	onial Role Even	ts and Ticket/P	ass Distri	DUTIONS		A Public Document
_	cy Name				Date Stamp	California 802
	and Alameda County C					For Official Use Only
Divisio	on, Department, or Reg	ion (if applicable)				For Official use Offig
Henry	Gardner, Executive D	Director				
Design	nated Agency Contact	(Name, Title)				
					Amendment (Must	Provide Explanation in Part 3.)
Area C	ode/Phone Number	E-mail			_	
510.3	83.4801	rsavage@coliseum	.com		Date of Original Filing	:(month, day, year)
2. Func	tion or Event Infor	mation				
Does	the agency have a tic	ket policy? Yes I	■ No 🗀 F	ace Value of	Each Ticket/Pass \$ _	110.00
						09/26/2024
Event	Description: Oakland	Provide Title/ Explai	D	ate(s)		03/20/2024
Ticket	(s)/Pass(es) provided		■ No 🗆 If	no:		
	(C)// GCC(CC) F/C//CCC	-, agama, 100,			Name of Source	Λ
Was ti	icket distribution made	e at the behest Yes	🛮 No 🗌 🛮 If	yes: Beam,	JONN Official's Name (Last, First	*)
of ag	ency official?				,,	,
B. Rec	ipients					
	Section A to identify the ager	ocy's department or unit. •	Use Section B to id	dentify an individu	ual. Use Section C to iden	tify an outside organization.
			Number	I		
A.	A. Name of Agency, Department or Unit of Ticke Pass			Describe th	e public purpose made pu	ursuant to the agency's policy
				× ×		
В.	Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	e following:
					nonial Role Other	Total Control of the
Bea	ım, John		2	l .	king "Ceremonial Role" or "Other" (
				to promote	the coliseum and ge	nerate revenues
-					nonial Role Other king "Ceremonial Role" or "Other"	
C .	Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
_						
I. Verifi			I.	<u></u>	T	
	read and understand FF e requirements.	PPC Regulations 18944	l.1 and 18942.	I have verified	that the distribution set	forth above, is in accordan
RO		GO Renee Savag	ge	OAC	CA Ticket Administra	ator 9-26-2
	ature of Agency Head or Desig		rint Name		Title	(month, day, year)

Comment: ___

1. Agency Name	C LVCII	to and mor				Date Stamp	California OA2	
Oakland Alameda	County C	Coliseum Autho	ority				Form OUZ	
Division, Departme						-	For Official Use Only	
Henry Gardner, E								
Designated Agency								
Boolgilatou rigollo,		,,_,,,,						
Area Code/Phone I	lumber	E-mail				Amendment (Must Provide Explanation in Part 3.)		
510.383.4801	iainise.	rsavage@co	liseum.d	com		Date of Original Filing	3:(month, day, year)	
010.000.4001		reavage@se					(month, day, year)	
2. Function or Eve	ent Infor	mation					110.00	
Does the agency	nave a ticl	ket policy?	Yes	No□	Face Value of	Each Ticket/Pass \$.	110.00	
Event Description	Oakland	A's Final Gan	ne		Data(e)		09/26/2024	
Event Description		Provide Tit	le/ Explana	ation	Date(s)			
Ticket(s)/Pass(es)	provided			No □	If no:			
()					Vukosi	Name of Source		
Was ticket distribu	ition made	e at the behest	Yes 📕	I No □	If yes: Vukasi	n, George Official's Name (Last, Firs	st)	
of agency official	?							
3. Recipients	-+:£ . +b	a de department es	rumit all	co Section Bi	to identify an individ	lual • Use Section C to ider	ntify an outside organization.	
Use Section A to ide	ntify the ager	ncy's department of	runit. •0		lo identity an individ	ual. Use section c to idei	itily art outside organization.	
A. Name of A	gency, Dep	artment or Unit		Number of Ticket(s) Passes)/ Describe t	he public purpose made p	oursuant to the agency's policy	
В.	Name of Ind (Last, Fir			Number of Ticket(s Passes	V	Identify one of the following:		
					Cere	monial Role Other	Income	
Vukasin, Georg	е		- 1	1	If che	cking "Ceremonial Role" or "Other"	describe below:	
			- 1		to promote	the coliseum and ge	enerate revenues	
-						monial Role Other	·	
					If che	cking "Ceremonial Role" or "Other'	" describe below:	
¥				Number				
	of Outside C	organization d description)		of Ticket(s)/ Describe t	he public purpose made p	oursuant to the agency's policy	
(11101000	addi coo din			Passes				
				_				
					1			
4. Verification								
		PPC Regulations	s 18944.	1 and 1894	12. I have verified	I that the distribution se	t forth above, is in accordance	
with the requirement	ts:	01 -				004 This 14 1 1 1 1	Q.71.71	
Sentic	Davo	Renee	Savag	e	OA	CCA Ticket Administr		
Signature of Agency I	lead or Desig	nee	Pri	nt Name		Title	(month, day, year)	
Comment:								

Agency Report of:

Ce	remonial Role Even	ts and Ticket/Pa	ass Distr	ributions		Public Document
	Agency Name				Date Stamp	California 802
	Oakland Alameda County C					For Official Use Only
	Division, Department, or Reg					
	Henry Gardner, Executive Designated Agency Contact (
	Designated Agency Contact (,vame, nue)				
Ì	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
	510.383.4801	rsavage@coliseum.	com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				440.00
	Does the agency have a ticl	ket policy? Yes ■	■ No 🗆	Face Value of	Each Ticket/Pass \$ _	110.00
	Event Description: Oakland	A's Final Game Provide Title/ Explan	ation	Date(s)		09/26/2024
	Ticket(s)/Pass(es) provided			If no:	Name of Source	
	.,			Gardne	Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes	■ No 🗆	If yes: Galdile	r, Henry Official's Name (Last, First)	,
3.	Recipients • Use Section A to identify the ager	ncy's department or unit. • l	Jse Section B to	identify an individu	ual. Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	B. Name of Indi	Number		Identify one of the	following	
	(Last, Fir		of Ticket(s)/ Passes		identity one of the	Tonoung.
	Gardner, Henry		3	If chec	nonial Role Other Other or "Other" or "Ot	lescribe below:
				Ceren	nonial Role Other Other or "Other" o	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the ag		ursuant to the agency's policy
	,					
	Verification I have read and understand FF	PPC Regulations 18944.	1 and 18942	2. I have verified	that the distribution set	forth above, is in accordance
0	with the requirements.					

Comment: __

1.	Agency Name				Date Stamp	California 802			
	Oakland Alameda County C					For Official Use Only			
	Division, Department, or Reg	ion (if applicable)							
	Henry Gardner, Executive D								
	Designated Agency Contact	(Name,Title)							
		r=			Amendment (Must Provide Explanation in Part 3.)				
	Area Code/Phone Number	E-mail			D ((0) (-) Fill				
	510.383.4801	rsavage@coliseum	.com		Date of Original Filing:	(month, day, year)			
2.	Function or Event Infor	mation				110.00			
	Does the agency have a tick		■ No 🗆 📑	ace Value of	Each Ticket/Pass \$ _	110.00			
	Event Description: Oakland	A's Final Game	action			09/26/2024			
	Ticket(s)/Pass(es) provided	•	■ No 🔲 If		Name of Source				
	Was ticket distribution made at the behest Yes ■ No □ If yes: Haubert, David Official's Name (Last, First)								
	of agency official?								
3.	Recipients • Use Section A to identify the ager	ncy's department or unit. •	lentify an individ	ual. Use Section C to identi	ify an outside organization.				
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	rsuant to the agency's policy				
	D.	B. Name of Individual (Last, First)		Identify one of the following:		following:			
	Haubert, David		3	If ched	monial Role Other Other or "Other" deling "Ceremonial Role" or "Other" deline the coliseum and ger				
				Cere	monial Role Other Ching "Ceremonial Role" or "Other" d	Income 🗌			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	of Ticket(s)/ Describe the public purpose ma		de pursuant to the agency's policy			
4.	Verification								
	I have read and understand FI	PPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance			
ě	with the requirements.	U 1/Renee Sava	ge	OAG	CCA Ticket Administra	ator 9-26-24			
	Signature of Agency Head or Desig	nee / P	rint Name		Title	(month, day, year)			
	Comment:								

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061	Terriornal Role Even	to and moretr	doo Diotiii	Dationo			
	Agency Name Dakland Alameda County (Coliseum Authority		Date Stamp	California 802		
	ivision, Department, or Reg					For Official Use Only	
	Henry Gardner, Executive [
	Designated Agency Contact						
	congnutour agono, common	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
<u> </u>	rea Code/Phone Number	TE-mail			Amendment (Must Provide Explanation in Part 3.)		
		rsavage@coliseum	com		Date of Original Filing:		
5	510.383.4801	rsavage@conseum	.com		Date of Original Timigr	(month, day, year)	
2. F	unction or Event Infor	mation					
Г	Does the agency have a tic	ket nolicy?	■ No□ F	ace Value of	Each Ticket/Pass \$	110.00	
E	Event Description: Oakland	Provide Title/ Explai	D	ate(s)		09/26/2024	
7	Tekst/s\/Dess(ss) provided			no:			
ı	icket(s)/Pass(es) provided	by agency: Yes	■ NO 🗀 "	110.	Name of Source		
V	Vas ticket distribution made	e at the behest. Vec	■ No□ If	ves Iglesias	Official's Name (Last, First)		
	of agency official?	765	, 140 LJ	,00.	Official's Name (Last, First)		
	or agonoy omolar.						
3.	Recipients						
	Use Section A to identify the ager	ncy's department or unit.	Use Section B to i	dentify an individu	ual. Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	suant to the agency's policy	
	B. Name of Individual		Number of Ticket(s)/		following:		
	(Last, Fi	rst)	Passes				
			l .		nonial Role Other	Income _	
	Iglesias, Chris		1	If checking "Ceremonial Role" or "Other" describe below: to promote the coliseum and generate revenues			
				· ·	nonial Role Other king "Ceremonial Role" or "Other" de	Income	
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's police			
9							
	/erification						
	have read and understand FI	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set t	orth above, is in accordance	
C	with the requirements.	24 Renee Savas	ge	OAC	CCA Ticket Administra	tor 9-26:24	
•	Signature of Agency Head or Desig	nee / P	rint Name	1. :	Title	(month, day, year)	
(Comment:						

	Agency Name				Date Stamp	California 802	
	Oakland Alameda County C					For Official Use Only	
-	Division, Department, or Reg	ion (if applicable)				y or official ded only	
	Henry Gardner, Executive D						
	Designated Agency Contact (Name,Title)					
,		Te a			☐ Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Date of Original Filing		
	510.383.4801	rsavage@coliseum	.com		Date of Original Filing	(month, day, year)	
<u>. </u>	Function or Event Infor	mation				62.50	
	Does the agency have a tick	cet policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$ _	02.00	
	Event Description: Ringling	Brothers Circus	D	ate(s) <u>09/01</u>	1/2024		
	Event Description.	Provide Title/ Explai	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🗆 If	no:			
			 16		Name of Source		
	Was ticket distribution made of agency official?	e at the benest Yes [_l No 📰 II	yes:	Official's Name (Last, First)	
	or agency official?						
3.	Recipients						
	 Use Section A to identify the agen 	cy's department or unit. •	Use Section B to id	lentify an individu	ual. Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's				
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		identify one of the following:		
	Muranishi, Susan		10	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:			
				to promote the Coliseum and generate revenues			
					monial Role Other Oking "Ceremonial Role" or "Other"	Income Income	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	he public purpose made p	ursuant to the agency's policy	
	Verification	DO Damidaliana 40044	1 1 and 19040	l have verified	that the distribution set	forth above is in accordance	
1	I have read and understand FF with the requirements/	ro Regulations 18944	i. i anu 18942.	nave venned	แเลน แเซ นเอนาเมนนเบา Set		
(KINDO DIN	UG Rénee Savag	ae	OAC	CCA Ticket Administra	ator 9-1-24	
1	Signature of Agency Head or Design		Print Name		Title	(month, day, year)	

Δ	Pu	hl	ic	Do	CI.	ım	ent
_	гυ			$\boldsymbol{\omega}$			CILI

1.	Agency Name					Date Stamp	California 80°)
	Oakland Alameda County C	Coliseum Author	ity				Form For Official Use Only	2
	Division, Department, or Reg	ion (if applicable)					For Official Use Only	1
	Henry Gardner, Executive D	Director						- 1
	Designated Agency Contact	(Name,Title)						
	E					Amendment (Must I	Provide Explanation in Part 3.)	٦
	Area Code/Phone Number	E-mail						
	510.383.4801	rsavage@coli	seum.co	om		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				1.	01 50	
	Does the agency have a tic	ket policy?	Yes 🔳	No 🗆	Face Value of	Each Ticket/Pass \$	811,50	
	Event Description: Future C	Concert			Date(s) 09/04	/2024		
	Event Description.	Provide Title	e/ Explanati	ion				
	Ticket(s)/Pass(es) provided	by agency?	Yes 🔳	No 🗌	If no:	Name of Source		
	Mar tiplest distribution made	a at the behoot	· =		If yes: Gardne	r, Henry		
	Was ticket distribution made of agency official?	e ar me penesi	Yes E	No 🗀	ıı yes: ———	Official's Name (Last, First))	
	or agency officials							_
3 .	Recipients							
	Use Section A to identify the age	ncy's department or	unit. •Us	e Section B to	identify an individu	ual. Use Section C to ident	tify an outside organization.	
	A. Name of Agency, Dep	artment or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's polic	,
	B. Name of Individual			Number of Ticket(s)/		following:		
	(Last, Fi	rsty	-			nonial Role Other		
	Gardner, Henry			4		king "Ceremonial Role" or "Other" o		
					to promote	the Coliseum and ge		_
						nonial Role Other Other disking "Ceremonial Role" or "Other" o		; <u> </u>
	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			
- 4.	Verification							
	I have read and understand Fl	PPC Regulations	18944.1	and 18942	2. I have verified	that the distribution set	torth above, is in accorda	псе
3	with the requirements DW	29 CRenee:	Savage		OAC	CA Ticket Administra	ator 9-1-24	
- 2	Signature of Agency Head or Desig			t Name		Title	(month, day, yea	ir)
	Comment:							-

1.	Agency Name				Date Stamp	California 802	
	Oakland Alameda County C					For Official Use Only	
	Division, Department, or Reg	ion (if applicable)				1 of Official Coc Offiy	
	Henry Gardner, Executive D						
	Designated Agency Contact	(Name, Title)					
	Area Code/Phone Number	E-mail			Amendment (Must Pri	ovide Explanation in Part 3.)	
			oom		Date of Original Filing: _		
	510.383.4801	rsavage@coliseum.	.com		paid of original rinings	(month, day, year)	
2.	Function or Event Infor	mation			19	1/0 patering	
	Does the agency have a tic	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$	1,50 275199	
	Event Description: Future C	Concert		ate(s) 09/04	<u>/2024</u>		
		Provide Little/ Explai	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:	Name of Source		
	Was ticket distribution made	e at the hehest Voc.	■ No□ lf	ves. Kaplan,	Rebecca Official's Name (Last, First)		
	of agency official?	at the benest Tes	INO LI	yes. —	Official's Name (Last, First)		
_							
3.	Recipients						
	Use Section A to identify the ager	ncy's department or unit.		dentify an individu	ual. Use Section C to identify	an outside organization.	
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy	
	B. Name of Ind	Number of Ticket(s)/	Number of Ticket(s)/ Identify one of the following:				
	(Last, Fi	rst)	Passes				
	Adv. Co. Language			I.	nonial Role Other other king "Ceremonial Role" or "Other" des	Income Income	
	Mourning, Jerome		2	1	the Coliseum and gene		
					nonial Role	Income L_	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes		the public purpose made pursuant to the agency's policy		
— 4.	Verification I have read and understand FF	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance	
	with the requirements.	74 Renee Savag	je	OAC	CA Ticket Administrate	or 9-1-24	
	Signature of Agency Head or Desig	<i>u</i>	rint Name		Title	(month, day, year)	
	Comment:						
	J.						

1.	Agency Name					Date Stamp	California 802	
	Oakland Alameda County C	Coliseum Autho	ority				Form For Official Use Only	
	Division, Department, or Reg	gion (if applicable)				For Official Use Only	
	Henry Gardner, Executive [Director						
	Designated Agency Contact	(Name, Title)						
						Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail						
	510.383.4801	rsavage@co	liseum.c	om		Date of Original Filing:	(month, day, year)	
_ 2.	Function or Event Infor	rmation				à	67 0	
	Does the agency have a tic	ket policy?	Yes 🗌	l No □ F	ace Value of	Each Ticket/Pass \$ 🗓	81.50	
	Event Description: Future 0					/2024		
	Event Description,	Provide Ti	tle/ Explana	tion				
	Ticket(s)/Pass(es) provided	I by agency?	Yes 🗌	No □ I	f no:			
	NATE - At all at all at although one and	e et the beboo			Beam,	Name of Source John		
	Was ticket distribution mad- of agency official?	e at the benes	Yes I	INo∐ '	r yes: ———	John Official's Name (Last, First))	
	or agency official:							
3.	Recipients							
	• Use Section A to identify the age	ncy's department o	runit. •U	se Section B to	identify an individ	ual. Use Section C to ident	tify an outside organization.	
	A. Name of Agency, Dep	partment or Unit		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy	
	-							
	B. Name of Individual			Number of Ticket(s)/		o following:		
	(Last, Fi	rrst)		l — I — —		monial Role Other	Income	
	Beam, John			2	L	the Colineum and go		
						the Coliseum and ge		
						monial Role Other C kking "Ceremonial Role" or "Other" o		
	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 F	PPC Regulation	s 18944	1 and 18942	. I have verified	that the distribution set	forth above, is in accordance	
1	with the requirements.	, , o , togulation	Jo / /.	, , , , , , , , , , , , , , , , ,			_	
ı.	KINII DANA	& Renee	Savage	•	OAC	CCA Ticket Administra	ator $9-1-29$	
-	Signature of Agency Head or Designature	nee	Pri	nt Name		Title	(month, day, year)	
	Comment:							

1.	Agency Name				Date Stamp	California 802	
	Oakland Alameda County C					For Official Use Only	
	Division, Department, or Reg					,	
	Henry Gardner, Executive D						
	Designated Agency Contact	(Name, Title)					
		Te			Amendment (Must I	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Date of Original Filing:		
	510.383.4801	rsavage@coliseum.	com		Date of Original Filling.	(month, day, year)	
2.	Function or Event Infor	mation			1	07 (2)	
	Does the agency have a tic	ket policy? Yes ■	■ No□ F	ace Value of	Each Ticket/Pass \$	81.50	
	Event Description: Future C	Concert		ate(s) 09/04	/2024		
		Provide Title/ Explan					
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🗆 If	no:	Name of Source		
	Was ticket distribution made	e at the behest. Voc.	■ No□ If	ves. Hauber	t, David Official's Name (Last, First)		
	of agency official?	7 dr 1110 0011001 165	■ 140 □ ··	you	Official's Name (Last, First)		
3.	Recipients						
	Use Section A to identify the ager	ncy's department or unit. • (Jse Section B to i	dentify an individ	ual. Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Dep	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's				
			, assur				
		Number					
	B. Name of Ind (Last, Fit		of Ticket(s)/ Passes	1. 14	Identify one of the following:		
	Haubart David		4		monial Role Other Other	Income Income	
	Haubert, David		7	to promote the Coliseum and generate revenues			
				<u> </u>	monial Role Other	_	
					king "Ceremonial Role" or "Other" o		
	Name of Outside C	Organization	Number	Describe the	no nublio numero modo	ursuant to the agency's policy	
	C. (include address and		of Ticket(s)/ Passes	Describe ti	ie public purpose made po	reduct to the agency a poncy	
4.	Verification						
	I have read and understand Fl	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance	
(with the requirements.	A Panas Savar	Α.	$\cap A \cap$	CCA Ticket Administra	stor 9-1-24	
1	Signature of Agency Flead or Desig	Renee Savag	int Name		Title	(month, day, year)	
	- were the control of	9					
	Comment:						

1.	Agency Name		Date Stamp California 802						
	Oakland Alameda County C	coliseum Authority		10111					
	Division, Department, or Reg				ľ	For Official Use Only			
	Henry Gardner, Executive D	irector				1			
	Designated Agency Contact				İ				
			Amondment (16:45	Provide Explanation in Part 3.)					
	Area Code/Phone Number	E-mail	Amendment (Mast F	Tovide Explanation in Fait 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 □ Face Value of Each Ticket/Pass \$ [\$7,50								
	Does the agency have a ticl		Each Ticket/Pass \$ \(_	6 1700					
	Event Description: Future C	oncert	/2024						
	Provide Title/ Explanation								
	Ticket(s)/Pass(es) provided	by agency? Yes							
	AAT OF LEEP OF THE STATE		Name of Source						
	Was ticket distribution made	e at the benest Yes	Official's Name (Last, First)						
	of agency official?								
3.	Recipients								
٠.	Use Section A to identify the ager	ncy's department or unit.	ual. Use Section C to identi	fy an outside organization.					
			Number						
	A. Name of Agency, Depart	of Ticket(s)/ Passes	Describe tr	ie public purpose made pu	rsuant to the agency's policy				
		Number							
	B. Name of Ind (Last, Fir		of Ticket(s)/ Passes	Identify one of the following:					
				Cerer	monial Role Other	Income			
	Jenkins, Kevin		2	If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum and generate revenues					
	7		+	Corne	monial Role Other	Income			
			1		cking "Ceremonial Role" or "Other" d				
			Number						
	C. Name of Outside C		of Ticket(s)/	Describe th	scribe the public purpose made pursuant to the agency's				
			Passes	-					
				1					
			-						
_			1						
4.	Verification								
	I have read and understand FF	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance			
1	with the requirements.	11		0.4.0	O A T'	01711			
1	Kineciwa	Renee Sava		OAC	CCA Ticket Administra				
	Signature of Agency Head or Desig	ned	Print Name		Title	(month, day, year)			
	Commont:								
	Comment:								

