$\frac{1}{1}$	Agency Name		evra	ISS DIS	tributions		Public Docu	ument
	-					Date Stamp	California	802
	Oakland Alameda County Coliseum Authority Division, Department, or Region ( <i>if applicable</i> )					1	1 61111	
							For Official Use	Only
	Henry Gardner, OACCA Executive Director							
	Designated Agency Contact (Name, Title)							
						Amendment (Must Pr	ovide Explanation in Pa	ort 3)
	Area Code/Phone Number	E-mail				] —		
	510.383.4801	rsavage@coli	seum.c	om		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation						
	Does the agency have a tic	ket policy?		No 🗖	Face Value of	Each Ticket/Pass \$	130	.00
			165					
	Event Description: We Them One Provide Title/ Explanation			Date(s) 04/05				
	Ticket(s)/Pass(es) provided		Yes 🔳		If no:			
						Name of Source	an a	
	Was ticket distribution made	at the behest	Yes	No 🗖	If yes: Miley, N	Vate Official's Name (Last, First)		
	of agency official?					Oniciai's Name (Last, First)		
	A. Name of Agency, Depa			of Ticket(s) Passes		e public purpose made purs	uant to the agency's	
	B. Name of Individual (Last, First)			Number of Ticket(s Passes	1	Identify one of the following:		
					Cerem	nonial Role 🔲 Other 🔲		
	Bradley, Barron			3		ing "Ceremonial Role" or "Other" desc		
					to provide o	pportunities to commu	nity groups	
	)				1001 BBH 7004 BBH	ionial Role D Other Other desc		ncome
	C. Name of Outside Organization (include address and description)			Number of Ticket(s) Passes	Describe the	e public purpose made pursi	uant to the agency's	policy
						-		

### 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. 1

	Renee Savage	OACCA Ticket Administrator	4-1-25
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Print



	Events and Ticket	/Pass Distr	ibutions	A	<b>Public Document</b>
1. Agency Name					California Form 802
	Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable)				
					For Official Use Only
	CCA Executive Director				
Designated Agency C	ontact (Name, Title)				
Anna Oa Ia (Di anna		Amendment (Must Provide Explanation in Part 3.)			
Area Code/Phone Nu					
510.383.4801	rsavage@colise	um.com		Date of Original Filing:	(month, day, year)
2. Function or Even	t Information				
Does the agency ha	ve a ticket policy?	s 📕 No 🗔 🖡	Face Value of I	Each Ticket/Pass \$ <u>/</u>	30
	Roots v. Rhode Island			2007 Hokel 1 233 \$	
Event Description:	Provide Title/ Ex	planation	Date(s) <u>04/05</u>	/2025	
Ticket(s)/Pass(es) pi	• • • • • • • • • • • • • • • • • • •		f no:		
		1000 Million (1997)		11	
	n made at the behest Ye	s 📕 No 🗔 🛛 I	f yes: Gardnei	r, Henrty Official's Name (Last, First)	· · · · · · · · · · · · · · · · · · ·
of agency official?				Chiciar's Name (Last, First)	
• Use Section A to identify the agency's department or unit.       • Use Section A to identify the agency's department or unit.       • Use Section A to identify the agency's department or unit.         A.       Name of Agency, Department or Unit		•Use Section B to i Number of Ticket(s)/ Passes			y an outside organization. suant to the agency's policy
B. Nan	ne of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	bllowing:
Gardner, Henry	Gardner, Henry		lf checki	onial Role D Other ing "Ceremonial Role" or "Other" des the Coliseum and gene	
				onial Role DOther Ding "Ceremonial Role" or "Other" des	
	utside Organization ress and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy
Varification					

### 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.

40 Renee Savage 4-1-25 **OACCA** Ticket Administrator M Signature of Agency Head or Desig Print Name (month, day, year) Title

