1.	Agency Name			Date Stamp California 802			
	Oakland Alameda County C					Form OUZ For Official Use Only	
	Division, Department, or Reg	, ,				For Official Use Only	
	Henry Gardner, Executive D						
	Designated Agency Contact	(Name,Title)					
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)	
	510.383.4801	rsavage@coliseum	com		Date of Original Filing:		
H-	010.000.4001	Tsavage@collsediff	.com		Bate of Original Fining.	(month, day, year)	
2.	Function or Event Infor	mation				440.75	
	Does the agency have a tick				Each Ticket/Pass \$ _	118.75	
	Event Description: Straight	Jokes no Chaser		oate(s) <u>5</u>	6 23		
		Provide Title/ Explai	nation	(-,		MANAGEMENT OF THE PROPERTY OF	
	Ticket(s)/Pass(es) provided	by agency? Yes	No ☐ If	no:			
	Was ticket distribution made	at the behest voc	Name of Source r, Henry				
	of agency official?	at the policot 162	No ☐ If	yes. ———	Official's Name (Last, First)		
	- agency emotars						
3.	Recipients						
	Use Section A to identify the ager	cy'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, Depa	Number of Ticket(s)/ Passes	Describe th	scribe the public purpose made pursuant to the agency's policy			
	B. Name of Indi	Number of Ticket(s)/		Identify one of the following:			
	(Last, Fir	st)	Passes				
	Gardner, Henry		5	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum and generate revenues			
	,			1	nonial Role Other of Other other of Other other o		
	C. Name of Outside O (include address and	Number of Ticket(s)/ Passes	Describe the	he public purpose made pursuant to the agency's policy			
Δ	Verification			L			
٠.	I have read and understand FP	PC Regulations 18944	.1 and 18942.	l have verified t	that the distribution set t	orth above, is in accordance	
	with the requirements.	2.0					
	rune levac	Renee Savag	Ticke	t Administrator	4/28/23		
	Signature of Agency Head or Design	ee Pr	int Name		Title	(month, day, year)	
	Comment:			·			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 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 118.75 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes No 🗆 Event Description: Straight Jokes no Chaser Date(s) <u>05</u> Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: 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 of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ Passes (Last, First) Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: 4 Jenkins, Kevin to promote the Coliseum and generate revenues 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

I have read and understand FPPC Re	egulations 18944.1 and 1894 <i>2.</i>	i nave vermea inai ine distribution sei iorti	i above, is in accordance
with the requirements.			
Stone Terrage	Renee Savage	Ticket Administrator	4/28/23
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _

1.	Agency Name				Date Stamp	California 802			
	Oakland Alameda County Co	oliseum Authority				1 01111			
	Division, Department, or Region	on (if applicable)				For Official Use Only			
	Henry Gardner, Executive Di								
	Designated Agency Contact (/	lame,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 Inforn	nation							
ia u				ione Value of	Each Ticket/Door ¢	118.75			
	Does the agency have a tick		No 🗆 🗜	race value of	Each Ticket/Pass \$ _				
	Event Description: Straight J	Provide Title/ Explar		Date(s)	06 23				
	Ticket(s)/Pass(es) provided b			no:					
	mener(e)/r dee(ee) provided i	y agonoy. 103			Name of Source	METALET PETERS AND			
	Was ticket distribution made	at the behest Yes	No □ If	yes: <u>Iglesias</u>	, Chris Official's Name (Last, First)				
	of agency official?				Olliciais Name (Last, Filst,				
3.	Desirients								
5.	Recipients • Use Section A to identify the agence	cy's department or unit	Ilca Saction R to i	dentify an individu	ual • Isa Saction C to ident	tify an outside organization			
	- Use Section A to identity the agenc	y s department of unit.	Number		•				
	A. Name of Agency, Depar	tment or Unit	of Ticket(s)/ Passes	Describe th	escribe the public purpose made pursuant to the agency's policy				
			rasses						
						ART CPUT OF DESCRIPTION AND A CONTROL OF A MARKET MATERIAL CONTROL OF A CONTROL OF			
			Number						
	B. Name of Indiv (Last, First		of Ticket(s)/ Passes	Identify one of the following:					
				Ceren	nonial Role Other	Income 🔲			
	Iglesias, Chris		4	•	king "Ceremonial Role" or "Other" o				
				to promote	the Coliseum and ge	nerate revenues			
				Cerem	nonial Role Other	Income			
				•	king "Ceremonial Role" or "Other" o				
	Name of Outside Ore	ganization	Number	D!!#					
	C. (include address and		of Ticket(s)/ Passes	Describe th	ie public purpose made pu	rsuant to the agency's policy			

