A Public Document

1.	Agency Name Oakland Alameda County	Coliseum Authority	Date Stamp	California 802		
	Division, Department, or Re				For Official Use Only	
	Henry Gardner, OACCA E					
	Designated Agency Contact					
					Amendment (Must Pi	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 Info	rmation				
	Does the agency have a tic	cket policy? Yes	■ No 🗆 F	Face Value of	Each Ticket/Pass \$	130.00
	Event Description: Roots v	. Detroit	9	Date(s) 07/05	5/2025	
	Event Description:	Provide Title/ Explan	ation	Jaic(3)		
	Ticket(s)/Pass(es) provided	d by agency? Yes ■	No 🗌	f no:		
	Was ticket distribution mad	e at the behest .v		f yes: Gardne	Name of Source r, Henry	
	of agency official?	e at the benest yes	■ No 🔲 I	ı yes. ———	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the age A. Name of Agency, Dep	Jse Section B to i Number of Ticket(s)/ Passes		ual. Use Section C to identify		
	B. Name of Inc	Number		Identify one of the fo	Mouton	
	(Last, Fi		of Ticket(s)/ Passes		identity one of the id	mowing.
	Inadomi,Suzzie		18	If check	nonial Role Other Other or "Other" des	
					nonial Role Other ding "Ceremonial Role" or "Other" des	Income Cribe below:
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	Verification					
Τ.	I have read and understand FI with the requirements.	PPC Regulations 18944.	1 and 18942.	I have verified t	hat the distribution set fo	rth above, is in accordance
(ROMEO DANA	WRenee Savage	е	OAC	CA Ticket Administrato	r 7-5-25
	Signature of Agency Head or Desig		nt Name	 -	Title	(month, day, year)
	_					
	Comment:		- 3×			

Clear

Ceremonial Role Events and Ticketrass Distributions	<i>F</i>	A Public Documen
1. Agency Name	Date Stamp	California OOG
Oakland Alameda County Coliseum Authority		California 802
Division, Department, or Region (if applicable)		For Official Use Only
Henry Gardner, OACCA Executive Director		

	Oakland Alameda County C	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)		,			
					Amondment (44 48		
	Area Code/Phone Number	E-mail	*** **		Amendment (Must Pi	rovide Explanation in Part 3.)	
	510.383.4801	rsavage@coliseum.	.com		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation				2 - + 00	
	Does the agency have a tick	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$	225-	
	Event Description: Auila, Ka			Date(s) 07/10)/2025		
	Eveni Description.	Provide Title/ Explan	ation	Date(s)			
	Ticket(s)/Pass(es) provided	by agency? Yes ■	No □ I	f no:			
				lankins	Name of Source		
	Was ticket distribution made	at the behest Yes	No 🔲 🏻 I	f yes: <u>Jenkins</u>	Official's Name (Last, First)		
	of agency official?						
3.	Recipients						
	Use Section A to identify the agen	cy's department or unit. • U	Jse Section B to i	dentify an individu	ual. Use Section C to identify	v an outside organization.	
			Number			-	
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
			Number				
	B. Name of Indiv (Last, Firs		of Ticket(s)/ Passes		Identify one of the fo	llowing:	
				Cerem	nonial Role Other	Income	
	Jenkins, Kevin		5		king "Ceremonial Role" or "Other" desc		
				to promote	the Coliseum and gene	erate revenues	
				Cerem	onial Role Other	Income	
				1	ring "Ceremonial Role" or "Other" desc		
	C Name of Outside Or	manization	Number				
	C. (include address and		of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy	
_	Verification	 		1			
	I have read and understand FPI	PC Regulations 18044	1 and 18042	l have verified t	hat the distribution set fo	rth above is in accordance	
_	with the requirements.	O NegulaliOlis 10944.	i anu 10342.	ı nave verilleü l	กละ เกษ นารเกมนแบก 500 101	ui above, is ill accordance	
	Alno Daina	Renee Savage	Э	OAC	CA Ticket Administrato	or 7-9-25	
	Signature of Agency Head or Designation		nt Name		Title	(month, day, year)	
						,	
	Commont:						

