| 1. | Agency Name | | Date Stamp California 802 | | | |
|----|--|-----------------------------|---------------------------------|---|--|---------------------------------------|
| | Oakland Alameda County C | Coliseum Authority | | Form OUZ | | |
| | Division, Department, or Reg | ion (if applicable) | | For Official Use Only | | |
| | Henry Gardner, OACCA Ex | ecutive Director | | | | |
| | Designated Agency Contact (| (Name,Title) | | | | |
| | | | | | Amendment (Must De | ovide Explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | | | Amendment (Must Pro | эмие схріанацон ІІІ Рап з.) |
| | 510.383.4801 | rsavage@coliseum | n.com | | Date of Original Filing: _ | (month, day, year) |
| 2. | Function or Event Infor | mation | | | | 750.00 |
| | Does the agency have a tick | ket policy? Yes | No ☐ F | ace Value of | Each Ticket/Pass \$ | 750.00 |
| | Event Description: NBA Ga | mes | Г | oate(s) 02/14 | /2025 | |
| | Event Description. | Provide Title/ Expla | | atc(3) | | |
| | Ticket(s)/Pass(es) provided | by agency? Yes | No □ If | no: | | |
| | Was ticket distribution made | at the hohost xx | . ., | yes: Gardne | Name of Source r, Henry | |
| | Was ticket distribution made of agency official? | actine benest Yes | ■ No L If | yes: ——— | Official's Name (Last, First) | · · · · · · · · · · · · · · · · · · · |
| | or agency official: | | | | | |
| 3. | Recipients | | | | | |
| | Use Section A to identify the agen | ncy's department or unit. • | Use Section B to i | dentify an individu | ual. Use Section C to identify | an outside organization. |
| | A. Name of Agency, Depa | artment or Unit | Number of Ticket(s)/ | Describe th | e public purpose made purs | uant to the agency's policy |
| | | | Passes | | | |
| | | | | | | |
| | ¥ | | | | | |
| | | | | | | |
| | | | 2000 Star Sunday Sunday Starter | | | |
| | B. Name of Indi | | Number of Ticket(s)/ | | Identify one of the fo | llowing: |
| | (Last, Fir | st) | Passes | | | - |
| | Gardner Henry | | 4 | \$1000 March 2000 Co. 1000 Co. | nonial Role Other Making "Ceremonial Role" or "Other" desc | Income |
| | Gardner, Henry | | 7 | | the Coliseum and gene | |
| | | | | | | |
| | | | | | nonial Role Other Making "Ceremonial Role" or "Other" desc | Income L |
| | | | | | | V |
| | | | Number | | | |
| | C. Name of Outside O (include address and | | of Ticket(s)/ Passes | Describe th | e public purpose made purs | uant to the agency's policy |
| | | | 1 43353 | | | |
| | | | | | | |
| | | | | | WWW. | |
| | | | | v | | |
| 1 | Verification | | | l N | a a | |
| ٠. | I have read and understand FF | PPC Regulations 1804A | 1 1 and 18942 | I have verified | that the distribution set for | rth above, is in accordance |
| | with the requirements. | TO Negulations 10944 | and 10342. | navo venneu i | and the distribution set for | an above, to in accordance |
| (| Kenle Savag | Renee Sava | ge | OAC | CA Ticket Administrate | or 2.10.25 |
| - | Signature of Agency Head or Design | nee P | rint Name | | Title | (month, day, year) |
| | | | | | | |
| | Comment: | | | | | |

| 1. | Agency Name | | Date Stamp | California 802 | | |
|----|---|-----------------------------------|--|---|--|------------------------------|
| | Oakland Alameda County C | | | Form OUZ For Official Use Only | | |
| | Division, Department, or Reg | | | For Official Ose Offig | | |
| | Henry Gardner, OACCA Ex | | | | | |
| | Designated Agency Contact | (Name, Litle) | | | | |
| | Area Code/Phone Number | E-mail | Amendment (Must F | Amendment (Must Provide Explanation in Part 3.) | | |
| | 510.383.4801 | rsavage@coliseum | n.com | | Date of Original Filing: | (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 \$ | 750.00 |
| | Event Description: NBA Ga | mes | [| Date(s) 02/14 | | |
| | | Provide Title/ Expla | nation | | | |
| | Ticket(s)/Pass(es) provided | by agency? Yes | | f no: | Name of Source | 37.00 |
| | Was ticket distribution made | at the behest Yes | ■ No 🗆 If | tves: Thomps | son, Jacqueline Official's Name (Last, First) | |
| | of agency official? | .00 | | , | Official's Name (Last, First) | |
| 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 identif | y an outside organization. |
| | A. Name of Agency, Depa | of Ticket(s)/ Passes | Describe th | e public purpose made pur | suant to the agency's policy | |
| | | | | | | |
| | B. Name of Indi (Last, Fir | Number of Ticket(s)/ Passes | Identify one of the following: Ceremonial Role Other In the Checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum and generate revenues | | ollowing: | |
| | Thompson, Jacqueline | | | | 2 | |
| | | | | | nonial Role Other cling "Ceremonial Role" or "Other" dea | |
| | C. Name of Outside Organization (include address and description) | | Number of Ticket(s)/ Passes | Describe the | e public purpose made pur | suant to the agency's policy |
| | | | | | | |
| 4. | Verification I have read and understand FP | PC Regulations 18944 | .1 and 18942. | I have verified t | hat the distribution set fo | orth above, is in accordance |
| | with the requirements. KINLOWA 0 | ✓ ✓ Renee Savaç | je | OAC | CA Ticket Administrat | or 2.10.25 |
| - | Signature of Agency Head or Design | | rint Name | | Title | (month, day, year) |
| | Comment: | | | | | |
| | | | | | in the section of the first terms and the first terms. | |

