Ceremonial Role Events and Ticket/Pass Distributions A Public Document

١.	Agency Name	A 41 17			Date Stamp	Form 802
	Oakland Alameda County C			For Official Use Only		
	Division, Department, or Reg	2 07 52555 (0)				
	Henry Gardner, Executive Designated Agency Contact					
	Designated Agency Contact (ivame, ride)				
	Area Code/Phone Number	E-mail			Amendment (Must I	Provide Explanation in Part 3.)
	510,383,4801	rsavage@coliseum.	com		Date of Original Filing:	
	310,303,4001	rsavage@conseum.	COM		Date of Original Filling.	(month, day, year)
2.	Function or Event Information	mation				
	Does the agency have a tick	ket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	150.00
	Event Description: Christian	Nodal Concert)oto(o)	•	10 01 23
	Event Description.	Provide Title/ Explan	nation	Date(s)		10 01 10
	Ticket(s)/Pass(es) provided	by agency? Yes	No □ If	f no:	Name of Source	
	184 41-14			Inlesias	Name of Source	
	Was ticket distribution made	e at the benest Yes	No 🔲 🛚 I	f yes:	, Chris Official's Name (Last, First)	·
	of agency official?					
3.	Recipients					
	Use Section A to identify the agen	ncy's department or unit.	ual. Use Section C to identi	ify an outside organization.		
	Δ Name of Agency, Depa	internant or Unit	Number	December the	rsuant to the agency's policy	
	A. Name of Agency, Depa	irunent or out	of Ticket(s)/ Passes	Describe un	e public purpose made pu	rsuant to the agency's policy
				i		
	(1		
	B. Name of Indi	vidual	Number of Ticket(s)/		identify one of the	following:
	(Last, Fire	st)	Passes	identity one of the following.		
					nonial Role 🔲 Other 📗	Income
	Iglesias, Chris		4		king "Ceremonial Role" or "Other" de	
				to promote	the Coliseum and ger	nrate revenues
				1	nonial Role Other	
				If check	king "Ceremonial Role" or "Other" de	escribe below:
	C. Name of Outside O		Number of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy
	(moduless and	description)	Passes			
				ļ		
				1		
_						
4.	Verification					
	I have read and understand FP	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set i	forth above, is in accordance
	with the requirements.					
_	Signature of Agency Head or Design	Renee Savag	Int Name	IICKE	et Administrator	(me with along on the
	alginature of Agency riead or Design	y P	III Name		Title	(month, day, year)
	Comment:					

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

A Public Document

7	Access Name					Deathwell to the latter	
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	irector				1 1	
	Designated Agency Contact	Name, Title)	ľ	1			
	Area Code/Phone Number	E-mail			Amendment (Must F	Provide Explanation in Part 3.)	
	510.383.4801	rsavage@coliseum	i.com		Date of Original Filing:(month, day, year)		
7	Function or Event Infor	mation					
		4 11 0				150.00	
	Does the agency have a tick		■ No □ F	ace Value of	Each Ticket/Pass \$		
	Event Description: Christian	Nodal Concert		Date(s)		10 01 23	
	, , , , , , , , , , , , , , , , , , ,	Provide Title/ Expla	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes					
			Name of Source				
	Was ticket distribution made	at the behest Yes	■ No □ If	yes: Jenkins	, Kevin Official's Name (Last, First)		
	of agency official?		Omolai S Namo (Last, 1 list)				
_							
3.	Recipients						
	 Use Section A to identify the agen 	cy's department or unit. •	ual. Use Section C to identi	fy an outside organization.			
	A Name of Agency, Depa	etmont or link	Number	Deparths th	muses to the agencyle policy.		
	A. Name of Agency, Depa	irelient of Gill	of Ticket(s)/ Passes	Describe un	a brinic bribose made bri	suant to the agency's policy	
			ł				
	S 101 - 72			ļ			
			1				
			Number				
	B. Name of Indi	B. Name of Individual			Identify one of the following:		
	(Last, Fire	st)	of Ticket(s)/ Passes				
			1	Cerem	nonial Role 🔲 Other 🕻	Income 🗆	
	Jenkins, Kevin		4	If checking "Ceremonial Role" or "Other" describe below:			
			1	to promote the Coliseum and generate revenues			
			——	Caran	nonial Role Other] January 🗖	
					king "Ceremonial Role" or "Other" de		
					•		
			_				
	C. Name of Outside O		Number of Ticket(s)/	Describe th	e public purpose made pui	suant to the agency's policy	
	(include address and	description)	Passes				
			Į.				
4	Verification						
4.							
	I have read and understand FP with the requirements	PC Regulations 1894	1.1 and 18942.	I have verified	that the distribution set f	orth above, is in accordance	
1	A sall	2.					
6	MING UNG	Renee Sava	ge	Ticke	et Administrator		
	Signature of Agency Head or Design	eq. F	rint Name		Title	(month, day, year)	
	0 .						
	Comment:						

