1.	Agency Name			×,	Date Stamp	California 802
	Oakland Alameda County C		***	***************************************		For Official Use Only
	Division, Department, or Reg					1 of Official Coc Offing
	Henry Gardner, OACCA Ex					
	Designated Agency Contact	(Name, Title)				
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)
	510.383.4801	rsavage@coliseum	n.com		Date of Original Filing: _	
2	Function or Event Infor		annersa in the			(month, day, year)
۷.					Each Ticket/Pass \$ //	0 00
	Does the agency have a tick		■ No □ F	ace Value of	Each Ticket/Pass \$ 22	
	Event Description: Monster	Jam		ate(s) 09/05	<u>5/2025                                  </u>	
		Provide Title/ Explai				4
	Ticket(s)/Pass(es) provided	by agency? Yes			Name of Source	
	Was ticket distribution made	at the behest Yes	■ No□ If	ves: Beam,	John Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
_						
3.	Recipients • Use Section A to identify the agen	su/s danartment ar unit	Usa Saction P to i	dantifican individu	ual Also Soction C to identify	an outside excapization
	- Ose section A to identify the agen	icy's department or unit.	Number	T	ual. Ose Section C to identify	an outside organization.
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/	Describe th	ie public purpose made purs	uant to the agency's policy
			Passes			
	R Name of Indi	visional .	Number			
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes		Identify one of the fo	llowing:
					nonial Role Other	Income
	Phillips, David		2	ľ	king "Ceremonial Role" or "Other" desc	
				to promote	the Coliseum and gene	erate revenues
					nonial Role Other	Income
				If check	king "Ceremonial Role" or "Other" desc	ribe below:
	C. Name of Outside O		Number of Ticket(s)/	Describe th	e public purpose made purs	uant to the agency's policy
	<b>\</b>		Passes			
4	Verification					
	I have read and understand FF	PC Regulations 18944	.1 and 18942.	I have verified t	that the distribution set for	th above, is in accordance
	with the requirements.	<b>.</b>				
	CRIMEL TIVI	Renee Savaç	ge	OAC	CA Ticket Administrato	r 9-2-25
	Signature of Agency Head or Design	nee P	rint Name		Title	(month, day, year)
	Comment:					

1.	Agency Name				Date Stamp	California OOO
	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		ME AUTO TO THE TOTAL PROPERTY.			
					<b>_</b>	
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)
	510.383.4801	rsavage@coliseum	.com		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation		y		00
	Does the agency have a tick	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	0-
	Event Description: Monster			Date(s) 09/05	5/2025	
	Event Description.	Provide Title/ Explai	nation	bate(s)		
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	f no:		
	M			. Muranis	Name of Source	
	Was ticket distribution made	e at the benest Yes	No ☐ If	yes:	official's Name (Last, First)	
	of agency official?					
3.	Recipients					
	• Use Section A to identify the agen	ncy's department or unit. •	Use Section B to i	dentify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	illowing:
	Muranishi, Scott	- <b>,</b>	8	If check	nonial Role Other description of the control of the	
				to promote	the Coliseum and gene	erate revenues
					nonial Role Other Other Other Other Other Other Other Other	Income In
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
			To State of the St			
<u>-</u>	Verification					
	I have read and understand FP with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified t	hat the distribution set fo	rth above, is in accordance
	Con u Sua	GC Renee Savag	je	OAC	CA Ticket Administrato	or 9-252-25
	Signature of Agency Head or Design	nee Pr	int Name		Title	(month, day, year)
	Comment:					
	Comment:					

1.	Agency Name	Caliacum Authority			Date Stamp	California 80	2
	Oakland Alameda County C Division, Department, or Reg			·		For Official Use Only	
						,	
	Henry Gardner, OACCA Ex						
	Designated Agency Contact	(Name, Litle)					
	Area Code/Phone Number	E-mail	,		Amendment (Must F	Provide Explanation in Part 3.)	
	510.383.4801	rsavage@coliseu	m.com		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				77500	
	Does the agency have a tick		No□ F	ace Value of	Each Ticket/Pass \$ _4		
	Event Description: Mexico	v. Japan	D	ate(s) 09/06	<u> 5/2025</u>		
		Provide Title/ Exp	lanation				
	Ticket(s)/Pass(es) provided	by agency? Yes		no:	Name of Source	- AND	22
	Was ticket distribution made	e at the behest Yes	No□ If	yes: Iglesias	, Chris		_
	of agency official?				Official's Name (Last, First)		
3.	Recipients						
<b>J.</b>	Use Section A to identify the ager	ncy's department or unit.	• Use Section B to ic	dentify an individu	ual. Use Section C to identi	ify an outside organization.	
			Number	Describe th		revent to the agency's nell-	
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	ie public purpose made pu	rsuant to the agency's polic	y
					·		
			Number				
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes		Identify one of the	following:	
					nonial Role Other	Incom	ie 🔲
	Iglesias, Chris			£	king "Ceremonial Role" or "Other" de		
			-	to promote	the Coliseum and ger	nerate revenues	
				f	nonial Role  Other  Other  Other  C		ie 🗌
				11 011001	ang community tolo of cultivate	ASSING BOICH.	
	Name of Outside O	rganization	Number	Describe th	e nublic nurnose made nu	rsuant to the agency's polic	w
	C. (include address and	l description)	of Ticket(s)/ Passes	Dood is	- F		
4	Verification						_
+.	I have read and understand FF	PPC Regulations 1894	14.1 and 18942	have verified	that the distribution set f	forth above, is in accorda	ance
	with the requirements:	TO Regulations 1004	14.1 and 10042.1	navo vonnoa i	inat the distribution set i	orar abovo, io in accorda	
6	Lenec aru	Renee Sava	age	OAC	CA Ticket Administra	tor $9.2.2$	J
	Signature of Agency Head or Design	nee	Print Name		Title	(month, day, ye	ar)
	Comment:				6		
	Comment.	and the second s			·		