| 1. Agency Name | | | | Date Stamp | California OOO |
|---|-----------------------------|-----------------------------------|----------------------------------|---|------------------------------|
| Oakland Alameda County (| Coliseum Authority | | | | Form 802 |
| Division, Department, or Reg | jion (if applicable) | | | 1 | For Official Use Only |
| Henry Gardner, OACCA Ex | ecutive Director | | | | 0 |
| Designated Agency Contact | (Name, Title) | | | | |
| | | | | Amendment (Must Prov | vide Explanation in Part 3.) |
| Area Code/Phone Number 510.383.4801 | E-mail rsavage@coliseum | n.com | | Date of Original Filing: | (month, day, year) |
| 2. Function or Event Infor | mation | | | L | |
| Does the agency have a tic | ket policy? Yes | ■ No □ F | ace Value of | Each Ticket/Pass \$ | 825.00 |
| Event Description: NBA Ga | nmes | | oate(s) 02/15 | 5/2025 | |
| | Provide Title/ Expla | nation | uto(0) | | |
| Ticket(s)/Pass(es) provided | by agency? Yes | No □ I | f no: | | |
| Was ticket distribution made | e at the behest .v | ■ N. □ H | yes: Iglesias | Name of Source s, Chris | |
| of agency official? | catthe beliest Yes I | ■ No L | yes. | Official's Name (Last, First) | |
| ar agains) amaian | | | | | |
| RecipientsUse Section A to identify the ager | ncy's department or unit. • | dentify an individu | ual. Use Section C to identify a | n outside organization. | |
| A. Name of Agency, Depa | artment or Unit | Number of Ticket(s)/ Passes | Describe th | e public purpose made pursu | ant to the agency's policy |
| B. Name of Indi | ividual | Number of Ticket(s)/ | | Identify one of the foli | owing: |
| (Last, Fir | st) | Passes | | | |
| Iglesias,Chris | | 3 | If check | nonial Role Other or "Other" descri the Coliseum and gener | |
| | | | | nonial Role Other Other descri | Income Income |
| C. Name of Outside O (include address and | | Number of Ticket(s)/ Passes | Describe the | e public purpose made pursu | ant to the agency's policy |
| - | | | | | |
| . Verification | | L | | | |
| I have read and understand FF | PPC Regulations 18944 | .1 and 18942. | l have verified t | hat the distribution set fortl | n above, is in accordance |
| with the requirements. | 2 1 | | | | 2-10-25 |
| | , , | , - | ٠, ١٥ | | |
| Soull MILLS | Renee Savag | je | OAC | CA Ticket Administrator | 2-, |

