**A Public Document** 

1.	Agency Name		Date Stamp California 80				
	Oakland Alameda County C	•				Form OUZ For Official Use Only	
	Division, Department, or Reg					For Official Ose Only	
	Henry Gardner, OACCA Ex				· ·		
	Designated Agency Contact	(Name, Title)					
	Area Code/Phone Number	E-mail	Amendment (Must Pr	rovide Explanation in Part 3.)			
	510.383.4801	rsavage@coliseum.o	com		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	xet policy? Yes ■	ace Value of	Each Ticket/Pass \$	175.00		
	Event Description: Hans Zir	mmer		Date(s) 10/07	7/2025		
	Event Description.	Provide Title/ Explana	ntion	/ate(s)			
	Ticket(s)/Pass(es) provided	by agency? Yes ■	I No □ If	no:			
	Man tinket distribution manda	-44b bb4 —		Gardne	Name of Source r. Henry		
	Was ticket distribution made of agency official?	at the benest Yes	No □ I	yes:	r, Henry  Official's Name (Last, First)		
	or agency official:						
3.	Recipients						
	<ul> <li>Use Section A to identify the agen</li> </ul>	cy's department or unit. • U	se Section B to i	dentify an individu	ıal. 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		
	B. Name of Indi (Last, Fira	Number of Ticket(s)/ Passes		Identify one of the following:			
	Wesley, Kassim		2	If check	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:  to promote the Coliseum and generate revenues		
				Cerem	nonial Role  Other  or "Other" des	Income	
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
ŀ.	Verification I have read and understand FP	PC Regulations 18944.1	and 18942.	l have verified t	hat the distribution set fo	rth above, is in accordance	
	with the jequirements.	79 Renee Savage	CA Ticket Administrator 10-3.25				
	Signature of Agency Head or Design	ee Prin	t Name		Title	(month, day, year)	
	Comment:				***************************************		

Clear

C	erem	ion	ial	Role	<b>Events</b>	and	Ticket/Pas	s C	Distr	ibutions	S

1.	Agency Name Oakland Alameda County O	Coliseum Authority	Date Stamp California Form				
	Division, Department, or Reg					For Official Use Only	
	Henry Gardner, OACCA Ex						
	Designated Agency Contact			· · · · · · · · · · · · · · · · · · ·			
	Area Code/Phone Number	E-mail	☐ Amendment (Must Pr	rovide Explanation in Part 3.)			
	510.383.4801	rsavage@coliseu	ım.com		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Yes	s <b>≣</b> No□ F	ace Value of	Each Ticket/Pass \$	70.00	
	Event Description: DOI			oate(s) 10/17	7/2025		
	Event Description.	Provide Title/ Exp	planation	rate(s)			
	Ticket(s)/Pass(es) provided	by agency? Yes	s■ No□ If	no:			
	M/ 4'-14 - 4'-4-9 4' 1	and the		Gardne	Name of Source		
	Was ticket distribution made	e at the benest Yes	s■ No□ If	yes:	r, Henry  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 i	dentify an individu	ıal. 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	
	A STATE OF THE STA	,					
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the following:		
	Daubakan Mania		2/ 6:20	1	onial Role Other on Other on Other on Other	Income	
	Boubaker, Monia		2/ 6:30 pm	I	pportunities to commu		
					onial Role Other ing "Ceremonial Role" or "Other" desc	Income Income	
			k				
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe the	escribe the public purpose made pursuant to the agency's policy			
1.	Verification						
	I have read and underst <b>a</b> nd FP	PC Regulations 1894	14.1 and 18942. I	have verified to	hat the distribution set for	th above is in accordance	
	with the requirements	r o riogalationo reo i	7.7 and 700 72. 1	navo vonnoa ti	nat the distribution set for	in above, is in accordance	
	Alne XIV	W Chenge Sava	age	OAC	CA Ticket Administrato	r 18-17.50	
*	Signature of Agency Head or Designo	V - /	Print Name		Title	(month, day, year)	
	•	æ					
	Comment:						

1.	Agency Name		Date Stamp California O 0				
	Oakland Alameda County (	Coliseum Authority				Form OUZ	
	Division, Department, or Reg	jion (if applicable)				For Official Use Only	
	Henry Gardner, OACCA Ex	ecutive Director					
	<b>Designated Agency Contact</b>	(Name, Title)					
			Amendment (Must Pr	pvide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Expianation in Part 3.)	
	510.383.4801	rsavage@coliseu	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 \$	70.00	
	Event Description: DOI		3/2025	8 3 4 5 5 6 6 6 6			
		Provide Title/ Exp	lanation				
	Ticket(s)/Pass(es) provided	by agency? Yes	s■ No□ If	no:			
	Was ticket distribution made	e at the behest Voc	No □ If	yes: Gardne	Name of Source r, Henry		
	of agency official?	at the period: 168	B■ NO□ "	yes. ———	Official's Name (Last, First)		
	J ,						
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)/	Describe th	e public purpose made purs	uant to the agency's policy	
			Passes				
			Number				
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes	Identify one of the following:			
		<del>7/</del>	rasses	Cerem	onial Role Other	Income	
	Boubaker, Monia		8/ 11:00am	If checking "Ceremonial Role" or "Other" describe below:			
				to provide o	pportunities to commu	nity groups	
				Cerem	onial Role Other	Income	
	Boubaker, Monia		8/ 6:30pm	If checking "Ceremonial Role" or "Other" describe below:			
				to provide o	pportunities to commu	nity groups	
	C Name of Outside O		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
	(include address and	l description)	Passes				
						· · · · · · · · · · · · · · · · · · ·	
	Verification						
	I have read and understand FP	PPC Regulations 1894	4.1 and 18942. I	have verified t	hat the distribution set for	th above, is in accordance	
(	with the requirements	A Renee Sava	CA Ticket Administrate	1/20 20			
\	Signature of Agency Head or Design		CA Ticket Administrato	10-13. ds			
	orginature of Agency nead of Design	100 <b>3</b>	Print Name		ilue	(month, day, year)	
	Comment:						

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1.	Agency Name		Date Stamp California O O C						
	Oakland Alameda County C	Coliseum Authority		Form <b>OUZ</b>					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only			
	Henry Gardner, OACCA Ex	ecutive Director							
	Designated Agency Contact								
						L			
	Area Code/Phone Number	E-mail	Amendment (Must Pi	ovide Explanation in Part 3.)					
	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	ace Value of	Each Ticket/Pass \$	200.00				
	Event Description: P1 Harm	nony	oate(s) 10/21						
	Provide Title/ Explanation  Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:								
	( ) ( ) ( ) ( ) ( ) ( ) ( )	100			Name of Source				
	Was ticket distribution made	at the behest Yes	r, Henry Official's Name (Last, First)						
	of agency official?				Olliciai's Name (Last, First)				
3.	Recipients								
,.	<ul> <li>Use Section A to identify the agen</li> </ul>	cv's department or unit	• Use Section B to id	dentify an individu	ial • Ise Section C to identify	van outside organization			
	ose seeds in the identity the agent	icy o department or arms							
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy					
						A construction of the second o			
	B. Name of Indi	Number of Ticket(s)/ Passes		Identify one of the following:					
	Wesley, Kassim		2	Ceremonial Role Other for the control of the contro					
				to promote	the Coliseum and gen	erate revenues			
				•	nonial Role Other other des	Income Income			
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe the	the public purpose made pursuant to the agency's policy					
	-								
_	Verification								
	I have read and understand FP	PC Regulations 1894	14.1 and 18942. I	have verified t	hat the distribution set fo	rth above, is in accordance			
	with the requirements	7 Mart 2		040	OA Tieleek Advertisied ook				
- 1	SUN UN GRANGE Savage OAC				CA Ticket Administrate	or <i>10-</i> /7-2J			
ė	Signature of Agency Head or Design		Print Name		Title				

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Ceremonial Rol	e Events and Ticket/Pass Distributions	
		-

1.	Agency Name		Date Stamp California						
	Oakland Alameda County (		у			Form OUZ			
	Division, Department, or Reg	ion (if applicable)				For Official Use Only			
	Henry Gardner, OACCA Ex								
	Designated Agency Contact	(Name, Title)							
	Area Cada/Dhana Number	le			Amendment (Must Pr	ovide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail							
	510.383.4801	rsavage@colise	eum.com		Date of Original Filing: _	(month, day, year)			
2.	Function or Event Infor	mation							
	Does the agency have a tick	ket policy?	ace Value of	Each Ticket/Pass \$	70.00				
	Event Description: DOI								
	Provide Title/ Explanation  Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:								
	Name of Source								
	Was ticket distribution made	at the behest y	es 📕 No 🗌 🏻 If	yes: Miley, N	Official's Name (Last, First)				
	of agency official?				, ,				
3.	Recipients	William to the transfer and the second							
	Use Section A to identify the agent	cy's department or un	it. • Use Section B to ic	lentify an individu	ual. Use Section C to identify	an outside organization.			
	Δ Name of Agency, Depa	urtenout or Unit	Number	Describe th	Describe the public purpose made pursuant to the agency's po				
	A. Name of Agency, Depa	runent or onit	of Ticket(s)/ Passes	Describe in	e public purpose made purs	uant to the agency's policy			
					300.50				
	B. Name of Indi	Number of Ticket(s)/ Passes		Identify one of the fo	llowing:				
	V,	7	rasses	Cerem	nonial Role Other	Income			
	Rodriguez. Angelina		4 / 11:00am		king "Ceremonial Role" or "Other" desi				
				to provide o	pportunities to commu	nity groups			
				Cerem	nonial Role Other	Income			
				If check	king "Ceremonial Role" or "Other" desc	cribe below:			
	C. Name of Outside O (include address and		Number of Ticket(s)/	Describe th	cribe the public purpose made pursuant to the agency's policy				
	(include address and	description	Passes						
4	Verification								
٠.	I have read and understand FP	PC Regulations 18	944.1 and 18942. I	have verified t	hat the distribution set for	rth above. is in accordance			
,	with the requirements!								
(	Kene w	Renee Sa	CA Ticket Administrate	r 10-13:25					
-	Signature of Agency Head or Design	ee <b>Ø</b>	Print Name	Accessoration and the second	Title	(month, day, year)			
	Comment:								
	Comment:								