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_			400 5.00	ibaciono		A I ublic bocullett	
1.	Agency Name		Date Stamp California Form				
	Oakland Alameda County C			10111			
	Division, Department, or Reg					For Official Use Only	
	Henry Gardner, Executive D						
	Designated Agency Contact	(Name, Title)					
	Area Code/Phone Number	IE mail			Amendment (Must Provide Explanation in Part 3.)		
	510.383.4801	E-mail		Data of Original Fills			
_	510.363.4601	rsavage@coliseum	i.com		Date of Original Fillr	(month, day, year)	
2.	Function or Event Infor	mation			4=		
	Does the agency have a tick	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$	200.00	
	Event Description: Romeo	Santos		/a)atc/		10 07 23	
	Event Besonption:	Provide Title/ Expla	Provide Title/ Explanation				
	Ticket(s)/Pass(es) provided	by agency? Yes					
	Was ticket distribution made	at the hehest veril	Name of Source Chuck				
	of agency official?	at the beliest Yes	■ No L	yes;	Name of Source Chuck Official's Name (Last, Fir	rst)	
	or agonoy omolar.						
3.	Recipients						
	Use Section A to identify the ager	ncy's department or unit.	ual. Use Section C to ide	entify an outside organization.			
	A. Name of Agency, Depart	Name of Agency, Department or Unit			e public purpose made	pursuant to the agency's policy	
			Passes				
	R Name of Ind	Number					
	B. Name of Indi		of Ticket(s)/ Passes	Identify one of the following:			
	Baker, Chuck		1	Ceremonial Role Other Income I			
	Daker, Chuck		4				
		lo		to promote the Coliseum and genrate revenues			
					nonial Role		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy		
	8						
4 .	Verification						
_	I have read and understand FF with the requirements.	PC Regulations 18944	I.1 and 18942.	I have verified t	that the distribution se	et forth above, is in accordance	
	Rone Dispise	Renee Savag	na.	Ticket Administrator			
_	Signature of Agency Head or Pesigr	<u> </u>	rint Name		Title	(month, day, year)	
	Comment:						

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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	irector				i	
	Designated Agency Contact	(Name, Title)			1		
			Amendment (Must	t Provide Explanation In Part 3.)			
	Area Code/Phone Number	E-mail	Amendment (Musi	Provide Explanation in Part 3.)			
	510.383.4801	rsavage@coliseur	n.com		Date of Original Filing:		
2 .	Function or Event Infor	mation					
	Does the agency have a ticl	ret policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	200.00	
	Event Description: Romeo S	Santos Concert				10 07 23	
Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No □ If no: Name of Source							
	NAMES AND ASSOCIATION ASSOCIATION AND ASSOCIATION ASSOCIAT	- 4 4b - b - b - 4	Name of Source				
	Was ticket distribution made	e at the penest Yes	No 🔲 II	yes:	official's Name (Last, First	i)	
	of agency official?						
3.	Recipients						
	Use Section A to identify the agent	cy's department or unit.	ual. Use Section C to Iden	itify an outside organization.			
	A. Name of Agency, Depa	Number of Ticket(s)/	1		ursuant to the agency's policy		
			Passes	 			
			_				
			1				
		Number	 				
	B. Name of Indi	of Ticket(s)/	Identify one of the following:				
		,	1 40505	Ceren	noniał Role Other	Income 🔲	
	Iglesias, Chris		8	If checking "Ceremonial Role" or "Other" describe below:			
				to provide opportunities to community groups			
				Ceren	nonial Role Other	Income 🗆	
				If chec	king "Ceremonial Role" or "Other"	describe below:	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy	
				1			
4.	Verification						
	I have read and understand FP	PC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance	
	with the requirements.						
	Renee Savage			Ticke	Ticket Administrator		
	Signature of Agency Head or Design	ee	Print Name		Πtle	(month, day, year)	
	Comment:						
	O AMILOTE						

