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, Executive D									
	Designated Agency Contact ((Name,Title)								
		1=		-	Amendment (Must Pro	vide Explanation in Part 3.)				
	Area Code/Phone Number	E-mail			_	-				
	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		Each Ticket/Pass \$	64.00					
	Event Description: Oakland	A's Game 07.03.04)ate(s) <u>7</u>	3 24					
		Provide Title/ Explanation								
	Ticket(s)/Pass(es) provided	by agency? Yes	f no:	Name of Source						
	Was ticket distribution made	at the behest Vac	, Chris							
	of agency official?	163	∪ "		Official's Name (Last, First)					
_	Decinionis									
3.	Recipients • Use Section A to identify the agen	cv's department or unit	ial. Use Section C to identify	an outside organization						
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's police						
		Section 1. Section 2. Obtained 1. Section 2.								
	B. Name of Indi	Number of Ticket(s)/		Identify one of the fol	lowing:					
	(Last, Fin	ou)-	Passes		nonial Role Other	Income				
	Iglesias, Chris		16		monial Role Other Income cking "Ceremonial Role" or "Other" describe below:					
	<u> </u>			to provide o	pportunities to commur	nity groups				
				<u> </u>	nonial Role Other	Income [
					king "Ceremonial Role" or "Other" descr					
	C. Name of Outside O		Number of Ticket(s)/	Describe th	e public purpose made pursu	iant to the agency's policy				
	(include address and	description)	Passes		•					
	The second secon		-	<u> </u>						
				15						
	V-ulfication			L						
4.	Verification I have read and understand FP	PC Regulations 1904	1 1 and 180/12	I have verified t	hat the distribution set for	th above is in accordance				
1	with the requirements.	- /		. nave vermeu l	ฉะ ลาย นายนามนนบา 50: 107	abovo, is in accordance				
(0	Keple Jana	9 Renee Savag	ge	OAC	CA Ticket Administrator	7-1-24				
,	Signature of Agency Head or Design		Print Name		Title	(month, day, year)				
	_									
	Comment:		***							

1.	Agency Name	N-1: A- (I	Date Stamp	California 802		
	Oakland Alameda County C Division, Department, or Reg					For Official Use Only
						. S.
	Henry Gardner, Executive Designated Agency Contact					
	Designated Agency Contact	(тчатте, тше)				
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)
	510.383.4801	rsavage@coliseum	com		Date of Original Filing: _	
					(month, day, year)	
2.	Function or Event Infor	mation				64.00
	Does the agency have a ticl	Each Ticket/Pass \$	64.00			
	Event Description: Oakland	4 24				
		Provide Title/ Expla	nation	Date(s)	-	
	Ticket(s)/Pass(es) provided	by agency? Yes	No □ I	no:	Name of Source	
	Was ticket distribution made	e at the behest Voc.	■ No□ If	yes: <u>Iglesias</u>	, Chris	
	of agency official?	tes	■ NOLI II	you. ————	Official's Name (Last, First)	
					1970 W	
3.	Recipients	2 6 2 8 200				8 10 10 10 10 10 10 10 10 10 10 10 10 10
	Use Section A to identify the agen	ncy's department or unit. •	dentify an individu	ial. Use Section C to identify	an outside organization.	
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the	scribe the public purpose made pursuant to the agency's policy		
)—————————————————————————————————————	***************************************				3
	B. Name of Indi (Last, Fir.	Number of Ticket(s)/ Passes	Identify one of the following:			
	Inlanta Obst		40		onial Role Other	Income
	Iglesias, Chris		16	If checking "Ceremonial Role" or "Other" describe below: to provide opportunities to community groups		
				<u> </u>		
				194	onial Role Other on "Other on "Other" descriptions on "Other" descriptions on "Other" descriptions on the control of the contr	Income Income Income Income III
	Name of Outside O		Number			
	C. (include address and		of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy
4.	Verification	S-		l.		
	I have read and understand FP	PC Regulations 18944	.1 and 18942.	I have verified to	hat the distribution set for	th above, is in accordance
1	with the requirements.					
(Line and	A. G. Renee Savag	CA Ticket Administrator	7-1-24		
-	Signature of Agency Head or Design	ee // Pr	rint Name		Title	(month, day, year)
	Comment:					
	Comment:					

