Agency Name				Date Stamp	California OOO
Oakland Alameda County		у			Form 802
Division, Department, or R	Division, Department, or Region (if applicable)			1	For Official Use Only
Henry Gardner, OACCA	Executive Director				
Designated Agency Contac	ct (Name,Title)				
Area Code/Phone Number	l E-mail		20	Amendment (Must	Provide Explanation in Part 3.)
510.383.4801	rsavage@colise	eum.com		Date of Original Filing:	(month, day, year)
Function or Event Info	ormation				
Does the agency have a t	ticket policy? Y	es ≣ No□ F	Face Value of	Each Ticket/Pass \$ _	125.00
Event Description: Sunid			Date(s) 05/0		
Event Description.	Provide Title/ E		Date(s) <u>soro</u>		
Ticket(s)/Pass(es) provide	ed by agency? Y	es No 🗆 II	f no:		
				Name of Course	
Was ticket distribution ma	de at the behest Y	es 🔳 No 🔲 🏻 If	f yes: Gardne	er, Henrty Official's Name (Last, First)	
of agency official?				Official's Name (Last, First)	
Recipients					
Use Section A to identify the action A to identify the A to identify the action A to identify the A to identify the action A to identify the	gency's department or uni	t. • Use Section B to i	dentify an individ	ual. Use Section C to identi	fy an outside organization.
A. Name of Agency, De	epartment or Unit	Number of Ticket(s)/	Describe to	ho nublic nurnece made nu	rsuant to the agency's policy
		Passes		e public purpose made pu	isuant to the agency's policy
				ne paulic purpose made pu	south to the agency's policy
B. Name of Ir		Passes		Identify one of the	
(Last,		Number of Ticket(s)/	Cerei		following:
		Passes Number of Ticket(s)/	Cerel If chec	Identify one of the	following: Income [
(Last,		Number of Ticket(s)/	Cerei If chec to promote	Identify one of the monial Role Other desired "Ceremonial Role" or "Other" or "Other" desired "Ceremonial Role" or "Other" of the "Ceremonial Role" or "Other" of the "Ceremonial Role" of the "Ceremonial Role" or "Cer	following: Income [pscribe below: nerate revenues Income [
(Last,	First)	Number of Ticket(s)/	Cerei If chec to promote Cerei If chec	Identify one of the monial Role Other Independent Independe	following: Income pscribe below: nerate revenues Income
Gardner, Henry C. Name of Outside (include address a	First)	Number of Ticket(s)/ Passes 2 Number of Ticket(s)/	Cerei If chec to promote Cerei If chec	Identify one of the monial Role Other Independent Independe	following: Income [scribe below: nerate revenues Income [scribe below:
Gardner, Henry C. Name of Outside (include address a	e Organization and description)	Number of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	Cerei If chec to promote Cerei If chec Describe tf	Identify one of the monial Role Other Indicate or "Other" desired the Coliseum and germonial Role Other Indicate or "Other" desiring "Ceremonial Role" or "Other" desiring "Ceremonial Role" or "Other" desired public purpose made purpo	Income In
Gardner, Henry C. Name of Outside (include address a	e Organization and description)	Number of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	Cerei If chec to promote Cerei If chec	Identify one of the monial Role Other Indicate or "Other" desired the Coliseum and germonial Role Other Indicate or "Other" desiring "Ceremonial Role" or "Other" desiring "Ceremonial Role" or "Other" desired public purpose made purpo	Income scribe below: nerate revenues Income scribe below: resuant to the agency's policy orth above, is in accordance

Comment: __

Agency Report of:

~	I - I	D			THE R
	eremoniai	ROID	HVANte and	LICKOT/Dace	Dictributions
•	Cicilollia	IVOIC	FACILIS alla	IICKEUF 433	Distributions

					Tubile Document
1.	Agency Name	Date Stamp	California 802		
	Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable)	-			For Official Use Only
	Henry Gardner, Executive Director				,
	Designated Agency Contact (Name, Title)				
	Doorgrated Agency Contact (Name, File)				
	Area Code/Phone Number E-mail		-	Amendment (Must Pro	ovide Explanation in Part 3.)
	That edger note trained to have			Date of Original Filing: _	
				Date of Original Fining.	(month, day, year)
2.	Function or Event Information				
	Does the agency have a ticket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$	200.00
	Event Description: 4 Legends	Г	Date(s) 05/10	/2025	
	Provide Title/ Explai	nation	Sate(5)		
	Ticket(s)/Pass(es) provided by agency? Yes	No □ I	f no:		
	Was ticket distribution made at the behest Yes	—	f yes: Jenkins	Name of Source . Kevin	
	of agency official?	No ∐ I	r yes: ———	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 i	dentify an individu	al. Use Section C to identify	an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	According to a proper of the control of the state of the control o				
	B. Name of Individual	Number of Ticket(s)/		ldentify one of the fo	llowing:
	(Last, First)	Passes		ilbi Don E	
	Jenkins, Kevin	2		onial Role Other disconnial Role Other disconnial Role Other description	Income In
			to promote	the Coliseum and gene	rate revenues
				onial Role Other ing "Ceremonial Role" or "Other" description	Income In
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
1.	Verification	L			
	I have read and understand FPPC Regulations 18944	.1 and 18942	I have verified t	hat the distribution set for	th above, is in accordance
1	with the requirements	G.I.G. 1007E.	voimou t	are areared and the for	aboro, io in accordance
1	KULL ONLY Renee Savag	ge	OAC	CA Ticket Administrato	5-1-20
	Signature of Agency Head or Designee Pr	rint Name		Title	(month, day, year)
	Comment:			The second secon	

1.	Agency Name				Date Stamp	California OOO	
	Oakland Alameda County (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)					
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)	
	510.383.4801	rsavage@coliseu	m.com		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	Does the agency have a tic	ket policy?	No ☐ F	ace Value of	Each Ticket/Pass \$	200.00	
	Event Description: 4 Legen	ds		Date(s) 05/10			
	Ticket(s)/Pass(es) provided	Provide Title/ Expi		f no:	***************************************		
	NATA A MARIA AND AND AND AND AND AND AND AND AND AN	at the Technic or		f yes: Gardne	Name of Source r. Henrty		
	Was ticket distribution made	e at the benest Yes	No 🔲 🛚	yes:	Official's Name (Last, First)		
	of agency official?						
3.	Recipients						
	• Use Section A to identify the ager	ncy's department or unit.	ual. Use Section C to identify	an outside organization.			
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	

	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	Identify one of the		following:	
	Gardner, Henry		4	If check	nonial Role Other Other or "Other" descripe "Colingum and game		
	•			to promote	the Coliseum and gene		
			я	10-104000000000000000000000000000000000	nonial Role Other Other or "Other" description of the control of t	Income Income Income Income III	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy	
1	Verification						
	I have read and understand FP	PC Regulations 1894	4.1 and 18942.	l have verified t	hat the distribution set for	th above, is in accordance	
(With the requirements Williams	Renee Sava	ige	OAC	CA Ticket Administrato	r 5-1-25	
	Signature of Agency Head or Design	e	Print Name		Title	(month, day, year)	
	Comment:						

