Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 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: Sza Concert Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: __ Yes No 🗆 Name of Source If yes: Haubert, David Was ticket distribution made at the behest 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Income 2 If checking "Ceremonial Role" or "Other" describe below: Chester, Kaya to promote the Coliseum and genrate revenues Income Ceremonial Role Other 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. Renee Savage Ticket Administrator

Comment: _

1.	Agency Name	eremonial Role Events and Ticket/Pass Distributions Agency Name					California OOO	
	Oakland Alameda County C	Coliseum Autho	Date Stamp	Form 802				
	Division, Department, or Reg		1	For Official Use Only				
	Henry Gardner, Executive D	Director						
	Designated Agency Contact	(Name,Title)	1					
			Amendment (Must Provide Explanation in Part 3					
	Area Code/Phone Number E-mail					Amendment (Must F	rovide Expianation in Part 3.)	
	510.383.4801	rsavage@col	iseum.c	com		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				al (107.70	
	Does the agency have a tick	ket policy?	Yes	No□	Face Value of	Each Ticket/Pass \$	137.50	
						<u>/ 14 / 23 </u>		
	Zvork Bosonphorn.	Provide Titl	le/ Explana	tion				
	Ticket(s)/Pass(es) provided	by agency?	Yes 🔳	I No □	If no:	Name of Source		
	Was ticket distribution made	at the behost	\/ =		If yes: Jenkins	s, Kevin		
	Was ticket distribution made at the behest Yes of agency official?			INo∐	ii yes	Official's Name (Last, First)	-	
 3.	Recipients							
	Use Section A to identify the ager	ncy's department or	unit. • U	se Section B to	identify an individ	ual. Use Section C to identi	y an outside organization.	
	A Name of Agency Dan	artmant or Unit	1	Number	Doggribe th	aa muhlia muumaaa mada muu	arrant to the anamenia malian	
	A. Name of Agency, Department or Unit			of Ticket(s)/ Passes	Describe tr	ie public purpose made pur	suant to the agency's policy	
	B. Nama of the first and			Number				
	B. Name of Individual (Last, First)			of Ticket(s)/ Passes				
				4		monial Role Other		
	Jenkins, Kevin			4	If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum and genrate revenues			
					to promote			
					1	monial Role Other Other Other Ceremonial Role" or "Other" de	-	
	Name of Outside O	haran izakian		Number	If chec	kking "Ceremonial Role" or "Other" de	scribe below:	
	C. Name of Outside O			Number of Ticket(s)/ Passes	If chec	kking "Ceremonial Role" or "Other" de		
				of Ticket(s)/	If chec	kking "Ceremonial Role" or "Other" de	scribe below:	
				of Ticket(s)/	If chec	kking "Ceremonial Role" or "Other" de	scribe below:	
				of Ticket(s)/	If chec	kking "Ceremonial Role" or "Other" de	scribe below:	

Ticket Administrator

Title

Comment: ___

1.	Agency Name		Date Stamp	California 802				
	Oakland Alameda County C	Coliseum Authority		250500000				
	Division, Department, or Reg	ion (if applicable)		For Official Use Only				
	Henry Gardner, Executive D	Director						
	Designated Agency Contact	(Name,Title)						
		·- ·	Amendment (Must Provide Explanation in Part 3.)					
	Area Code/Phone Number	E-mail	Date of Original Fillings					
	510.383.4801	rsavage@coliseur	n.com		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation				407.50		
	Does the agency have a tick	ket policy? Yes	Each Ticket/Pass \$ _	137.50				
	Event Description: SZA Con	ncert	<u>/ 14 / 23 </u>	1 1				
	Event Booshpaon,	,						
	Ticket(s)/Pass(es) provided	by agency? Yes	no:	Name of Source				
	Was ticket distribution made	at the beheet was	r, Henry					
	of agency official?	e at the benest Yes	■ No Li "	you	Official's Name (Last, First)			
	or agonoy omolar.							
3.	Recipients							
	 Use Section A to identify the ager 	ncy's department or unit.	• Use Section B to i	dentify an individu	ual. Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Department	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy			
			1 43363					
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:			
	(Ləst, First)		Passes					
	Cardner Taylor				nonial Role Other Other or "Other" or "Other" or			
	Gardner, Taylor	4		the Coliseum to gene				
				ļ				
	Savage, Renee		2		nonial Role Other Other or "Other" or "Other" or	Income cescribe below:		
	Savage, Neriee							
		Number	to provide i	ovide incentive to County/City Employee				
	C. Name of Outside Organization (include address and description)		of Ticket(s)/ Passes	Describe th	escribe the public purpose made pursuant to the agenc			
			1,20000					

I 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.				