1.	Agency Name				Date Stamp	California 802	
	Oakland Alameda County (Coliseum Authority				Form OUZ	
	Division, Department, or Reg	gion (if applicable)			1	For Official Use Only	
	Henry Gardner, Executive I	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 Infor	rmation				187 50	
	Does the agency have a tic	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$ _	101,50	
	Event Description: Future 0		D	ate(s) 09/04	1/2024		
		Provide Title/ Explai	nation				
	Ticket(s)/Pass(es) provided	I by agency? Yes			Name of Source		
	Was ticket distribution mad	e at the behest Ves	■ No□ If	ves: Johnso	n, J.D. Official's Name (Last, First		
	of agency official?	o at the beneat 163	■ 140 LI	,00.	Official's Name (Last, First)	
_							
3.	Recipients					tifican autoido organization	
	Use Section A to identify the age	ncy's department or unit.		dentify an individ	ual. Use Section C to iden	tiry an outside organization.	
	A. Name of Agency, Dep	partment or Unit	Number of Ticket(s)/ Passes	Describe ti	he public purpose made pu	ursuant to the agency's policy	
			, , , , , ,				
	D.	B. Name of Individual (Last, First)			identify one of the following:		
	Decision of the control of the contr			Ceremonial Role Other I			
	Johnson, Justin		2	If checking "Ceremonial Role" or "Other" describe below:			
	94			to promote the Coliseum and generate revenues			
					monial Role Other		
				If ched	cking "Ceremonial Role" or "Other"	describe below.	
			Number	ļ			
	C. Name of Outside (of Ticket(s)/	Describe t	he public purpose made p	ursuant to the agency's policy	
			rabses	 			
	_						
4	Verification						
4.	I have read and understand F	DDC Regulations 18044	l 1 and 18942	I have verified	I that the distribution set	forth above, is in accordance	
	with the requirements.	FFC Negulations 10344	. 1 and 100+2.	77/470 70/11/04	triat the distribution so		
(Kull him	A Renee Savag	je	OAC	CCA Ticket Administra	ator $9-1-24$	
1	Signature of Agency Head or Desig		rint Name		Title	(month, day, year)	
	Comment:						

Δ	Pu	hli	C	Do	CI	ım	en	t

1.	Agency Name				Date Stamp	California 802	
	Oakland Alameda County C	oliseum Authority				Form OUZ	
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
	Henry Gardner, Executive D	Pirector			1		
	Designated Agency Contact	Name, Title)			1		
					Amendment (Must)	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Amenament (wast)	rottas <u>an</u> planation in an any	
	510.383.4801	rsavage@coliseum.	.com		Date of Original Filing:	(month, day, year)	
_	Function or Event Infor	l mation					
•	Does the agency have a ticl		■ Na El E	ace Value of	Each Ticket/Pass \$ _	64.00	
			110 🗀				
	Event Description: Oakland	Provide Title/ Explar	D	ate(s) 09/06	0/2024		
	Ticket(s)/Pass(es) provided	Provide Title/ Explai	nation ■ No □ If	no.			
	Ticket(s)/Fass(es) provided	by agency: Tes			Name of Source		
	Was ticket distribution made	at the behest Yes	■ No 🗆 If	yes: Iglesias	6. Chris Official's Name (Last, First)		
	of agency official?		_		Official's Name (Last, Pilst)		
3.	Recipients			المناطقة المسائمة الكامات	ual Also Section C to ident	ify an outside organization	
	Use Section A to identify the ager	ncy's department or unit.		T Training an individual	ual. Ose section c to ident	ny an oatside organization	
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)	Describe th	he public purpose made pu	rsuant to the agency's policy	
			Passes				
	-						
	B. Name of Ind	ivldual	Number of Ticket(s)/		Identify one of the	following:	
	(Last, Fir	rst)	Passes				
				Ceremonial Role Other Income			
	Iglesias, Chris		18	If checking "Ceremonial Role" or "Other" describe below: to provide opportunities to community organizations			
				to provide o	opportunities to comm	nunity organizations	
					monial Role Other		
				If chec	cking "Ceremonial Role" or "Other" o	rescribe below:	
	C. Name of Outside C		Number of Ticket(s)/	Describe t	he public purpose made pu	ırsuant to the agency's policy	
	(include address and	description)	Passes				
	-						
			1				
_							
ļ.	Verification						
	I have read and understand FF	PPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance	
	with the requirements	1/1-		0.4.6	OOA Tistest Administration	01.24	
<	The wi	Renee Savaç		OAC	CCA Ticket Administra		
	Signature of Agency Head or Desig	nee // P	rint Name		Title	(month, day, year)	
	Comment						
	Comment:						

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	Coliseum Authority]	For Official Use Only
	Division, Department, or Reg	ion (if applicable)			1	For Official Ose Offiy
	Henry Gardner, Executive D	Director				
	Designated Agency Contact	(Name,Title)				
	11			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 Infor	mation				04.00
	Does the agency have a tic	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$ _	64.00
	Event Description: Oakland			ate(s) 9	724	
	Ticket(s)/Pass(es) provided	-	■ No 🗆 If	no:	Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes	■ No 🗆 If	yes: Jenkins	official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	ncy's department or unit.	Use Section B to i			
	A. Name of Agency, Department or Unit		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:		following:
	W.E. Girls		18	If checking "Ceremonial Role" or "Other" describe below: to provide opportunities to coomunity organizations		
	-			Cerer	monial Role Other C	Income
	C. Name of Outside Organization (Include address and description)		Number of Ticket(s)/ Passes	Describe t	he public purpose made pu	rsuant to the agency's policy
4.	Verification I have read and understand FI	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
	with the requirements.	4 Renee Sava	ge	OAC	CCA Ticket Administra	
	Signature of Agency Head or Desig	ng≰ F	Print Name		Title	(month, day, year)
	Comment:	110				

1.	Agency Name				Date Stamp	California 802		
	Oakland Alameda County C	Coliseum Authority			Form For Official Use Only			
	Division, Department, or Reg	ion (if applicable)				For Official Ose Only		
	Henry Gardner, Executive D	Director]			
	Designated Agency Contact	(Name, Title)						
					Amendment (Must F	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 Infor	mation				187,50		
Does the agency have a ticket policy? Yes ■ No □ Face Value of Each Ticket/Pass \$								
	Event Description: (G)-DLE	Concert	ate(s) <u>09/08</u>	3/2024				
	Provide 1itle/ Explanation							
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:	Name of Source			
	Was ticket distribution made	e at the hehest. Voc.	yes: Jenkins	. Kevin				
	Was ticket distribution made at the behest Yes ■ No □ If yes: Official's Name (Last, First) of agency official?							
_								
3.	Recipients					er en en de de en		
	Use Section A to identify the age	ncy's department or unit. • l		dentify an individ	ual. Use Section C to ident	ty an outside organization.		
	A. Name of Agency, Dep	Number of Ticket(s)/	Describe th	rsuant to the agency's policy				
	(Passes					
	2							
	R Name of Ind	Number		Identify one of the following:				
	B. Name of Ind (Last, Fi		of Ticket(s)/ Passes	ideliary one of the lonowing.				
					monial Role Other	Income		
	Jenkins, Kevin		4	If checking "Ceremonial Role" or "Other" describe below:				
				to promote	mote the Coliseum and generate revenues			
					monial Role Other	-		
				If chec	cking "Ceremonial Role" or "Other" d	escribe below.		
		Number						
	C. Name of Outside (of Ticket(s)/	Describe ti	Describe the public purpose made pursuant to the agen			
			L92269					
4	Verification							
4.	Lhave read and understand Fi	PPC Regulations 18044	1 and 18942	I have verified	that the distribution set	forth above, is in accordance		
P	with the requirements.	TO Negalations 10044	. r and roots.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11		
	stinle ma	M Renee Savag	je	OAC	CCA Ticket Administra	tor $9-1-29$		
4	Signature of Agency Head or Desig		rint Name		Title	(month, day, year)		
	= -2 %	57						
	Comment:							