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

Comment: _

| ٠. | Agency Name | | | | Date Stamp | California OOC |
|----------|---|--------------------------------|---|--|---|--|
| | Oakland Alameda County | Coliseum Authority | | | | Form 802 |
| | Division, Department, or Reg | | | ~ | 1 | For Official Use Only |
| | Henry Gardner, OACCA Ex | xecutive Director | | | | |
| | Designated Agency Contact | | . V V | | | |
| | | | | | Amendment (Must | Provide Explanation in Part 3.) |
| | Area Code/Phone Number 510.383.4801 | E-mail rsavage@coliseur | m.com | | Date of Original Filing | |
| 2. | Function or Event Infor | rmation | | | | |
| | Does the agency have a ticket policy? Yes ■ No □ Face Value of | | | | Each Ticket/Pass \$ _ | 825.00 |
| | Event Description: NBA Games Date(s) | | | | 02/15/2025 | |
| | | Provide Title/ Expl | anation | | | |
| | Ticket(s)/Pass(es) provided | I by agency? Yes | | | Name of Source | |
| | Was ticket distribution made | e at the behest Ves | ■ No□ I | If ves. Gardne | r, Henry Official's Name (Last, First) | |
| | of agency official? | 103 | - NOL | ii yoo | Official's Name (Last, First) | |
| _ | D : 1 : | | | | | |
| 3. | Recipients | | | | | |
| | Use Section A to identify the agental section A to identify the agent | ncy's department or unit. | Number Number | identify an individu | ial. Use Section C to identi | ify an outside organization. |
| | A. Name of Agency, Dep | artment or Unit | of Ticket(s)/ | Describe th | e public purpose made pu | |
| | | | | | | rsuant to the agency's policy |
| | | | Passes | | | rsuant to the agency's policy |
| | | | | | | rsuant to the agency's policy |
| | | | | | | rsuant to the agency's policy |
| | | | | | | rsuant to the agency's policy |
| | B. Name of Ind | | Passes | | | |
| | B. Name of Ind (Last, Fir | | Passes | | Identify one of the | |
| | (Last, Fir | | Number of Ticket(s)/ | Cerem | Identify one of the | following: |
| | | | Passes Number of Ticket(s)/ | Cerem If check | Identify one of the some some some some some some some som | following: Income C |
| | (Last, Fir | | Number of Ticket(s)/ | Cerem If check | Identify one of the | following: Income [escribe below: |
| | (Last, Fir | | Number of Ticket(s)/ | Cerem If check to promote Cerem | Identify one of the some some some some some some some som | following: Income [pescribe below: perate revenues Income [|
| | (Last, Fir | rst) | Number of Ticket(s)/ Passes | Cerem If check to promote Cerem | Identify one of the conial Role Other in the Coliseum and geronial Role Other on the Coliseum and geronial Role Other | following: Income [pescribe below: perate revenues Income [|
| | (Last, Fir | Prganization | Number of Ticket(s)/ Passes A Number of Ticket(s)/ Passes | Cerem If check to promote Cerem If check | Identify one of the nonial Role ☐ Other ■ ing "Ceremonial Role" or "Other" de the Coliseum and ger onial Role ☐ Other ■ ing "Ceremonial Role" or "Other" de | following: Income scribe below: nerate revenues Income Income |
| | Gardner, Henry Name of Outside O | Prganization | Number of Ticket(s)/ Passes 4 Number | Cerem If check to promote Cerem If check | Identify one of the nonial Role ☐ Other ■ ing "Ceremonial Role" or "Other" de the Coliseum and ger onial Role ☐ Other ■ ing "Ceremonial Role" or "Other" de | following: Income [secribe below: Income [locome [secribe below: |
| | Gardner, Henry Name of Outside O | Prganization | Number of Ticket(s)/ Passes A Number of Ticket(s)/ Passes | Cerem If check to promote Cerem If check | Identify one of the nonial Role ☐ Other ■ ing "Ceremonial Role" or "Other" de the Coliseum and ger onial Role ☐ Other ■ ing "Ceremonial Role" or "Other" de | following: Income [secribe below: Income [locome [secribe below: |
| | Gardner, Henry Name of Outside O | Prganization | Number of Ticket(s)/ Passes A Number of Ticket(s)/ Passes | Cerem If check to promote Cerem If check | Identify one of the nonial Role ☐ Other ■ ing "Ceremonial Role" or "Other" de the Coliseum and ger onial Role ☐ Other ■ ing "Ceremonial Role" or "Other" de | following: Income [secribe below: Income [locome [secribe below: |
| | Gardner, Henry Name of Outside O | Prganization | Number of Ticket(s)/ Passes A Number of Ticket(s)/ Passes | Cerem If check to promote Cerem If check | Identify one of the nonial Role ☐ Other ■ ing "Ceremonial Role" or "Other" de the Coliseum and ger onial Role ☐ Other ■ ing "Ceremonial Role" or "Other" de | following: Income [secribe below: Income [Income [secribe below: |
| <u>.</u> | Gardner, Henry Name of Outside O | Prganization | Number of Ticket(s)/ Passes A Number of Ticket(s)/ Passes | Cerem If check to promote Cerem If check | Identify one of the nonial Role ☐ Other ■ ing "Ceremonial Role" or "Other" de the Coliseum and ger onial Role ☐ Other ■ ing "Ceremonial Role" or "Other" de | following: Income [secribe below: Income [Income [secribe below: |
| | Gardner, Henry C. Name of Outside O (include address and | Prganization I description) | Number of Ticket(s)/ Passes 4 Number of Ticket(s)/ Passes | Cerem If check to promote Cerem If check Describe the | Identify one of the sonial Role Other sing "Ceremonial Role" or "Other" de the Coliseum and ger onial Role Other sing "Ceremonial Role" or "Other" de the public purpose made pui | following: Income [secribe below: Income [secribe b |
| | Gardner, Henry C. Name of Outside O | Prganization description) | Number of Ticket(s)/ Passes A Number of Ticket(s)/ Passes 4 Number of Ticket(s)/ Passes | Cerem If check to promote Cerem If check Describe the | Identify one of the sonial Role Other sing "Ceremonial Role" or "Other" de the Coliseum and ger onial Role Other sing "Ceremonial Role" or "Other" de the public purpose made pui | following: Income [secribe below: Income [secribe b |
| | Gardner, Henry C. Name of Outside O (include address and | Prganization I description) | Number of Ticket(s)/ Passes A Number of Ticket(s)/ Passes 4 Number of Ticket(s)/ Passes | Cerem If check to promote Cerem If check Describe the | Identify one of the sonial Role Other sing "Ceremonial Role" or "Other" de the Coliseum and ger onial Role Other sing "Ceremonial Role" or "Other" de the public purpose made pui | following: Income [escribe below: nerate revenues Income [escribe below: Income [escribe be |

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name **Form** Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Henry Gardner, OACCA Executive Director **Designated Agency Contact** (Name, Title) ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: rsavage@coliseum.com 510.383.4801 (month, day, year) 2. Function or Event Information 825.00 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes No 🗆 Event Description: NBA Games Date(s) 02/15/2025 Provide Title/ Explanation If no: . Ticket(s)/Pass(es) provided by agency? Yes No 🗆 Name of Source If yes: Haubert, David 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: 2 Haubert, David to promote the Coliseum and generate revenues Other ___ Income ___ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) 4. Verification

Comment: _

| I have read and understand FPPC Regulations 1894 | 4.1 and 18942 | I have verified that the | e distribution set forth above | , is in accordance |
|--|---------------|--------------------------|--------------------------------|--------------------|
|--|---------------|--------------------------|--------------------------------|--------------------|

with the requirements

Renee Savage

OACCA Ticket Administrator

| 1. | Agency Name | 2 11 | Date Stamp California 802 | | | | |
|----|---|-------------------------------|---|--|--|--|--|
| | Oakland Alameda County | • | | Form OUZ For Official Use Only | | | |
| | Division, Department, or Reg | | | | 1 of Official Use Offig | | |
| | Henry Gardner, OACCA Ex | | ····· | | | | |
| | 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: _ | | |
| _ | F 0 F 116 | | | | | (month, day, year) | |
| ۷. | Function or Event Infor | | - | | | 825.00 | |
| | Does the agency have a tic | | | | Each Ticket/Pass \$ | | |
| | Event Description: NBA Ga | ames | | oate(s) 02/15 | <u>/2025</u> | | |
| | | Provide Title/ Explan | | | | | |
| | Ticket(s)/Pass(es) provided | by agency? Yes | I No ☐ If | no: | Name of Source | | |
| | Was ticket distribution made | e at the behest Yes | No∏ If | yes: John Be | | | |
| | of agency official? | | | • *** | Official's Name (Last, First) | | |
| 3. | Recipients | | | | | | |
| J. | Use Section A to identify the age | ncy's department or unit. • U | Jse Section B to i | dentify an individu | al. Use Section C to identify | an outside organization. | |
| | A. Name of Agency, Dep | | Number of Ticket(s)/ | | e public purpose made pursu | | |
| | | | Passes | | | | |
| | B. Name of Individual (Last, First) | | Number of Ticket(s)/ Passes | | Identify one of the following: | | |
| | Beam, John | | 2 | | onial Role Other Other one "Other" description of "Other" descriptions of "Other" descriptions of the other other of the other o | Income Income | |
| | | | | to promote | the Coliseum and gene | rate revenues | |
| | | | | The second secon | onial Role Other on "Other on "Other" description of "Other" descriptions on "Other" descriptions on the control of the contro | Income In | |
| | C. Name of Outside Organization (include address and description) | | Number of Ticket(s)/ Passes | Describe th | e public purpose made pursu | uant to the agency's policy | |
| | | | | | | | |
| 4. | Verification | | | | | | |
| | I have read and understand FF | PPC Regulations 18944. | 1 and 18942. | l have verified t | hat the distribution set for | th above, is in accordance | |
| | with the requirements. HMUDAN A | A Renee Savag | е | OAC | CA Ticket Administrato | r 2-10:25 | |
| | Signature of Agency Head or Designature | n é√e Pri | nt Name | | Title | (month, day, year) | |
| | Comment: | | | | | | |

