Comment: _

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	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	butions	А	Public Document	
	Agency Name		Date Stamp	California 802			
	Oakland Alameda County C Division, Department, or Reg				4	For Official Use Only	
	The state of the s	or Corte Charles and Charles a			İ		
	Henry Gardner, Executive Director				1	ř	
	Designated Agency Contact	(Name, Title)		4			
	Area Code/Phone Number			Amendment (Must F	Provide Explanation in Part 3.)		
	510.383.4801	rsavage@coliseum.	.com		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				100.00	
	Does the agency have a tick		Each Ticket/Pass \$	100.00			
	Event Description: Kali Uch	is Concert		09 26 23			
	Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:						
	104 4:-14 d:-4-:14:			yes: Gardne	Name of Source		
	Was ticket distribution made of agency official?	e at the benest Yes	■ No 🔲 If	yes: Odrano	Official's Name (Last, First)	-	
3.	• Use Section A to identify the ager A. Name of Agency, Depi	Use Section B to id Number of Ticket(s)/ Passes			fy an outside organization.		
	B. Name of Ind	Number		identify one of the	following:		
	(Last, First)		of Ticket(s)/ Passes		identity one of the	onowing.	
	Allen, Donovan		4	If chec	monial Role Other Other or "Other" de		
				to promote	the Coliseum and ger	nerate revenues	
					monial Role Other Ching "Ceremonial Role" or "Other" de		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's policy		
						*	
4.	Verification I have read and understand FF with the requirements.	-				orth above, is in accordance	
(-	Signature of Agency Head or Design	Renee Savag	int Name	Ticke	et Administrator	<u>7.29.23</u>	
	Signature of Agency read of Design	rec Pi	mi Naifle		Title	(monur, day, year)	

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

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

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1.	Agency Name		Date Stamp	California 802				
	Oakland Alameda County C	· · · · · · · · · · · · · · · · · · ·		Form OUZ For Official Use Only				
	Division, Department, or Reg			For Official Ose Offiy				
	Henry Gardner, Executive D							
	Designated Agency Contact	(Name,Title)						
	Anna Carla IDhana Namhan	IE			Amendment (Must Pr	ovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Data of Orlains I Fills on			
	510.383.4801	rsavage@coliseum	i.com		Date of Original Filing: _	(month, day, year)		
2.	Function or Event Infor	mation		=				
	Does the agency have a tick	ket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	100.00		
	Event Description: Kali Uch	is Concert		late(e)		09 26 23		
	Event bescription.	Provide Title/ Expla	nation					
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🔲 🛚 I	f no:				
	Was ticket distribution made	at the hehest v	lglesias	Name of Source , Chris				
	of agency official?	at the beliest Yes	yes, ———	, Chris Official's Name (Last, First)				
3.	Recipients							
	Use Section A to identify the agency's department or unit.							
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	Describe th	e public purpose made purs	suant to the agency's policy		
		Passes						
		Number						
	B. Name of Indi		of Ticket(s)/ Passes		Identify one of the following:			
			8 If ch	Ceren	nonial Role Other	Income		
	Iglesias, Chris			king "Ceremonial Role" or "Other" des	cribe below:			
				to provide o	to provide opportunities to community groups			
				Ceren	nonial Role Other	Income 🔲		
				If check	king "Ceremonial Role" or "Other" describe below:			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe th	suant to the agency's policy			
	(include address and	r description)	Passes	-				
	,		-					
_	Verification		1	1				
4.	I have read and understand FF	PPC Regulations 1804	1 1 and 18042	I have verified	that the distribution set fo	uth above is in accordance		
_	with the requirements.	ro Regulations 1094	t. I anu 10942.	i ilave verilleu	urat trie distribution set ic	rtii above, is iii accordance		
	Louis Dava	ge	Ticke	ket Administrator <i>9.29.</i> 7				
	Signature of Agency Head or Design	Print Name		Title	(month, day, year)			
		<i>C</i>						
	Comment:							

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

•	Oakland Alameda County C	oliseum Authority			Date Statis	Form 802
	Division, Department, or Reg				1	For Official Use Only
	Henry Gardner, Executive D	Pirector			1	1
	Designated Agency Contact (Name, Title)				1	Į.
		r=			Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Fillians	
	510.383.4801	rsavage@coliseum.	.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				400.00
	Does the agency have a tick		■ No 🗆	Face Value of	Each Ticket/Pass \$ _	_
	Event Description: Kali Uchi	is Concert		Date(s)		09 26 23
		Provide Title/ Explai	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?				Olliciai's Name (Last, First)	
3.	Recipients					
-	Use Section A to identify the agent	cy's department or unit.	Use Section B to	identify an individu	ual. Use Section C to identi	fy an outside organization.
	▲ Name of Agency, Depa	whenest or Unit	Number	Denosibe th		
	A. Name of Agency, Depa	irunent or Unit	of Ticket(s)/ Passes	Describe tr	ie public purpose made pu	rsuant to the agency's policy
			Number	+		
	B. Name of Indi		of Ticket(s)/ Passes		Identify one of the	following:
	VIII.			Ceren	nonial Role Other	Income
	Jenkins, Kevin		4	If chec	king "Ceremonial Role" or "Other" de	
				to promote	the Coliseum and ger	nerate revenues
					nonial Role Other C	-
			}	II CHEC	king Ceremonial Role of Other de	scribe below.
			Number			
	C. Name of Outside O (Include address and		of Ticket(s)/ Passes	Describe th	ne public purpose made pu	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 i	forth above, is in accordance
_	Leug DoM	Renee Savag	ıe	Ticke	et Administrator	9.79.27
_	Signature of Agency Head or Design		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)

	monial Role Even	ts and Ticket/P	ass Distri	butions	A	Public Document		
_	ency Name				Date Stamp	California 802		
	land Alameda County C				1	Form OUZ For Official Use Only		
	sion, Department, or Reg	50-4403				For Official Ose Offig		
	ry Gardner, Executive D							
Desi	gnated Agency Contact	(Name, Title)						
Area	Code/Phone Number	E-mail			Amendment (Must F	Provide Explanation in Part 3.)		
	.383.4801	rsavage@coliseum	.com		Date of Original Filing:	(month, day, year)		
. Fun	nction or Event Infor	mation						
Doe	s the agency have a ticl	ket policy? Yes I	■ No □ F	ace Value of	Each Ticket/Pass \$	106.00		
Eve	nt Description: Los Tem	nerarios Concert)ate(s)	-	09 29 23		
		Provide Title/Expla	nation					
lick	et(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:	Name of Source			
Was	ticket distribution made	at the behest Vos I	■ No 🗀 If	ves. Iglesias	, Chris Official's Name (Last, First)			
	agency official?	out the benest 1681	140 🗀 11	yes. ———	Official's Name (Last, First)			
	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, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pui	rsuant to the agency's policy		
В.	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		identify one of the	following:		
			40		nonial Role Other	Income [
igi	Iglesias, Chris		10	T .	king "Ceremonial Role" or "Other" de			
,				to provide o	opportunities to comm	unity groups		
					nonial Role Other C king "Ceremonial Role" or "Other" de			
c.	Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy		
. Veri	fication							
	e read and understand FF	PPC Regulations 18944	l.1 and 18942.	I have verified	that the distribution set f	orth above, is in accordance		
X	ener avo	19 Renee Savag	je	Ticke	et Administrator	9.29.23		
Sig	gnature of Agency Head or Design	nee P	rint Name		Title	(month, day, year)		

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Comment: _

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(month, day, year)