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: Mamamoo Date(s) 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 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 Iglesias, Chris 6 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 thave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirerdents.

Comment:

Print

Signature of Ad

Clear

Renee Savage

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

Ticket Administrator

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 \$ 23 Yes No 🗆 Event Description: TWICE Concert Date(s) 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? 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 __ Hong Thach, Reading Partners 2 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 Verification

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with the requirements.	Tana 10942. I mave vening	ed that the distribution set forth above, is in accordance
will file requirements.		and the state of t

Renee Savage

Ticket Administrator

Comment:

Agency Report of: Ceremonial Role E

1	eremoniai Role Ever	its and Ticket	/Pass Dist	ributions		A Public Documen
1.	Agency Name				Date Stamp	California 000
	Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable)				Form OU2	
						For Official Use Only
	Henry Gardner, Executive I	Director				
	Designated Agency Contact (Name, Title)			1		
	Area Code/Phone Number	If mall			Amendment (Musi	t Provide Explanation in Part 3.)
	510.383.4801	E-mail				
Allenenia (ma	310.303.4001	rsavage@coliseu	ım.com		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation				, 11, 11, 1, 1, 1
	Does the agency have a tic	ket policy?	s No 🗆	Face Value of	Each Ticket/Pass \$ _	181.25
	Event Description: Mamam					
	Event Description.	Provide Title/ Exp	planation	Date(s)		
	Ticket(s)/Pass(es) provided			If no:		
	Moo tipleat distribution			If yes: Iglesias	Name of Source	
	Was ticket distribution made	at the behest Yes	s No 🗆	If yes: Iglesias	Official's Name (Last, First)	
	of agency official?				Omciai's Name (Last, First,	,
3.	Recipients		V			,
	 Use Section A to identify the agen 	cy's department or unit.	• Use Section B to	identify an individu	ial disa Sastian Ctalidant	e.
			Number	I I I I I I I I I I I I I I I I I I I	di. Ose section C to ident	ify an outside organization.
	A. Name of Agency, Depart	rtment or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
			1 40000			
	B. Name of Indi	ddual	Number			
	(Last, Firs		of Ticket(s)/ Passes		Identify one of the	following:
				Ceremo	onial Role Other	
	Iglesias, Chris		7		ing "Ceremonial Role" or "Other" de	Income
				to provide or	oportunities to comm	unity groups
					onial Role Other	
					ng "Ceremonial Role" or "Other" de	
	Name of Outside Or	ganization	Number			
	(include address and	description)	of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
e de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición de la composición de la composición dela c						
	<i>l</i> erification					
1	have read and understand FPF vith the requirements.	C Regulations 18944	4.1 and 18942. I	have verified th	at the distribution set fo	orth chause is in a second
V					at the distribution set to	itti above, is ili accordance
2	MUCANA GRenee Savage Ticke			Ticket	Administrator	4.2 2
	Signature of Agency Head or Designer	P	rint Name		Title	(month, day, year)
(Comment:					(, day, your)
,	COMMUNICAL.					
		rint C	lear			FPPC Form 802 (2/2016)

Agency Report of: Ceremonial Role E

C	eremonial Role Even	its and Ticket/F	Pass Dist	ributions	<i>I</i> .	Public	Document
	Agency Name				Date Stamp	Califo	
	Oakland Alameda County Coliseum Authority				For		
	Division, Department, or Reg	ion (if applicable)			1		Official Use Only
	Henry Gardner, Executive D	Director					
	Designated Agency Contact (Name, Title)			1			
				- Amandanas Auto-			
	Area Code/Phone Number	E-mail			Amendment (Must I	Provide Explana	ation in Part 3.)
	510.383.4801	rsavage@coliseum	n.com		Date of Original Filing:	(month, de	av vear)
	Function or Event Infor	mation					,,, , , , , , , , , , , , , , , , , , ,
	Does the agency have a tick	ket policy? Yes	■ No □	Face Value of	Each Ticket/Pass \$ _		64.00
	Lvent Description.	Provide Title/ Expla	nation	Date(s)	10 23		
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No □	If no:			
	Was ticket distribution made	at the behad we		lf yes: <u>Gardne</u> ı	Name of Source r, Henry		
	of agency official?	at the beliest Yes	No 🔲	ıı yes:	Official's Name (Last, First)	-	
3.	Recipients						
	Use Section A to identify the agen-	cy's department or unit.	Use Section B to	identify an individu	ıal. Use Section C to identif	y an outside o	rganization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe the	e public purpose made pur	suant to the	rannovio neliev
			Passes		- Pamo Parposo made par	Sudiff to the a	igency's policy
	N		Number				
	B. Name of Individual (Last, First)		of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
	Cordner Herm		_		onial Role Other		Income
	Gardner, Henry		3	1	ng "Ceremonial Role" or "Other" des		
1				to promote ti	he Coliseum and gen	erate rever	iues
					onial Role Other		Income
				II GHECKII	ng "Ceremonial Role" or "Other" des	cribe below:	
	C Name of Outside Org	Nanizotion	Number				
	(include address and description)		of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the a	gency's policy
	erification						
11	have read and understand FPP Nh the requirements.	C Regulations 18944.	1 and 18942. I	have verified th	at the distribution set for	th above, is	in accordance
/ 9	lenel Dava o	Popos Savoro		wgus I ,			
	Signature of Agency Head or Designed	Renee Savage	nt Name	l icket	Administrator	6	13.73
		Fill			Title	(n	nonth, day, year)
120	Comment:						

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? 64.00 Face Value of Each Ticket/Pass \$ _ Yes No 🗆 Event Description: A's Baseball Date(s) _06 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? 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 __ Gardner, Henry 5 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. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4.	Verification
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I have read and understand FPPC Regulat	ons 18944.1 and 18942. I have verified that the distribution set forth above,	
with the requirements.	and 16612. That's termed that the distribution set forth above,	is in accordance
ing in a requirements.		

Renee Savage

Print Name

Ticket Administrator

Comment:

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

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Renee Savage

Ticket Administrator

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Signature of Agency Head or Designee

Comment: _

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) Area Code/Phone Number Amendment (Must Provide Explanation in Part 3.) 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: Erykah Badu Date(s). 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 □ 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 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: Name of Outside Organization Number 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

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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

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4. Verification

Comment: _

Lhave read and understand FPP(with the requirements.	Regulations 18944.1 and 18942. I have verified that the distribution set forth above,	is in accordance
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Signature of Agency Head or Designee

Renee Savage

Ticket Administrator

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Print Name

Title

month, day year)