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Caramonia	I Polo Events	and Ticket/Pace	Distributions

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1.	Agency Name	P 4 41 41	Date Stamp	California 802			
	Oakland Alameda County Co Division, Department, or Regio					For Official Use Only	
	Henry Gardner, Executive Dir						
	Designated Agency Contact (N						
	and the second second second second	onno, rmoy					
	Area Code/Phone Number E	E-mail			Amendment (Must F	Provide Explanation in Part 3.)	
	510.383.4801	savage@coliseur	n.com		Date of Original Filing:	(month, day, year)	
2.	Function or Event Inform	ation					
	Does the agency have a ticke	t policy? Yes	■ No□ F	ace Value of I	Each Ticket/Pass \$	62.50	
	Event Description: Disney on			Date(s)		10 21 23	
	Ticket(s)/Pass(es) provided by		Name of Source				
	Was ticket distribution made a	at the behest Yes	. ■ No □ If	ves: Gardner	r, Henry		
	Was ticket distribution made at the behest Yes ■ No □ If yes: Gardner, Henry Official's Name (Last, First)						
3.	Recipients • Use Section A to identify the agency A. Name of Agency, Depart		• Use Section B to in Number of Ticket(s)/ Passes			fy an outside organization.	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	Identify one of the following:			
	Gardner, Henry		12	If check	nonial Role Other Initial Control of the Community of Communities to communities		
				Cerem	nonial Role Other Cing "Ceremonial Role" or "Other" de	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy		
	I have read and understand FPP with the requirements.					orth above, is in accordance	
	Signature of Agency Head or Designee	Renee Sava	ge Print Name	Ticke	t Administrator	(m4k-1	
	alguatore of Agency Fleathor Designee	•	гин мате		Title	(month, day, year)	
	Comment:						

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions **A Public Document**

1.	Agency Name Oakland Alameda County C	coliseum Authority	Date Stamp	California 802					
	Division, Department, or Reg		1	For Official Use Only					
	Henry Gardner, Executive D	irector							
	Designated Agency Contact		1						
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)			
	510.383.4801	rsavage@coliseum	n.com		Date of Original Filing: _	(month, day, year)			
_	Function or Event Infor					(monur, day, year)			
۷.						62.50			
	Does the agency have a tick		■ No 🔲 F	ace Value of	Each Ticket/Pass \$				
	Event Description: Disney on Ice Date(s)								
		Provide Title/ Expla	nation						
	Ticket(s)/Pass(es) provided by agency? Yes No I If no: Name of Source								
	Was ticket distribution made	at the behest ves	■ No□ If	f yes: Iglesias	, Chris				
	of agency official?	163	INO LI	i yes	Official's Name (Last, First)				
3.	Recipients								
	 Use Section A to identify the agen 	cy's department or unit.	Use Section B to i	dentify an individu	ual. Use Section C to identify	an outside organization.			
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy				
			rasses	#					
				1					
	D Name 44-41	Number	 						
	B. Name of Indi		of Ticket(s)/ Passes	identify one of the following:					
			6	Ceren	nonial Role Other	Income			
	Iglesias, Chris				king "Ceremonial Role" or "Other" des				
				to provide opportunities to community groups					
				Ceren	nonial Role Other	Income			
			į.		king "Ceremonial Role" or "Other" des				
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to the agency's policy				
	H								
				1					
4.	Verification								
	I have read and understand FP	PC Regulations 1894	1.1 and 18942.	I have verified	that the distribution set fo	rth above, is in accordance			
	with the requirements.								
		ge	Ticke	et Administrator					
139	Signature of Agency Head or Design	ee F	rint Name		Title	(month, day, year)			
	Community								
	Comment:								

Ceremonial Role Events and Ticket/Pass Distributions	A Public Document				
. 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)					