| 1. | Agency Name | | | | Date Stamp | California QA2 | | |
|----|--|-----------------------------------|-----------------------------------|--|---|--|--|--|
| | Oakland Alameda County (| Coliseum Authority | | Form OUZ | | | | |
| | Division, Department, or Reg | ion (if applicable) | 1 | For Official Use Only | | | | |
| | Henry Gardner, OACCA Ex | ecutive Director | | | | | | |
| | Designated Agency Contact | (Name, Title) | 9 | | | | | |
| | | | | | Amendment (Must Pro | ovide Explanation in Part 3.) | | |
| | Area Code/Phone Number | E-mail | | According to the second | | SVIGO EXPIGINATION IN VICTORY | | |
| | 510.383.4801 | rsavage@coliseun | n.com | | Date of Original Filing: _ | (month, day, year) | | |
| 2. | Function or Event Infor | mation | | | | | | |
| | Does the agency have a tic | | ■ No□ F | ace Value of | Each Ticket/Pass \$ | 70.00 | | |
| | Event Description: Disney | 02/24/2025 | | | | | | |
| | Event Description: Disney On Ice Provide Title/ Explanation Date(s) 02/20/2025 02/24/2020 02/24/2020 02/24/2020 02/24/20/24/20/24/20/24/20/24/20/24/20/24/20/24/20/24/20/24/20/24/20/24/2 | | | | | | | |
| | Marie Calair Parist Caracterist | and the feether to | | f yes: Gardne | Name of Source er Henry | | | |
| | Was ticket distribution made | e at the benest Yes | ■ No 🗆 🖽 | ryes: | official's Name (Last, First) | | | |
| | of agency official? | | | | | | | |
| 3. | Recipients | | | | | | | |
| | • Use Section A to identify the ager | ncy's department or unit. | ual. Use Section C to identify | an outside organization. | | | | |
| | A. Name of Agency, Depa | Number of Ticket(s)/ Passes | Describe th | ne public purpose made purs | uant to the agency's policy | | | |
| | | | | | | | | |
| | | 4 | | | | | | |
| | B. Name of Individual (Last, First) | | Number of Ticket(s)/ Passes | Identify one of the following: | | llowing: | | |
| | Boubaker,Monia | | 6 | | nonial Role Other king "Ceremonial Role" or "Other" description | Income In | | |
| | V - 2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2- | | | to provide opportunities to community groups | | | | |
| | Daubakar Mania | | | Ceremonial Role Other In | | Income I | | |
| | Boubaker, Monia | | 9 | | opportunities to commu | | | |
| | C. Name of Outside Organization (include address and description) | | Number of Ticket(s)/ Passes | • | e public purpose made purs | | | |
| | | | rasses | | | | | |
| | | | | | | | | |
| | V-ulflandlan | | | | | | | |
| 4. | Verification I have read and understand FF | PPC Regulations 1894 | 1.1 and 18942. | I have verified t | that the distribution set for | th above, is in accordance | | |
| | with the requirements! | | ae | OAC | CA Ticket Administrato | r 2-14-25 | | |
| 1. | Signature of Agency Head or Design | | Print Name | | Title | (month, day, year) | | |
| | J J, | U | | | | , | | |
| | Comment: | | | | : | | | |

| | eremonial Role Ever Agency Name | | Date Stamp | Public Document California | | |
|----|---|--|-------------------------|----------------------------|--|--------------------------------|
| - | Oakland Alameda County | Coliseum Authority | | | Date Staffip | Form 802 |
| | Division, Department, or Re | | | | _ | For Official Use Only |
| | Henry Gardner, OACCA E | | | | | |
| | Designated Agency Contact | | | | 4 | |
| | g, | , (, , , , , , , , , , , , , , , , , , | | | | |
| | Area Code/Phone Number | E-mail | | | Amendment (Must P. | rovide Explanation in Part 3.) |
| | 510.383.4801 | rsavage@coliseun | n.com | | Date of Original Filing: . | |
| _ | Function on Front lafe | | | | (month, day, year) | |
| ۷. | Function or Event Info | | | | | 70.00 |
| | Does the agency have a tid | | Each Ticket/Pass \$ | 70.00 | | |
| | Event Description: Disney | On Ice | 3/2025 | | | |
| | | Provide Title/ Expla | nation | | | |
| | Ticket(s)/Pass(es) provided | by agency? Yes | No ☐ If | no: | Name of Source | |
| | Was ticket distribution mad | e at the behest Voc | ■ No□ H | Gardne | Name of Source er, Henry Official's Name (Last, First) | |
| | of agency official? | e at the benest 168 | ■ NOLI II | yes. —— | Official's Name (Last, First) | |
| | | | | | | |
| 3. | Recipients | | | | | |
| | Use Section A to identify the age | ency's department or unit. | Use Section B to i | dentify an individ | ual. Use Section C to identify | an outside organization. |
| | A. Name of Agency, Dep | partment or Unit | Number of Ticket(s)/ | Describe th | ne public purpose made purs | suant to the agency's policy |
| | Α, , , , | | Passes | | | |
| | | | | | | |
| | | | | | | 7 |
| | | | | | | |
| | | | Number | | | |
| | B. Name of Inc | | of Ticket(s)/ | | Identify one of the fo | ollowing: |
| | (Last, Fi | rst) | Passes | | | - |
| | Boubaker, Monia | | 10 | | monial Role Other desking "Ceremonial Role" or "Other" des | Income cribe below: |
| | 20000111101110 | | | to provide o | opportunities to commu | nity arouns |
| | | | | | | |
| | | | | | nonial Role Other Other Manager Other Manager Other Manager Other Manager Other Manager Other Manager Other Other Manager Other Othe | Income L cribe below: |
| | | | | | | |
| | | | Number | | | |
| | C. Name of Outside C | | of Ticket(s)/ Passes | Describe th | ne public purpose made purs | uant to the agency's policy |
| | | | Газэез | | | |
| | | | | | | |
| | | | | | | *** |
| | | | | | | |
| 4 | Varification | | 1 | | | |
| | Verification | DDO D 1-11- 105 1 | 14 140040 | | H-111-20-19-19-19-19-19-19-19-19-19-19-19-19-19- | -01. man |
| | I have read and understand FI with the requirements. 🖊 | PPC Regulations 18944 | .1 and 18942. I | nave veritied | tnat the distribution set fo | rtn above, is in accordance |
| (| Dinlo ma | A MRenée Savag | ne er | ΩΔΩ | CA Ticket Administrate | or 2-14-25 |
| 1 | Signature of Agency Head or Desig | oco C | rint Name | | Title | (month, day, year) |
| | Cignidian of rigority field of Desig | | | | 1140 | (month, day, year) |