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

1.	Agency Name			5775C-62-0	Date Stamp	California 802	
	Oakland Alameda County C				Form OUZ		
	Division, Department, or Reg	_			For Official Use Only		
	Henry Gardner, OACCA Ex						
	Designated Agency Contact	(Name,Title)					
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)	
	510.383.4801				D-1	>	
	310.363.4601	rsavage@coliseum	.COM		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation				2500 200.00	
	Does the agency have a tick	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$ 🚄	200.00	
	Event Description: Karen A	ujia	Г	oate(s) <u>07/10</u>	/2025		
		Provide Title/ Explar	nation	/uto(3)			
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:			
	Mas tisket distribution made	ot the beheat =		yes: Hauber	Name of Source		
	Was ticket distribution made of agency official?	at the benest Yes	■ No L II	yes:	Official's Name (Last, First)		
	or agency official?						
3.	Recipients						
	• Use Section A to identify the agen	cy's department or unit. • I	Jse Section B to i	dentify an individu	al. Use Section C to identify	an outside organization.	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	escribe the public purpose made pursuant to the agency's policy		
	B. Name of Indi	Number of Ticket(s)/		Identify one of the fo	llowing:		
		sy .	Passes		onial Role Other	Income	
	Immadi, Rameshu		11		ing "Ceremonial Role" or "Other" desc		
				to provide o	pportunities to commu	nity groups	
					onial Role Other or "Other" description of the control of the co	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		•	L _a			
	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	
	with the requirements.	O Negulations 10544.	1 and 105+2.1	nave venneu u	iat the distribution set for	un above, is in accordance	
	(Ren a DANTA	A Renee Savag	е	OAC	CA Ticket Administrato	7-9-25	
	Signature of Agency Head or Design		nt Name	·····	Title	(month, day, year)	
		<u>र।</u>					
	Comment:						

C	eren	onis	ı	Role	Events	and	Ticket/Dass	Distributions
•	CICII	CITIC	48	11010	LVCIILO	anu	HUNGUI ass	DISHIDUHUHS

Passes Number				TO THE POST OF THE PARTY OF THE		
Division, Department, or Region (if applicable) Henry Gardner, OACCA Executive Director Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail	·	Date Stamp				
Henry Gardner, OACCA Executive Director Designated Agency Contact (Name, Title) Area Code/Phone Number 510.383.4801						
Area Code/Phone Number E-mail		İ	Poi Official Ose Offiy			
Area Code/Phone Number E-mail rsavage@coliseum.com Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 225			- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-			
Area Code/Phone Number 510.383.4801 E-mail rsavage@coliseum.com Date of Original Filing:	signated Agency Contact (Name, Ittle)					
2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 225 \(\frac{10}{2} \) Event Description: \(\frac{Karen Aujia}{Provide Title/ Explanation} \) Ticket(s)/Pass(es) provided by agency? Yes No If no: \(\frac{Name of Source}{Name of Source} \) Was ticket distribution made at the behest Yes No If yes: \(\frac{Haubert, David Official's Name (Last, First)}{Name of Source} \) 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 of Ticket(s)/**Passes** **Number of Ticket(s)/** **Describe the public purpose made pursuant to the agency's polynomials. **Number of Ticket(s)/** **Number of Number of Ticket(s)/** **Number of Ticket(s)/** **Passes** **Passes** **Number of Ticket(s)/** **Passes** **Number of Ticket(s)/** **Passes** **Passes*	a Code/Phone Number E-mail		Amendment (Must F	Provide Explanation in Part 3.)		
2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 225 \(\frac{12}{2} \) Event Description: \(\frac{Karen Aujia}{Name of Source} \) Was ticket distribution made at the behest 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 of Ticket(s) / Passes \(\frac{Number of Ticket(s)}{Passes} \) *Number Describe the public purpose made pursuant to the agency's possible of the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency purpose made pursuant to the agency's possible the public purpose made pursuant to the agency purpose made purpose made purpose purpose made purpose	D NO STOREGORDA	oum com	Pate of Original Filips			