A F	Public	Dog	ument
	Califo	rnia	000

-		Date Stamp California Form 802				
			For Official Use Only			
2 3 12						
•						
Designated Agency Contact (Name, Litle)					
Area Cada/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)	
		n com		Date of Original Filing: _		
510.363.4601	1savage@conscuri	1.00111			(month, day, year)	
Function or Event Inform	mation				64.00	
		■ No 🗆 📑	ace Value of	Each Ticket/Pass \$	<u></u>	
Event Description: Oakland	A's 9.20.24	/2024				
	Provide Title/ Expla	enation				
Ticket(s)/Pass(es) provided	by agency? Yes	■ No □ If	no:	Name of Source	-	
Was ticket distribution made	e at the behest Ves	■ No□ If	ves: Iglesias	, Chris	с	
	, at the policer [62	INOLI II	y 00.	Official's Name (Last, First)		
Recipients				1 11 C 11 C 11 C 11 C		
 Use Section A to identify the agen 	ncy's department or unit.		lentify an individu	ual. Use Section C to identify	an outside organization.	
A. Name of Agency, Depa	artment or Unit	of Ticket(s)/	Describe th	the public purpose made pursuant to the agency's policy		
*					*	
D.		Number of Ticket(s)/ Passes	cket(s)/ Identify one of the fo		ollowing:	
					Income Income	
£						
					Income L	
	1 -41 -	Number				
		of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
Oakland Tech High School	ol Students	18	to provide o	opportunities to commu	unity groups	
5263 Broadway Terrace	Oaklanid CA 94618					
5205 Broadway Terrace,	Oaklanja O/104010					
	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance	
with the requirements.					0-15-2	
	A / - Dance Sava	no.	OAC	CA Ticket Administrate	or ターパラ・モ	
Signature of Agency Head or Design	Renee Sava	Print Name		Title	(month, day, year)	
	Division, Department, or Reg Henry Gardner, Executive D Designated Agency Contact (Area Code/Phone Number 510.383.4801 Function or Event Information Does the agency have a ticket Description: Coakland Ticket(s)/Pass(es) provided Was ticket distribution made of agency official? Recipients Use Section A to identify the agency A. Name of Agency, Department, or Reg Name of Outside Coakland Coakland Tech High School 5263 Broadway Terrace, Verification I have read and understand Figure 1.	Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Henry Gardner, Executive Director Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail rsavage@coliseum Function or Event Information Does the agency have a ticket policy? Yes Event Description: Oakland A's 9.20.24 Provide Title/ Explic Provide T	Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Henry Gardner, Executive Director Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail rsavage@coliseum.com Function or Event Information Does the agency have a ticket policy? Yes No Foundation Yes No Foundation Yes No If Yes Yes No If Yes Yes No If Yes Yes No If Yes Yes Yes No If Yes Yes	Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Henry Gardner, Executive Director Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail rsavage@coliseum.com Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Face Value o	Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Henry Gardner, Executive Director Designated Agency Contact (Name, Title) Amendment (Must Proposed Section 2018)	

ency Name	Date Stamp	California 802		
ıkland Alameda County Coliseum Authority rision, Department, or Region (if applicable)	1	For Official Use Only		
nry Gardner, Executive Director				
signated Agency Contact (Name, Title)	-			
Agilatos Agono, Tomas (Amas)				
a Code/Phone Number E-mail	Amendment (Must Provide Explanation in Part 3.)			
0.383,4801 rsavage@coliseum.com	Date of Original Filing: _	(th day (road)		
		(month, day, year)		
nction or Event Information		62.00		
	Each Ticket/Pass \$	02.00		
ent Description: A's game 9.21.24 Date(s)	21 24			
Provide Title/ Explanation				
ket(s)/Pass(es) provided by agency? Yes 🔳 No 🗌 If no:	Name of Source Gardner, Henry Official's Name (Last, First)			
Gardne				
	Official's Name (Last, First)			
f agency official?				
Recipients				
Use Section A to identify the agency's department or unit. • Use Section B to identify an individ	ual. Use Section C to identify	y an outside organization.		
Mumber	he public purpose made purs			
				
Number Name of Individual of Ticket(s)/	Identify one of the following:			
(Last, First) Passes				
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum and generate revenues		
Ezra Family 8 ^{If chec}	cking "Ceremonial Role" or "Other" des	scribe below:		
Ezra Family 8 If check to promote Cerei	cking "Ceremonial Role" or "Other" des the Coliseum and gen- monial Role Other	erate revenues		
Ezra Family 8 If check to promote Cerei	cking "Ceremonial Role" or "Other" des the Coliseum and gen	erate revenues		
Ezra Family 8 If check to promote Cerel If check If check Name of Outside Organization Number of Ticket(s)/ Describe to	cking "Ceremonial Role" or "Other" des the Coliseum and gen- monial Role Other	erate revenues Income		
Ezra Family 8 If check to promote Cerel If check Number	cking "Ceremonial Role" or "Other" des the Coliseum and gen- monial Role Other cking "Ceremonial Role" or "Other" des	erate revenues Income		
Ezra Family 8 If check to promote Cerel If check If check Name of Outside Organization Number of Ticket(s)/ Describe to	cking "Ceremonial Role" or "Other" des the Coliseum and gen- monial Role Other cking "Ceremonial Role" or "Other" des	erate revenues Income		
Ezra Family 8 If check to promote Cerel If check If check Name of Outside Organization Number of Ticket(s)/ Describe to	cking "Ceremonial Role" or "Other" des the Coliseum and gen- monial Role Other cking "Ceremonial Role" or "Other" des	erate revenues Income		
Ezra Family 8 If check to promote Cereil finder Number of Ticket(s)/ Passes Describe to	cking "Ceremonial Role" or "Other" des the Coliseum and gen- monial Role Other cking "Ceremonial Role" or "Other" des	erate revenues Income Scribe below:		
Ezra Family 8 If check to promote Cerei If check Name of Outside Organization (Include address and description) Passes Prification	cking "Ceremonial Role" or "Other" des the Coliseum and gene monial Role	erate revenues Income C scribe below: suant to the agency's policy		
Ezra Family 8 If check to promote Cereil finder Number of Ticket(s)/ Passes Describe to	cking "Ceremonial Role" or "Other" des the Coliseum and gene monial Role	erate revenues Income [scribe below: suant to the agency's policy		
Name of Outside Organization (Include address and description) Prification ave read and understand FPPC Regulations 18944.1 and 18942. I have verified the prequirements	cking "Ceremonial Role" or "Other" des the Coliseum and gene monial Role	erate revenues Income I		
Name of Outside Organization (Include address and description) Prification ave read and understand FPPC Regulations 18944.1 and 18942. I have verified the prequirements	the Coliseum and general Role of "Other" described and general Role of the Rol	erate revenues Income I		

Agency Report of:

Ceremonial	Role	Events	and	Ticket/Pass	Distributions	
						_

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_			1	- $ -$		1114	

1.	Agency Name		Date Stamp California Form 80				
	Oakland Alameda County C			_	For Official Use Only		
	Division, Department, or Reg	ion (if applicable)				7 of Official Occ Office	
	Henry Gardner, Executive D]			
	Designated Agency Contact	(Name, Title)					
			Amendment (Must F	Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail			1		
	510.383.4801	rsavage@coliseum	.com		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				64.00	
	Does the agency have a ticl	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$		
	Event Description: Oakland	A's 9.21.24	oate(s) 09/21	/2024			
	Ticket(s)/Pass(es) provided	by agency? Yes	no:	Name of Source			
	Was ticket distribution made	at the behest Voc	s. Chris				
	of agency official?	at the benest 165	■ NO□ "	ycs. ———	Official's Name (Last, First)		
	or agency emolar.						
3.	Recipients						
	Use Section A to identify the ager	ncy's department or unit. •	dentify an individ	ual. Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/				
			F 45365				
	R Name of Ind	Number		Identify one of the	following:		
	B. Name of Ind (Last, Fir		of Ticket(s)/ Passes		identity one of the following.		
					monial Role Other	Income	
	Iglesias, Chris		2		cking "Ceremonial Role" or "Other" de		
				to promote the coliseum and generate revenues			
					monial Role Other	Income	
				If chec	cking "Ceremonial Role" or "Other" de	3SCTIDE DEIOW:	
			Number				
	C. Name of Outside O		of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy		
			 				
4	Verification						
•	I have read and understand FF	PPC Regulations 1894	1.1 and 18942.	I have verified	that the distribution set i	forth above, is in accordance	
	with the requirements:					122 / 172	
6	Hone ma	M Renee Sava	ge	OAC	CCA Ticket Administra	tor 9-15-24	
	Signature of Agency Flead or Design	nde F	Print Name	: :	Title	(month, day, year)	
	0						
	Comment:						

_	Agency Name				Date Stamp	California OOO
١.		National Analysis and a			Date olding	Form 802
	Oakland Alameda County C					For Official Use Only
	Division, Department, or Reg					
	Henry Gardner, Executive I					
	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 Infor	mation			Н	
	Does the agency have a tic		■ No□ F	ace Value of	Each Ticket/Pass \$ _	64.00
	Event Description: Oakland	Provide Title/ Expla		oate(s) <u>03/22</u>	2/2024	
	Ticket(s)/Pass(es) provided	· .		no:		
	ricket(s)/rass(es) provided	by agency: res			Name of Source	
	Was ticket distribution made	e at the behest Yes	■ No 🗆 If	yes: Miley, N	Vate Official's Name (Last, First)	
	of agency official?			•	Official's Name (Last, First,)
3.	Recipients					
	 Use Section A to identify the age 	ncy's department or unit. •	Use Section B to i	dentify an individ	ual. Use Section C to ident	tify an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy
			1			
	B. Name of Ind	Number of Ticket(s)/ Passes		Identify one of the	following:	
	(Edot, 17)				monial Role Other	Income _
	Miley, Nate		2		cking "Ceremonial Role" or "Other" o	
	windy, reaco		1 -	to promote	the coliseum and ger	nerate revenues
			-	<u> </u>		Income
					monial Role	
			1		-	
	Name of Outside O	Organization	Number	Deceribe th	he public purpose made p	ursuant to the agency's policy
	C. (include address an		of Ticket(s)/ Passes	Describe ti	ile public purpose made pr	arough to the agency o pency
_	Verification		*			
╼-	I have read and understand FI	PPC Regulations 1894	4.1 and 18942	I have verified	that the distribution set	forth above, is in accordance
	with the requirements.	7 O Negarations 1001	1.7 dire 100 12.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1	Kenos Dom	U (Renee Sava	ae	OAC	CCA Ticket Administra	ator $9-17-24$
	Signature of Agency Head or Desig		Print Name		Title	(month, day, year)
	Signalars of Galloy Floor of Book	,	Seculation 2			
	Comment:					
		<u> </u>				

Agency Report of:

agency itch						
Ceremonial	Role	Fvents	and T	icket/Pas	s Distr	ibutions

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A	$\mathbf{P}\mathbf{U}$	ю	1162	DU	SLATI	ш

	oromormal redication	to dila rionogi				III SANSARA SPANIS TIP OF TAX AND		
1.	Agency Name				Date Stamp	California 802		
	Oakland Alameda County C	Coliseum Authority				For Official Use Only		
	Division, Department, or Reg	jion (if applicable)				For Official Use Offiy		
	Henry Gardner, Executive I	Director						
	Designated Agency Contact	(Name,Title)			1			
					Amendment (Must	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Amendment (Mast	Provide Explanation in Factory		
	510.383.4801	rsavage@coliseum	.com		Date of Original Filing	(month, day, year)		
					-	(monul, day, year)		
2.	Function or Event Infor	mation				64.00		
	Does the agency have a tic	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$64.00			
	Event Description: Oakland			09/22	2/2024			
	Event Description:	Provide Title/ Expla	mation	rate(s) <u>33722</u>		·		
	Ticket(s)/Pass(es) provided	•		no:				
		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			Name of Source			
	Was ticket distribution made	e at the behest Yes	■ No 🗆 If	yes: Muranis	shi, Susan Official's Name (Last, First			
	of agency official?				Onicial's Name (Last, 1 11st	,		
_								
3.	Recipients							
	Use Section A to identify the age	ncy's department or unit. •	Use Section B to i	dentify an individ	ual. Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy		
			1 43303					
			-	!				
		Number						
	B. Name of Ind		of Ticket(s)/		Identify one of the	e following:		
	(Last, Fi	rst)	Passes			Income 🔲		
	14 11 0		_	Ceremonial Role Other for the factorial Role Other for the factorial Role of the factori				
	Muranishi, Susan		6	l	the coliseum and ge			
				<u> </u>				
					monial Role Other	Income Income		
	9			If chec	king "Ceremonial Role" or "Other"	describe below.		
	Name of Outside C		Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy		
				9				
_				,				
4.	Verification				a - 1 a - all - 1 9 - P - 1	thath above in its assertance		
1	Lhave read and understand Fi	PPC Regulations 18944	1.1 and 18942.	ı nave veritied	tnat the distribution set	TORRI ADOVE, IS IN ACCORDANCE		
•	Dian Dail	and do		040	CA Ticket Administr	otor 9-15-211		
/	<u></u>	Renee Sava		OAC	CCA Ticket Administra	(month day year)		
	Signature of Agency Head or Desig	nee F	rint Name		Title	(month, day, year)		
	Commont:							
	Comment:							

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-			н.	LJO	Lu		-11	L

1. Agency Name	110 4114 110104			Date Stamp	California Ono	
Oakland Alameda County	Colicoum Authority			Bate clamp	Form 802	
Division, Department, or Re				-	For Official Use Only	
Henry Gardner, Executive						
Designated Agency Contac	t (Name, Fille)					
				Amendment (Must Pr	rovide Explanation in Part 3.)	
Area Code/Phone Number	E-mail			D 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
510.383.4801	rsavage@coliseun	n.com		Date of Original Filing: _	(month, day, year)	
2. Function or Event Info	rmation			•		
		= v F	ace Value of	Each Ticket/Pass \$	275.00	
Does the agency have a ti						
Event Description: Usher	Concert	D	ate(s)		09/28/2024	
	Provide Title/ Expla	nation	42			
Ticket(s)/Pass(es) provide	d by agency? Yes	■ No 🗆 If	no:	Name of Source		
Was ticket distribution mad	to at the behest Vac	■ Na 🖂 If	Gardne	or, Henry Official's Name (Last, First)		
of agency official?	ae at the nemest Yes	■ 140 LI	y 00. ———	Official's Name (Last, First)		
or agency officials						
B. Recipients						
Use Section A to identify the ag	ency's department or unit.	Use Section B to i	dentify an individ	ual. Use Section C to identify	y an outside organization.	
		Number	T			
A. Name of Agency, De	partment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy	
		1 43363				
B. Name of In		Number of Ticket(s)/		Identify one of the fo	ollowing:	
(Last, I	First)	Passes				
				monial Role Other	Income	
Gardner, Taylor		6		king "Ceremonial Role" or "Other" des		
			to promote	e the coliseum and generate revenues		
1			Cerer	Income		
Savage, Lauren		4	If chec	king "Ceremonial Role" or "Other" des		
		1	to promote	the coliseum and gen	rate revenues	
Name of Outside	Organization	Number			august to the assessed seller.	
C. Name of Outside		of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy	
***********		1				
		1				
I. Verification						
Lhave read and understand I	FPPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set for	orth above, is in accordance	
with the requirements	(2 W)				115 3	
Kinele M	24 Renee Sava	ge	OAC	CCA Ticket Administrat	or $9-15 \approx 3$	
Signature of Agency Head or Des	ignee	Print Name		Title	(month, day, year)	
Comment:						