Comment: \_

Print



#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 8 Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Henry Gardner, OACCA 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 130.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes No 🗌 Event Description: We Them One Date(s) 04/05/2025 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? 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 Α. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Β. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income Iglesias, Chris If checking "Ceremonial Role" or "Other" describe below: 10 to provide opportunities to community groups 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.

walk Renee Savage Signature of Agency Head or Designed Print Name

OACCA Ticket Administrator

(month. day, yea

Comment:

Print



	Aganay Nama	Geremonial Role Events and Ticket/Pass Distributions				Public Document
	Agency Name Oakland Alameda County Coliseum Authority				Date Stamp	California Form 802
	Division, Department, or Reg					
				For Official Use Only		
	Henry Gardner, OACCA Ex Designated Agency Contact		******			
	Designated Agency Contact	(Name, nue)				
	Area Code/Phone Number	E-mail	Amendment (Must Provide Explanation in Part 3.)			
	510.383.4801	rsavage@colise			Data of Original Filings	
120	a		am.com		Date of Original Filing: _	(month, day, year)
2.	<b>Function or Event Infor</b>	mation				
	Does the agency have a tic	ket policy? Ye	es 📕 No 🗌	Face Value of	Each Ticket/Pass \$	75.00
	Event Description:				- Marcelle 1997 - 17	
	Event Description: Provide Title/ Explanation Date(s) 04/			Date(s) <u>01/10</u>		
	Ticket(s)/Pass(es) provided by agency? Yes			lf no:		
				Gardna	Name of Source	
	Was ticket distribution made	e at the behest $\gamma_e$	es 📕 No 🗌	If yes: Gardne	Official's Name (Last, First)	
	of agency official?					
	Use Section A to identify the agency's department or unit.     A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the a		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Boubaker, Monia		6	lf check	onial Role D Other	8
			×	to provide o	pportunities to commu	nity groups
				2560.04480.05480.0034	onial Role Other Other ing "Ceremonial Role" or "Other" desc	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursi	uant to the agency's policy
				1		

### 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 **OACCA** Ticket Administrator Print Name Signature of Agency Head or Designe Title (month, day, year)

Comment:

Print



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

	eremonial Role Events and Ticket/Pass Distributions			A Public Document		
1.	Agency Name				Date Stamp	California Form 802
	Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable)					
						For Official Use Only
	Henry Gardner, Executive I Designated Agency Contact		4	0		
	Designated Agency Contact	(Name, Hue)				
	Area Code/Phone Number E-mail				Amendment (Must Provide Explanation in Part 3.)	
	510.383.4801	rsavage@coliseu	m.com		Date of Original Filing: .	
_					Sate of Original Thing.	(month, day, year)
2.	Function or Event Infor					75.00
	Does the agency have a ticl	ket policy? Yes	s 📕 No 🗖	Face Value of	Each Ticket/Pass \$	75.00
	Event Description: PBR			Date(s) 04/19	9/2025	
		Provide Title/ Exp	lanation			2
	Ticket(s)/Pass(es) provided	by agency? Yes	s 📕 No 🗌	lf no:		
	Was ticket distribution made	at the behest ve		If ves. Hauber	Name of Source t, David Official's Name (Last, First)	
	of agency official?	168		n yes	Official's Name (Last, First)	
_						
3.	Recipients				2	
	Use Section A to identify the agen	cy's department or unit.		identify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Depa	Number of Ticket(s)/	Describe th	e public purpose made purs	uant to the agency's policy	
			Passes			
		and the second				
	B. Name of Individual		Number			
	B. (Last, First)		of Ticket(s)/ Passes		Identify one of the fo	llowing:
				Cerem	nonial Role 🔲 Other 📕	Income
	Salinad, Mark		10	1	king "Ceremonial Role" or "Other" desc	
				to provide o	opportunities to commu	nity groups
	F			Cerem	nonial Role 🔲 Other 🗌	Income
				lf check	king "Ceremonial Role" or "Other" desc	cribe below:
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the	e public purpose made purs	uant to the agency's policy
	(include address and	description)	Passes			
						· · · · · · · · · · · · · · · · · · ·
	V					
1	Verification					