1. Agency Name		, , , , , , , , , , , , , , , , , , , ,		Date Stamp	California On 2	
Oakland Alameda County Coliseur		Form OUZ				
Division, Department, or Region (if ap	Division, Department, or Region (if applicable)					
Henry Gardner, OACCA Executive	Henry Gardner, OACCA Executive Director					
Designated Agency Contact (Name, Tit	ie)					
Area Code/Phone Number E-mail				☐ Amendment (Must Pro	vide Explanation in Part 3.)	
And the second desired to the second	ge@coliseum.c	com		Date of Original Filing:	(month, day, year)	
2. Function or Event Information		<i>3</i> 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Does the agency have a ticket police	v? Yes■	No □ F	ace Value of l	Each Ticket/Pass \$	200.00	
	7 103			• *		
Event Description: 4 Legends	rovide Title/ Explana	[oate(s) <u>05/10</u>			
Ticket(s)/Pass(es) provided by age			no:			
	,. 100)		N 50		
Was ticket distribution made at the	behest Yes	No □ If	yes: Miley, N	late		
of agency official?				Official's Name (Last, First)		
3. Recipients						
Use Section A to identify the agency's department	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual					
A. Name of Agency, Department or	Unit	Number of Ticket(s)/	Describe the	e public purpose made pursu	ant to the agency's policy	
		Passes		the public purpose made pursuant to the agency's policy		
R Name of Individual		Number				
B. Name of Individual (Last, First)		of Ticket(s)/ Passes		Identify one of the fol	lowing:	
			Cerem	onial Role Other	Income	
Miley, Nate		2	1	checking "Ceremonial Role" or "Other" describe below:		
		to prom		promote the Coliseum and generate revenues		
			Cerem	onial Role Other	Income	
				ing "Ceremonial Role" or "Other" descr		
		Number				
C. Name of Outside Organization (include address and description)		of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy	
		rasses				
	1					
1. Verification						
I have read and understand FPPC Regu	ulations 18944.1	and 18942.	I have verified t	hat the distribution set fort	th above, is in accordance	
with the requirements.					-1 10	
KINLLANDY	Renee Savage		OAC	CA Ticket Administrator	5-1-25	
Signature of Agency Head or Designee	Print	Name	ŧ.	Title	(month, day, year)	
Comment:					N	

A Public Document

1.	Agency Name	- 1.	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)					
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)	
	510.383.4801	rsavage@coliseun	n com		Date of Original Filing: _		
	310.303.4001	rsavage@conseun	i.com		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation		10			
	Does the agency have a tic	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	200.00	
	Event Description: 4 Legen	ds		Date(s) 05/10	/2025		
		Provide Title/ Expla	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes	No □	f no:			
	Was ticket distribution made	e at the behest Voc	■ Nati B	fyos. Haubert	Name of Source t, David Official's Name (Last, First)		
	of agency official?	at the beliest Yes	■ NO L	ı yes. ———	Official's Name (Last, First)		
	,	Management of the second of th					
3.	Recipients						
	Use Section A to identify the ager	ncy's department or unit.	Use Section B to i	dentify an individu	al. Use Section C to identify	an outside organization.	
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	Describe the	e public purpose made purs	uant to the agency's policy	
			Passes				
	2 100 100 100 100 100 100 100 100 100 10				- FOT - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1		
	B. Name of Indi (Last, Fir	of Ticket(s)/ Passes	Identify one of the following:				
				Cerem	onial Role Other	Income	
	Kimmins-Freeman, Janee		2	If checking "Ceremonial Role" or "Other" describe below:			
				to promote	the Coliseum and gene	erate revenues	
				1	onial Role Other	Income	
				If check	ing "Ceremonial Role" or "Other" desc	ribe below:	
	C. Name of Outside Organization Number of Ticket(s)/			Describe the public purpose made pursuant to the agency's policy			
	(include address and	uescripuonj	Passes				
4	Verification						
	I have read and understand FP	PC Pagulations 18044	1 and 180/2	l have verified t	hat the distribution set for	th above is in accordance	
	with the requirements.	ro Regulations 10944	. I anu 10542. I	ı nave vermeu u	nat the distribution set for	in above, is in accordance	
	PINEL-SAVIE	Renee Savag	ge	OAC	CA Ticket Administrato	r 5-1-20	
	Signature of Agency Head or Design	$\underline{\hspace{0.1cm}}$	rint Name	decision (Title	(month, day, year)	
	Comment:						