1.	Agency Name		Date Stamp California							
	Oakland Alameda County C	Coliseum Authority				Form OUZ				
	Division, Department, or Reg	ion (if applicable)				For Official Use Only				
	Henry Gardner, Executive D	Director								
	Designated Agency Contact	(Name, Title)	1							
			Amendment (Must Pi	rovide Explanation in Part 3.)						
	Area Code/Phone Number	E-mail	Amendment (Musi Fr	ovide Explanation in Part 3.)						
	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 tick	ket policy?	ace Value of	Each Ticket/Pass \$	64.00					
	Event Description: Oakland A's 07.06.2024 Date(s) 7 6 29									
	Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No ☐ If no:									
	Name of Source									
	Was ticket distribution made	e at the behest Yes	r, Henry Official's Name (Last. First)							
	of agency official?				Omolars Name (Last, 1 list)					
 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)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy				
						2000 d. d				
	B. Name of Indi	Number of Ticket(s)/ Passes		Identify one of the following:						
	Gardner, Henry		1	Ceremonial Role Other Income Income to promote the Coliseum and generate revenue						
				1000 11 10	nonial Role Other Other Other Other Other Other Other Other Other	Income Li				
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe the	the public purpose made pursuant to the agency's policy					
	Verification									
	I have read and understand FP with the requirements.	PC Regulations 18944	1.1 and 18942.	I have verified t	hat the distribution set fo	rth above, is in accordance				
(No well MINI	Renee Sava	CA Ticket Administrato	7.1.24						
	Signature of Agency Head or Design		rint Name	—— —	Title	(month, day, year)				
	3 July 1000 51 2001g)	•				(month, day, your)				
	Comment:		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							

1.	Agency Name		Date Stamp California 80							
	Oakland Alameda County C	-			_	For Official Use Only				
	Division, Department, or Reg				For Oπicial Use Only					
	Henry Gardner, Executive D									
	Designated Agency Contact	(Name, Title)								
	Area Code/Phone Number	le	Amendment (Must Pro	ovide Explanation in Part 3.)						
		E-mail			Data of October 1511					
	510.383.4801	rsavage@coliseum	.com		Date of Original Filing:	(month, day, year)				
2.	Function or Event Information									
	Does the agency have a ticl	ket policy? Yes	ace Value of	Each Ticket/Pass \$	64.00					
	Event Description: Oakland	A's game 7.7.24	Г	Date(s)	724					
	Provide Title/ Explanation									
	Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:									
	Was ticket distribution made	at the beheat A. I	Name of Source . Kevin							
	Was ticket distribution made of agency official?	e at the benest Yes	No ∐	yes:	, Kevin Official's Name (Last, 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 identify an outside organiz									
	A. Name of Agency, Depa	ertment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy				
	B. Name of Indi	Number of Ticket(s)/ Passes		Identify one of the following:						
	Jenkins, Kevin		4		Ceremonial Role Other Inc. If checking "Ceremonial Role" or "Other" describe below:					
				to promote t	the Coliseum and gene	rate revenues				
					onial Role Other Other ing "Ceremonial Role" or "Other" descri	Income In				
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe the	Describe the public purpose made pursuant to the agency's policy						
_					We are a second and					
4.	Verification I have read and understand FP.	PC Regulations 18944	.1 and 18942.	have verified t	hat the distribution set for	th above, is in accordance				
1	with the requirements.					- 11				
(Lence Jan	2 C Rénee Savag	OAC	CA Ticket Administrator	7-1-24					
	Signature of Agency Head or Design	ed Pr	int Name		Title	(month, day, year)				
	Comment:	· · · · · · · · · · · · · · · · · · ·								

Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name California Of Date Stamp

	Oakland Alameda County		· .	rollii OOL				
	Division, Department, or Re	gion (if applicable)]	For Official Use Only				
	Henry Gardner, Executive	Director						
	Designated Agency Contact	(Name, Title)	1					
	Area Code/Phone Number	E-mail			Amendment (Must Provid	de Explanation in Part 3.)		
	510.383.4801	rsavage@coliseur	n.com		Date of Original Filing:	(month, day, year)		
2.	Function or Event Info	rmation						
	Does the agency have a tic	cket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	64.00		
	Event Description: Oakland			Date(s) <u> </u>	19 24			
	Event Description:	Provide Title/ Expl	anation	Jate(s)				
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No □ I	f no:				
				1.1	Name of Source			
	Was ticket distribution mad	e at the behest Yes	■ No □ I	f yes: <u>Ialesias</u>	Official's Name (Last, First)	T		
	of agency official?				(
3.	Recipients							
,.	-	ncy's department or unit.	• Use Section B to i	identify an individu	ual • Use Section C to identify an	outside organization		
			Number	1	idual. Use Section C to identify an outside organization.			
	A. Name of Agency, Dep	eartment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pursua	nt to the agency's policy		
			1 43343					
	×							
	R Name of Ind	Number						
	B. Name of Ind (Last, Fi		of Ticket(s)/ Passes	Identify one of the following:				
				Cerem	nonial Role Other	Income _		
	Iglesias, Chris		16	If check	king "Ceremonial Role" or "Other" describe			
				to provide o	pportunities to communit	y groups		
				Cerem	nonial Role Other	Income		
				If check	sing "Ceremonial Role" or "Other" describe			
	C. Name of Outside C	Organization	Number of Ticket(s)/	Describe th	e public purpose made pursuar	nt to the execute reliev		
	(include address and	d description)	Passes		o public parpose made pursuar	it to the agency's policy		
	Verification							
	I have read and understand FF	PPC Regulations 1894	4.1 and 18942.	l have verified t	hat the distribution set forth	above, is in accordance		
	with the requirements.							
1	since Javac	Renee Sava	ge	OAC	CA Ticket Administrator	7-1-24		
	Signature of Agency Head or Design	ee F	Print Name		Title	(month, day, year)		
	Commont							
	Comment:							

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

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Cerer	nonia	Role	Events	and	Ticket/Pass	Distributions

A Public Document

1.	Agency Name		Date Stamp California O O O							
	Oakland Alameda County (Coliseum Authority		Form OUZ						
	Division, Department, or Reg	gion (if applicable)			For Official Use Only					
	Henry Gardner, Executive I	Director								
	Designated Agency Contact	(Name, Title)								
			Amendment (Must Pro	vide Explanation in Part 3.)						
	Area Code/Phone Number	E-mail			, musicine (musicine	vide Explanation in Fait 6.)				
	510.383.4801	rsavage@coliseur		Date of Original Filing:	(month, day, year)					
2.	Function or Event Infor	mation				00				
	Does the agency have a ticket policy? Yes ■ No □ Face Value of Each Ticket/Pass \$ 300 0000000000000000000000000000000									
	Event Description: Missy Elliot Date(s) 07/09/2024 Date(s)									
	Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:									
	Was ticket distribution made	a at the hebest .v	Name of Source . Kevin							
	Was ticket distribution made at the behest Yes ■ No □ If yes: Jenkins, Kevin Official's Name (Last, First)									
	or agency ometar:									
3.	Recipients									
	Use Section A to identify the ager	ncy's department or unit.	al. Use Section C to identify	an outside organization.						
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's policy					
					,					
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes	Identify one of the following:						
	DE West Over the				onial Role Other	Income 🔲				
	Phillips, Sonjha		4	If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum and generate revenues						
			<u> </u>							
					onial Role Other Othe	Income Libe below:				
	C. Name of Outside O	rganization	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency						
	(include address and	d description)	Passes			ant to the agono, a policy				
				° 2						
4.	Verification			v	A A A A A A A A A A A A A A A A A A A					
	I have read and understand FP	PPC Regulations 1894	4.1 and 18942. I	have verified t	hat the distribution set fort	h above, is in accordance				
(with the requirements,	201-				72211				
1	sene w	Renee Sava	CA Ticket Administrator	_ / 0- /						
	Signature of Agency Head or Design	F F	Print Name		Title	(month, day, yeár)				
	Comment:	and the second design of the s								