Clear

Comment: __

| Agency Name Oakland Alameda County Coliseum Authority | Date Stamp California Form | | | | | |
|--|---|-----------------------|--|---|--|--|
| Division, Department, or Region (if applicable) | | For Official Use Only | | | | |
| | Henry Gardner, OACCA Executive Director | | | | | |
| Designated Agency Contact (Name, Title) | | | | | | |
| Designated Agency Contact (Name, rite) | | | | | | |
| Area Code/Phone Number E-mail | | | Amendment (Must Pr | ovide Explanation in Part 3.) | | |
| 510.383.4801 rsavage@coliseu | ım com | | Date of Original Filips | | | |
| 15avage@collset | im.com | | Date of Original Filing: _ | (month, day, year) | | |
| 2. Function or Event Information | | | | | | |
| Does the agency have a ticket policy? Ye | s∎ No□ F | ace Value of | Each Ticket/Pass \$ | 70.00 | | |
| Event Description: Disney on Ice | | Date(s) 02/23 | 3/2025 | | | |
| Provide Title/ Exp | Dianation | Date(s) | | *************************************** | | |
| Ticket(s)/Pass(es) provided by agency? Ye | s∎ No□ li | f no: | The second secon | | | |
| | | lankins | Name of Source | | | |
| Was ticket distribution made at the behest Ye | s 🔳 No 🔲 🏻 If | f yes: | 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 i | dentify an individu | ual. Use Section C to identify | an outside organization. | | |
| | Number | | | | | |
| A. Name of Agency, Department or Unit | of Ticket(s)/ Passes | Describe th | e 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: | | |
| | | | nonial Role Other | Income | | |
| Jenkins, Kevin | 6 | | king "Ceremonial Role" or "Other" desc | | | |
| | | to provide o | opportunities to commu | nity groups | | |
| | | 1 | nonial Role Other | Income | | |
| | | If check | king "Ceremonial Role" or "Other" desc | cribe below: | | |
| Name of Outside Organization | Number | | | | | |
| C. Name of Outside Organization (include address and description) | of Ticket(s)/ Passes | Describe th | e public purpose made purs | uant to the agency's policy | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | i | | |
| l. Verification | | | | | | |
| I have read and understand FPPC Regulations 189 | 44.1 and 18942. | I have verified t | that the distribution set for | th above, is in accordance | | |
| with the requirements. | | | | 04/25 | | |
| Klyll Sange Renee Sav | age | OAC | CA Ticket Administrato | r 2-1425 | | |
| Signature of Agency Head or Designee | Print Name | | Title | (month, day, year) | | |
| Comment | | | | | | |
| Comment: | · | | | | | |

Agency Report of:

| - | | | | | | |
|------|--------|------|---------------|-------|-------------|----------------------|
| Cere | monial | Role | Events | and 7 | Ticket/Pass | Distributions |

| Agency Name | | | Date Stamp | California Q02 | | |
|---|---|---|--------------------------------------|-------------------------------|--|--|
| Oakland Alameda County Coliseum Authority | | Form OUZ | | | | |
| Division, Department, or Region (if applicable) | Division, Department, or Region (if applicable) | | | | | |
| Henry Gardner, OACCA Executive Director | | | | | | |
| Designated Agency Contact (Name, Title) | | | | | | |
| | Amendment (Must F | Amendment (Must Provide Explanation in Part 3.) | | | | |
| Area Code/Phone Number E-mail | | | | | | |
| 510.383.4801 rsavage@coliseum | i.com | | Date of Original Filing: | (month, day, year) | | |
| Function or Event Information | | | | | | |
| Does the agency have a ticket policy? Yes | ■ No □ F | ace Value of | Each Ticket/Pass \$ | 70.00 | | |
| Event Description: Disney On Ice | | oate(s) 02/23 | 3/2025 | | | |
| Provide Title/ Explai | nation | | | | | |
| Ticket(s)/Pass(es) provided by agency? Yes | ■ No 🗆 If | no: | | | | |
| Was tisket distribution made at the beheat xx | 14 | Iglesias | Name of Source | | | |
| Was ticket distribution made at the behest Yes of agency official? | ■ No L II | yes: —— | Official's Name (Last, First) | | | |
| or agency official: | | | | | | |
| Recipients | | | | | | |
| • Use Section A to identify the agency's department or unit. | ual. Use Section C to identi | fy an outside organization. | | | | |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ | Describe th | e public purpose made pu | rsuant to the agency's policy | | |
| A | Passes | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Number | | | | | |
| B. Name of Individual (Last, First) | of Ticket(s)/ Passes | | Identify one of the f | following: | | |
| 1777 | 1 43353 | Cerem | nonial Role Other | Income | | |
| Iglesias,Chris | 10 | 1 | king "Ceremonial Role" or "Other" de | | | |
| | | to provide of | opportunities to comm | unity groups | | |
| | | Cerem | nonial Role Other | Income | | |
| | | If check | king "Ceremonial Role" or "Other" de | scribe below; | | |
| | 2. | | | | | |
| C. Name of Outside Organization | Number of Ticket(s)/ | Describe th | e public purpose made pur | rsuant to the agency's policy | | |
| (include address and description) | Passes | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Vaultiantian | | | | | | |
| Verification | | | | | | |
| I have read and understand FPPC Regulations 18944 | .1 and 18942. | I have verified t | that the distribution set f | orth above, is in accordance | | |
| I have read and understand FPPC Regulations 18944 with the requirements. | | | | 2 4/26 | | |
| I have read and understand FPPC Regulations 18944 with the requirements. Renee Savag | ge | | CA Ticket Administrat | tor 2-14-25 | | |
| I have read and understand FPPC Regulations 18944 with the requirements. Renee Savaç | | | | 2 4/20 | | |