Renee Savage

Ticket Administrator

Comment: __

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I have read and understand FPPC Regulations	18944.1	and 1	8942. 1	l have v	erified that	the dis	stribution	set forth	above,	is in a	ccordance
with the requirements.											

Sene Darage

Renee Savage

Ticket Administrator

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Comment: __

Print Name

Title

onth, day, year)

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 □ Date(s) __3__/_18 Event Description: Mana 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? 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 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: В. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other | Income If checking "Ceremonial Role" or "Other" describe below: 2 Jenkins, Kevin to promote the Coliseum and genrate revenues Ceremonial Role Other Π Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. 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, Renee Savage **Ticket Administrator**

Comment: ___

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Agency Name Oakland Alamda County Division, Department, or Reg Henry Gardner Executive D	jion (if applicable) birector	Date Stamp	For Official Use Only					
Area Code/Phone Number E-mail rsavage@coliseum.com				Date of Original Filing:(month, day, year)				
Does the agency have a ticket Event Description: Mana Ticket(s)/Pass(es) provided	Provide Title/ Explan I by agency? Yes	ation If	ate(s)	/ 18 / 23 Name of Source				
Use Section A to identify the age	Jse Section B to id Number of Ticket(s)/ Passes							
D.	Number of Ticket(s)/ Passes		Identify one of the following:					
Iglesias, Chris		8	Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum and genrate revenu		describe below:			
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the ag		ursuant to the agency's policy			
	Renee Savaç				t forth above, is in accordance 3-6-23 (month, day, year)			
	Agency Name Oakland Alamda County Division, Department, or Reg Henry Gardner Executive D Designated Agency Contact Area Code/Phone Number 510.383.4801 Function or Event Information Does the agency have a tick Event Description: Mana Ticket(s)/Pass(es) provided Was ticket distribution made of agency official? Recipients Use Section A to identify the age A. Name of Agency, Department, or Reg B. Name of Inc. (Last, F) Iglesias, Chris	Agency Name Oakland Alamda County Division, Department, or Region (if epplicable) Henry Gardner Executive Director Designated Agency Contact (Name, Title) Area Code/Phone Number 510.383.4801 Function or Event Information Does the agency have a ticket policy? Yes Event Description: Mana Provide Title/ Explan Ticket(s)/Pass(es) provided by agency? Yes Was ticket distribution made at the behest Yes of agency official? Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit B. Name of Individual (Last, First) Iglesias, Chris Verification I have read and understand FPPC Regulations 18944 with the requirements.	Agency Name Oakland Alamda County Division, Department, or Region (if applicable) Henry Gardner Executive Director Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail rsavage@coliseum.com Function or Event Information Does the agency have a ticket policy? Yes No Face Yes No If Yes Yes No If Yes Yes	Agency Name Oakland Alamda County Division, Department, or Region (if applicable) Henry Gardner Executive Director Designated Agency Contact (Name, Title) Area Code/Phone Number 510.383.4801 E-mail savage@coliseum.com Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Event Description: Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Was ticket distribution made at the behest of agency official? Recipients Use Section A to Identify the agency's department or unit. Use Section B to Identify an individual (Last, First) B. Name of Individual (Last, First) Iglesias, Chris Number of Ticket(s)/Passes Cere If check to promote C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Passes Cere If check to promote C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Passes Describe the passes Cere If check to passes Number of Ticket(s)/Passes Describe the passes Number of Ticket(s)/Passes Lopic Describe the passes Number of Ticket(s)/Passes	Agency Name Oakland Alamda County Division, Department, or Region (if epplicable) Henry Gardner Executive Director Designated Agency Contact (Name, Tible) Area Code/Phone Number 510.383.4801 Familian Fraudian Familian Fa			