Ceremonial Role Events and Ticket/Pass Distributions	
1. Agency Name	Date St

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1.	Agency Name		Date Stamp California 201							
	Oakland Alameda County (					Form OUZ				
	Division, Department, or Reg					For Official Use Only				
	Henry Gardner, OACCA Ex									
	Designated Agency Contact	(Name, Title)								
	Anna Carla (Diaman)	I =	·		Amendment (Must P.	rovide Explanation in Part 3.)				
	Area Code/Phone Number	E-mail								
	510.383.4801	rsavage@coliseur	n.com		Date of Original Filing: .	(month, day, year)				
2.	Function or Event Infor	mation								
	Does the agency have a tic	ket policy? Yes	Each Ticket/Pass \$	70.00						
	Event Description: DOI		/2025							
	Provide Title/ Explanation  Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:  Name of Source									
	Was ticket distribution made	at the beheet	t, David							
	of agency official?	e at the benest Yes	■ No 🗆 If	yes: ———	Official's Name (Last, First)					
_										
3.	Recipients  • Use Section A to identify the ager	acy's department or unit	Usa Saction R to i	dentify an individu	al #Isa Saction C to identify	van outside erganization				
	ose Section A to identity the ager	icy's department or unit.	ual. Use Section C to identify an outside organization.							
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy				
			Number							
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes	Identify one of the following:						
	Ellingson Doland		40		onial Role Other on "Other on "Other" des	Income				
	Ellingsen, Roland		16	to provide opportunities to community groups						
				<u> </u>						
				1	onial Role Other on "Other ing "Ceremonial Role" or "Other" des	Income Cribe below:				
			Number							
	C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy						
4.	Verification			<u> </u>						
	I have read and understand FP	PPC Regulations 18944	1.1 and 18942.	I have verified t	hat the distribution set fo	rth above, is in accordance				
1	with the requirements	110								
7	2,000000	Benee Sava	CA Ticket Administrator /0-/3-25							
	Signature of Agency Head or Design	ee P	Title	(month, day, year)						
	Comment:			· · · · · · · · · · · · · · · · · · ·						

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1.	Agency Name		Date Stamp California OA							
	Oakland Alameda County C	Coliseum Authority				Form 802				
	Division, Department, or Reg					For Official Use Only				
	Henry Gardner, OACCA Ex	ecutive Director								
	Designated Agency Contact									
	Area Code/Phone Number	E-mail	Amendment (Must Pro	vide Explanation in Part 3.)						
	510.383.4801	rsavage@coliseur	n.com		Date of Original Filing:(month, day, year)					
2.	Function or Event Infor	mation								
	Does the agency have a ticl	ket policy? Yes	■ No□ F	ace Value of I	Each Ticket/Pass \$	70.00				
	Event Description: DOI		/2025							
	Provide Title/ Explanation									
	Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:									
	\\\\\&\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Name of Source t, David							
	Was ticket distribution made	e at the benest Yes	Official's Name (Last, First)							
	of agency official?									
3.	Recipients									
	<ul> <li>Use Section A to identify the agen</li> </ul>	cy's department or unit.	• Use Section B to i	dentify an individu	al. Use Section C to identify a	an outside organization.				
	Δ Name of Agency, Depa	ertment or Unit	Number	Describe the	the public purpose made pursuant to the agency's polic					
	A. Name of Agency, Depa	intiment of Offit	of Ticket(s)/ Passes	Describe un	e public purpose made pursu	ant to the agency's policy				
		The second secon								
	B. Name of Indi	vidual		Identify one of the foll	owing:					
	(Last, Fire		of Ticket(s)/ Passes		identity one of the foil	owing.				
				Cerem	onial Role Other	Income 🔲				
	Wilson, Jadyn		4/ 6:30 pm		ing "Ceremonial Role" or "Other" descri					
				to provide o	pportunities to commun	ity groups				
				I	onial Role Other	Income				
				lf check	ing "Ceremonial Role" or "Other" descri	be below:				
	C. Name of Outside O		Number of Ticket(s)/	Describe the	public purpose made pursu	ant to the agency's policy				
	(include address and	description)	Passes							
	Verification				and an early seek of the seek					
	I have read and understand FP with the requirements.	PC Regulations 18944	hat the distribution set fort	h above, is in accordance						
1		Renee Sava	CA Ticket Administrator	10-12						
(	Signature of Agency Head or Design	WAL T	Title	(month day year)						
	Signature of Agono, House of Design		Print Name		1100	(monus, day, year)				
	Comment:									
						,				