4.	Verification				-				
	I have read and understand FPF	PC Regulations 18944	.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance			
	with the requirements.								
		Renee Savage Tick				4/28/23			
	Signature of Agency Head or Designe	e Pr	int Name	AND THE PERSON NAMED IN COLUMN	Title	(month, day, year)			
	Comment:								
	Commont.		***************************************						

	Agency Name				Date Stamp	California OOO
	Oakland Alameda County Co	liseum Authority				Form OUZ
Ī	Division, Department, or Regio	n (if applicable)		Scott History and Control of the Con		For Official Use Only
	Henry Gardner, Executive Dir	ector				
Ī	Designated Agency Contact (Na	ame,Title)				
-					Amendment (Must)	Provide Explanation in Part 3.)
7	Area Code/Phone Number E	-mail				Tovido Explanation III att 0.)
	510.383.4801 r	rsavage@coliseum	.com		Date of Original Filing:	(month, day, year)
	Function or Event Inform	ation				
	Does the agency have a ticke	et policy? Yes I	No □ F	ace Value of	Each Ticket/Pass \$ _	400.00
		1 7 1001			16 23	
	Event Description: Suga	Provide Title/ Expla	nation	Date(s)	10 -	
	Ticket(s)/Pass(es) provided by			f no:		
				Hauban	Name of Source	
	Was ticket distribution made a	at the behest Yes	No 🔲 I	f yes: <u>Hauber</u>	Official's Name (Last, First)	
	of agency official?					
•	Recipients					
	Use Section A to identify the agency	's department or unit. •		dentify an individ	ual. Use Section C to identi	ify an outside organization.
	A. Name of Agency, Depart	ment or Unit	Number of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy
		Passes				
	B. Name of Indivio		Number of Ticket(s)/ Passes		Identify one of the	following:
	(Last, First)		of Ticket(s)/ Passes		nonial Role Other	Income
			of Ticket(s)/	If check	nonial Role Other or "Other" do	Income escribe below:
	(Last, First)		of Ticket(s)/ Passes	to promote	nonial Role Other of	Income escribe below:
	(Last, First)		of Ticket(s)/ Passes	to promote Ceren	nonial Role Other or "Other" do	Income escribe below: erate revenues
	Haubert, David Name of Outside Orga	anization	of Ticket(s)/ Passes 4 Number of Ticket(s)/	to promote Ceren If check	nonial Role Other or "Other" do the coliseum and gen nonial Role Other or "Other" do the coliseum and gen nonial Role Other or "Other" do	Income Inc
	Haubert, David	anization	of Ticket(s)/ Passes 4	to promote Ceren If check	nonial Role Other or "Other" do the coliseum and gen nonial Role Other or "Other" do the coliseum and gen nonial Role Other or "Other" do	Income escribe below: Details revenues Income escribe below:
	Haubert, David Name of Outside Orga	anization	of Ticket(s)/ Passes 4 Number of Ticket(s)/	to promote Ceren If check	nonial Role Other or "Other" do the coliseum and gen nonial Role Other or "Other" do the coliseum and gen nonial Role Other or "Other" do	Income escribe below: Details revenues Income escribe below:
	Haubert, David C. Name of Outside Organic (include address and december)	anization	of Ticket(s)/ Passes 4 Number of Ticket(s)/	to promote Ceren If check	nonial Role Other or "Other" do the coliseum and gen nonial Role Other or "Other" do the coliseum and gen nonial Role Other or "Other" do	Income escribe below: Details revenues Income escribe below:
ı	Haubert, David C. Name of Outside Org. (include address and delinctude) Verification I have read and understand FPP	anization escription)	of Ticket(s)/ Passes 4 Number of Ticket(s)/ Passes	to promote Ceren If check Describe th	nonial Role Other in the ding "Ceremonial Role" or "Other" do the coliseum and gen nonial Role Other in the coliseum and gen nonial Role in the coliseum and	Income escribe below: Derate revenues Income escribe below: Income escribe below:
1	Haubert, David C. Name of Outside Org. (include address and decorporation)	anization escription)	of Ticket(s)/ Passes 4 Number of Ticket(s)/ Passes	to promote Ceren If check Describe the	nonial Role Other in the ding "Ceremonial Role" or "Other" do the coliseum and gen nonial Role Other in the coliseum and gen nonial Role in the coliseum and	Income escribe below: Derate revenues Income escribe below: Income escribe below:

