	gency Name			Date Stam	
	Dakland Alameda County C	oliseum Authority			For Official Use Only
D	ivision, Department, or Regi	on (if applicable)			
H	Henry Gardner, OACCA Exe	ecutive Director			
Ē	esignated Agency Contact (	Name, Title)			
				Amendment	(Must Provide Explanation in Part 3.)
Ā	rea Code/Phone Number	E-mail			
Ę	510.383.4801	rsavage@coliseum	.com	Date of Original	(month, day, year)
. 1	Function or Event Inform	nation			50.00
ī	Does the agency have a tick	et policy? Yes	No 🛛 🛛 Fa	ace Value of Each Ticket/Pas	ss \$
ī	Event Description: <u>AEW</u>		Da	ate(s) <u>03/01/2025</u>	
ſ	Event Description.	Provide Title/ Explai	nation		
-	Ticket(s)/Pass(es) provided	by agency? Yes	No 🗌 🛛 If	Name of Source	
		the hebest of		yes: John Beam Official's Name (La	
	Was ticket distribution made	at the benest yes		yes. ————————————————————————————————————	st, First)
	of agency official?				
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe the public purpose in	ade pursuant to the agency's policy
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes	Identify on	e of the following:
			of Ticket(s)/	Identify on Ceremonial Role If checking "Ceremonial Role" on to promote the Coliseum a	Other I Income I Income I Income
	D. (Last, Fi		of Ticket(s)/ Passes	Ceremonial Role	Other I Income I Inco
	D. (Last, Fi	st) Drganization	of Ticket(s)/ Passes	Ceremonial Role If checking "Ceremonial Role" of to promote the Coliseum a Ceremonial Role If checking "Ceremonial Role" o	Other I Income I Inco

with the requirements f	LRenee Savage	OACCA Ticket Administrator	3-1-25
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_

Print

Clear

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

## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1

1.	eremonial Role Even	its and fice	(et/Pa	SS DIS	tributions	A	Public Document
	Agency Name					Date Stamp	California Form 802
	Oakland Alameda County (						
	Division, Department, or Reg						For Official Use Only
	Henry Gardner, OACCA Ex		or				
	Designated Agency Contact	(Name, Title)					
	Area Code/Phone Number	E-mail				Amendment (Must F	rovide Explanation in Part 3.)
	510.383.4801	rsavage@col	iseum.c	om		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation					
	Does the agency have a ticl	ket policy?	Yes	No 🗖	Face Value of	Each Ticket/Pass \$	110.00
	Event Description: Monster	Jam			Date(s) 03/16		03/15/2025
	Ticket(s)/Pass(es) provided	Provide Little	e/ Explanati Yes 📕		If no:		
		ey agoney.				Name of Source	
	Was ticket distribution made at the behest Yes ■ No □ If yes: Iglesias of agency official?					s, Chris Official's Name (Last, First)	
	Use Section A to identify the agen     A. Name of Agency, Depa			Number of Ticket(s) Passes			suant to the agency's policy
	B. Name of Indi (Last, First			Number of Ticket(s) Passes	, ,	Identify one of the f	ollowing:
	Iglesias,Chris Iglesias, Chris			5	lf chec	onial Role Other I Incom Incom Incom Incom Incom Other" describe below: Oportunities to community groups	
	Iglesias, Chris			4	lf checi	nonial Role D Other king "Ceremonial Role" or "Other" des opportuinities to comm	 cribe below:

# 4. Verification

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

3-10.25 (month, day, year) U Rin Renee Savage **ÓACCA** Ticket Administrator U au Print Name Signature of Agency Head or Designee Title

Comment:

Print



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

С	eremonial Role Ever	its and Ticket/	Pass Distri	ibutions	Α	<b>Public Document</b>
1.	Agency Name				Date Stamp	California
	Oakland Alameda County	Coliseum Authority				Form <b>802</b>
	Division, Department, or Reg	jion (if applicable)	1			For Official Use Only
	Henry Gardner, OACCA Ex	cecutive Director				
	<b>Designated Agency Contact</b>	(Name, Title)	4			
	Area Code/Phone Number	E-mail		- pite	Amendment (Must Pr	ovide Explanation in Part 3.)
	510.383.4801	rsavage@coliseur	m.com		Date of Original Filing:	
						(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes	No 🗆 F	ace Value of	Each Ticket/Pass \$	110.00
	Event Description: Monster			Date(s) 03/16	3/2025	
	Event Description:	Provide Title/ Expl	Lanation	ate(s) 00, 10		
	Ticket(s)/Pass(es) provided	by agency? Yes	No If	'no:		
		, , , ,			Name of Source	
	Was ticket distribution made	e at the behest Yes	No 🗌 If	yes: <u>Gardne</u>	Official's Name (Last, First)	
	of agency official?				Oniciar's Name (Last, First)	
	A. Name of Agency, Dep	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy	
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Wesley, Kassim		2	lf chec	nonial Role D Other king "Ceremonial Role" or "Other" desc the Coliseum and gene	
					nonial Role Dother Marking "Ceremonial Role" or "Other" desc	Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy

## 4. Verification

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

Renee Savage l OACCA Ticket Administrator a an Signature of Agency Head or Designee Print Name Title

3-10-25 (month, day, year)

Comment:

Print



#### Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California 8 Oakland Alameda County Coliseum Authority Form 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 E-mail 510.383.4801 rsavage@coliseum.com Date of Original Filing: . (month, day, year) 2. Function or Event Information 130.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes No Event Description: \_\_\_\_\_ Date(s) 03/22/2025 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes No 🗌 Name of Source If yes: Gardner, Henry Was ticket distribution made at the behest Yes No 🗆 Official's Name (Last, First)

#### 3. Recipients

of agency official?

• 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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Gardner, Henry	4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum and generate revenues
Boubaker, Monia	5	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: to provide opportunities to community groups
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
	~	

### 4. Verification

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

USANU M Renee Savage Signature of Agency Head or Designed

Print Name

**OACCA** Ticket Administrator Title

10 (month, day, year)

Comment:

Print



1. /	Agency Name				Date Stamp	California
i.	Oakland Alameda County	Coliseum Authorit	ty .			Form 802
_	Division, Department, or Reg		4	For Official Use Only		
l	Henry Gardner, OACCA Ex	ecutive Director				
Ī	Designated Agency Contact	(Name, Title)				
7	rea Code/Phone Number	E-mail			Amendment (Must P	Provide Explanation in Part 3.)
1	510.383.4801	rsavage@colis	eum.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				440.00
[	Does the agency have a tic	ket policy? γ	/es 🔳 No 🔲 🖡	Face Value of	Each Ticket/Pass \$	110.00
F	Event Description:	Bame	r	Date(s) 03/22	2/2025	
		Provide Title/ I	Explanation	Jule(3)		West states and a figure spectrum particular states
	icket(s)/Pass(es) provided	by agency? Y	′es 📕 No 🔲 🛛	f no:		
١	Vas ticket distribution made	a at the behast a		fuce. Gardne	Name of Source r, Henry Official's Name (Last, First)	
. '	of agency official?	s at the beliest y		i yes	Official's Name (Last, First)	
3.						
<b>.</b>	• Use Section A to identify the agen	ncy's department or un		identify an individu	ual. Use Section C to identif	y an outside organization.
5.	-		it. • Use Section B to i Number of Ticket(s)/ Passes			y an outside organization. suant to the agency's policy
	• Use Section A to identify the age		Number of Ticket(s)/ Passes			
	• Use Section A to identify the age	artment or Unit	Number of Ticket(s)/			suant to the agency's policy
J.	Use Section A to identify the agent A. Name of Agency, Dep     B. Name of Ind         (Last, Fin	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy ollowing:
	Use Section A to identify the agent A. Name of Agency, Dep B. Name of Ind	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur Identify one of the fo	suant to the agency's policy ollowing: Income
	Use Section A to identify the agent A. Name of Agency, Dep     B. Name of Ind (Last, Fin)     Gardner, Henry	artment or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 4	Describe the Descr	Identify one of the formation of the coliseum and generation of the co	suant to the agency's policy ollowing: Income scribe below: erate revenues Income
	Use Section A to identify the agent A. Name of Agency, Dep     B. Name of Ind         (Last, Fin	artment or Unit	Number of Ticket(s)/ Passes	Describe the Cerem If check to promote Cerem If check	Identify one of the for annial Role Other of the Coliseum and gen	suant to the agency's policy ollowing: Income scribe below: erate revenues Income Income
	Use Section A to identify the agent A. Name of Agency, Dep     B. Name of Ind (Last, Fin)     Gardner, Henry	artment or Unit ividual ist)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 4	Describe the Cerem If check to promote Cerem If check to provide of	Identify one of the for nonial Role Other of the Coliseum and gen nonial Role Other of the Coliseum and gen	suant to the agency's policy ollowing: Income scribe below: erate revenues Income Income
	Use Section A to identify the agent A. Name of Agency, Dep     B. Name of Ind     (Last, Fin     Gardner, Henry     Boubaker, Monia     Name of Outside O	artment or Unit ividual ist)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 4 5 Number of Ticket(s)/	Describe the Cerem If check to promote Cerem If check to provide of	Identify one of the for nonial Role Other of the Coliseum and gen nonial Role Other of the Coliseum and gen	suant to the agency's policy ollowing: scribe below: erate revenues scribe below: unity groups
	Use Section A to identify the agent A. Name of Agency, Dep     B. Name of Ind     (Last, Fin     Gardner, Henry     Boubaker, Monia     Name of Outside O	artment or Unit ividual ist)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 4 5 Number of Ticket(s)/	Describe the Cerem If check to promote Cerem If check to provide of	Identify one of the for nonial Role Other of the Coliseum and gen nonial Role Other of the Coliseum and gen	suant to the agency's policy ollowing: scribe below: erate revenues scribe below: unity groups

#### 4. Verification

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

Repeledada ger F	Renee Savage	OACCA Ticket Administrator	3-10-25
Signature of Agency Head or Designed	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

Print



#### Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California 8 Oakland Alameda County Coliseum Autjority Form Division, Department, or Region (if applicable) For Official Use Only Henry Gardner, OACCA Executive Direcot Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: . rsavage@coliseum.com (month, day, year) 2 **Eunction or Event Information**

Function of Event information				
Does the agency have a ticket policy?	Yes	No 🗌	Face Value of Each Ticket/Pass \$	130.00
Event Description:Roots Game			Date(s) 03/22/2025	
	le/ Explanati	on		
Ticket(s)/Pass(es) provided by agency?	Yes	No 🗖	If no:	
Was ticket distribution made at the behest of agency official?	Yes	No 🗌	If yes: Houston, Ken Official's Name (Last, First)	

#### 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Ramirez, Maria	9	Ceremonial Role Other Income Income to provide opportunities to community groups
		Ceremonial Role Other I 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

## 4. Verification

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

 With the requirements.

 Signature of Agency Head or Designee

 Print Name

 OACCA Ticket Administrator

 3.10-25

 (month, day, year)

Comment:

Print



_	eremonial Role Event Agency Name					California
••	Oakland Alameda County C	olisoum Authority			Date Stamp	Form 802
	Division, Department, or Regi				4	For Official Use Only
	Henry Gardner, OACCA Exe	, , , , ,				
	Designated Agency Contact (Name, Title)				-	
	Designated Agency Contact (	vanie, nuej				
	Area Code/Phone Number	E-mail	Amendment (Must Pr	ovide Explanation in Part 3.)		
	510.383.4801	rsavage@colise	ım.com		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	nation				
	Does the agency have a tick		s 📕 No 🗖	Face Value of	f Each Ticket/Pass \$	130.00
		• • •				
	Event Description: Roots Ga	Provide Title/ Exi	planation	Date(s) 03/2	9/2025	
	Ticket(s)/Pass(es) provided I	to concretent in transmis in the	s No 🗆	If no:		
		by agency: Te			Name of Source	
	Was ticket distribution made	at the behest Ye	s No 🗂	If yes: <u>Jenkin</u>	s, Kevin	
	of agency official?				Official's Name (Last, First)	
_						
3.	Recipients					
	Use Section A to identify the agence	cy's department or unit.		o identify an individ	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s) Passes	/ Describe t	he public purpose made purs	uant to the agency's policy
	B. Name of Indiv (Last, Firs		Number of Ticket(s) Passes	1	Identify one of the fo	llowing:
				Cere	monial Role 🔲 Other 📕	Income
	Jenkins, Kevin		4	lf che	If checking "Ceremonial Role" or "Other" describe below:	
				to provide	opportunities to commu	nity groups
					monial Role D Other C Cking "Ceremonial Role" or "Other" desc	Income
	C. Name of Outside Or (include address and		Number of Ticket(s) Passes	/ Describe t	he public purpose made purs	uant to the agency's policy

## 4. Verification

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

**1**Renee Savage 20 A Ň UN 1 Signature of Agency Head or Designee Ø Print Name

OACCA Ticket Administrator

Z (month, day, year)

Comment:

Print