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1.	Agency Name		Date Stamp	California 802		
	Oakland Alameda County			Form OUZ		
	Division, Department, or Reg				For Official Use Only	
	Henry Gardner, Executive I					
	Designated Agency Contact	(Name, Title)				
	A O - 1 /DI N - 1	<u></u>			Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510.383.4801	rsavage@coliseum		Date of Original Filing:	(month, day, year)	
2.	Function or Event Info	rmation				0 00
	Does the agency have a tic	ket policy? Yes	Face Value of I	Each Ticket/Pass \$ 🚅	30000	
	7 7					
	Event Description: Missy E	Provide Title/ Expla	nation	Date(s) <u>07/09</u>	12024	
	Ticket(s)/Pass(es) provided					
			Name of Source			
	Was ticket distribution made	e at the behest Yes	f yes: Gardner	T, Henry Official's Name (Last, First)		
	of agency official?		(, <u>,</u>			
3.	Recipients		*	•		
Ο.	Use Section A to identify the age	ncv's department or unit. •	Use Section B to i	dentify an individu	ial •Ise Section C to identif	v an outside organization
	, 3	,	1	ose section e to identif	y un outside organization.	
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
	B. Name of Ind	Number				
	(Last, Fi		of Ticket(s)/ Passes		Identify one of the fo	ollowing:
				Cerem	onial Role Other	Income
	Savage, Renee		4	If checking "Ceremonial Role" or "Other" describe below:		
				to promote t	he Coliseum and gen	erate revenues
				Cerem	onial Role Other	Income
				If checki	ing "Ceremonial Role" or "Other" des	cribe below:
	C. Name of Outside O		Number of Ticket(s)/	Describe the	public purpose made purs	suant to the agency's policy
	(include address and	description)	Passes	18 <u>2</u>		
						Arg.
		,				
_				<u> </u>		
	Verification					
	I have read and understand FF with the requirements.	PPC Regulations 18944.	.1 and 18942.	I have verified th	hat the distribution set fo	rth above, is in accordance
		V. A Bonon Sayon	N Tiplest Administrate	77711		
	Signature of Agency Head or Design	Renee Savag	e int Name	- OACC	CA Ticket Administrato	, , ,
	Signature of Agency Flead of Design	- Pr	in ivalle		riue	(month, day, year)
	Comment:					

Ceremonial Role Events and Ticket/Pass Distributions	A Public Docume		
1. Agency Name	Date Stamp	California 802	
Oakland Alameda County Coliseum Authority		Form OUZ	