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C					Form OUZ
	Division, Department, or Reg	ion (if applicable)			z.	For Official Use Only
	Henry Gardner, OACCA Ex	ecutive Director				
	<b>Designated Agency Contact</b>	(Name, Title)				4
					Amendment (Must Pr	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 Infor	mation				METALON CONTRACTOR OF THE STATE
	Does the agency have a ticl	ket policy? Yes ■	■ No 🗆 F	ace Value of	Each Ticket/Pass \$	175.00
	Event Description: Who Wa			oate(s) 10/25		
	Event Description:	Provide Title/ Explan	ation	Jate(s) 10,20		
	Ticket(s)/Pass(es) provided	by agency? Yes ■	No □ If	no:		
				yes: Gardne	Name of Source r Henry	
	Was ticket distribution made	e at the behest Yes	No □ II	yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
	• Use Section A to identify the ager	ncy's department or unit. • l	Jse 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	e public purpose made purs	suant to the agency's policy	
	B. Name of Indi (Last, Fir	Number of Ticket(s)/		Identify one of the following:		
	Savage, Daniel	siy	Passes 2	If check	nonial Role Other description of the control of the	
				to promote	the Coliseum and gene	erate revenues
					nonial Role Other design of "Ceremonial Role" or "Other" design	Income 🔲
	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
4.	Verification					
	I have read and understand FP	PC Regulations 18944.	1 and 18942.	l have verified t	hat the distribution set fo	rth above, is in accordance
	with the requirements.	<i>A</i>				_
	Kenel Jan	Repee Savag	CA Ticket Administrato	or 10-20-25		
	Signature of Agency Head or Design	lee Pri	nt Name		Title	(month, day, year)
	Comment:					
	Comment.					

	_	-							
	oron	non	lei	Polo	Events	and T	Tickot/Da	ss Distri	hutions
·	CICII	IVII	aı	IVOIC	LVCIILS	anu i	IICKEUFA	133 DISUI	DULIONS

1.	Agency Name Oakland Alameda County Coliseum Authority				Date Stamp	California 802
						Form OUZ
	Division, Department, or Reg	or Region (if applicable)				For Official Use Only
	Henry Gardner, OACCA Executive Director					
	Designated Agency Contact (Name, Title)					j
					Amendment (Must Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Tantonament (mass route Explanation, mr an e.,	
	510.383.4801	n.com		Date of Original Filing:(month, day, year)		
2.	Function or Event Infor	mation				
	Does the agency have a ticket policy? Yes ■ No □ Face Value of Each Ticket/Pass \$					
	Miles March New Country					
	Event Description: Who want the Smoke Date(s) 10/25/2025 Date(s)					
	Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:					
	Was ticket distribution made at the behest Yes ■ No □ If yes:     Name of Source   Haubert, David   Official's Name (Last First)   Official's Name (Last First)   Haubert   Official's Name (Last First)   Official's Na					
	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, Depart	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
			Passes			
	Number					
	B. Name of Individual (Last, First)		of Ticket(s)/ Passes		Identify one of the fol	lowing;
				Cerem	onial Role Other	Income _
	Wilson, Jadyn	3	If check	ing "Ceremonial Role" or "Other" descr		
				to promote	the Coliseum and gene	rate revenues
				Cerem	onial Role Other	Income
				If check	ing "Ceremonial Role" or "Other" descr	ibe below:
	C. Name of Outside O	Number of Ticket(s)/	Describe the	Describe the public purpose made pursuant to the agency's policy		
	(include address and	description)	Passes		•	
_						
4.	Verification					
	I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accorwith the requirements.					h above, is in accordance
1					CA Ticket Administrator	10.20.20
+	Signature of Agency Head or Designee Print Name				Title	(month. dav. vear)
	· · · · · · · · · · · · · · · · · · ·					(
	Comment:					