Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp 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: Supercross 01/14/2023 Date(s) ____________ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No Name of Source Was ticket distribution made at the behest Yes ☐ No ■ If yes: 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. Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income __ If checking "Ceremonial Role" or "Other" describe below: Iglesias, Chris 6 to provide opportunities to community groups Ceremonial Role Income ___ Other ___ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Verification

I have read and understand FPPC Regulations 18		ed that the distribution set f	orth above, is in accordance
with the requirements.	vage Tid	cket Administrator	1-10-23
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:		1	

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

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	butions	A	A Public Document
100	Agency Name				Date Stamp	California 802
	Oakland Alameda County Coliseum Authority				CHARLES OF THE OWNER,	
	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	3000		D		
	510.383.4801	rsavage@coliseum.	.com		Date of Original Filing	(month, day, year)
	Function or Event Infor	mation				7500
	Does the agency have a tick	ket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$ _	15
	Event Description: Monster	Jam	D	ate(s)		01/07/2023
		Provide Little/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes L	□ No □ If	no:	Name of Source	
	Was ticket distribution made	e at the behest Yes	¬ No ■ If	yes:	Official's Name (Last, First	A.
	of agency official?				Official's Name (Last, First	0
	Use Section A to identify the ager Name of Agency, Dep		Number of Ticket(s)/ Passes	AND THE RESERVE OF THE PERSON NAMED IN		ursuant to the agency's policy
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the	e following:
				1	monial Role Other Other "Ceremonial Role" or "Other"	Alococociane Alococociane
		-			monial Role Other	
	C. Name of Outside (include address an		Number of Ticket(s)/ Passes	Describe to	ne public purpose made p	oursuant to the agency's policy
	Full Circle of Choics		18	to provide o	opportunities to comm	munity groups
	1440 Washington Blvd, C	Concord CA				
4	Verification					
	I have read and understand F	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution se	t forth above, is in accordance
/	with the requirements.					
(Kence hom	M Renee Sava	ge	Tick	et Administrator	1-10-23
-	Signature of Agency Head or Design	nee F	Print Name		Title	(month, day, year)

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Comment: ___

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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 California 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: Supercross 01/14/2023 Date(s) ___________ Ticket(s)/Pass(es) provided by agency? If no: _ Yes No No Name of Source Was ticket distribution made at the behest Yes ☐ No ■ If yes: 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 Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 4 Gardner, Henry to promote the coliseum complex to maximize revenues Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

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Comment: _

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// Renee Savage

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

Ticket Administrator

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 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 \$ Yes 🔳 No 🗆 Does the agency have a ticket policy? Event Description: Harlem Globetrotters Date(s) 01/13/2023 Provide Title/ Explanation If no: _ Ticket(s)/Pass(es) provided by agency? Yes \(\text{No} \(\text{No} \(\text{I} \) Name of Source If yes: Baker, Chuck 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)/ **Passes** Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Other Income ___ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 6 Baker, Chuck to provide opportunities to community groups Income Ceremonial Role Other ___ If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification Lhave 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 Comment:

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 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: Supercross 01/13/2023 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No Name of Source Was ticket distribution made at the behest Yes ☐ No ■ If yes: 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 III If checking "Ceremonial Role" or "Other" describe below: 6 Haubert, David to provide opportunities to community groups Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Verification Lhave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirement Ticket Administrator Renee Savage Print Name

Print

Comment: _

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