**A Public Document** 

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C					For Official Use Only
	Division, Department, or Reg					1 or omidal osc omy
	Henry Gardner, OACCA Ex					
	Designated Agency Contact (	(Name,Title)				
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)
	510.383.4801	rsavage@coliseum.	com		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				0 ~ r00
	Does the agency have a tick	ket policy? Yes	No ☐ F	ace Value of	Each Ticket/Pass \$	125 -
	Event Description: Mexico			oate(s) 09/06	8/2025	
	Event Description.	Provide Title/ Explan	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes	No □ If	no:		
	NA/aa tiakat diatribustian mada	at the beheat N		yes: Hauber	Name of Source t, David	
	Was ticket distribution made of agency official?	e at the benest Yes	No ∐ II	yes: ——	Official's Name (Last, First)	
	or agency officials					
3.	Recipients					
	• Use Section A to identify the agen	ncy's department or unit. • U	Jse Section B to i	dentify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	De La Fuente, Ignacio		4	If checi	nonial Role Other Making "Ceremonial Role" or "Other" des	
				to promote	the Coliseum and gen	erate revenues
				1	nonial Role Other king "Ceremonial Role" or "Other" des	Income Cribe below:
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant 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	rth above, is in accordance
	with the requirements.	Renee Savag			CA Ticket Administrate	00.0
•	Signature of Agency Head or Design	4	nt Name		Title	(month, day, year)
		~				
	Comment:					

Agency Name				Date Stamp	California Form 802
Oakland Alameda County C					For Official Use Only
Division, Department, or Regi					•
Henry Gardner, OACCA Exe					
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)
. Function or Event Inforr	mation				12-100
Does the agency have a tick		No□ F	ace Value of	Each Ticket/Pass \$	45-
1000 1 10 10 10 10 10 10 10 10 10 10 10		I NOLL .	00/06	2/2025	
Event Description: Mexico v	Provide Title/ Explana	ation	eate(s) 09/06	0/2025	
Ticket(s)/Pass(es) provided			no:		
Hokot(o)/1 doo(oo) provided	by agoney.			Name of Source	
Was ticket distribution made	at the behest Yes ■	No □ If	yes: Gardne	official's Name (Last, First)	
of agency official?				Onicial's Name (Last, First)	
. Recipients			I control to the district of t	and the Continue Circidanti	£
Use Section A to identify the agen	cy's department or unit. • U		dentity an individu	ual. Use Section C to Identi	ry an outside organization.
A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe th	ie public purpose made pui	rsuant to the agency's policy
		Passes			
		.,		4	
B. Name of Indi		Number of Ticket(s)/		Identify one of the	following:
(Last, Firs	st)	Passes			
Maslaw Kassim		4		nonial Role Other king "Ceremonial Role" or "Other" de	Income
Wesley, Kassim	ts.	4		the Coliseum and ger	*
			to promote	—	
				nonial Role Other king "Ceremonial Role" or "Other" de	NOTICE OF THE PARTY OF THE PART
			II chec	king ceremonial Role of Other de	scribe below.
C. Name of Outside Or (include address and		Number of Ticket(s)/	Describe th	ie public purpose made pui	rsuant to the agency's policy
(Ilicidus address and	uescription	Passes			
. Verification					
I have read and understand FP	PC Regulations 18944.	1 and 18942.	l have verified	that the distribution set f	orth above, is in accordance
with the requirements.	4 5 6		040	OA Tiebest Administration	0 2 0 5
Jenle XIVa	Renee Savage		OAC	CA Ticket Administra	
Signature of Agency Head or Design	ee Pri	nt Name		Title	(month, day, year)
Cammant					
Comment:			Leganore		