Oakland Alameda County C Division, Department, or Regi	The property of the control of the c				Form 802			
Division Department or Regi		Oakland Alameda County Coliseum Authority						
biviolon, bepartment, or iteg	ion (if applicable)			For Official Use Only				
Designated Agency Contact ((Name, Title)							
		Amendment (Must Pro	ovide Explanation in Part 3.)					
	E-mail							
510.383.4801	rsavage@coliseum	i.com		Date of Original Filing: _	(month, day, year)			
Function or Event Infor	mation				2 80			
Does the agency have a tick	ket policy? Yes I	ace Value of I	Each Ticket/Pass \$	3000				
	at the same of the							
Event Description:	Provide Title/ Expla	nation	Date(s) <u>01709</u>					
Ticket(s)/Pass(es) provided			f no:					
		10/1110 1 1 1111 0	Cordno	Name of Source	er .			
	at the behest Yes	■ No 🗆 📑	f yes: Gardner	Official's Name (Last, First)				
oτ agency oπicial'?				,				
Recipients								
_	cy's department or unit. •	Use Section B to i	dentify an individu	al. Use Section C to identify	an outside organization.			
		Number						
A, Name of Agency, Depa	of Ticket(s)/ Passes	Describe the	Describe the public purpose made pursuant to the agency's polic					
B. Name of Indiv	vidual	Number of Ticket(s)/		Identify one of the fol	lowina:			
	st)	Passes		and the second				
14/1					Income			
Wesley, Kassim		4						
			to promote t	ne Coliseum and gene	rate revenues			
			200000000000000000000000000000000000000		Income [
			If checki	ing "Ceremonial Role" or "Other" desci	tibe below:			
			- And the second					
		of Ticket(s)/	Describe the	public purpose made pursu	ant to the agency's policy			
fineduce actives allu	accomputery	Passes						
	PC Regulations 18944.	1 and 18942. I	I have verified th	nat the distribution set fort	h above, is in accordance			
PI WIO DING	A Paras Sauce	0	0400	^ Ticket Administrata	12211			
Signature of Agency Head or Designs			UACC					
Signature of Agency Fleat of Designe	·· /	in Name		riue	(month, day, year)			
	Area Code/Phone Number 510.383.4801 Function or Event Information Does the agency have a tick Event Description: Missy Element Description: Mass ticket distribution made of agency official? Recipients Use Section A to identify the agent Description A. Name of Agency, Department Description Descripti	Function or Event Information Does the agency have a ticket policy? Yes Event Description: Missy Elliott Provide Title/ Expla Ticket(s)/Pass(es) provided by agency? Yes Was ticket distribution made at the behest Yes of agency official? Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit B. Name of Individual (Last, First) Wesley, Kassim C. Name of Outside Organization (include address and description) Average@coliseum Provide Title/ Expla Provide Tit	Area Code/Phone Number E-mail rsavage@coliseum.com Function or Event Information Does the agency have a ticket policy? Yes	Area Code/Phone Number E-mail rsavage@coliseum.com Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Provide Title/Explanation Date(s) 07/09 Event Description: Missy Elliott	Amendment (Must Pro			

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

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-	-	200	ial	Dala	Evente		Tielest	Dana	Distribu	4:
v	eren	1011	Idi	Role	Events	anu	Hickey	Pass	DISTRIBL	itions

1.	Agency Name		Date Stamp	California 802						
	Oakland Alameda County C				I OIIII					
	Division, Department, or Reg	ion (if applicable)		For Official Use Only						
	Henry Gardner, Executive D	Director								
	Designated Agency Contact	(Name, Title)	11							
			Amendment (Must P	rovide 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 Infor	mation								
	Does the agency have a tick	ket policy? Yes	ace Value of	Each Ticket/Pass \$	200.00					
	Event Description: Chris Br	own		nata(s) 07/31	/2024					
	Event Description: Chris Brown Provide Title/ Explanation Date(s) 07/31/2024									
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🗆 I	f no:						
	Was ticket distribution made	at the hohest .v	Name of Source , Kevin							
	of agency official?	e at the beliest Yes	No ∐	ı yes. ———	, Kevin Official's Name (Last, First)					
	or agonoy omolar.			200						
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	artment or Unit	Number of Ticket(s)/	Describe th	he public purpose made pursuant to the agency's policy					
			Passes							
				<u> </u>						
		Number								
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes	Identify one of the following:						
				Cerem	onial Role Other	Income				
	Jenkins, Kevin		2	If check	ing "Ceremonial Role" or "Other" des	cribe below:				
				to promote t	the Coliseum and gene	erate revenues				
				Cerem	onial Role Other	Income				
				If check	ing "Ceremonial Role" or "Other" des	cribe below:				
	C. Name of Outside O (include address and		Number Describe th		he public purpose made pursuant to the agency's policy					
	(ilicitude address alio	i description)	Passes			West for the second second				
				n.						
1	Verification				,					
	I have read and understand FP	PC Regulations 18944	1 and 18942	I have verified t	hat the distribution set fo	rth above is in accordance				
	with the requirements.	r o r togalationo roo r i	Tuna 100 12.	inavo voimou a	nat the distribution set to	an above, is in accordance				
(_	Kence Dava	M Renee Savag	е	OAC	CA Ticket Administrato	$\frac{7-2-24}{\text{(month, day, year)}}$				
-	Signature of Agency Head or Design	ee Pr	int Name		Title	(month, day, year)				
	Comment:									
	Comment:									