### 4

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 **OACCA** Ticket Administrator 1 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

Print



	eremonial Role Even	its and Ticket/	Pass Distr	ributions	A	<b>Public Document</b>
1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County (					
	Division, Department, or Reg	· · · · ·		For Official Use Only		
	Henry Gardner, OACCA Executive Director Designated Agency Contact (Name, Title)					
	Designated Agency Contact	(Name, Litie)				
	Area Code/Phone Number	E-mail			Amendment (Must P	Provide Explanation in Part 3.)
	510.383.4801	rsavage@coliseur	n.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation	and the property of the			
	Does the agency have a tic	ket policy? Yes	No 🗖 🛛	Face Value of	Each Ticket/Pass \$	137.50
	Event Description: Millenni			Date(s) 04/26		
	Event Description.	Provide Title/ Expla	anation			
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🗌 🛛	f no:		
	Was ticket distribution made	at the behast of		f yes: Gardne	Name of Source r. Henrty	
	of agency official?	e at the benest Yes		f yes:	Official's Name (Last, First)	
3.	Recipients					
	<ul> <li>Use Section A to identify the agen</li> </ul>	icy's department or unit.		identify an individu	ual. Use Section C to identify	y an outside organization.
	A. Name of Agency, Depa	Number of Ticket(s)/	Describe th	e public purpose made purs	suant to the agency's policy	
			Passes			
					/2- 	
	B. Name of Indi	vidual	Number		14	<b></b>
	<b>D.</b> (Last, Fir.		of Ticket(s)/ Passes		Identify one of the fo	pilowing:
					nonial Role 🔲 Other	Income
	Gardner, Henry		6		king "Ceremonial Role" or "Other" des	
				to promote	the Coliseum and gen	erate revenues
				1	nonial Role D Other	
				IT Check	king "Ceremonial Role" or "Other" des	cribe below:
			Number			
	C. Name of Outside Or (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
			rasses			<u> </u>
						in A
		an de la compañía de estas estas estas de compañías de la compañía de la compañía de la compañía de la compañía				
4. A	Verification		-			

#### 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 the requirements witt

Renee Savage **OACCA** Ticket Administrator a Signature of Agency Head or Designee Print Name Title (month, day, year

Comment:

Print



С	remonial Role Events and Ticket/Pass Distributions			A Public Document		
1.	Agency Name	Date Stamp				
	Oakland Alameda County Coliseum Authority		Form 802			
	Division, Department, or Region (if applicable)			1	For Official Use Only	
	Henry Gardner, Executive Director					
	Designated Agency Contact (Name, Title)			4	1	
	Area Code/Phone Number E-mail	Amendment (Must Pr	ovide Explanation in Part 3.)			
				Date of Original Filing: _		
				g	(month, day, year)	
2.	Function or Event Information					
	Does the agency have a ticket policy? Yes	No 🗆	Face Value of	Each Ticket/Pass \$	137.50	
	Event Description: Millennium Tour					
	Event Description: Provide Title/ Expla	nation	Date(s) <u>04/26</u>			
			lf no:			
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Name of Source		
	Was ticket distribution made at the behest Yes	No 🗖	If yes: Jenkins	s, Kevin Official's Name (Last, First)		
	of agency official?			Official's Name (Last, First)		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
			Ceren	nonial Role 🔲 Other 📕	Income	
	Jenkins, Kevin	4	lf chec	king "Ceremonial Role" or "Other" desc	ribe below:	
			to promote	the Coliseum and gene	erate revenues	
				nonial Role D Other king "Ceremonial Role" or "Other" desc	Income 🗌	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	le public purpose made pursi	uant to the agency's policy	

### 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 المنابس the requirements.

Renee Savage en a a a Signature of Agency Head or Designee Print Name

OACCA Ticket Administrator

(month, day, year)

Comment:

Print

