# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

. Agency Name Oakland Alameda County Coliseum Authority			Date Stamp	California 802			
Division, Department, or Region (if applicable)				For Official Use Only			
Henry Gardner, Executive Director							
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)						
			Amendment (Must Pi	rovide Explanation in Part 3.)			
Area Code/Phone Number E-mail							
510.383.4801 rsavage@coliseum	n.com		Date of Original Filing: .	(month, day, year)			
2. Function or Event Information							
	■ No□ F	ace Value of	Each Ticket/Pass \$	275.00			
	0.00						
Event Description: TXT	D	ate(s)		05/19/2024			
Provide Title/ Expla Ticket(s)/Pass(es) provided by agency? Yes		no:					
ricket(s)/rass(es) provided by agency:			Name of Source				
Was ticket distribution made at the behest Yes	■ No□ If	yes: Iglesias	, Chris Official's Name (Last, First)				
of agency official?			Omciai s Name (Last, Fifst)				
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section B to identify an individual.</li> <li>Use Section C to identify an outside org</li> </ul>							
Use Section A to identify the agency's department or unit.	dentily an individi	uai. Use Section C to identif	y an outside organization.				
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe th	ne public purpose made pursuant to the agency's policy				
	Passes						
	Number						
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the f	ollowing:			
Iglesias, Chris		If chec	nonial Role Other sking "Ceremonial Role" or "Other" de	escribe below:			
		<u> </u>	monial Role Other				
	83	If chec	king "Ceremonial Role" or "Other" de	escribe below:			
Name of Outside Organization	Number	Describe ti	ho public numoso made nu	rsuant to the agency's policy			
C. (include address and description)	of Ticket(s)/ Passes	Describe	ne public purpose made pui	dani to the agency a pensy			
4. Verification I have read and understand FPPC Regulations 1894	4.1 and 18942	I have verified	that the distribution set f	orth above, is in accordance			
with the requirements.	1,1 UNA 1007Z.	, navo vomou	arms size missingulari por i				
Renee Sava	ige	OAC	CCA Ticket Administrat	tor 05-18-24			
	Print Name		Title	(month, day, year)			
Comment:							

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Henry Gardner, Executive Director Designated Agency Contact (Name, Title) ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: rsavage@coliseum.com 510.383.4801 (month, day, year) 2. Function or Event Information 64.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Oakland A's Game Date(s) 05/04/2024 Provide Title/ Explanation If no: \_ Ticket(s)/Pass(es) provided by agency? Yes No 🗆 Name of Source If yes: Gardner, Henry Was ticket distribution made at the behest Yes No Official's Name (Last, First) of agency official? 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ (Last, First) Passes Ceremonial Role Income . Other If checking "Ceremonial Role" or "Other" describe below: 18 Gardner, Henry to provide opportunities for community groups Income Ceremonial Role Other \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance With the requirements. **OACCA Ticket Adminstrator** 05. Renee Savage (month, day, year) Title Signature of Agency Head or Designee

Comment: \_

## Agency Report of:

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

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1.	Agency Name				Date Stamp	California 802				
	Oakland Alameda County C					Form OUZ				
	Division, Department, or Reg	ion (if applicable)				For Official Use Only				
	Henry Gardner, Executive D									
	Designated Agency Contact (	Name, Title)								
		(=	Amendment (Must P	Provide Explanation in Part 3.)						
	Area Code/Phone Number	E-mail			Bata of Octobrida I Ellinos					
	510.383.4801	rsavage@coliseum	.com		Date of Original Filing:	(month, day, year)				
2.	Function or Event Information									
	Does the agency have a ticl	ket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	150.00				
	Event Description: Diljit Dos	sanjh		vato/s\ 05/11	/2024					
	Provide Litte/ Explanation									
	Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:									
	Was tisket distribution made	at the beheat 14		yes: Hauber	Name of Source t. David					
	Was ticket distribution made	at the beliest Yes	No LI	yes.	Official's Name (Last, First)					
	of agency official?									
3.	Recipients									
	Use Section A to identify the ager	cy's department or unit. •	dentify an individu	ual. Use Section C to identif	fy an outside organization.					
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to the agency's policy					
	R Name of Individual		Number		Identify one of the t	following				
	B. Name of Indi		of Ticket(s)/ Passes		Identify one of the I	iollowing:				
	Dosanjh,Jessie		16	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:						
				to provide o	opportunities to comm	unity groups				
					monial Role Other C cking "Ceremonial Role" or "Other" de					
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's p						
4.	Verification I have read and understand FF	PPC Regulations 1894	1.1 and 18942.	I have verified	that the distribution set f	forth above, is in accordance				
f	with the requirements	)								
/	Kenle an	Renee Sava	ge	OAC	CCA Ticket Administrat	tor 5.13.24				
	Signature of Agency Head or Design	ne	rint Name		Title	(month, day, year)				
	- 1,5375	MONTH OF THE PARTY								

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

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1.	Agency Name				Date Stamp	Californi	ia 002
	Oakland Alameda County C	oliseum Authority				Form	002
	Division, Department, or Reg					For Office	ial Use Only
	Henry Gardner, Executive D	irector				_	
	Designated Agency Contact						
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation	n in Part 3.)
	510.383.4801	rsavage@coliseum.	com		Date of Original Filing	ı:	
		10010906				(month, day, )	vear)
2.	Function or Event Infor	mation					450.00
	Does the agency have a ticl	ket policy? Yes ■	No □ F	ace Value of	Each Ticket/Pass \$ _		150.00
	Event Description: TXT			lata(a)		05/19/202	24
	Event Description.	Provide Title/ Explan		/ate(s)		00,.0,202	
	Ticket(s)/Pass(es) provided	by agency? Yes ■	I No □ If	no:			
				Iglosios	Name of Source		
	Was ticket distribution made	at the behest Yes	No 🔲 If	yes: Iglesias	Official's Name (Last, First	t)	V
	of agency official?						
2	Desiniento			***************************************			
3.	Recipients  • Use Section A to identify the ager	ocu's department or unit +1	dentify an individ	ual •Ise Section C to iden	atify an outside oro	anization	
	ose section A to identity the ager	Jernary arrandirend	930 30000000000000000000000000000000000	thy an outside org			
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			ency's policy
			Passes				
	B. Name of Ind		Number of Ticket(s)/		Identify one of the following:		
	(Last, Fir	st)	Passes				
				1	monial Role Other Other	_	Income
	Iglesias, Chris				-		
				to provide o	opportunities to comr	nunity groups	
				1	monial Role  Other		Income
		(i)		If chec	cking "Ceremonial Role" or "Other"	describe below:	
	Name of Outside Organization  Number of Ticket(s)/			Describe the public purpose made pursuant to the agency's policy			ency's policy
	(include address and	description)	Passes				
<u> </u>	Verification						
7.	I have read and understand FI	PPC Regulations 18944	1 and 18042	I have verified	that the distribution set	t forth above is	in accordance
	with the requirements	TO Regulations 10944.	, r and 103+2.	Thave vernicu	that the distribution set	. 10/11/ 45040, 10	m doordanoo
1	Anio Day	Renee Savag	e	OAC	CCA Ticket Administra	ator	05-18-24
1	Signature of Agency Head or Desig		int Name		Title		nonth, day, year)
	* Toda of Design	, , ,				(//	,,, ,,
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Henry Gardner, Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: rsavage@coliseum.com 510.383.4801 (month, day, year) 2. Function or Event Information 195.00 Face Value of Each Ticket/Pass \$ -Yes No 🗆 Does the agency have a ticket policy? Event Description: Zach Bryan 05/31/2024 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: \_ Name of Source If yes: Gardner, Henry Was ticket distribution made at the behest Yes ■ No □ Official's Name (Last, First) of agency official? 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Number Name of Individual Identify one of the following: of Ticket(s)/ B. (Last, First) Passes Income ... