				Date Stamp	California OOO	
Oakland Alameda County	y Coliseum Authority				Form 8U2	
Division, Department, or Re	egion (if applicable)			1	For Official Use Only	
Henry Gardner, OACCA E	Executive Director			_		
Designated Agency Contac	ct (Name,Title)					
Area Code/Phone Number	E-mail	·		Amendment (Must Pi	rovide Explanation in Part 3.)	
510.383.4801	rsavage@coliseu	m.com		Date of Original Filing: _	(month, day, year)	
. Function or Event Info	ormation					
Does the agency have a t	icket policy? Yes	s■ No□ F	ace Value of	Each Ticket/Pass \$	200.00	
Event Description: New Y	ork v Seattle		Date(s) 06/18	3/2025		
Event Description.	Provide Title/ Exp		Jate(s) Gorre	<u> </u>		
Ticket(s)/Pass(es) provide	ed by agency? Yes	No □ I	f no:			
			Hauban	Name of Source		
Was ticket distribution mad	de at the behest Yes	No 🔲 🛚 l	f yes: Hauber	Official's Name (Last, First)		
of agency official?				(200)		
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			e public purpose made purs	uant to the agency's policy		
	1					
B. Name of In	ndividual	Number of Ticket(s)		Identify one of the fo	llowing:	
B. Name of In		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
		of Ticket(s)/	If check	nonial Role Other description of "Other" descriptions of "Other" descriptions of "Other" descriptions of the other descrip	Income Caribe below:	
(Last, I		of Ticket(s)/ Passes	to provide o	nonial Role Other descripting "Ceremonial Role" or "Other" description of the communities to commu	Income Caribe below:	
(Last, I		of Ticket(s)/ Passes	to provide o	nonial Role Other description of "Other" descriptions of "Other" descriptions of "Other" descriptions of the other descrip	Income Caribe below: nity groups	
(Last, I	First) Organization	of Ticket(s)/ Passes	to provide of Cerem	nonial Role Other find "Ceremonial Role" or "Other" description of the communities to communities and the communities are communities and the communities are communities and communities are	Income Coribe below: nity groups Income Coribe below:	
(Last, I	First) Organization	of Ticket(s)/ Passes 14 Number of Ticket(s)/	to provide of Cerem	nonial Role ☐ Other	Income Coribe below: nity groups Income Coribe below:	
(Last, I	First) Organization	of Ticket(s)/ Passes 14 Number of Ticket(s)/	to provide of Cerem	nonial Role ☐ Other	Income Coribe below: nity groups Income Coribe below:	
(Last, for the last of the las	Organization nd description)	of Ticket(s)/ Passes 14 Number of Ticket(s)/ Passes	to provide of Cerem If check	onnial Role ☐ Other ☐ or "Other" descripportunities to communinal Role ☐ Other ☐ or "Other" descripportunities to communinal Role ☐ Other ☐ or "Other" descripp "Ceremonial Role" or "Other" descrippose made purs	Income Coribe below: nity groups Income Coribe below: uant to the agency's policy	
(Last, for the last) Immadi, Rameshu C. Name of Outside (include address as a last) Verification	Organization nd description) FPPC Regulations 1894	of Ticket(s)/ Passes 14 Number of Ticket(s)/ Passes 4.1 and 18942.	to provide of Cerem If check Describe the control of the control	nonial Role Other pring "Ceremonial Role" or "Other" description of the poportunities to communication of the pring "Ceremonial Role" or "Other" descripting "Ceremonial Role" or "Other" description of the public purpose made pursuitable purpose made purpose made pursuitable purpose made pursuitable purpose made purpose purpose made purpose made purpose made purpose made purpose purpose purpose purpose purpose purpos	Income [cribe below: nity groups Income [cribe below: uant to the agency's policy th above, is in accordance	
(Last, for the last of the las	Organization nd description)	of Ticket(s)/ Passes 14 Number of Ticket(s)/ Passes 4.1 and 18942.	to provide of Cerem If check Describe the control of the control	onnial Role ☐ Other ☐ or "Other" descripportunities to communinal Role ☐ Other ☐ or "Other" descripportunities to communinal Role ☐ Other ☐ or "Other" descripp "Ceremonial Role" or "Other" descrippose made purs	Income In	

Print

Comment: __

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

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions		A Public Document		
1. Agency Name	Date Stamp	California 802		
Oakland Alameda County Coliseum Authority		Form OUZ		
Dill B		F Off-1-111- O-1		