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A	Γ	JU	HG	u	OCI	um	ent	

1.	Agency Name		Date Stamp	California OOO				
	Oakland Alameda County C			Form 802				
	Division, Department, or Reg	ion (if applicable)		For Official Use Only				
	Henry Gardner, Executive [
	Designated Agency Contact	(Name, Title)						
	Anna Carla/Dhana Nissahan	1=	Amendment (Must Pr	ovide Explanation in Part 3.)				
	Area Code/Phone Number	E-mail			D. (~		
	510.383.4801	rsavage@coliseur	n.com		Date of Original Filing: _	(month, day, year)		
2.	Function or Event Infor	mation						
	Does the agency have a tick	ket policy? Yes	Each Ticket/Pass \$	200.00				
	Event Description: Chris Brown Chris Brown Chris Brown Date(s) 07/31/				/2024			
	Event Description.	Provide Title/ Expl	anation	Jale(S)				
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🗆 🏻	f no:				
	Maa tialaat diatuibutian maada			. Gardnei	Name of Source			
	Was ticket distribution made of agency official?	e at the benest Yes	■ No □ I	ryes:	r, Henry Official's Name (Last, 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 identify an outside organization.							
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy		
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:		
	Wesley, Kassim		6	If check	onial Role Other ing "Ceremonial Role" or "Other" descri			
		······································		to promote t	he Coliseum and gene	rate revenues		
					onial Role Other in O	Income In		
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy					
	Verification I have read and understand FP.	PC Regulations 18944	1.1 and 18942. I	l have verified tl	hat the distribution set for	th above, is in accordance		
1	with the requirements					1		
1	Renee Savage OACO				CA Ticket Administrator	7-2.24		
90	Signature of Agency Head or Design	ee/ P	rint Name		Title	(month, day, year)		
	Comment:							
	Comment:							

1. Agency Name	Date Stamp	California 802						
Oakland Alameda County Coliseum Authority		Form OUZ						
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 Provide Explanation in Part 3.)							
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? Yes	Each Ticket/Pass \$	295.00						
Event Description: IU Concert Provide Title/ Expla	/2024							
		f no:						
Mos tisket distribution made at the helpest very		. Idlesias	Name of Source Chris					
Was ticket distribution made at the behest Yes of agency official?	No □	f yes: Island	Chris Official's Name (Last, First)					
3. Recipients	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.							
• Use Section A to identify the agency's department or unit.	ial. Use Section C to identify	an outside organization.						
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy				
			The state of the s					
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the following:					
Iglesias, Chris	6	If check	onial Role Other in Other in one of the other ing "Ceremonial Role" or "Other" description of the other in othe					
-	1900 s	Cerem	onial Role Other ing "Ceremonial Role" or "Other" descri	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 polic						
I. Verification								
I have read and understand FPPC Regulations 18944.	1 and 18942.	l have verified th	hat the distribution set fort	th above, is in accordance				
with the requirements. HOLL OM GERenee Savag	CA Ticket Administrator	7-2-24						
Signature of Agency Head or Designee Pr	int Name		Title	(month, day, year)				
Comment:								