1. Agency N	ame				Date Stamp	Public Document
		Coliseum Authority			Date otamp	Form 802
	partment, or Re					For Official Use Only
		kecutive Director				
	Agency Contact	0 0 0 0 0		· · · · · · · · · · · · · · · · · · ·		
Designated	Agency Contact	(Name, nue)				
Area Code/E	Phone Number	E-mail			Amendment (Must P	Provide Explanation in Part 3.)
510.383.48		rsavage@coliseum	.com		Date of Original Filing:	(month, day, year)
2. Function	or Event Info	rmation	****			
Does the ac	gency have a tio	ket policy?	No ☐ F	ace Value of	Each Ticket/Pass \$ 4	225
		5 100	_ 1.0		1/2025	
Event Desc	ription: Mexico	Provide Title/ Explai		ate(s) <u>09/06</u>		
Ticket(s)/Pa	ass(es) provided	500 BASIN PROPERTY CONTRACTOR - 600 BASIN		no:		
	(oo) p.o	100			Name of Source	
Was ticket	distribution mad	e at the behest Yes	■ No□ If	yes: Gardne	r, Henry Official's Name (Last, First)	<del></del>
of agency	official?				Official's Name (Last, 1 list)	
<ul><li>Recipier</li><li>Use Section</li></ul>		ncy's department or unit. •	Use Section B to ic	lentify an individu	ual. Use Section C to identif	y an outside organization.
A. N	ame of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
			•			
В.	Name of Ind (Last, F		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
					nonial Role Other	Income
Boubaker	r, Monia		4		king "Ceremonial Role" or "Other" de	
				to promote	the Coliseum and ger	erate revenues
				100, 300, 300,00	nonial Role Other C king "Ceremonial Role" or "Other" de	-
C.	Name of Outside (		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
4. Verification	on					
		PPC Regulations 18944	.1 and 18942. I	have verified t	that the distribution set fo	orth above, is in accordant
with the requ						persone artists the season & good 55.5 Children & The State of the Sta
Dans	, Sun D.	Renee Savag	ne	OAC	CA Ticket Administrat	or 9.7.20
/WX 1/ V/ 1/		UI J J J J J J J J J J J J J J J J J J J			Title	(month, day, year)
( Dono	C YIN/A	Renee Savag	ge	OAC		

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

Comment: \_\_

### **Agency Report of:**

-		5 - 1	D . I .		THE STORY OF	T: -14/D	<b>Distributions</b>
	aram	กทเวเ	ROID	<b>HVANTS</b>	วทก	I ICKUT/Pace	INSTRINITIONS
u	CICILI	Jillai	17016	LVGIILO	and	IICKEUI GSS	DISHIDURIONS