Does the agency have a ticket policy? Event Description: Karen Aujia	3.000.4001 Tsavage@	eum.com	Date of Original Filling:	(month, day, year)		
Date(s) OTTUZUZS Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Was ticket distribution made at the behest Yes No If yes: Was ticket distribution made at the behest Yes No If yes: Name of Source Haubert, David Official's Name (Last, First) Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's polynomials. Number of Ticket(s)/ Passes	nction or Event Information			10500		
Date(s) OTTUZUZS Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Was ticket distribution made at the behest Yes No If yes: Was ticket distribution made at the behest Yes No If yes: Name of Source Haubert, David Official's Name (Last, First) Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's polynomials. Number of Ticket(s)/ Passes	es the agency have a ticket policy?	Yes∎ No□ Fa	ce Value of Each Ticket/Pass \$ _	125		
Ticket(s)/Pass(es) provided by agency? Yes No If no: Was ticket distribution made at the behest Yes No If yes: No If yes: Name of Source Haubert, David Official's Name (Last, First) Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Passes No If yes: Haubert, David Official's Name (Last, First) Describe the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency purpose made p	ent Description. Karen Aujia	D,	_{sto(s)} 07/10/2025			
Was ticket distribution made at the behest Yes No If yes: Haubert, David Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Passes Number	Provid	Explanation	16(5)			
Was ticket distribution made at the behest Yes No If yes: Haubert, David Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	ket(s)/Pass(es) provided by agency	r∕es ■ No 🔲 If r				
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 of Ticket(s)/ Passes • Describe the public purpose made pursuant to the agency's possible to the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency's possible the public purpose made pursuant to the agency purpose made purpose	and all the distributions are also as also be the		Name of Source Haubert David			
Recipients Use Section A to identify the agency's department or unit. Vise Section B to identify an individual. Number		/es■ No 🔲 📑	es: Official's Name (Last, First)			
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 of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's posses Number	agency official?					
A. Name of Agency, Department or Unit Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's possible for the public purpose made pursuant to the agency purpose made pursuant to the agency purpose made pursuant to the agency purpose made purpose ma	decipients					
A. Name of Agency, Department or Unit of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's portage. Number	Jse Section A to identify the agency's departme	nit. • Use Section B to ide	ntify an individual. Use Section C to identif	fy an outside organization.		
Number	Name of Agency, Department or Un	of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
Number Name of Individual						
D. Inchestal I inchestal in the community of the communit		Number of Ticket(s)/	Identify one of the f	following:		
(Last, First) Passes	(Last, First)	Passes				
Ceremonial Role ☐ Other ☐ Inc Immadi, Rameshu 11 If checking "Ceremonial Role" or "Other" describe below:	mmadi Rameshu	1 11		Income Income		
to provide opportunities to community groups	Timaa, Tambona	1 1	to provide opportunities to comm	unity groups		
			Ceremonial Role Other	Income 🗆		
C. Name of Outside Organization of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency's portion of Ticket(s)/ Passes		of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
4. Verification	rification					
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accor-		8944.1 and 18942.1	have verified that the distribution set fo	orth above, is in accordance		
with the requirements.1				,		
KINL JUNG Renee Savage OACCA Ticket Administrator 7-9-6	KINLL DANUGURER	avage	OACCA Ticket Administrat	or $7-9-25$		
			Title	(month, day, year)		
Comment:	mment:					