Print

1.	Agency Name				Date Stamp	California OOO		
	Oakland Alameda County C	Coliseum Authority				Form 802		
	Division, Department, or Reg	<u>-</u>				For Official Use Only		
	Henry Gardner, Executive D	Director						
	Designated Agency Contact							
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)		
	510.383.4801	rsavage@coliseur	m com		Date of Original Filing			
		13dvage@collocal			Date of Original Filling.	(month, day, year)		
2.	Function or Event Infor	mation						
	Does the agency have a tick	ket policy? Yes	No □ F	ace Value of	Each Ticket/Pass \$ _	400.00		
	Event Description: Suga			Date(s) 5	17 23			
	Event Description:	Provide Title/ Expl	L lanation	Date(s)		PARTY NAMED IN COLUMN TWO IS NOT THE OWNER.		
	Ticket(s)/Pass(es) provided			f no:				
					Name of Source			
	Was ticket distribution made	at the behest Yes	No □ I	f yes: Gardne	r, Henry Official's Name (Last, First)			
	of agency official?				Ollidar & Name (Last, 1 list)			
3.	Danisianta							
3.	Recipients	acu's donartment or unit						
	ose section A to identity the ager	icy's department or unit.		dentity an individu	ndividual. Use Section C to identify an outside organization.			
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/	Describe th	rsuant to the agency's policy			
			Passes					
			1					
			<u> </u>					
	B. Name of Indi	ividual	Number of Ticket(s)/		following:			
	(Last, Fir	st)	Passes					
	The Call III.				nonial Role Other	Income		
	Thatch, Hong		4		king "Ceremonial Role" or "Other" d			
				to provide o	pportunities to comm	unity groups		
			The state of the s	Cerem	nonial Role Other	Income		
				If check	ing "Ceremonial Role" or "Other" d	escribe below:		
	C. Name of Outside O		Number of Ticket(s)/	Describe the	rsuant to the agency's policy			
	(include address and	description)	Passes		- passe parpece made pa			
Market St.								
4.	Verification							
	I have read and understand FP	PC Regulations 1894	4.1 and 18942.	I have verified t	hat the distribution set t	orth above is in accordance		
	with the requirements.					or an according to mr accordance		
_	sque wag	Renee Sava	ge	Ticke	t Administrator	4/28/23		
	Signature of Agency Head or Design	ee [Print Name	ON-HOUSE MANAGEMENT AND ASSESSMENT OF THE PARTY OF THE PA	Title	(month, day, year)		
	Comment:							

1.	Agency Name			Date Stamp California Form 802			
	Oakland Alameda County C Division, Department, or Reg		,			For Official Use Only	
,	Henry Gardner, Executive D						
	Designated Agency Contact	(Name, Title)					
	Area Code/Phone Number	E-mail	***************************************		Amendment (Must	Provide Explanation in Part 3.)	
	510.383.4801	rsavage@coliseum	.com		Date of Original Filing		
_		1				(month, day, year)	
2.	Function or Event Infor					131.25	
	Does the agency have a tick		No ☐ F	ace Value of	Each Ticket/Pass \$ _	101.20	
	Event Description: Rahat Fa	ateh Ali Khan	[Date(s) <u>DS</u>	26 23		
	T: 1 1/ \/D // \ \	Provide Title/ Explan	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes		f no:	Name of Source		
	Was ticket distribution made	at the behest Yes	No 🗆	f yes: Gardne	r, Henry		
	of agency official?	100	140 🗀	. y 00.	Official's Name (Last, First)	
3.	Recipients						
	Use Section A to identify the ager	icy's department or unit. •		dentify an individu	ual. Use Section C to ident	tify an outside organization.	
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's			
		ANNERSON DESCRIPTION OF THE PROPERTY OF THE PR					
	B. Name of Indi		Number of Ticket(s)/ Passes	of Ticket(s)/ Identify one of the following:			
				Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: to promote the coliseum and generate revenues			
	Najibi, Skender		2				
					nonial Role Other		
				If check	king "Ceremonial Role" or "Other" o	describe below:	
	C. Name of Outside O		Number of Ticket(s)/	Describe th	e public purpose made pu	ırsuant to the agency's policy	
	(morauc address dife	r description)	Passes				
				 			
A	Verification						
4.		DDC Dogulations 10044	1 and 10010	I house verifie d	that the distribution == t	forth chave in its seconds	
_	I have read and understand FF with the requirements.	PC Regulations 18944	.1 and 18942.	i nave veriīlea i	tnat the distribution set	forth above, is in accordance	
f	01100 010001	Renee Savag	ie	Ticke	et Administrator	4/28/23	
_	Signature of Agency Head or Design		rint Name		Title	(month, day, year)	
					1110	(monai, uay, your)	
	Comment:						

	gency Report of: eremonial Role Ever	nts and Ticket/F	Pass Distr	ibutions	AF	Public Document		
THE REAL PROPERTY.	Agency Name				Date Stamp	O Jif		
	Oakland Alameda County (Coliseum Authority				Form 802		
	Division, Department, or Reg				1	For Official Use Only		
	Henry Gardner, Executive I	Director						
	Designated Agency Contact				1			
	Area Code/Phone Number	E-mail		****	Amendment (Must Pro	vide Explanation in Part 3.)		
	510.383.4801	rsavage@coliseum	n.com		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation				(monus, day, year)		
	Does the agency have a tic	ket policy?	■ No□ F	Face Value of	Each Ticket/Pass \$	64.00		
	Event Description: Oakland	Provide Title/ Expla	[Date(s)	<u>03 23</u> _	Management Management Communication Communication		
	Ticket(s)/Pass(es) provided			f no:				
			Name of Source					
	Was ticket distribution made	e at the behest Yes	No □ I	f yes: <u>Iglesias</u>	Official's Name (Last, First)			
	of agency official?				Olliciai's Name (Last, First)			
3.	Use Section A to identify the ager Name of Agency, Department	Number of Ticket(s)/ Passes		ual. Use Section C to identify a				
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		owing:			
	Iglesias, Chris		14	If check	nonial Role Other Making "Ceremonial Role" or "Other" descri the coliseum and genera			
					nonial Role Other Ching "Ceremonial Role" or "Other" descri	Income		
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursua	ant to the agency's policy		
4.	Verification							
	I have read and understand FP with the requirements.	PC Regulations 18944	.1 and 18942.	I have verified t	that the distribution set fortl	h above, is in accordance		
J	Sens Davage	Renee Savag	e	Ticke	t Administrator	4/28/23		
	Signature of Agency Head or Design	ee Pr	rint Name		Title	(month, day, year)		

Print

Comment: _

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

1.	Agency Name				Date Stamp	California OOO	
	Oakland Alameda County C	Coliseum Authority				Form 802	
	Division, Department, or Reg					For Official Use Only	
	Henry Gardner, Executive I	Director					
	Designated Agency Contact						
		•					
	Area Code/Phone Number	E-mail			Amendment (Must Pi	rovide Explanation in Part 3.)	
	510.383.4801	rsavage@coliseum.	com		Date of Original Filing: _		
			COITI		Date of Original Filling.	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tic	ket policy? Yes	No □	Face Value of	Each Ticket/Pass \$	64.00	
	Event Description: Oakland			Date(s) <u>05</u>	16 23		
	Event Description.	Provide Title/ Explan	ation	Date(s)	70 00		
	Ticket(s)/Pass(es) provided			f no:			
				f yes: Iglesias.	Name of Source		
	Was ticket distribution made	e at the behest Yes	, Chris Official's Name (Last, First)				
	of agency official?				emoure Name (Eddi, 1 may		
3.	Recipients						
٥.	 Use Section A to identify the ager 	ocy's department or unit • I	al Alco Cootion C to identify				
		T	T Individu	ial. Use Section C to Identify	an outside organization.		
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/	Describe the	e public purpose made purs	suant to the agency's policy	
			Passes				
							
	B. Name of Indi		Number of Ticket(s)/	Identify one of the following:			
	(Last, Fir	st)	Passes				
					onial Role Other	Income	
				If check	ing "Ceremonial Role" or "Other" des	cribe below:	
					·		
				Cerem	onial Role Other	Income	
				If check	ing "Ceremonial Role" or "Other" desc	cribe below:	
	C. Name of Outside O	rganization	Number	Describe the	muhlia aura arada ara		
	(include address and	description)	of Ticket(s)/ Passes	Describe tile	e public purpose made purs	uant to the agency's policy	
	Las Lomas High School W	/alput Crook	16				
	Las Lomas High School W	ramut Creek	10	to provide of	oportunities to commu	nity groups	
4.	Verification	*					
	I have read and understand FP	PC Regulations 18944 :	and 18042	I have verified t	hat the distribution set for	th chave is in accordance	
_	with the requirements.	TO Negalations 10044.	ana 10342.	i nave vermed u	iai irie distribution sei ioi	un above, is in accordance	
	Rone e Dava	Renee Savage	•	Ticket	t Administrator	4/28/23	
_	Signature of Agency Head or Design	-	t Name		Title	(month, day, year)	
		V			1100	(monus, day, year)	
	Comment:						

Δ	PII	h	lic	Doc	umen	ľ
_						

1.	Agency Name				Date Stamp	California 802	
	Oakland Alameda County C	_				101111	
	Division, Department, or Reg	jion (if applicable)				For Official Use Only	
	Henry Gardner, Executive [
	Designated Agency Contact	(Name,Title)					
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)	
	510.383.4801	rsavage@coliseum	com		Date of Original Filing		
			I.COM		Bate of Original Fining	(month, day, year)	
2.	Function or Event Infor	mation				64.00	
	Does the agency have a tic		No ☐ F		Each Ticket/Pass \$ _	64.00	
	Event Description: Oakland	l A's game		Date(s) <u>05</u>	13 23	05 14 23	
		Provide Title/ Expla	nation	. ,			
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🔲 📗	f no:	Name of Source	and the state of t	
	Was ticket distribution made	e at the behest Ves I	■ No □ I	f yes: <u>Iglesias</u>	, Chris		
	of agency official?	163		1 you. ———	Official's Name (Last, First		
3.	Recipients						
	Use Section A to identify the ager	ncy's department or unit. •		dentify an individu	ual. Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy		
			A COURT OF TAXES AND THE SUB-LES				
			,				
						es en l'occupation de l'estate	
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the following:		
					emonial Role Other Income		
	Iglesias, Chris		4	If checking "Ceremonial Role" or "Other" describe below:			
		The state of the s		to promote	the coliseum and inc	rease revenues	
				1	nonial Role Other		
				If check	king "Ceremonial Role" or "Other" o	describe below:	
			Number				
	C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy	
			rasses				
		The state of the s					
1.	Verification						
	I have read and understand FP	PPC Regulations 18944	.1 and 18942	I have verified f	that the distribution set	forth above, is in accordance	
	with the requirements.	0				ionar abovo, io in accordance	
1	Keneewage	Renee Savag	e	Ticke	t Administrator	4/28/23	
	Signature of Agency Head or Design	pee Pr	int Name		Title	(month, day, year)	
	Comment:						
	Comment.						

Agency Report of:

	9	2 8						
C	erer	nonial	Role	Events	and	Ticket/Pass	Distributions	

A	Di	h	ic	n	0	C1	IIIO	en	ĺ
	гu	N)		u	u	Lol			ı

1.	Agency Name				Date Stamp	California 802	
	-	kland Alameda County Coliseum Authority				Form OUZ For Official Use Only	
	Division, Department, or Region (if applicable)					1 of Official Ose Offiy	
	Henry Gardner, Executive Director						
	Designated Agency Contact (Name, Title)						
	Asso Code/Dhone Number 15				Amendment (Must I	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Date of Original Filing:(month, day, year)		
	510.383.4801 rsavage@coliseum.com						
2.	Function or Event Infor	mation				04.00	
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$ _	64.00	
	Event Description: Oakland	A's game	29 23				
	Event Description: Oakland A's game Date(s) 05 29 23						
	Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:						
	Was ticket distribution made at the behest Yes ■ No □ If yes: Iglesias.				Name of Source		
					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.						
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy	
			Passes				
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	following:	
	Iglesias, Chris	16	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: to provide opportunities to community organizations				
				<u> </u>	nonial Role Other		
				If check	king "Ceremonial Role" or "Other" de	escribe below:	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy	
	-						
4.	Verification						
	I have read and understand FF with the requirements.	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set t	forth above, is in accordance	
	RINIE DANNIM					4/28/23	
	Signature of Agency Head or Designee Print Name				et Administrator	(month, day, year)	
	J	•				(a.i.i., aaj, jaai)	
	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 I Event Description: Oakland A's game Date(s) 05 31 23 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 □ 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)/ Passes Describe the public purpose made pursuant to the agency's policy (include address and description)

4. Verification

Comment: _

I have read and understand FPPC Regulations 18944.1	and 18942. I have verified that the distribution set forth above, is in accordanc
with the requirements.	in accordance in the distribution set form above, is in accordance

Renee Savage

Ticket Administrator

4/28/23

Title

(month, day, year)