	gency Report of: eremonial Role Even	its and Ticket/P	ass Distr	ributions	А	Public Document
	Agency Name				Date Stamp	California 802
•••	Oakland Alameda County (Coliseum Authority				101111
	Division, Department, or Reg	jion (if applicable)			1	For Official Use Only
	Henry Gardner, Executive I	Director				
	Designated Agency Contact	(Name, Title)			1	
					Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			7	,
	510.383.4801	rsavage@coliseum	n.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				275.00
	Does the agency have a tic		■ No □	Face Value of	Each Ticket/Pass \$	
	Event Description: Usher C		Date(s)		09/28/2024	
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	■ No □	If no:	Name of Source		
	Was ticket distribution made of agency official?	e at the behest Yes	■ No 🗌	If yes: Johnso	n, JD Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the age	ncy's department or unit.	Use Section B to	identify an individ	ual. Use Section C to identi	fy an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
	B. Name of Inc.		Number of Ticket(s)/ Passes		Identify one of the	following:
	Johnson, JD		2	If chec	monial Role Other Other of Charles of College of Colleg	
					monial Role Other Other of "Other" d	Income cascribe below:

4.	Ve	rifi	cati	on
т.			UULI	~

Comment:

C.

I have read and understand FPPC Regula	tions 18944.1 and 18942. I	have verified that the distribution set forth a	bove, is in accordance
with-the requirements.			0
Line Jarayl Re	enee Savage	OACCA Ticket Administrator	9-20-24
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Number

of Ticket(s)/ Passes

Describe the public purpose made pursuant to the agency's policy

Name of Outside Organization

(include address and description)

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Division Henry Designa Area Co 510.38 2. Funct Does the	cy Name and Alameda County Con, Department, or Region Gardner, Executive Dotted Agency Contact (Dode/Phone Number 3.4801 ion or Event Information	ion (if applicable) Director Name, Title) E-mail				Date Stamp	For Official Use Only		
Division Henry Designa Area Co 510.38 2. Funct Does the	n, Department, or Regingardner, Executive Department (Security Contact (Sec	ion (if applicable) Director Name, Title) E-mail					W 6530		
Area Co 510.38 2. Funct	Gardner, Executive Dated Agency Contact (code/Phone Number 3.4801	Director Name, Title) E-mail				-			
Area Co 510.38 2. Funct	ated Agency Contact (ode/Phone Number i3.4801	Name, Title)					l l		
Area Co 510.38 2. Funct Does the	ode/Phone Number 3.4801	E-mail				1	1		
510.38 2. Funct Does tl	3.4801								
510.38 2. Funct Does tl	3.4801					Amendment (Must Provide Explanation in Part 3.)			
2. Funct		TSavage@cor	rsavage@coliseum.com			Date of Original Filing: _			
Does tl	ion or Event Infor		1004111.0	0111			(month, day, year)		
		mation					275.00		
Event I	he agency have a tick	ket policy?	Yes 🔣	No 🗆	Face Value of	Each Ticket/Pass \$			
	Description: Usher C	oncert			Date(s)		09/28/2024		
	Description,	Provide Titl	e/ Explanat	ion			. 0		
Ticket(s)/Pass(es) provided	by agency?	Yes 🔳	No 🔲	If no:	Name of Source			
\Moo tiv	cket distribution made	at the beheet	V -	N. ET	If you. Jenkins	Name of Source 6, Kevin Official's Name (Last, First)			
	ency official?	at the benest	Yes •	NO L	11 yes	Official's Name (Last, First)			
	one, emeral,								
	pients ection A to identify the agen	cy's department or	unit. •Us	e Section B t	o identify an individ	ual. Use Section C to identify	y an outside organization.		
A .	A. Name of Agency, Department or Unit			Number of Ticket(s) Passes		ne public purpose made purs			
			+						
В.	B. Name of Individual (Last, First)			Number of Ticket(s)/ Passes		Identify one of the following:			
Jenk	ins, Kevin			2 If chec		emonial Role Other Income I			
					to promote	e the coliseum and generate revenues			
						monial Role Other Sking "Ceremonial Role" or "Other" dec	Income Income		
c.	Name of Outside O (include address and			Number of Ticket(s) Passes	/ Describe th	ne public purpose made pur	suant to the agency's policy		
4. Verific									
		PPC Regulations	18944.1	and 1894	2. I have verified	that the distribution set for	orth above, is in accordance		
	requirements								
KI	nee ana	4 Renee	Savage	1	OAC	CCA Ticket Administrat	or 9-20-24		
Signa	ture of Agency Head or Design	nge -	Prin	t Name	2 0	Title	(month, day, year)		
Comm									

Α	Pi	ubl	ic	Do	cu	m	er	ıt
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1. Agency Name			Date Stamp	California 202			
Oakland Alameda County Coliseum Authorit			Form 002				
Division, Department, or Region (if applicable)		For Official Use Only					
Henry Gardner, Executive Director							
Designated Agency Contact (Name, Title)							
Control Contro		:	Amendment (Must Pr	avide Evalenation in Port 2.)			
Area Code/Phone Number E-mail				ovide Explanation in Fait 3.)			
510.383.4801 rsavage@colise	eum.com		Date of Original Filing: _	(month, day, year)			
2. Function or Event Information				275.00			
Does the agency have a ticket policy?	′es∎ No□ F	ace Value of	Each Ticket/Pass \$	275.00			
Event Description: Usher Concert	Explanation			09/29/2024			
	′es ■ No 🗆 If		Name of Source				
Was ticket distribution made at the behest \u03b1 of agency official?	∕es ■ No 🔲 If	yes: Hauber	t, David Official's Name (Last, First)				
or agency official:							
3. Recipients							
 Use Section A to identify the agency's department or un 	ual. Use Section C to identify	/ an outside organization.					
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy				
Nowe of ladicidual	Number		Idealife, and of the f	Moudog			
B. Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the following:					
Haubert, David	2	If check	nonial Role Other king "Ceremonial Role" or "Other" des				
			nonial Role Other Making "Ceremonial Role" or "Other" des	Income Income			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy			
1. Verification							
I have read and understand FPPC Regulations 1 with the requirements.	8944.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance			
KMOL WAYL Renee S		OAC	CCA Ticket Administrat				
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)			
Comment:				-c			

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١.	Agency Name	Salinaum Authorits	Date Stamp	California Form	802				
	Oakland Alameda County C Division, Department, or Reg				l Use Only				
	9 5 2 =								
	Henry Gardner, Executive I Designated Agency Contact								
	Designated Agency Contact								
	Area Code/Phone Number	E-mail				Amendment (Must Pr	rovide Explanation	in Part 3.)	
	510.383.4801	rsavage@coliseu	m com			Date of Original Filing:			
	310.300.4001	Todvago@concod			(month, day, ye	ear)			
	Function or Event Infor	mation						275.00	
	Does the agency have a tic	ket policy? Yes	s∎ No 🗆	F	ace Value of	Each Ticket/Pass \$		273.00	
	Event Description: Usher C	Concert		D	late(s)		09/29/202	4	
	Event Description.	Provide Title/ Exp	lanation						
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🗀	If	no:				
	186 - C. L. P. 4.9 - C			,	yes: Miley, N	Name of Source Nate			
	Was ticket distribution made	e at the benest Yes	s■ No∟] It	yes: ———	Official's Name (Last, First)			
	of agency official?								
	Recipients • Use Section A to identify the ager		. I I C + i	D.+- :-		und Also Saction C to identif	y an outside orga	nization	
	Use Section A to identify the ager	ncy's department or unit.	Numb						
	A. Name of Agency, Dep	artment or Unit	of Ticke	t(s)/	Describe th	he 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:			
	Miley, Nate		2			nonial Role Other Ming "Ceremonial Role" or "Other" des			
					to promote	the coliseum and gene	erate revenue	es	
						nonial Role Other king "Ceremonial Role" or "Other" dea	scribe below:	Income	
		Name of Outside Organization (include address and description)			Describe th	the public purpose made pursuant to the agency's policy			
	÷								
	Verification								
	I have read and understand FF	PPC Regulations 189	44.1 and 18	942.	I have verified	that the distribution set fo	o rth above , is i	n accordance	
-	with the requirements.								
Ļ	since avag	Renee Sav	age		OAC	CA Ticket Administrat	tor 9-	20-29	
1	Signature of Agency Head or Design	nee	Print Name		v 2	Title	(mo	onth, day, year)	
	Commont:								
	Comment:								

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1.	Agency Name Oakland Alameda County C	Coliseum Authority	Date Stamp	California 802			
	Division, Department, or Reg			For Official Use Only			
	Henry Gardner, Executive D						
	Designated Agency Contact						
					Amandment (Must 5	rovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail	-		Amendment (Must P	TOVICE Explanation in Fart 5.)	
	510.383.4801	rsavage@coliseum	.com		Date of Original Filing:	(month, day, year)	
_	Function or Event Infor	mation		_			
۷.	Does the agency have a tick		■ No□ F	ace Value of	Each Ticket/Pass \$	275.00	
	_ ,					09/29/2024	
	Event Description: Usher C	Provide Title/ Explai	D	ate(s)		09/29/2024	
	Ticket(s)/Pass(es) provided		■ No 🔲 If	no:			
	, , , , , ,						
	Was ticket distribution made	e at the behest Yes	■ No 🗆 If	yes:	John Official's Name (Last, First)		
	of agency official?						
<u>.</u> 3.	Recipients						
	Use Section A to identify the ager	ncy's department or unit. •	Use Section B to i	dentify an individu	ual. Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	scribe the public purpose made pursuant to the agency's p		
							
	B. Name of Ind	Number of Ticket(s)/		Identify one of the	following:		
	(Last, Fi	rst)	Passes				
	Danie John		2	Ceren	nonial Role	Income L	
	Beam, John			l .	the coliseum and gen		
						Income [
					nonial Role Other deking "Ceremonial Role" or "Other" de		
	Name of Outside C	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's po				
4.	Verification I have read and understand FR	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set i	forth above, is in accordance	
4	with the requirements.	A Renee Sava	je	OAC	CCA Ticket Administra	<u> </u>	
	Signature of Agency Head or Desig	n ∳ e P	rint Name		Title	(month, day, year)	
	Comment:						

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_					Date Stamp	California Ono		
ŀ.	Agency Name	0 - 1' A - Al A	Date Stamp	Form 802				
	Oakland Alameda County (For Official Use Only				
	Division, Department, or Reg							
	Henry Gardner, Executive I							
	Designated Agency Contact	(Name,Title)						
		1977			Amendment (Must i	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail						
	510.383.4801	rsavage@coliseum	n.com		Date of Original Filing:	(month, day, year)		
_	Function or Event Infor	mation						
۷.			= N. □ E	ace Value of	Each Ticket/Pass \$ _	275.00		
	Does the agency have a tic							
	Event Description: Usher C	Concert	0)ate(s)	. 	09/29/2024		
		Provide Title/ Expla	nation 16	noi				
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🗆 If	110	Name of Source			
	Was ticket distribution made	e at the behest Ves	■ No □ If	ves: Muranis	Name of Source shi, Susan Official's Name (Last, First)			
	of agency official?	163		100.	Official's Name (Last, First)			
3.	Recipients							
	 Use Section A to identify the age 	ncy's department or unit.	Use Section B to i	dentify an individ	ual. Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Dep	eartment or Unit	Number of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy			
	B. Name of Inc	Number of Ticket(s)/ Passes		following:				
	Muserichi Cuser		2	Cerer If chec	monial Role Other Other	Income Income		
	Muranishi, Susan			to promote the coliseum and generate revenues				
			1		monial Role	Income L		
	Name of Outside C		Number of Ticket(s)/ Passes	Describe ti	the public purpose made pursuant to the agency's policy			
			1,0000					
_								
4.	Verification I have read and understand Fi	PPC Regulations 1894	4.1 and 18942	I have verified	that the distribution set	forth above, is in accordance		
	with the requirements.	, . O Nogulations 100+						
	Kinu nin	// Renee Sava	ge	OAC	CCA Ticket Administra	ator 9-20-20		
•	Signature of Agency Head or Desig	1/	Print Name		Title	(month, day, year)		
	_	85						
	Comment:							

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1.	Agency Name		Date Stamp California 80					
	Oakland Alameda County (Form OUZ For Official Use Only				
	Division, Department, or Reg	jion (if applicable)		To Official disc offin				
	Henry Gardner, Executive I							
	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)		
<u>-</u>	Function or Event Infor	mation						
	Does the agency have a tic		■ No 🗆 F	ace Value of	Each Ticket/Pass \$ _	275.00		
			140 🗀			09/29/2024		
	Event Description: Usher C	Provide Title/ Explai	[Date(s)		09/29/2024		
	Ticket(s)/Pass(es) provided			f no:				
	110/10/(0)/1 400(00) provided	ay agoney.			Name of Source			
	Was ticket distribution made	e at the behest Yes	■ No 🔲 📑	f yes: Gardne	official's Name (Last, First)			
	of agency official?				(22-4)			
_	Desirients							
3.	Recipients • Use Section A to identify the age	ncy's department or unit •	Use Section B to i	identify an individ	ual. Use Section C to ident	ify an outside organization.		
	- Ose Section A to identify the age.	ney 3 department of diffe.	Number	1				
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy		
			1 43363					
			Number					
	B. Name of Ind (Last, Fit		of Ticket(s)/ Passes		Identify one of the	tollowing:		
				Cerer	nonial Role Other	Income 🗌		
	Gardner, Henry		6		If checking "Ceremonial Role" or "Other" describe below:			
				to promote	the coliseum and ger	nerate revenues		
				Cerer	monial Role Other	Income 🗌		
				If chec	king "Ceremonial Role" or "Other" o	describe below:		
						_		
	C. Name of Outside C	Organization	Number of Ticket(s)/	Describe th	ne public purpose made pu	rsuant to the agency's policy		
	C. (include address and	d description)	Passes					
4.	Verification							
	I have read and understand FI	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance		
	with the requirements.			040	OOA Tieleek Administratus	(1) 10·21/		
	Kenlle ava	Renee Savag		—— OAC	CCA Ticket Administra			
	Signature of Agency Head or Desig	nite P	rint Name		Title	(month, day, year)		
	Comment:							