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: Oakland A's Game 08.21.24 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no: \_ Name of Source Was ticket distribution made at the behest Yes ■ No □ If yes: Iglesias, Chris 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 of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income Iglesias, Chris 18 If checking "Ceremonial Role" or "Other" describe below: to provide opportunities to community organizations Ceremonial Role Other Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4								
4.	`\/	Δ	rı	TI	ca	Ť١	$\sim$	n
т.	•	C			va	ч	v	

Comment:

1	have read and understand FPPC Regulations	18944.1 and 1	8942. I have v	erified that the c	distribution set forth above	is in accordance
ī	vith the requirements.			omou mat mo a	moundation set forth above,	is ill accordance
	1)					

Kel	ul		DU	ag	K
Signs	turn of A	TORON LI	and or D	opin/h	

Renee Savage

OACCA Ticket Administrator

Print Name

**Print** 

## Agency Report of: Ceremonial Role Events and Ticket/Pass Distribution

1. Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Henry Gardner, Executive Director Designated Agency Contact (Name, Title)  Area Code/Phone Number 510.383.4801  Date of Original	Form 6U2 For Official Use Only  t (Must Provide Explanation in Part 3.)
Division, Department, or Region (if applicable)  Henry Gardner, Executive Director  Designated Agency Contact (Name, Title)  Area Code/Phone Number E-mail	Form OU Z For Official Use Only  It (Must Provide Explanation in Part 3.)
Henry Gardner, Executive Director  Designated Agency Contact (Name, Title)  Area Code/Phone Number E-mail  510 393 4904	For Official Use Only  t (Must Provide Explanation in Part 3.)
Designated Agency Contact (Name, Title)  Area Code/Phone Number E-mail	Filing
Designated Agency Contact (Name, Title)  Area Code/Phone Number E-mail	Filing
510 393 4904	Filing
510 393 4904	Filing
510.383.4801 rsavage@coliseum.com Date of Original	Filing:(month, day, year)
1 3 3	(month, day, year)
0.5	
2. Function or Event Information	
Does the agency have a ticket policy? Yes ■ No □ Face Value of Each Ticket/Pa	ss \$64.00
Event Description: Oakland A's Game 08.18.24 Date(s) 8 18 24	
Provide Title/ Explanation	
Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:	
Name of Source	
Was ticket distribution made at the behest Yes ■ No □ If yes: Iglesias, Chris Official?	st, First)
or 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	o identify an extende association
Number	ordentity an outside organization.
	ade pursuant to the agency's policy
Fasts	
Number	
B. Name of Individual of Ticket(s)/ Identify one	of the following:
1 40360	
Iglesias, Chris Ceremonial Role ☐ Ceremonial Ro	Other Income Income Cother" describe below:
to promote the Coliseum an	
Ceremonial Role   If checking "Ceremonial Role" or "	Other Income Income
in checking Ceremonial Role of	Outer describe below:
Name of Cutaids Own in the Number	BROWS ADDRESS AND THE STATE OF
C. (include address and description) of Ticket(s)/ Describe the public purpose ma	ade pursuant to the agency's policy
Passes	
. Verification	
Lhave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution	n set forth above, is in accordance
with the requirements.	
Renee Savage OACCA Ticket Admin	istrator 8-16-24
Signature of Agency Head or Designee Print Name Title	(month, day, year)
Comment:	
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? 62.00 Face Value of Each Ticket/Pass \$ \_\_ Yes ■ No □ Event Description: A's game 8.25.24 Date(s) 08/25/2024 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no: \_\_\_ Name of Source Was ticket distribution made at the behest Yes ■ No □ If yes: Gardner, Henry 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income \_\_\_ 18 If checking "Ceremonial Role" or "Other" describe below: to provide opportunities to community organizations Ceremonial Role Other . Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Verification

Comment: \_

Thave read and understand PPC Regulations	18944.1 and 18942. I have verified that the distribution set forth above, is	in accordance
with the requirements.	and the distribution set forth above, is	in accordance
with the regulierieries		

Ker	11	M	N/19
Signature o	f Agency	Head or D	/\oonnie

OACCA Ticket Administrator

**Print** 

Clear

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 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 64.00 Does the agency have a ticket policy? Yes ■ No □ Face Value of Each Ticket/Pass \$ \_ Event Description: Oakland A's 8.17.24 Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes 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 of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's policy Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other Income Gardner, Taylor 10 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. 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 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** 