| 1. | Agency Name | | | | Date Stamp | California 802 | |
|----|--|------------------------------|-----------------------------------|--|--------------------------------------|--------------------------------|--|
| | Oakland Alameda County C | - | | Form OUZ | | | |
| | Division, Department, or Reg | ion (if applicable) | | | | For Official Use Only | |
| | Henry Gardner, OACCA Ex | ecutive Director | | | | | |
| | Designated Agency Contact | (Name, Title) | | | | * | |
| | Area Code/Phone Number | E-mail | | | Amendment (Must P | rovide Explanation in Part 3.) | |
| | 510.383.4801 | rsavage@coliseum | .com | | Date of Original Filing: | (month, day, year) | |
| 2 | Function or Event Infor | mation | | | | (monun, day, year) | |
| ۷, | Does the agency have a tick | | ■ No 🗆 F | ace Value of | Each Ticket/Pass \$ | 187.50 | |
| | | | | | | 02/24/2025 | |
| | Event Description: Tyler the | Provide Title/ Explan | ation | | | | |
| | Ticket(s)/Pass(es) provided | by agency? Yes | ■ No 🔲 📑 | f no: | | | |
| | Was ticket distribution made | at the behest .v | ■ N. 🗔 8 | f yes: Gardne | Name of Source er, Henry | | |
| | of agency official? | e at the beliest Yes | ■ No LJ | ı yes. ——— | Official's Name (Last, First) | | |
| | | • | | | | | |
| 3. | Recipients • Use Section A to identify the ager | acu's department or unit • • | Iso Soction B to i | dontify an individu | ual • Ise Section C to identif | v an outside organization | |
| | Use Section A to identify the ager | ncy's department or unit. | Number | dentity an individu | ual. Use section C to identify | y an outside organization. | |
| | A. Name of Agency, Depart | artment or Unit | of Ticket(s)/ Passes | Describe th | ne public purpose made pur | suant to the agency's policy | |
| | | | | | | | |
| | | | | * | | | |
| | | | | | | | |
| | | | | | | | |
| | B. Name of Ind (Last, Fir | | Number of Ticket(s)/ Passes | Identify one of the following: Ceremonial Role Other Incom- | | | |
| | (Last, 1 II | ou . | | | | | |
| | Wesley, Kassim | | 4 | | king "Ceremonial Role" or "Other" de | - | |
| | | | | to promote the Coliseum and generate revenues | | | |
| | | | | 380.4004.500000 | nonial Role Other | Income _ | |
| | | | | If chec | king "Ceremonial Role" or "Other" de | scribe below: | |
| | | | Number | | | | |
| | C. Name of Outside O | | of Ticket(s)/ Passes | Describe th | ne public purpose made pur | suant to the agency's policy | |
| | | | | | | | |
| | | | 00 | | | | |
| | | | | | | | |
| | | | | 1 | | | |
| 4. | Verification | | | | | | |
| | I have read and understand FF with-the requirements. | PPC Regulations 18944 | .1 and 18942. | I have verified | that the distribution set for | orth above, is in accordance | |
| (| Pana Dana | Renee Savag | ıe | OAC | CCA Ticket Administrat | or 2-14-25 | |
| | Signature of Agency Head or Design | 1 | int Name | | Title | (month, day, year) | |
| | 0 | / | | | | | |
| | Comment: | | | | | | |
| | | | | | | | |