Oakland Alameda County Coliseum Authority				Date Stamp	California 802
Division, Department, or Regio		1	Form GUZ For Official Use Only		
Henry Gardner, OACCA Exec			. S. S. Sanda God Grify		
Designated Agency Contact (N					
gartarigonoj contact (//					
rea Code/Phone Number	E-mail	4		Amendment (Must P	rovide Explanation in Part 3.)
	rsavage@coliseur	n.com		Date of Original Filing: .	
1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date of Originar ming.	(month, day, year)
unction or Event Inform	ation				450.00
Does the agency have a ticke		■ No 🗆	Face Value of I	Each Ticket/Pass \$	450.00
Event Description: MLC Doub	oleheader		Date(s) <u>06/15</u>	5/2025	
	Provide Title/ Expl	anation			
icket(s)/Pass(es) provided by	y agency? Yes	■ No 🗆	If no:		
Vas ticket distribution made a	at the hehest V-	■ Na 🗆	If yes: Haubert	Name of Source t, David	
of agency official?	r the penest Yes	■ NO L	ıı yes. ———	Official's Name (Last, First)	
a. agono, omoran					
Recipients					
Use Section A to identify the agency	's department or unit.	· Use Section B to	identify an individu	al. Use Section C to identify	y an outside organization.
A. Name of Agency, Departs	ment or Unit	Number of Ticket(s)/	Describe the	e public purpose made purs	suant to the agency's policy
<u> </u>		Passes			
B. Name of Individual (Last, First)	dual	Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
			A SOUND OF THE PARTY OF THE PAR	onial Role Other	
Johal, Joe		18	1	ing "Ceremonial Role" or "Other" des	
			to provide o	pportunities to commu	inity groups
			500 000 10000000	onial Role Other on "Other" des	
C. Name of Outside Orga	anization	Number of Ticket(s)/	Describe the	a public purpose made purp	uant to the agency's policy
(include address and de	escription)	Passes			so and agondy 5 portey
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
erification					
5111160HUH		1 1 and 18942	I have verified th	hat the distribution set fo	rth above, is in accordanc
have read and understand FPP0	C Regulations 18944	una 100 12.			
have read and understand FPP0 ith the requirements.	Regulations 18944			CA Ticket Administrato	1 12 05

Clear

Agency Report of:

	eremonial Role Eve	nts and Ticket/	Pass Disti	ributions	A l	Public Document
1.	Agency Name		Date Stamp	California 802		
	Oakland Alameda County					
	Division, Department, or Re					For Official Use Only
	Henry Gardner, OACCA Executive Director					
	Designated Agency Contact (Name, Title)					
	Area Cada/Dhana Number	1=			Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number 510.383.4801	E-mail				
	510.505.4001	rsavage@coliseun	n.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Info	rmation				
	Does the agency have a tic	cket policy?	■ No □	Face Value of	Each Ticket/Pass \$	130.00
	Event Description: Roots v			Date(s) 06/28		
	Event Description:	Provide Title/ Expla	anation	Date(s) <u>00/20</u>		
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🗆	f no:		
				Gardno	Name of Source	
	Was ticket distribution mad	e at the behest Yes	■ No □	f yes: Gardine	official's Name (Last, First)	
	of agency official?					
3.	Recipients					
	 Use Section A to identify the age 	ncy's department or unit.	Use Section B to	identify an individ	ual. Use Section C to identify	an outside organization.
			Number			
	A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's p		
	B. Name of Ind	lividual	Number of Ticket(s)/		Identify one of the foll	lowing:
	(Last, Fi	rst)	Passes			3
	Candnan Hann.				nonial Role Other	Income [
	Gardner, Henry		4	· I	king "Ceremonial Role" or "Other" descr	
					the Coliseum and gene	
				1	nonial Role Other Other Ching "Ceremonial Role" or "Other" descri	Income Income
	C. Name of Outside Organization		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency		ant to the agency's policy
	(include address and	d description)	Passes			
	\/:::::			<u> </u>		
ŀ.	Verification	DDC Domilations 19044	1.4 and 400.40	I barra rendicad i	Unad dan aliabeta dia ana and faud	h h
/	I have read and understand FF with the requirements	PC Regulations 16944	. I aliu 10942.	i riave verilled t	rial line distribution set fort	n above, is in accordance
(Kenel In	ge	OAC	CA Ticket Administrator	6-16-25	
,	Signature of Agency Head or Design		rint Name		Title	(month, day, year)
	-	U				, , , , , , , , , , , , , , , , , , , ,
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1.	Agency Name Oakland Alameda County Coliseum Authority				Date Stamp	California 802
	The second secon			Form SUZ		
	Division, Department, or Reg			For Official Use Offig		
	Henry Gardner, OACCA Ex					
	Designated Agency Contact	(Name,Title)	,			
	Area Code/Phone Number	Area Code/Phone Number E-mail			Amendment (Must Pro	vide Explanation in Part 3.)
	510.383.4801	rsavage@coliseum.	com		Date of Original Filing:	
						(month, day, year)
2.	Function or Event Infor	mation				450.00
	Does the agency have a tic	ket policy? Yes ■	No □ F	ace Value of	Each Ticket/Pass \$	450.00
	Event Description: MLC Do	ubleheader	Г	Date(s) 06/14	/2025	
		Provide Title/ Explana	ation		_	
	Ticket(s)/Pass(es) provided	by agency? Yes ■	-			
	Was ticket distribution made	at the beheat A		Hauber	Name of Source t, David	
	of agency official?	e at the benest Yes	No 🔲 🖽	yes:	Name of Source t, David Official's Name (Last, First)	7
	or agency official:					
3.	Recipients					
	• Use Section A to identify the ager	ncy's department or unit. • U	se Section B to i	dentify an individu	al. Use Section C to identify a	an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Describe		e public purpose made pursu	ant to the agency's policy
	B. Name of Individual (Last, First) Haubert, David		Number of Ticket(s)/ Passes	Identify one of the following:		
			12	Ceremonial Role Other Income Income for the checking "Ceremonial Role" or "Other" describe below: to provide opportunities to community groups		
			5g - Co - Marie B A Marie Mari		onial Role Other ing "Ceremonial Role" or "Other" descri	Income Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
						
4.	Verification				·	
	I have read and understand FP	PC Regulations 18944.	1 and 18942.	l have verified t	hat the distribution set fort	h above, is in accordance
	with the requirements.	0.00				/ 10 =
(sene an	Renée Savage)	OAC	CA Ticket Administrator	6-13-25
*	Signature of Agency Head or Design	Prir	nt Name		Title	(month, day, year)
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

		D.U.			A Public Document		
Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable)				Date Stamp	California 802		
				æ			
-41	Henry Gardner, OACCA Executive Director				For Official Use Only		
				1	1		
Designated Agency Contact (Designated Agency Contact (Name, Title)						
Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)		
510.383.4801	rsavage@coliseum	n.com		Date of Original Filing:			
2. Function or Event Infor	mation				(month, day, year)		
Does the agency have a tick			Face Value of	F T:	300.00		
100				Each Ticket/Pass \$ _			
Event Description: Unicorns	Provide Title/ Explai	[Date(s) <u>06/12</u>	2/2025			
Ticket(s)/Pass(es) provided			f no:				
Was ticket distribution made	at the behest Yes	■ No 🗆 I	f yes: Hauber	t, David Official's Name (Last, First)			
of agency official?				Ollicial's Name (Last, First)			
3. Recipients		_					
Section Control Control of the Control of Co	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.						
		Number					
A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy		
B. Name of Indiv				Identify one of the f	following:		
(Edd, 170	'	Passes	Cerem	onial Role Other	Income		
Kimmins-Freeman, Janee	Kimmins-Freeman, Janee			ing "Ceremonial Role" or "Other" de			
			to promote t	the Coliseum and ger	nerate revenues		
			1	onial Role Other onial Role Other of the Color of the Col			
	C. Name of Outside Organization (include address and description)		Describe the	e public purpose made pur	suant to the agency's policy		
J							
4. Verification							
I have read and understand FPF	PC Regulations 18944.	1 and 18942.	l have verified th	hat the distribution set fo	orth above. is in accordance		
with the requirements.							
Kenle Jara	Renee Savag	е	OAC	CA Ticket Administrat	or 6-11-23		
Signature of Agency Head or Design	Pri	nt Name		Title	(month, day, year)		
Commont:							
Comment:							

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1.	Agency Name	Colingum Authority	Date Stamp	California 802			
	Oakland Alameda County (Division, Department, or Reg	- Company of the Comp	-	For Official Use Only			
				Tor official Goo only			
	Henry Gardner, OACCA Ex						
	Designated Agency Contact	(Name, litle)		5			
	Area Code/Phone Number	E-mail			Amendment (Must Pro	vide Explanation in Part 3.)	
	510.383.4801	rsavage@coliseum	.com		Date of Original Filing:		
						(month, day, year)	
2.	Function or Event Infor	mation				300.00	
	Does the agency have a tic		ace Value of	Each Ticket/Pass \$	300.00		
	Event Description: Unicorns	s v Freedom		Date(s) 06/12	2/2025		
		Provide Title/ Explai	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes			Name of Source		
	Was ticket distribution made	e at the behest Ves	■ No□ If	Beam,	Name of Source John Official's Name (Last, First)		
	of agency official?	- at the 201100t [65]	NO LI	ycs. ———	Official's Name (Last, First)		
3.	•						
	Use Section A to identify the ager	ncy's department or unit. •		dentify an individu	ual. Use Section C to identify	an outside organization.	
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e the public purpose made pursuant to the agency's p		
	•						
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:		
	Beam, John		1	If check	nonial Role Other description of the Coling and Connection		
				to promote	the Coliseum and gene	rate revenues	
					nonial Role Other wing "Ceremonial Role" or "Other" descriptions	Income ibe below:	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy	
	Verification			I			
	I have read and understand FP	PPC Regulations 18944.	1 and 18942. I	I have verified t	hat the distribution set fort	h above, is in accordance	
	with the requirements. **Renee Savage*** OAC				CA Ticket Administrator	6-11-25	
-	Signature of Agency Head or Designee Print Name			Title	(month, day, year)		
	Comment:				y		