Oakland Alameda County Colliseum Authority Division, Department, or Region (# applicable) Henry Gardner, OACCA Executive Director Designated Agency Contact (Name, Title)  Area Code/Phone Number				
For Official Date Only   For Official Date Only	l. Agency Name		Date Sta	
Name of Agency, Department or Unit   Name of Agency, Department or Unit   Amended   Name of Agency Department or Unit   Amended   Name of Agency Department or Unit   Amended   Name of Outside Organization   Name of Outside		rity		
Area Code/Phone Number   E-mail   rsavage@coliseum.com   Date of Original Filling:   (month, day, year)				For Official Use Only
Amendment (Must Provide Explanation in Part 3.)   Savage@coliseum.com   Date of Original Filing:   (month, day, year)		<u></u>		
Part	Designated Agency Contact (Name, Title)			
Function or Event Information  Does the agency have a ticket policy? Yes No Date of Original Filing:			Amendme	nt (Must Provide Explanation in Part 3.)
Function or Event Information  Does the agency have a ticket policy? Yes No Date(s) 99/07/2025  Event Description: Monster Jam Date(s) 99/07/2025  Ticket(s)/Pass(se) provided by agency? Yes No Date(s) 99/07/2025  Was ticket distribution made at the behest Yes No Date(s) 99/07/2025  Was ticket distribution made at the behest Yes No Date(s) 99/07/2025  Recipients  - Use Section A to identify the agency's department or unit Use Section B to identify an individual Use Section C to identify an outside organization.  A. Name of Agency, Department or Unit Number of Ticket(s)/Passes  Shaa, Kevin	the part and a second s			
Does the agency have a ticket policy? Yes No Face Value of Each Ticket(Pass \$ \$ Date(s) 09/07/2025	510.383.4801   rsavage@coli	seum.com	Date of Origin	al Filing:(month, day, year)
Date(s) Use Section Row   Date(s) Use Section B to identify an individual (Last, First)   Describe the public purpose made pursuant to the agency's policy Passes   Name of Outside Organization (Include address and description)   Passes   Describe the public purpose made pursuant to the agency's policy or Ticket(s)   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency   Describe the public purpose made pursuant to the agency   De	2. Function or Event Information			
Date(s) Use Section Row   Date(s) Use Section B to identify an individual (Last, First)   Describe the public purpose made pursuant to the agency's policy Passes   Name of Outside Organization (Include address and description)   Passes   Describe the public purpose made pursuant to the agency's policy or Ticket(s)   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency   Describe the public purpose made pursuant to the agency   De	Does the agency have a ticket policy?	Yes■ No□ F	ace Value of Each Ticket/P	ass \$ //0 =================================
Ticket(s)/Pass(es) provided by agency? Yes No   If no: Name of Source Was ticket distribution made at the behest Yes No   If yes: Beam, John Official's Name (Leet, First)  Recipients  - Use Section A to identify the agencys department or unit Use Section B to identify an individual. Use Section C to identify an outside organization.  A. Name of Agency, Department or Unit   Number of Ticket(s)/Passes   Describe the public purpose made pursuant to the agency's policy  B. Name of Individual (Lest, First)  B. Name of Individual (Lest, First)    Number of Ticket(s)/Passes   Ceremonial Role   Other Income I		.00_ 110_	09/07/2025	
Ticket(s)/Pass(es) provided by agency? Yes No If no:  Was ticket distribution made at the behest Yes No If yes:  No If yes:  Name of Source Beam, John Official's Name (Lest, First)  Recipients  Use Section A to identify the agency's department or unit.  Use Section 8 to identify an individual.  Name of Agency, Department or Unit  Number of Ticket(s)/ Passes  No If yes:  No If	Event Description:	Explanation	ate(s) <u>5575772525</u>	
Was ticket distribution made at the behest Yes No   If yes: Beam, John 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 A to identify an outside organization.  A. Name of Agency, Department or Unit - Number of Ticket(s) - Passes - Describe the public purpose made pursuant to the agency's policy - Passes - Ceremonial Role   Other   Identify one of the following: - Passes - Ceremonial Role   Other   Income   - If checking "Ceremonial Role" or "Other" describe below: - to promote the Colliseum and generate revenues - C. Name of Outside Organization - (include address and description) - Number of Ticket(s) - Passes - C. Name of Outside Organization - (include address and description) - Number of Ticket(s) - Passes - OACCA Ticket Administrator			no:	
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.  - Number of Ticket(s)/ Passes  - Describe the public purpose made pursuant to the agency's policy  - B. Name of Individual (Last, First)  - Ceremonial Role   Other   Income   Income    - Income   If checking "Ceremonial Role' or "Other" describe below:  - To promote the Coliseum and generate revenues  - Ceremonial Role' or "Other" describe below:  - To promote the Coliseum and generate revenues  - Ceremonial Role' or "Other" describe below:  - To promote the Coliseum and generate revenues  - Ceremonial Role   Other   Income    - Income   If checking "Ceremonial Role' or "Other" describe below:  - 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 Passes  - Describe the public purpose made pursuant to the agency's policy Passes  - OACCA Ticket Administrator  - P. J. 25  - Signature of Agency Head or Design of Print Name  - Title (month, day, year)			Name of Source	е
Recipients  -Use Section A to identify the agency's department or unit.  -Use Section B to identify an individual.		Yes ■ No □ If	yes: Official's Name (	Last, First)
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.	of agency official?			
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.	3. Recipients			
A. Name of Agency, Department or Unit    Number of Ticket(s)   Passes		unit. • Use Section B to i	lentify an individual. Use Section	C to identify an outside organization.
B. Name of Individual (Last, First) or Ticket(s)/Passes  Shaa, Kevin 4 Ceremonial Role Other Income				
B. Name of Individual (Last, First)	A. Name of Agency, Department or Unit		Describe the public purpose	made pursuant to the agency's policy
B. Name of Individual (Last, First)				
B. Name of Individual (Last, First)				
B. Name of Individual (Last, First)				
B. Name of Individual (Last, First)		Number		
Shaa, Kevin  4   Ceremonial Role   Other   Income   Incom		of Ticket(s)/	Identify o	ne of the following:
Shaa, Kevin  4	(Last, 1 iisi)	Passes	о	Other Income [
to promote the Coliseum and generate revenues    Ceremonial Role   Other   Income	Shaa Kevin	4		9937033403
Number of Ticket(s)/ Passes  Pescribe the public purpose made pursuant to the agency's policy  Number of Ticket(s)/ Passes  Verification  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Renee Savage  Signature of Agency Head or Design le  Print Name  Number of Ticket(s)/ Passes  Describe the public purpose made pursuant to the agency's policy  I have verified that the distribution set forth above, is in accordance with the requirements.  OACCA Ticket Administrator  Title  (month, day, year)			to promote the Coliseum	and generate revenues
Number of Ticket(s)/ Passes  Pescribe the public purpose made pursuant to the agency's policy  Number of Ticket(s)/ Passes  Verification  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Renee Savage  Signature of Agency Head or Design le  Print Name  Number of Ticket(s)/ Passes  Describe the public purpose made pursuant to the agency's policy  I have verified that the distribution set forth above, is in accordance with the requirements.  OACCA Ticket Administrator  Title  (month, day, year)			Caramonial Role	Other 🗍 Income 🖡
C. Name of Outside Organization (include address and description)  of Ticket(s)/ Passes  Describe the public purpose made pursuant to the agency's policy  Passes  Name of Outside Organization (include address and description)  Passes  OF Ticket(s)/ Passes  Describe the public purpose made pursuant to the agency's policy  Passes  OF Ticket(s)/ Passes				
C. Name of Outside Organization (include address and description)  of Ticket(s)/ Passes  Describe the public purpose made pursuant to the agency's policy  Passes  Name of Outside Organization (include address and description)  Passes  OF Ticket(s)/ Passes  Describe the public purpose made pursuant to the agency's policy  Passes  OF Ticket(s)/ Passes				
(include address and description)  Nerification  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Renee Savage  OACCA Ticket Administrator  OACCA Title (month, day, year)	Name of Outside Organization			
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.    Print Name   Content of Agency Head or Design to Print Name   Title			Describe the public purpose	made pursuant to the agency's policy
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.    Print Name   Content of Agency Head or Design to Print Name   Title				
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.    Print Name   Content of Agency Head or Design to Print Name   Title				
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.    Print Name   Content of Agency Head or Design to Print Name   Title				
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.    Print Name   Content of Agency Head or Design to Print Name   Title				
With the requirements.  Signature of Agency Head or Design to Print Name  OACCA Ticket Administrator  Fint Name  OACCA Ticket Administrator  (month, day, year)	1. Verification			
Signature of Agency Head or Design to Print Name  OACCA Ticket Administrator  Fittle  Omega (month, day, year)	I have read and understand FPPC Regulations	18944.1 and 18942.	have verified that the distribu	tion set forth above, is in accordance
Signature of Agency Head or Designue Print Name Title (month, day, year)	with the requirements.			0 - 0
	ALMIL KUNGE Renee!	Savage	OACCA Ticket Adı	ministrator 4-2-3
Comment:	Signature of Agency Head or Design e	Print Name	Title	(month, day, year)
Comment:	0			
	Comment:			With the second