1. Agency Name		Date Stamp	California OOO			
Oakland Alameda County	Coliseum Autho	ority			Date Stamp	Form 802
Division, Department, or Re			For Official Use Only			
Henry Gardner, OACCA E	xecutive Directo	or			g.	
Designated Agency Contact	: (Name, Title)			(
					Amendment (Must Pi	rovide Explanation in Part 3.)
Area Code/Phone Number	E-mail					· · · · · · · · · · · · · · · · · · ·
510.383.4801	rsavage@col	liseum.c	om		Date of Original Filing: _	(month, day, year)
2. Function or Event Information					7,00	
Does the agency have a ti	cket policy?	Yes	No 🗆	Face Value of	Each Ticket/Pass \$	200°
Event Description: Barry N	1anilow			Date(s) 07/18	3/2025	
Event Description.	Provide Titi	e/ Explanati	on	Date(s)		
Ticket(s)/Pass(es) provided	d by agency?	Yes 🗌	No 🔳	If no:		
Was ticket distribution mad of agency official?	e at the behest	Yes	No 🗆	If yes: Iglesias	Name of Source Chris Official's Name (Last, First)	

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Iglesias, Chris		4	Ceremonial Role Other Income Income to promote the Coliseum and generate revenues
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
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

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

WILL	ıne	requ	irem	ents.	
101	9 1.	110		7/	1/

4. Verification

Comment: _

Renee Savage

OACCA Ticket Administrator

7-17-25

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Print

Clear

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

1	Agency Name		Data Starra	olic Document			
•	Oakland Alameda County	Calicaum Authority		Date Stamp C	alifornia 802 Form		
	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 E	Explanation in Part 3.)		
	510.383.4801	rsavage@coliseum	n.com	Date of Original Filing:	nth, day, year)		
2.							
	Does the agency have a ticket policy? Yes ■ No □ Face Value of Each Ticket/Pass \$ 200 02						
	Event Description: Barry M		ate(s) <u>07/18/2025</u>				
	Event Description.	Provide Title/ Expla		ate(s)			
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:			
	Maa tialaat diatmikution mood	446 - 114		yes: Name of Source Gardner, Henry Official's Name (feet First)			
	Was ticket distribution made of agency official?	e at the benest Yes	No ☐ If	yes: Official's Name (Last, First)			
	or agency official?						
3.	Recipients						
	• Use Section A to identify the age	ncy's department or unit. •	Use Section B to ic	lentify an individual. Use Section C to identify an ou	tside organization.		
	A. Name of Agency, Dep.	artment or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to	o the agency's policy		
			Number				
	B. Name of Ind (Last, Fir		of Ticket(s)/ Passes	Identify one of the followin	g:		
	0			Ceremonial Role Other If the checking "Ceremonial Role" or "Other" describe below:			
	Greer, Carolyn		2				
				to promote the Coliseum and generate	revenues		
				Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below	Income Dow:		
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's po			
	Verification						
4.					G 20 NO		
4.	I have read and understand FF with the requirements	PPC Regulations 18944 Renee Savag		have verified that the distribution set forth about OACCA Ticket Administrator	ove, is in accordance		

Comment: ____

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name California OOO Date Stamp

	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		q.		
	Designated Agency Contact	(Name, Title)			1	
	Area Code/Phone Number	E-mail			Amendment (Must Prov	vide Explanation in Part 3.)
	510.383.4801	rsavage@coliseun	n.com		Date of Original Filing:	
_	Function or Event Infor	metion				(month, day, year)
۷.	Does the agency have a tick		■ No□	Face Value of	Each Ticket/Pass \$	00 00
	Porn, M.		INO [07/19	2/2025	
	Event Description:	Provide Title/ Expla		Date(s) <u>07/18</u>		
	Ticket(s)/Pass(es) provided			If no:		
	NA/			Gardne	Name of Source	
	Was ticket distribution made	at the behest Yes	■ No □	If yes: <u>Gardne</u>	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
	 Use Section A to identify the agen 	cy's department or unit. •	Use Section B to	identify an individ	ual. Use Section C to identify a	n outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursu:	ant to the agency's policy
	B. Name of Indi (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the folk	owing:
	Wesley, Kassim		2	Ceremonial Role Other If the checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum and generate revenues		
				2	nonial Role Other Other kling "Ceremonial Role" or "Other" describ	Income De below:
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	s)/ Describe the public purpose made pursuant to the agency's p		ant to the agency's policy
4.	Verification		-			
	I have read and understand FP	PC Regulations 18944	.1 and 18942.	I have verified	that the distribution set forth	above, is in accordance
1	with the requirements.	√ Renee Savaç	ne.	OAC	CA Ticket Administrator	71775
1	Signature of Agency Head or Design		rint Name	—— ——	Title	(month, day, year)
	Signature of Agency Fledd of Depign				nuc	(monus, day, year)
	Comment:					

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

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-	aram	nn	12	DAI	LVONTO	and	Ticket/Deec	Diatributions
•	CICII	IUII	10	NUIE	: Evenus	allu	LICKEI/PASS	DISTRIBUTIONS
_						~	IIIVIIVAII MOO	

Divis Hen Desi Area 510.	kland Alameda County Casion, Department, or Regionry Gardner, OACCA Exceptated Agency Contact (Code/Phone Number .383.4801	on (if applicable) ecutive Director Name, Title)				For Official Use Only		
Hen Desi Area 510.	ry Gardner, OACCA Exc gnated Agency Contact (Code/Phone Number	ecutive Director Name, Title)				1 of Official Ose Offig		
Area 510.	gnated Agency Contact (Code/Phone Number	Name,Title)						
Area 510.	Code/Phone Number							
510.			Designated Agency Contact (Name, Title)					
	.383.4801	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)		
2. Fun		rsavage@coliseum	.com		Date of Original Filing:	(month, day, year)		
	ction or Event Inform	mation						
Doe	s the agency have a tick	et policy? Yes	■ No 🗆 F	ace Value of I	Each Ticket/Pass \$	187.50		
Ever	nt Description: A.R. Rah	nman	Г	Date(s) <u>07/25</u>	5/2025			
		Provide Title/ Explai	nation	zato(0) <u></u>				
Ticke	et(s)/Pass(es) provided	by agency? Yes	No □ If	f no:				
Was	ticket distribution made	at the hehest Var.	■ N- 17 19	Jenkins	Name of Source , Kevin Official's Name (Last, First)			
	agency official?	at the beliest Yes	No L	yes. ——	Official's Name (Last, First)			
				5				
3. Re	ecipients							
• Us	• 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	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	Describe the public purpose made pursuant to the agency's policy			
		the water and the first sent comme						
В.	B. Name of Individual (Last, First) Jenkins, Kevin			Identify one of the following:				
Je				Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: to provide opportunities to community groups				
				Cerem	nonial Role Other in Other in Other Other Other Other Other Other Other	Income		
c. —	Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy		
	fication							
	e read and understand FPI the requirem <mark>ent</mark> s.	PC Regulations 18944	1 and 18942.	l have verified t	hat the distribution set fort	th above, is in accordance		
R	MIL DUML	A Renee Savag	e	OAC	CA Ticket Administrator	7-24-25		
Sig	nature of Agency Head or Design	Pr	Title	(month, day, year)				
_	nment:							

1.	Agency Name Oakland Alameda County Coliseum	ameda County Coliseum Authority				California Form 802		
	Division, Department, or Region (if app	licable)			For Official Use Only			
	Henry Gardner, OACCA Executive D							
	Designated Agency Contact (Name, Title	·)						
					Amendment (Must Pi	rovide Explanation in Part 3.)		
	Area Code/Phone Number E-mail				Americanent (Musici)	Ovide Explanation III Falt 5.)		
	510.383.4801 rsavage	e@coliseum.c	com		Date of Original Filing: _	(month, day, year)		
2.	Function or Event Information					407.50		
	Does the agency have a ticket policy	? Yes	l No □ F	ace Value of	Each Ticket/Pass \$	187.50		
	Event Description: A.R.Rahman		г	Date(s) 07/25	5/2025			
	Pro	vide Title/ Explana	tion	Jaic(3)				
	Ticket(s)/Pass(es) provided by agend	cy? Yes 🔳	No □ If	f no:				
	Mos tisket distribution made at the b			f yes: Hauber	Name of Source t. David			
	Was ticket distribution made at the b	enest Yes	No 🔲 🖽	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 identify an individual. Use Section C to identify an outside organization.							
	A. Name of Agency, Department or I	Jnit	Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's polic			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:		
	Salvar, Srinivas		4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum and generate revenues				
	9			Cerem	nonial Role Other or "Other" des	Income		
	C. Name of Outside Organization (include address and description		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy		
ł.	Verification I have read and understand FPPC Regul	ations 18944.1	and 18942.	I have verified t	that the distribution set fo	rth above, is in accordance		
	With the requirements.	enee Savage		OAC	CA Ticket Administrate	or 7-24-25		
	Signature of Agency Head or Designee	Title	(month, day, year)					
	Comment:							
	Odifficit.							

		_	-					
C	eren	าดท	ial	Role	Events	and	Ticket/Pass	Distributions
_				11010		alla	HONGEL GSS	Distributions

A Public Document

1.	Agency Name		Date Stamp California O O					
	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 Provide Explanation in Part 3.)					
	Area Code/Phone Number	E-mail			Amendment (Must F)	rovide Explanation in Part 3.)		
	510.383.4801	rsavage@coliseum	.com		Date of Original Filing: -	(month, day, year)		
2.	Function or Event Infor	mation				an rro		
	Does the agency have a tick	ket policy? Yes ■	No □ F	ace Value of	Each Ticket/Pass \$	22500		
	Event Description: Keyshia							
	Event Description:	Provide Title/ Explan	ation	oate(s) <u>07/31</u>	72020			
	Ticket(s)/Pass(es) provided			no:				
				yes: Haubert	Name of Source			
	Was ticket distribution made	at the behest Yes	■ No 🔲 If	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 identify an individual. Use Section C to identify an outside organization.							
	A Name of Assessiv Dane		Number	Desaribe th				
	A. Name of Agency, Depa	runent or onit	of Ticket(s)/ Passes	Describe the	suant to the agency's policy			
					2			
			e E contra reconstant general con					
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the following:			
	(Last, Fire	st)	Passes			<u> </u>		
	Marine Marine No.		4	l .	onial Role Other	Income		
	Mourning, Marquetis	4	If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum and generate revenues					
				to promote	the Collseum and gene	erate revenues		
				1	onial Role Other Other or "Other" desi	Income		
				// CITOCK	ing Ceremonial Note of Other desi	orbe below.		
			Number					
	C. Name of Outside Or (include address and	of Ticket(s)/	Describe the	e public purpose made purs	uant to the agency's policy			
			Passes					
•	Verification							
	Vermication I have read and understand FP.	DC Pogulations 18044	1 and 180/2	have verified t	hat the distribution set fo	rth above is in accordance		
_	with the requirements.	r C Negulations 10944.	1 and 10942. I	nave vermeu u	nat the distribution set for	rui above, is ili accordance		
	Rence Dava	Renee Savag	OAC	OACCA Ticket Administrator 7-30-25				
	Signature of Agency Head or Design	ee Pri		Title (month, day, year)				
	Comment:							

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_	ency Name akland Alameda County (Coliseum Authority	Date Stamp	California 802				
-	ision, Department, or Reg		-	For Official Use Only				
	nry Gardner, OACCA Ex							
	signated Agency Contact							
Āro	a Code/Phone Number	E-mail	Amendment (Must Provide Explanation in Part 3.)					
	0.383.4801	rsavage@coliseum	n.com		Date of Original Filing	(month, day, year)		
2. Fu	nction or Event Infor	mation						
Do	es the agency have a tic	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$ _	225		
Ev.	ent Description: Keyshia		/2025					
LV	ent Description.	Provide Title/ Explai	nation	Jale(S)				
Tic	ket(s)/Pass(es) provided	by agency? Yes	■ No 🗆 🖽	no:				
\/\/a	s ticket distribution made	at the beheet V	. N. .	yes: Beam,	Name of Source John			
	agency official?	e at the benest Yes	■ No LI	yes:	Official's Name (Last, First)			
3. R	ecipients		2					
• (Jse Section A to identify the ager	ncy's department or unit. •	Use Section B to i	dentify an individu	ual. Use Section C to ident	ify an outside organization.		
A	Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy		
-								
В	. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the following:			
F	Roberts, Amelia		2	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum and generate revenues				
*					nonial Role Other Cing "Ceremonial Role" or "Other" di			
C	C. Name of Outside Organization (include address and description)			Describe the	e public purpose made pu	rsuant to the agency's policy		
4. Vei	rification							
	ve read and understand FP the requirements.	PC Regulations 18944	.1 and 18942.	l have verified t	hat the distribution set t	forth above, is in accordance		
(-A	enle Dan	M Renee Savag	je	OAC	CA Ticket Administra	tor 7-30-25		
S	ignature of Agency Head or Design	de Pr	int Name	with the second second	Title	(month, day, year)		
Со	mment:			,				

Print

Ceremonial Role Events and Ticket/Pass Distribut	
	ions

A Public Document

1.	Agency Name		Date Stamp California O O O				
	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)					
			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 Inform	mation			7	2500	
	Does the agency have a tick	ket policy? Yes ■	I No □ F	ace Value of	Each Ticket/Pass \$ 2	45	
	Event Description: Keyshia	Cole	oate(s) <u>07/31</u>	/2025			
	Event Description.	Provide Title/ Explan	ation	/atc(3)			
	Ticket(s)/Pass(es) provided	by agency? Yes ■	No □ If	no:			
	Mas tisket distribution made	et the beheat V		Jenkins	Name of Source Keyin		
	Was ticket distribution made of agency official?	e at the benest Yes	I No ∐ II	yes:	Name of Source s, Kevin Official's Name (Last, First)	-	
	or agency officials						
3.	Recipients						
	• Use Section A to identify the agen	cy's department or unit. • U	ual. Use Section C to identify	an outside organization.			
	A. Name of Agency, Depa	ertment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy	
	to the control of the						
	B. Name of Indi	Number of Ticket(s)/		Identify one of the foll	owina:		
	(Last, Firs	st)	Passes				
	Jenkins, Kevin		8		nonial Role Other description	Income In	
				to promote	the Coliseum and gene	rate revenues	
					nonial Role Other Other Other Other Other Other Other	Income In	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy	
			1		·····		
1	Verification	L					
τ.	I have read and understand FPI	PC Regulations 18944	1 and 18942	have verified t	hat the distribution set fort	h ahove is in accordance	
	with the requirements.)	- Criogalations roots.	1 4114 100 12. 1	navo vormou t	nat the distribution set fort	n above, is in accordance	
	Kenel Dar	U <i>OV</i> Renee Savage	CA Ticket Administrator	7-20-25			
	Signature of Agency Head or Designation		Title	(month, day, year)			
	Occurrent						
	Comment:						

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