Comment:

Clear

Print Name

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

Title

## Agency Report of: Ceremonial Role Events and Ticket/Page 1986

Agency Name Oakland Alameda County C 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	ion (if applicable) Director				California Form 802  For Official Use Only
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	ion (if applicable) Director (Name, Title)				Form OUZ
Henry Gardner, Executive D Designated Agency Contact ( Area Code/Phone Number 510.383.4801  Function or Event Information Does the agency have a tick	Director (Name, Title)  E-mail				For Official Use Only
Area Code/Phone Number 510.383.4801  Function or Event Information Does the agency have a tick	(Name, Title)				
Area Code/Phone Number 510.383.4801  Function or Event Information Does the agency have a tick	E-mail			1	
510.383.4801  Function or Event Information  Does the agency have a tick		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		1	
510.383.4801  Function or Event Information  Does the agency have a tick					
Function or Event Information Does the agency have a tick	rsavage@coliseum			Amendment (Must Provide	e Explanation in Part 3.)
Does the agency have a tick		n.com		Date of Original Filing:	
Does the agency have a tick				(r.	month, day, year)
					24.22
		No □	Face Value of I	Each Ticket/Pass \$	64.00
Event Description: Oakland	A's 8.18.24	i	Date(s) <u></u>	18 24	
	Provide Title/ Expla	nation	Date(s)		
Ticket(s)/Pass(es) provided	by agency? Yes	No 🔲 📗	lf no:		
NATION OF THE ARM AND ARMS			Conduct	Name of Source	3,000
Was ticket distribution made	at the behest Yes	No 🗌	f yes: Gardner	Official's Name (Last, First)	
of agency official?				,——, <del></del>	
• Use Section A to identify the agence		Use Section B to	identify an individu	al. Use Section C to identify an o	outside organization.
A. Name of Agency, Depar	rtment or Unit	of Ticket(s)/ Passes	Describe the	public purpose made pursuant	to the agency's policy
B. Name of Indiv (Last, Firs.		Number of Ticket(s)/ Passes		Identify one of the followi	ing:
Gardner, Henry		10	If checki	onial Role Other on O	
			1	onial Role Other Onial Role" or "Other" describe be	Income
C. Name of Outside Org		Number of Ticket(s)/ Passes	Describe the	public purpose made pursuant	to the agency's policy
/erification					
have read and understand FPF vith the requirements.	PC Regulations 18944.	1 and 18942. I	I have verified th	at the distribution set forth at	bove, is in accordance
Keple Jamas	M Renee Savage	9	OACC	A Ticket Administrator	0-11-00
Signature of Agency Head or Designed		nt Name		Title	S 10 dy
5 2		in Hame		Tiue	(month, day, year)

Agency Name				Date Stamp	California O O
Oakland Alameda County Co	oliseum Authority				Form 8U
Division, Department, or Region			·	1	For Official Use Only
Henry Gardner, Executive Di					
Designated Agency Contact (A	lame,Title)				
				Amondment (Mars 5	Provide Explanation in Part 3.)
	E-mail			Amendment (Must P	томие Ехріапаціоп іп Рап З.)
510.383.4801	rsavage@coliseur	n.com		Date of Original Filing:	(month, day, year)
Function or Event Inform	nation				
Does the agency have a ticket	1 2 1 1 1 1 1 1 1	■ No 🗆	Face Value of	Each Ticket/Pass \$	64.00
Event Description: Oakland A	A's game 8.2.24	Ĩ	Date(s) 08/02	2/2024	
	Provide Title/ Expl	anation	Date(3)		
Ticket(s)/Pass(es) provided b	y agency? Yes	■ No 🗆	f no:		
Was ticket distribution made a	at the behest .v		f yes: Jenkins	Name of Source . Kevin	
of agency official?	at the beliest Yes	■ No 📙	r yes:	Official's Name (Last, First)	
Recipients  • Use Section A to identify the agency  A. Name of Agency, Depart		• Use Section B to  Number of Ticket(s)/ Passes		ual. Use Section C to identif	
Use Section A to identify the agency		Number of Ticket(s)/			
Use Section A to identify the agency	ment or Unit	Number of Ticket(s)/			suant to the agency's polic
Name of Agency, Depart      Name of Individuals, First	ment or Unit	Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes	Describe the Cerem	Identify one of the fo	suant to the agency's polic  ollowing:
Use Section A to identify the agency     A. Name of Agency, Depart  B. Name of Individuals	ment or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe the Cereman of the Cereman	ldentify one of the fo	suant to the agency's polic  ollowing:  Income
Name of Agency, Depart      Name of Individuals, First	ment or Unit	Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes	Cerem If check to promote	Identify one of the fo	pllowing: Income
Name of Agency, Depart      Name of Individuals, First	dual	Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes	Cerem If check  Cerem If check	Identify one of the fo	bllowing: Income cribe below: Income cribe below: Income cribe below:
Name of Agency, Depart      Name of Individuals, First  Linton, Donna  Name of Outside Organicals  Name of Outside Organicals  Name of Outside Organicals	dual	Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  10  Number of Ticket(s)/ Passes	Cerem If check  Cerem If check	Identify one of the formanial Role Other of the Coliseum and generating "Ceremonial Role" or "Other" designing "Ceremonial Role" or "Ceremonial Role" or "Ceremonial Role" or	bllowing: Income cribe below: Income cribe below: Income cribe below:

Print

Comment: \_\_

Clear

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**

Agency Name			Date Stamp	California OOO
Oakland Alameda County Coliseum Authority	,			Form 802
Division, Department, or Region (if applicable)				For Official Use Only
Henry Gardner, Executive Director				
Designated Agency Contact (Name, Title)				
Area Code/Phone Number   E-mail			Amendment (Must Pr	Vovide Explanation in Part 3.)
510.383.4801 rsavage@colise	um.com		Date of Original Filing: _	(month, day, year)
Function or Event Information				(month) day, your
December 1	es∎ No□ □	Face Value of I	Each Ticket/Pass \$	64.00
Event Description: Oakland A's Game 08.17.		Date(s)	1724	
Provide Title/ E:	xplanation	Jale(s)		
Ticket(s)/Pass(es) provided by agency? Yes	es 🖩 No 🗌 🏻 I	f no:		
Was ticket distribution made at the behest $\gamma_{\epsilon}$		f yes: <u>Iglesias,</u>	Name of Source Chris	
of agency official?	es No Ll	Tyes:	Official's Name (Last, First)	
Recipients				
Use Section A to identify the agency's department or unit	. • Use Section B to i	dentify an individu	al. Use Section C to identify	an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	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 fol	lowing:
Iglesias, Chris	2		onial Role Other on "Other" descriptions	Income Income
		to promote C	Coliseum and generate	revenue
		1	onial Role Other Ong "Ceremonial Role" or "Other" descri	Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
/erification		<u> </u>		
have read and understand FPPC Regulations 189  Vith the requirements.	44.1 and 18942. i	have verified th	at the distribution set fort	h above, is in accordance
Renee Sav	age	OACC	A Ticket Administrator	8-1624
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment				
Comment:				

	gency Report of: eremonial Role Even	its and Ticket/l	Pass Distr	ributions	Δ	Public Documen
	Agency Name		400 01011	io attorio	Date Stamp	California OOO
	Oakland Alameda County (	Coliseum Authority			Date Stamp	Form 802
	Division, Department, or Region (if applicable) Henry Gardner, Executive Director		<del></del>			For Official Use Only
	Designated Agency Contact					
	Area Code/Phone Number	E-mail			Amendment (Must Pri	ovide Explanation in Part 3.)
	510.383.4801	rsavage@coliseun	n.com		Date of Original Filing: _	(month, day, year)
2.	<b>Function or Event Infor</b>	mation				
	Does the agency have a tick	ket policy? Yes	■ No□ F	Face Value of	Each Ticket/Pass \$	64.00
	Event Description: Oakland			Date(s)	18 24	
		Provide Title/ Expla	anation	Jaic(s)		
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🗆 📗	f no:		
	M/ P. L. ( P. ( P. ( P. ( P. )			Gardna	Name of Source	
	Was ticket distribution made	e at the behest Yes	■ No 🗆 I	f yes: <u>Gardne</u>	Official's Name (Last, First)	
	of agency official?					
3.	Recipients  • Use Section A to identify the agent	cy's department or unit.	Use Section B to i	identify an individu	al. Use Section C to identify	an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/		Identify one of the fol	llowing:
	(Last, Fire	St)	Passes			
	De La Fuente		4		onial Role Other on "Other on "Other description on the other of the other othe	Income [
	De La Fuente		4	1		
				to promote t	he Coliseum and gene	rate revenue
					onial Role	Income Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	uant to the agency's policy

### 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 accordance
with the requirements.	

Signature of Agency Head or Designee Print

OACCA Ticket Administrator

**Print** 

Clear

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

Ceremonial Role Events and Ticket/Pass Distributions	A	Neublic Docume
1. Agency Name	Date Stamp	California O O
Oakland Alameda County Coliseum Authority		California 80
Division, Department, or Region (if applicable)		For Official Use Only
Harry Contract Front Co. Bit 1		1

	County Coliseum Authority		Form 802				
Division, Departmen	t, or Region (if applicable)		For Official Use Only				
Henry Gardner, Exc	ecutive Director						
Designated Agency	Designated Agency Contact (Name, Title)						
Area Code/Phone No	e/Phone Number			☐ Amendment (Must Provide Explanation in Part 3.)			
510.383.4801	rsavage@colise	um.com		Date of Original Filing:			
. Function or Eve	Function or Event Information						
Does the agency have a ticket policy? Yes ■ No □ Face \			Face Value of I	Each Ticket/Pass \$	64.00		
Event Description:							
Event Description.	Provide Title/ Ex	xplanation	Date(s)				
Ticket(s)/Pass(es) p	provided by agency? Ye	es 🔳 No 🔲 📗	f no:				
Was ticket distributi	on made at the behest Ye		f yes: Iglesias,	Name of Source . Chris			
of agency official?	on made at the beliest Ye	es 🖪 No 🗌 📗	r yes:	Official's Name (Last, First)			
Recipients							
Use Section A to identi	fy the agency's department or unit	. • Use Section B to	identify an individu	al. Use Section C to identify an out	side organization.		
A. Name of Ag	ency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
					e ,		
B. Na	me of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:				
Iglesias, Chris	Iglesias, Chris		If checki	onial Role Other find the control of			
			577-3737-3747-3747-	onial Role Other Officer Officer Ceremonial Role" or "Other" describe below	Income		
	Outside Organization dress and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pursuant to	uant to the agency's policy		
Verification					, , , , , , , , , , , , , , , , , , , ,		
I have read and unders with the requirements.	stand FPPC Regulations 189	44.1 and 18942. I	I have verified th	nat the distribution set forth abo	ve, is in accordance		
with the requirements.							
KO10 10	ANG ( Renee Sav		~.~~	A Ticket Administrator	0-10-1		

Print

Comment: \_\_\_

Clear

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** 

1.	Agency Name			Date Stamp California O O					
	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)				1				
	Area Code/Phone Number	e/Phone Number			Amendment (Must Provide Explanation in Part 3.)				
	510.383.4801	n.com		Date of Original Filing:(month, day, year)					
<del></del>	Function or Event Information								
	Does the agency have a tick	ket policy? Yes	Face Value of	Each Ticket/Pass \$	62.50				
	Event Description: Ringling Brothers Circus Date(s				e(s) 08/31/2024 09/01/2024				
	Provide Title/ Explanation  Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:  Name of Source								
	Was ticket distribution made	at the behest Yes	r, Henry Official's Name (Last, First)						
	of agency official?				Official's Name (Last, First)				
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	Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's policy					
	B. Name of Individual		Number of Ticket(s)/	a de la companya de l	Identify one of the following:				
	(Last, Firs	SE)	Passes	_					
	Boubaker, Monia		12	Ceremonial Role  Other  Income  Income  Income  Income  If checking "Ceremonial Role" or "Other" describe below:  to provide opportunities to community groups					
				<u> </u>		unity groups			
	Boubaker, Monia		10		onial Role Other on the or "Other" des	Income Income			
				1	pportunities to commu				
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes		he public purpose made pursuant to the agency's policy					
	*								
			2		6				
1.	Verification		<u>L</u>	L		1			
	I have read and understand FPI	PC Regulations 18944.	.1 and 18942. I	l have verified ti	hat the distribution set fo	orth above, is in accordance			
all and a second	with the requirements.					25001			
Renee Savage				OAC(	CA Ticket Administrato	/			
	Signature of Agency Head or Designe	ee Pr	int Name		Title	(month, day, year)			
	Comment:								
						-			