**A Public Document** 

1. Agency Name	10 200 0000		Date Stamp	California 802
Oakland Alameda County Coliseum Authority			1	Form OUZ  For Official Use Only
Division, Department, or Region (if applicable)				Por Official Ose Offig
Henry Gardner, OACCA Executive Director				*
Designated Agency Contact (Name, Title)				
Area Code/Phone Number   E-mail			Amendment (Must F	Provide Explanation in Part 3.)
510.383.4801 rsavage@coliseur	m.com		Date of Original Filing:	(month, day, year)
2. Function or Event Information				11000
Does the agency have a ticket policy? Yes	No □ F	ace Value of	Each Ticket/Pass \$ 🕹	10-
Event Description: Monster Jam  Provide Title/ Expl		oate(s) <u>09/07</u>	7/2025	
	s■ No□ If	no:	Name of Course	
Was ticket distribution made at the behest Yes	No FT If	yes: Hauber	t, David	
of agency official?	S■ NOL II	yes. ———	Official's Name (Last, First)	
3. Recipients				
Use Section A to identify the agency's department or unit.		dentify an individu	ual. Use Section C to Identi	ry an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe th	ne public purpose made pui	rsuant to the agency's policy
	Passes			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	following:
Lowden, John	8		nonial Role Other king "Ceremonial Role" or "Other" de	Income
20114011, 001111		to promote	the Coliseum and ger	nerate revenues
		Ceren	nonial Role Other	Income
			king "Ceremonial Role" or "Other" de	
	Number			
C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
Account of the section of the sectio				
4. Verification	44.4 4.00.40	l barra radifia d	that the distribution act f	iarth abaya ia in accordance
I have read and understand FPPC Regulations 1894 with the requirements.	14.1 and 18942.	i nave veriīlea i	that the distribution set f	oπn above, is in accordance
RIN OF ANA 9 Renee Sava	age	OAC	CA Ticket Administrat	tor 9-2-20
2) article	Print Name		Title	(month, day, year)
Comment:				

**A Public Document** 

. Agency Name			Date Stamp	California 802
Oakland Alameda County Coliseum Authority			-	For Official Use Only
Division, Department, or Region (if applicable)				
Henry Gardner, OACCA Executive Director				
Designated Agency Contact (Name, Title)				
Area Code/Phone Number   E-mail		T	Amendment (Must Pi	rovide Explanation in Part 3.)
510.383.4801 rsavage@coliseu	ım.com		Date of Original Filing: .	
				(month, day, year)
2. Function or Event Information			1	/n 🤒
	s■ No□ F	ace Value of	Each Ticket/Pass \$	
Event Description: Monster Jam		oate(s) 09/07	<u>//2025</u>	
Provide Title/ Ex	planation			
Ticket(s)/Pass(es) provided by agency? Ye			Name of Source	
Was ticket distribution made at the behest Ye	s■ No□ II	yes: Jenkins	, Kevin	
of agency official?	S ■ 140 □	<b>J</b> 00.	Official's Name (Last, First)	
3. Recipients				
Use Section A to identify the agency's department or unit.		dentify an individu	ual. Use Section C to identify	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe th	e public purpose made purs	suant to the agency's policy
	Passes			
	Number			
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the fo	ollowing:
		Ceren	nonial Role  Other	Income
Jenkins, Kevin	4	If checi	king "Ceremonial Role" or "Other" des	scribe below:
		to promote	the Coliseum and gen	erate revenues
		Ceren	nonial Role Other	Income
		If check	king "Ceremonial Role" or "Other" des	scribe below:
Name of Outside Organization	Number of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy
(include address and description)	Passes			
I. Verification	140040		(lo a 1 1 lo a a 1 lo 4 lo lo 4 lo a a a 4 Fe	adh ahara is in accordance
I have read and understand FPPC Regulations 189 with the requirements	144.1 and 18942.	I have verified t	that the distribution set to	orth above, is in accordance
Philophia Ca Renee Sav	/age	OAC	CA Ticket Administrate	or 9-2-25
Signature of Agency Head or Designer	Print Name		Title	(month, day, year)
Comment:				

			• •					
Λ	Pu	n	10	1 14	201	Im	On	•
$\overline{}$	T U			,	-	4111	CII	L

Agency Name			Date Stamp	California QOC
Oakland Alameda County	Coliseum Authority			Form OUZ
Division, Department, or Rec	gion (if applicable)			For Official Use Only
Henry Gardner, OACCA Ex	kecutive Director			
<b>Designated Agency Contact</b>	(Name, Title)			
			Amendment (Must	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail			
510.383.4801	rsavage@coliseu	m.com	Date of Original Filing	(month, day, year)
Function or Event Info	rmation			
Does the agency have a tic	ket policy? Yes	No ☐ F	ace Value of Each Ticket/Pass \$ _	225.00
Event Description: NBA Yo			ate(s) 09/12/2025	
Event Description:	Provide Title/ Exp	lanation	ate(s) 50/12/2020	
Ticket(s)/Pass(es) provided	by agency? Yes	No ☐ If	no:	e and the second
			Name of Source	
Was ticket distribution mad	e at the behest Yes	s■ No□ If	yes: Haubert, Davi d Official's Name (Last, First)	
of agency official?				
Recipients				
-	ncy's department or unit.	• Use Section B to id	entify an individual. Use Section C to ident	ify an outside organization.
Δ Name of Agency, Dep	artment or Unit	Number of Ticket(s)/	Describe the public purpose made pu	rsuant to the agency's policy
A. Haine of Agency, Dep	artinent of Othe	of Ticket(s)/ Passes	2000 and passing passi	, , , , , , , , , , , , , , , , , , , ,
B. Name of Inc (Last, Fi		Number of Ticket(s)/ Passes	Identify one of the	following:
Morton, Amarrea		2	Ceremonial Role Other  If checking "Ceremonial Role" or "Other" of	Income escribe below:
Morton, Amarroa			to promote the Coliseum and ge	nerate revenues
			to promote the Coliseum and ge  Ceremonial Role  Other   If checking "Ceremonial Role" or "Other" of	Income
C. Name of Outside (include address an		Number of Ticket(s)/ Passes	Ceremonial Role Other	Income
C. Name of Outside (include address an	d description)  PPC Regulations 1894	of Ticket(s)/ Passes	Ceremonial Role  Other	Income escribe below:
C. Name of Outside (include address and verification) I have read and understand Fig.	d description)	of Ticket(s)/ Passes	Ceremonial Role  Other  Other  If checking "Ceremonial Role" or "Other" of  Other  Oth	Income escribe below:

1. Agency Name			Date Stamp	California 802			
Oakland Alameda County Coliseum Au				For Official Use Only			
Division, Department, or Region (if applica	able)			For Official Use Only			
Henry Gardner, OACCA Executive Dire	El.						
Designated Agency Contact (Name, Title)							
			Amendment (Must Pro	ovide Explanation in Part 3.)			
Area Code/Phone Number E-mail	S						
510.383.4801 rsavage@	coliseum.com		Date of Original Filing:	(month, day, year)			
2. Function or Event Information				205.00			
Does the agency have a ticket policy?	Yes ■ No □ F	ace Value of I	Each Ticket/Pass \$	225.00			
Event Description: NBA Youngboy	le Title/ Explanation	ate(s) <u>09/12</u>	/2025				
Ticket(s)/Pass(es) provided by agency		no:					
		yes: Beam,	Name of Source John				
Was ticket distribution made at the beh of agency official?	est Yes No li	yes: ———	Official's Name (Last, First)				
or agency officials							
3. Recipients		3. 5.010.000					
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.							
A. Name of Agency, Department or Uni	Number of Ticket(s)/ Passes	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 fo	llowing:			
Kimbrough, Markel	2		nonial Role Other description of the description of	Income Income			
		to promote	the Coliseum and gene	erate revenues			
			nonial Role Other Other Other Other Other description	Income Income			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy			
4. Verification							
I have read and understand FPPC Regulation	ions 18944.1 and 18942. I	have verified t	that the distribution set for	th above, is in accordance			
with the requirements.  Rer	nee Savage	OAC	CA Ticket Administrato	r 9-8.25			
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)			
Comment:							

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I. Agency Name	-i+.	The same of the sa	Date Stamp	California 802
Oakland Alameda County Coliseum Autho  Division, Department, or Region (if applicable)	ority			For Official Use Only
	ar.			
Henry Gardner, OACCA Executive Director  Designated Agency Contact (Name, Title)	)!			
Designated Agency Contact (Name, nue)				
Area Code/Phone Number   E-mail			Amendment (Must F	Provide Explanation in Part 3.)
E TENENCE DE LINUX DI PERMENDIA DE PROPERTA DE LA CONTRACTOR DE LA CONTRAC	issum som		Date of Original Filing:	
510.383.4801   rsavage@col	iseum.com		Date of Original Filing:	(month, day, year)
2. Function or Event Information				22500
Does the agency have a ticket policy?	Yes ■ No □ F	ace Value of	Each Ticket/Pass \$	22500
		Date(s) 09/12	2/2025	
Event Description: NBA Youngboy  Provide Title	e/ Explanation	Date(s)		
Ticket(s)/Pass(es) provided by agency?		f no:		
			Name of Course	
Was ticket distribution made at the behest	Yes ■ No □ It	f yes: <u>Hauber</u>	T, David Official's Name (Last, First)	
of agency official?			omolai o ramo (220) i noy	
3. Recipients				
<ul><li>Recipients</li><li>Use Section A to identify the agency's department or</li></ul>	unit • Use Section B to i	dentify an individu	ual • Ise Section C to identi	fy an outside organization.
ose section A to identify the agency's department of	Number	T T	udi. Ose section e to identi	Ty direction of garnzadon.
A. Name of Agency, Department or Unit	of Ticket(s)/	Describe th	ne public purpose made pui	rsuant to the agency's policy
	Passes			
	¥			
	Number			
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the	following:
	rasses	Coren	nonial Role Other	Income _
Kimmins-Freeman, Janee	4		king "Ceremonial Role" or "Other" de	100000000000000000000000000000000000000
,		to promote	the Coliseum and ger	nerate revenues
		Coron	nonial Role Other	Income [
			king "Ceremonial Role" or "Other" de	TOTAL IN THE STATE OF THE STATE
	Number			
C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe th	ne public purpose made pui	rsuant to the agency's policy
	1 2000			
4. Verification	400444		H-1H-2019-0	to the above to the arms.
I have read and understand FPPC Regulations with the requirements.	18944.1 and 18942.	I have verified	that the distribution set f	orth above, is in accordance
Plan 10 Sulla G/ Renee	Savage	ΩΔΩ	CA Ticket Administra	tor 9-9-2-
State State P		——————————————————————————————————————	Title	(month, day, year)
Signature of Agency Head or Designee	Print Name		Tiue	(month, day, year)
Comment:				
Comment.				

**A Public Document** 

I. Agency Name Oakland Alameda County (	Calicoum Authority	Date Stamp California Form			
Division, Department, or Reg			For Official Use Only		
Henry Gardner, OACCA Ex			"		
Designated Agency Contact					
Designated Agency Contact	(Name, nue)				
Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
510.383.4801	rsavage@coliseum.	com		Date of Original Filing:	
010.00011001	rouvage@comocum				(month, day, year)
2. Function or Event Infor	rmation				22 = 00
Does the agency have a tic		No □ F	ace Value of	Each Ticket/Pass \$ 🚄	215
Event Description: NBA Yo	ungboy	г	Date(s) 09/12	2/2025	
Event Description.	Provide Title/ Explan	ation	Zu(O(O)		
Ticket(s)/Pass(es) provided	by agency? Yes ■	No □ If	f no:		
M			. Gardne	Name of Source	
Was ticket distribution made	e at the behest Yes	No □ II	yes:	r, Henry Official's Name (Last, First)	
of agency official?					
3. Recipients  • Use Section A to identify the age	ncy's department or unit • l	Ise Section B to i	dentify an individu	ual. Use Section C to ident	ify an outside organization.
A. Name of Agency, Dep		Number of Ticket(s)/ Passes			rsuant to the agency's policy
B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the	following:
Wesley, Kassim	2	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:  to promote the Coliseum and generate revenues			
			1	nonial Role  Other C king "Ceremonial Role" or "Other" d	2 1-12 W 10-12
C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
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					
Kines DAVI	Renee Savag	е	OAC	CA Ticket Administra	itor 4-8.2.7
Signature of Agency Head or Desig		int Name		Title	(month, day, year)
	<b>≅</b> ."				
Comment:					

. Agency Name					Date Stamp	California 802
Oakland Alamed	a County C	oliseum Auth	ority			101111
Division, Departm	ent, or Regi	on (if applicable		1	For Official Use Only	
Henry Gardner, C	DACCA Exe	ecutive Direct	or			
Designated Agend	y Contact (/	Name, Title)				
Area Code/Phone	Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
510.383.4801		rsavage@co	oliseum.com		Date of Original Filing	(month, day, year)
. Function or Ev	ent Inform	mation				250.00
Does the agency	have a tick	et policy?	Yes ■ No 🗆	Face Value o	f Each Ticket/Pass \$ ـ	250.00
Event Description	. Ice Cube			Date(s) 09/2	5/2025	
Event Description	l	Provide T	itle/ Explanation	Date(s)		
Ticket(s)/Pass(es	) provided l	by agency?	Yes ■ No 🗆	If no:		
	No.	out Name		Gardn	Name of Source	
Was ticket distrib		at the behes	t Yes■ No□	If yes: Gardin	er, Henry  Official's Name (Last, First	t)
of agency officia	ıl?					
. Recipients						
	entify the agend	cy's department o	r unit. • Use Section B	to identify an individ	dual. Use Section C to iden	tify an outside organization.
		cy's department o	or unit. • Use Section B  Number of Ticket(s  Passes		dual. Use Section C to iden	tify an outside organization.
			Number of Ticket(s			
		rtment or Unit	Number of Ticket(s	Describe		ursuant to the agency's policy
A. Name of	Agency, Department of India (Last, Firs	rtment or Unit	Number of Ticket(s Passes Number of Ticket(s	Describe	the public purpose made p	ursuant to the agency's policy  a following:  Income  describe below:
A. Name of	Agency, Department of India (Last, Firs	rtment or Unit	Number of Ticket(s Passes Number of Ticket(s Passes	Describe to promote  Cere	Identify one of the	e following:  Income describe below:  Income
B. Wesley, Kassin	Agency, Department of India (Last, Firs	rtment or Unit	Number of Ticket(s Passes Number of Ticket(s Passes	Describe to promote  Cere  If che	Identify one of the emonial Role  Other civing "Ceremonial Role" or "Other" or the Coliseum and general Role  Other enciring "Ceremonial Role" or "Other"	e following:  Income describe below:  Income

Comment: \_

- 1	have read and understand FPPC Regulations 18	8944.1 and	18942. I nave	verified that the	aistribution set for	in above, is in	accordance
	with the requirements.						
_	mui ine requirements.					_	

Renee Savage

OACCA Ticket Administrator

Title

### **Agency Report of:**

TAKAMANIAI		LIZANTA	200	LIAVAT/DACC	Luctributions
i sinomana.	KOIL	LAMINE	211111	THE KEILES	<b>Distributions</b>

**A Public Document** 

	Agency Name	Soliooum Authoritu			Date Stamp	California 802	
	Dakland Alameda County C Division, Department, or Reg			**		For Official Use Only	
	-					•	
	Henry Gardner, OACCA Ex						
U	esignated Agency Contact (	Name, i itie)				1	
Ā	rea Code/Phone Number	E-mail			Amendment (Must P	rovide Explanation in Part 3.)	
5	510.383.4801	rsavage@coliseum	i.com		Date of Original Filing: .	(month, day, year)	
2. F	unction or Event Infor	mation				250.00	
E	Does the agency have a ticl	ket policy? Yes	No ☐ F	ace Value of	Each Ticket/Pass \$	250.00	
F	Event Description: Ice Cube	9		oate(s) 09/25	5/2025		
		Provide Title/ Explai	nation				
T	icket(s)/Pass(es) provided	by agency? Yes	■ No 🗆 If	no:	Name of Source	The second secon	
v	Vas ticket distribution made	at the behest Ves	■ No□ If	yes: Iglesias	, Chris		
	of agency official?	(63)	I NO L	<b>y</b> 00.	Official's Name (Last, First)		
3.	Recipients	cv's department or unit	Use Section B to i	dentify an individu	ual	y an outside organization	
• 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 org.    Number							
	A. Name of Agency, Depa	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy		
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the f	ollowing:	
	(Last, Fir	st)	Passes				
				nonial Role Other	Income		
	Iglesias, Chris	4	If checking "Ceremonial Role" or "Other" describe below:  to promote the Coliseum and generate revenues				
,ss				<del>                                     </del>			
				1	nonial Role Other king "Ceremonial Role" or "Other" des	Income	
	C. Name of Outside O	Number of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy		
		• • • • • • • • • • • • • • • • • • • •	Passes				
-					The state of the s		
				,			
1. V	/erification						
	have read and understand FF	PC Regulations 18944	.1 and 18942.	I have verified t	that the distribution set fo	orth above, is in accordance	
	the requirements.	,					
پ	finey rim	A Renee Savaç	ge	OAC	CA Ticket Administrat	or <u>7-22-25</u>	
	Signature of Agency Head or Design	ee P	rint Name	22	Title	(month, day, year)	
	Commont						
(	Comment:						

### **Agency Report of:**

C	eremonial Role Ever	nts and Ticket/P	Pass Distri	butions	A Pu	blic Document
١.	Agency Name		Date Stamp	California 802		
	Oakland Alameda County	Coliseum Authority		Form OUZ		
	Division, Department, or Reg			For Official Use Only		
	Henry Gardner, OACCA E					
	Designated Agency Contact					
		()		- Andrewsking one decreases on the second		
	Area Code/Phone Number	E-mail	Amendment (Must Provide	e Explanation in Part 3.)		
	510.383.4801	rsavage@coliseum	Date of Original Filing:			
	510.363.4601	rsavage@conseum	1.COIII		Date of Original Filling.	month, day, year)
2.	Function or Event Info	rmation				250.00
	Does the agency have a tic	cket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	250.00
	Ice Cub			oate(s) 09/25	5/2025	
	Event Description: Ice Cub	Provide Title/ Expla	nation	rate(s) <u>33,23</u>		
	Ticket(s)/Pass(es) provided			no:		
		, , , , , , , , , , , , , , , , , , , ,		0	Name of Source	
	Was ticket distribution mad	e at the behest Yes	■ No 🗆 If	yes: Gardne	official's Name (Last, First)	
	of agency official?				(,	
3.	Pacinients					
э.	Recipients  • Use Section A to identify the age	ency's denartment or unit	ual. Use Section C to identify an	outside organization.		
	Ose Section A to identity the age	incy sucparement of unit	Number	Γ		
	A. Name of Agency, Dep	of Ticket(s)/	Describe the public purpose made pursuant to the agency's po			
			Passes		<u> </u>	
					and the second s	
	B. Name of Inc	Number of Ticket(s)/		Identify one of the following:		
	(Last, F		Passes			
					nonial Role Other	Income
	Williams, Sandreka		2		king "Ceremonial Role" or "Other" describe	
				to promote	the Coliseum and genera	te revenues
				Ceren	nonial Role Other	Income
				If checi	king "Ceremonial Role" or "Other" describe	below:
	Name of Outside	Number of Ticket(s)/	Describe th	ne public purpose made pursuan	t to the agency's policy	
	C. (include address ar	d description)	Passes			3 7 7 7
		i, 3380380 3. 4.				
						NAME OF THE OWNER, THE
4.	Verification					
••	I have read and understand F	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set forth	above, is in accordance
	with the requirements.					,
	(Senel )and	Renee Sava	ge	OAC	CA Ticket Administrator	4.22-25
	Signature of Agency Head or Designature	gn <b>d</b> e F	Print Name		Title	(month, day, year)
		į.				
	Comment:					