
Does the agency have a ticket policy?	Yes █ No ☐ Fa	ace Value of	Each Ticket/Pass \$ _			
Event Description: Anita Baker concert	Explanation Da	ate(s)	2323			
	Yes ■ No □ If		Name of Source			
Was ticket distribution made at the behest of agency official?	Yes∎ No□ ^{If}	yes: <u>Jenkins</u>	Official's Name (Last, First,			
3. Recipients						
Use Section A to identify the agency's department or use	nit. • Use Section B to id	entify an individ	ual. Use Section C to ident	tify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes		he public purpose made pursuant to the agency's policy			
Name of Individual	Number of Ticket(s)/		Identify one of the	e following:		
B. Name of Individual (Last, First)	Passes					
Jenkins, Kevin	4	If ched	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: promote the Coliseum and genrate revenues			
		to promote	the Collseum and ge	nrate revenues		
*			monial Role Other Other or "Other"			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe t	he public purpose made p	ursuant to the agency's policy		
:				9		
4 M 16 - 0 - 0						
4. Verification I have read and understand FPPC Regulations 1	10011 1 and 10010	I have verifies	I that the distribution set	t forth above is in accordance		
with the requirements	18944.1 and 16942.	i nave vermed	i illat tile distribution set	Total above, is in accordance		
Sene Sun July Grence S		Tick	tet Administrator	12/23 (hooth day year)		
Signature of Agency Head or Designee	Print Name		Title	Ending ady, year)		
Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Henry Gardner, 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 rsavage@coliseum.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: Jhene Aiko I concert Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 📕 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 4 Jenkins, Kevin to promote the Coliseum and genrate revenues Income . Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ 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. Ticket Administrator Renee Savage Title

Comment: _

Signature of Agency Head or Designee

Print Name

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

A Public Document

١.	Agency Name				Date Stamp	California 802			
	Oakland Alameda County C	oliseum Authority		Form For Official Use Only					
	Division, Department, or Regi	ion (if applicable)	ľ	For Official Ose Offig					
	Henry Gardner, Executive D	irector							
	Designated Agency Contact (Name, Title)	1						
					Amendment (Must i	Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail]						
	510.383.4801	rsavage@coliseum.	com		Date of Original Filing:	(month, day, year)			
_	Function or Event Infor	mation				1 00			
۷.			E-	aca Valua of	Each Ticket/Pass \$ _	/0000			
	Does the agency have a tick	-							
	Event Description: Jhene A	iko concert							
	Ticket(s)/Pass(es) provided	Flovide Title/ Explain		no:					
	ricket(s)/Pass(es) provided	by agency: res	■ 140 □ ··	lalasias	Name of Source				
	Was ticket distribution made	e at the behest Yes	■ No 🗆 If	yes: Iglesias	Official's Name (Last, First)				
	of agency official?				Omolaro Namo (2001, 1 may	,			
_									
3.	Recipients	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
	- Use Section A to identify the ager	icy's department of diffic	Number						
	A. Name of Agency, Department or Unit		of Ticket(s)/ Describe the		the public purpose made pursuant to the agency's policy				
			rasses						
	D=								
	Alama at had	Number of Ticket(s)/ Passes		Identify one of the following:					
	B. Name of Ind (Last, Fi								
	ï			Cere	monial Role Other				
	Iglesias, Chris		4	Į.	cking "Ceremonial Role" or "Other"				
				to promote	the Coliseum to gen				
				1	monial Role Other				
				If che	cking "Ceremonial Role" or "Other"	describe below:			
	Name of Outside C	Number of Ticket(s)/ Describe		the public purpose made pursuant to the agency's policy					
	(include address an	d description)	Passes						
_									
4.	. Verification				10-14-20-69-0-	teath above is in assardance			
	I have read and understand F	PPC Regulations 18944	1.1 and 18942.	I have verified	a that the distribution set	i iorin above, is in accordance			
	with the requirements.	Ma GRanee Sava	70	Tiel	ket Administrator	17/23			
3	Signature	/. 0- /	rint Name		Title	(month, day, year)			
	Signature of Agency Head or Designature	griee //	THIL INGILIS		1110	and September 1 to Comment			
	Comment:								

Agency Report of: A Public Document **Ceremonial Role Events and Ticket/Pass Distributions** Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Henry Gardner, 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 rsavage@coliseum.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: Jhene Aiko Concert Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 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? 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 Income Ceremonial Role Other \square If checking "Ceremonial Role" or "Other" describe below: 8 Gardner, Henry to promote the Coliseum to generate revenues Income Other ___ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes

4. Verification

have read and understand FPPC Regulations 18944.1 and 1894	I have verified that the distribution set forth above,	is in accordance
with the requirements.		1
·		7/

van uno roquiromente.	Renee Savage	Ticket Administrator	12/23	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

Comment: _

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

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	Oakland Alameda County Coliseum Authority					Form OUZ For Official Use Only
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	Henry Gardner, Executive D	irector				
	Designated Agency Contact (Name, Title)	1			
					Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail		,		
	510.383.4801	rsavage@coliseur	m.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation				175.00
	Does the agency have a tick	ket policy? Yes	No □ F	ace Value of	Each Ticket/Pass \$ _	
	Event Description: Anita Ba	ker Concert Provide Title/ Exp	<u>, 23 , 23 </u>			
	Ticket(s)/Pass(es) provided		s■ No□ If	no:	Name of Source	
	Was ticket distribution made	at the behest Yes	s■ No□ If	yes:	Official's Name (Last, First)	
	of agency official?	100			Οπισιαι s ivame (Last, First)	
3.	• Use Section A to identify the ager A. Name of Agency, Depart		• Use Section B to id Number of Ticket(s)/ Passes			ify an outside organization.
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the	following:
	Gardner, Henry	4	If che	monial Role Other Coking "Ceremonial Role" or "Other" of the Coliseum to generate the Coliseum t	describe below:	
	Linton, Donna		2	If che	emonial Role Other of Other o	describe below:
	C. Name of Outside C	Number of Ticket(s)/ Passes	Describe t	the public purpose made pursuant to the agency's policy		
4	Verification					
٠.	I have read and understand Fi with the requirements.	PPC Regulations 189	44.1 and 18942.	I have verified	d that the distribution set	forth above, is in accordance
	•	age	Tick	ket Administrator	12/23	
	Signature of Agency Head or Desig		Title	(nfonth, day, year)		
	Comment:					