Clear

	gency Report of: eremonial Role Events and Ticket/F	Pass Distri	ibutions	, Δ	Public Document	
	Agency Name	Date Stamp	0.115			
	Oakland Alameda County Coliseum Authority			Jako okamp	Form 802	
	Division, Department, or Region (if applicable)			+	For Official Use Only	
	Henry Gardner, OACCA Executive Director				Ì	
	Designated Agency Contact (Name, Title)					
				Amendment (Must Pi	sovido Francisco de Bort 2)	
	Area Code/Phone Number E-mail			Amendment (Mast Pi	ovide Explanation in Part 3.)	
	510.383.4801 rsavage@coliseum	n.com		Date of Original Filing: -	(month, day, year)	
2.	Function or Event Information					
	Does the agency have a ticket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$	200.00	
	Event Description: 4 Legends		oate(s) 05/10			
	Provide Title/ Expla	nation	rate(s)			
	Ticket(s)/Pass(es) provided by agency? Yes	No ☐ If	no:			
	Was ticket distribution made at the behest Yes	- 14	Iglesias	Name of Source S. Chris		
	of agency official?	■ No L II	yes: —	Official's Name (Last, First)		
-	- agency emelar.	N N				
3.	Recipients • Use Section A to identify the agency's department or unit.	Use Section B to in	dontify an individ	ual Alea Saction C to identife		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes		ne public purpose made purs		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
				nonial Role Other Michael Other Role" or "Other" desc	Income	
	Inlania Chris		1	nonial Role Other king "Ceremonial Role" or "Other" desc	Income	
	Iglesias, Chris	2		the Coliseum and gene		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
		,				
4.	Verification	1 and 19042	have verified	that the distribution ast for	th above in in accordance	
_	I have read and understand FPPC Regulations 18944 with the requirements:	. i anu 18942. l	nave vermea	ınaı ine ülsindülləri set fol	ui apove, is in accordance	
	Alle hwy on Renee Savag	je	OAC	CA Ticket Administrato	r 5-1.25	
7	10000	int Name		Title	(month, day, year)	

Clear

Comment: _

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County	•				Form OUZ
	Division, Department, or Re	gion (if applicable)		For Official Use Only		
	Henry Gardner, OACCA E	xecutive Director				×
	Designated Agency Contact	(Name,Title)				
	Area Code/Phone Number	E-mail			Amendment (Must P	rovide Explanation in Part 3.)
	510.383.4801	rsavage@coliseum	.com		Date of Original Filing: .	(month, day, year)
	Function or Event Info	rmation				(month, day, year)
				ana Valua of	Each Ticket/Pass \$	130.00
	Does the agency have a tic		110			
	Event Description: Roots v	Provide Title/ Explai	D	ate(s) <u>05/24</u>	1/2025	
	Ticket(s)/Pass(es) provided			no:		
	Ticket(3)/1 ass(es) provided	by agency: 1es			Name of Source	
	Was ticket distribution mad	e at the behest Yes	■ No 🗆 If	yes: <u>Iglesias</u>	official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
	Decinionto					
3.	Recipients • Use Section A to identify the age	ancy's department or unit	Use Section R to in	lentify an individu	ual • Ise Section C to identif	v an outside organization.
	Ose section A to identify the age	ency's department of drift.	Number		dui. Ose section e to identifi	y arroutsiac organization.
	A. Name of Agency, Dep	partment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
			r asses			
		,				
	R Name of Inc	dividual	Number		14 46 64 6	- M
	B. Name of Inc. (Last, F		of Ticket(s)/ Passes		Identify one of the f	ollowing:
				Ceren	nonial Role Other	Income
				If chec	king "Ceremonial Role" or "Other" de	scribe below:
					nonial Role Other	Income _
	Iglesias, Chris 5			If checking "Ceremonial Role" or "Other" describe below: to provide opportunities to community groups		
				to provide o	opportunities to comm	unity groups
	C. Name of Outside		Number of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy
	- (include address an	ia description)	Passes			
_						
	Verification	nno n	140040	· · · · · · · · · · · · · · · · · · ·	41-441	
	I have read and understand F with the requirements.	PPC Regulations 18944	.1 and 18942. I	nave verified	that the distribution set to	orth above, is in accordance
(2011-10	9 Renee Savaç	ae	OAC	CA Ticket Administrat	or 5-1-25
7	Signature of Agency Head or Designature		rint Name		Title	(month, day, year)
	Signature of Agency Flead of Desig	911 F 0				
	Comment:					