	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Henry Gardner, Executive D	Director				
	Designated Agency Contact					
	A	IE "	Amendment (Must Pro	ovide Explanation In Part 3.)		
	Area Code/Phone Number	E-mail			Date of Oak-land Silver	
	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	■ No □ 「	Face Value of	Each Ticket/Pass \$	62.50
	Event Description: Disney of	n Ice		Date(s)		10 21 23
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes			Name of Source	
	Was ticket distribution made	at the behest Voc	■ No□ I	f ves. Gardne	Name of Source r, Henry Official's Name (Last, First)	
	of agency official?	103	<u> </u>	1 ,00.	Official's Name (Last, First)	
						že.
3.	Recipients					
	Use Section A to identify the agen	icy's department or unit. •	identify an individu	ual. Use Section C to identify	an outside organization.	
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	Describe th	e public purpose made purs	uant to the agency's policy
			Passes			
	B. Name of Indi	white	Number		11 11 11	
	(Last, Fire		of Ticket(s)/ Passes		Identify one of the fo	llowing:
					noniał Role 🔲 Other 💹	Income
	Gardner, Henry		4		king "Ceremonial Role" or "Other" desc	
	7			to provide o	pportunities to commu	nity groups
					nonial Role Other	Income
				If check	king "Ceremonial Role" or "Other" desc	cribe below:
	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	North			
	C. Name of Outside O		Number of Ticket(s)/	Describe th	e public purpose made purs	uant to the agency's policy
			Passes	-		
				1		
	(lee			-		· · · · · · · · · · · · · · · · · · ·
<u> </u>	Verification					
•		PC Regulations 18944	.1 and 18942	I have verified	that the distribution set for	rth above is in accordance
1	with the requirements	have read and understand FPPC Regulations 18944.1 and 18942. I have verified rith the cequirements				ar above, is in accordance
(And lower	Renee Savag	je	Ticke	t Administrator	
1	Signature of Agency Head or Desigo	de P	rint Name		Title	(month, 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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1. Agency Name	Date Stamp	California Q02							
Oakland Alameda County Coliseum Aut			Form OUZ						
Division, Department, or Region (if applicable	ile)			For Official Use Only					
Henry Gardner, Executive Director	Henry Gardner, Executive Director								
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)								
Area Code/Phone Number E-mail			Amendment (Must Provide Explanation in Part 3.)						
510.383.4801 rsavage@d	coliseum.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 \$	212.50					
Event Description: Travis Scott Concert	Title/ Explanation	ate(s)		10 31 23					
Ticket(s)/Pass(es) provided by agency?		no:	Name of Source						
Was ticket distribution made at the behe	st yes No I	ves. Gardne	r, Henry Official's Name (Last, First)						
of agency official?	100 100	,00.	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.								
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes		. Use Section C to identify an outside organization. public purpose made pursuant to the agency's policy						
B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the following:						
Gardner, Henry	Passes 6		nonial Role Other of Other des						
Gardner, Heriry	0		re the Coliseum and generate revenues Temonial Role Other Income						
		Ceren							
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's poli							
8									
4. Verification	1								
I have read and understand FPPC Regulatio with the requirements.	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.								
XINUC KNYKW Rene	e Savage	Ticke	t Administrator						
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)					
Comment:									

	eremonial Role Events and Ticket/Pass Distributions				A Public Document				
1.	Agency Name				Date Stamp	California	802		
	Oakland Alameda County Coliseum Authority]		I Use Only		
	Division, Department, or Reg				1	For Officia	I Use Only		
	Henry Gardner, Executive []	1			
	Designated Agency Contact (Name, Title)								
	Area Code/Phone Number E-mail				Amendment (Must I	Provide Explanation	In Part 3.)		
	Area Code/Phone Number 510,383.4801			Date of Original Filing:					
_	310,363.4601	com		ear)					
2.	Function or Event Infor	mation					00.50		
	Does the agency have a tic	ket policy? Yes ■	■ No 🔲 F	ace Value of	Each Ticket/Pass \$		62.50		
	Event Description: Disney of	on Ice)ate(s)		10 22	23		
		Provide Title/ Explar	ation						
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🔲 🧗	f no:					
	Was ticket distribution made	e at the behest. Voc.	■ No □ If	ves. Jenkins	Name of Source is, Kevin Official's Name (Last, First)				
	of agency official?	o at the policer 162	140 []	yes. ———	Official's Name (Last, First)				
_						<u></u>			
3.	Recipients								
	Use Section A to identify the agency's department or unit. Use Section B to identify an individual and individual actions are section.				ual. Use Section C to identi	fy an outside orgai	nization.		
	A. Name of Agency, Dep	Number of Ticket(s)/	Describe ti	he public purpose made pursuant to the agency's policy					
		Passes							
	B. Name of Ind	Number		Identify one of the followings					
	(Last, Fil	of Ticket(s)/ Passes		identally one of the	ionowing.				
		6				Income [
	Jenkins, Kevin								
	(to provide opportunities to community groups					
							Income		
				ir ched	ng "Ceremonial Role" or "Other" describe below: portunities to community groups point Other Income ng "Geremonial Role" or "Other" describe below:				
		Number		··					
	C. Name of Outside C	of Ticket(s)/	Describe ti	Describe the public purpose made pursuant to the agency's policy					
			Passes			·			
	9			 					
_	Verification								
т.	Vermication 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 O Nogulations 10944.	. anu 10342.	, nave venileu	anat an o anotabation set i	orar above, is if	i accordance		
		Renee Savag	e	Tick	et Administrator				
	Signature of Agency Head or Designee Print Name				Title	(mo	nth, day, year)		