| 1. | Agency Name | | | | Date Stamp | California 802 | | |
|----|--|-----------------------|--|--|---|--------------------------------|--|--|
| | Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) | | | | | Form OUZ For Official Use Only | | |
| | | | | | | For Official Use Only | | |
| | Henry Gardner, OACCA Ex | | | | | | | |
| | Designated Agency Contact | (Name, Title) | | | | | | |
| | Area Code/Phone Number | | | | Amendment (Must Provide Explanation in Part 3.) | | | |
| | 510.383.4801 | rsavage@coliseum.com | | | Date of Original Filing:(month, day, year) | | | |
| | 010.000.4001 | | | | | | | |
| 2. | Function or Event Infor | mation | 8 | | | 407.50 | | |
| | Does the agency have a tic | ket policy? Yes | Each Ticket/Pass \$ | 187.50 | | | | |
| | Does the agency have a ticket policy? Yes ■ No □ Face Event Description: Tyler the Creator Da | | | | | 02/24/2025 | | |
| | | Provide Title/ Expla | | | | | | |
| | Ticket(s)/Pass(es) provided | by agency? Yes | ■ No 🗆 📑 | f no: | | | | |
| | Was ticket distribution made | a at the hehest Vac | Name of Source r, Henry Official's Name (Last, First) | | | | | |
| | of agency official? | e at the beliest Yes | Official's Name (Last, First) | 2 | | | | |
| | | | | | | | | |
| 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, Department or Unit | | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy | | | | |
| | | | | 1 | | | | |
| | B. Name of Ind | | Number of Ticket(s)/ Passes | | Identify one of the fol | lowing: | | |
| | Savage, Lorrie | 4 | Ceremonial Role Other Income Income for the Checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum and generate revenues | | | | | |
| | | | | to promote | the Conseum and gene | | | |
| | | | | 1 | nonial Role Other Other or "Other" descriptions of the control of | Income Income | | |
| | C. Name of Outside Organization (include address and description) | | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy | | | | |
| | | | , | | | | | |
| _ | Verification | * | 1 | <u> </u> | | | | |
| 4. | Verification I have read and understand FF | PPC Regulations 1804/ | 1 1 and 18042 | I have verified t | hat the distribution set for | th above is in accordance | | |
| | with the requirements. | TO Negulations 10944 | T. 1 GIIU 10342. | , nave venileu l | nat the distribution set for | an above, is in accordance | | |
| | 1) | | | | CCA Ticket Administrator 2-14-25 | | | |
| 4 | Signature of Agency Head or Design | | | | Title (month, day, year) | | | |
| | | | | | | | | |
| | Comment: | w.* | 1.3 | | | | | |

| and Ticket/Pa | | | Date Stamp | California 802 | | | |
|--|--|---|---|--|--|--|--|
| seum Authority | | ı | | | | | |
| | Agency Name Oakland Alameda County Coliseum Authority | | | | | | |
| (if applicable) | | | | | | | |
| ıtive Director | | | | | | | |
| ne,Title) | | | 12 | | | | |
| | | | Amendment (Must | t Provide Explanation in Part 3.) | | | |
| mail | | | Date of Original Filing | 1. | | | |
| rsavage@coliseum. | | | Date of Originar Finns | (month, day, year) | | | |
| ation | | | Fh Ticket/Page \$ | 187.50 | | | |
| policy? Yes | | | | | | | |
| reator | <u>/2025</u> | | | | | | |
| Provide Title/ Expla | | | | | | | |
| agency? Yes | Mama of Cource | | | | | | |
| | t. David | | | | | | |
| the benest Yes | Official's Name (Last, Firs | rt) | | | | | |
| 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 | | | | |
| A. Name of Agency, Department or Unit | | Describe tr | The public purpose made pursuant to the agency of | | | | |
| | | | | | | | |
| | | | | | | | |
| B. Name of Individual (Last, First) | | | Identify one of the following: | | | | |
| | 1 40000 | Cerer | monial Role \(\int \) Other | Income | | | |
| Haubert, David | | If checking "Ceremonial Role" or "Other" describe below: | | | | | |
| Hadbert, Bavia | | to promote | the Coliseum and g | enerate revenues | | | |
| | | | | | | | |
| C. Name of Outside Organization (include address and description) | | Describe t | the public purpose made pursuant to the agency's policy | | | | |
| (include address and description) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| C Regulations 1894 | 4.1 and 18942 | I have verified | that the distribution se | et forth above, is in accordance | | | |
| 5 Nogulations 1094 | | | | | | | |
| with the requirements. Renee Savage OA | | | | rator 2-14-21 | | | |
| 1/ Renee Sava | ige | OAC | CCA Ticket Administ | rator 277 23 | | | |
| / | Ige Print Name | OAG | CCA Ticket Administ | (month, day, year) | | | |
| | ative Director me, Title) mail savage@coliseum ation policy? Yes reator Provide Title/ Expla agency? Yes t the behest Yes s department or unit. ment or Unit dual | ative Director me, Title) Trail Savage@coliseum.com Ation policy? Yes No Fareator Provide Title/ Explanation agency? Yes No If the behest Yes No If the behest Yes No If Sadepartment or unit. *Use Section B to ic Number of Ticket(s)/ Passes Aumber of Ticket(s)/ Passes Aumber of Ticket(s)/ Passes Aumber of Ticket(s)/ Passes | Intive Director Ine, Title) Imail Isavage@coliseum.com Intion Imail | Amendment (Must Date of Original Filling Savage@coliseum.com Date of Original Filling Savage Date(s) O2/24/2025 Date(s) O2/24/2025 Date(s) O2/24/2025 Date(s) Date of Source Date(s) O2/24/2025 Date(s) Date of Source Date(s) Official's Name of Source Haubert, David Official's Name (Last, First Savage of Ticket(s)) Describe the public purpose made in the Coliseum Date of Source Date of Source | | | |