Comment: _____

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Ceremonial	Role Events and Tic	kat/Pass Distributions

A Public Document

1.	Agency Name				Date Stamp	California 802		
	Oakland Alameda County C	oliseum Authority		- 10-10				
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only				
	Henry Gardner, Executive D	Henry Gardner, Executive Director						
	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	com		Date of Original Filing	,		
	310.303.4001	I savage@conseum	1.00111		Date of Original Ching	(month, day, year)		
2.	Function or Event Infor	mation						
	Does the agency have a tick	cet policy?	■ No □ F	ace Value of	Each Ticket/Pass \$ _	62.50		
					12 AD AD			
	Event Description: Disney of	Provide TWe/Foods		Date(s)		10 00 25		
	Tigket(a)/Bess(as) provided	Provide Title/ Expla		f no:				
	Ticket(s)/Pass(es) provided	by agency? Yes			Mama of Source			
	Was ticket distribution made	at the behest Voc	■ No□ I	f ves. Muranis	shi, Susan Official's Name (Last, First	Α.		
	of agency official?	163	ino 🔲 '	1 yes. ———	Official's Name (Last, First)		
	or agoney omolar.							
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.							
	9-11-1-11-11-11-11-11-11-11-11-11-11-11-		Number	1				
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy		
			F 03363					
			1					
			 					
	B. Name of Indi		Number of Ticket(s)/		identify one of the	Form OUZ For Official Use Only Ist Provide Explanation in Part 3.) Ing:		
	(Last, Fire	st)	Passes					
		10						
	Muranishi, Susan							
				to provide o	opportunities to comm	nunity groups		
				Ceren	nonial Role Other	Income		
			1	If check	ng "Ceremonial Role" or "Other" describe below: pportunities to community groups			
			1					
	Name of Outside O	Name of Outside Organization						
	C. (include address and		of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy		
			1 40000	1				
			-					
			<u> </u>					
4.	Verification							
	I have read and understand FP	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance		
1	with-the requirements.							
L	XINUS KINI	ge	Ticke	Ticket Administrator				
`	Signature of Agency Head or Design	rint Name		Title	(month, day, year)			
	amentaria ana amin'ny fivondronana amin'ny fivondro	V						
	Comment:							

	gency Report of: eremonial Role Even	ts and Ticket/Pa	ass Distri	butions	A	Public Document
_	Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Henry Gardner, Executive Director Designated Agency Contact (Name, Title)				Date Stamp	California 802 For Official Use Only
	Area Code/Phone Number 510,383,4801	E-mail rsavage@coliseum.c	com		☐ Amendment (Must F	Provide Explanation In Part 3.) (month, day, year)
2.	Function or Event Information Does the agency have a ticket Event Description: Travis Solution Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?	cet policy? Yes cott Concert Provide Title/ Explana by agency? Yes	ation If	Pate(s)	Each Ticket/Pass \$ Name of Source t, David Official's Name (Last, First)	10 31 23
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depart	se Section B to i Number of Ticket(s)/ Passes			fy an outside organization. rsuant to the agency's policy	
	B. Name of Indi	Number of Ticket(s)/ Passes		identify one of the t	following:	
	Immadi, Ajay	4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum and generate revenues			
)				nonial Role Other king "Ceremonial Role" or "Other" de	
	C. Name of Outside Organization (Include address and description)		Number of Ticket(s)/ Passes	Describe ti	ne public purpose made pui	rsuant to the agency's policy
4.	Verification I have read and understand FP with the requirements.	PC Regulations 18944.	1 and 18942.	I have verified	that the distribution set f	orth above, is in accordance
Signature of Agency Head or Designee Pr			ent Name	Ticko	et Administrator	(month, day, year)
	Comment:					· · · · · · · · · · · · · · · · · · ·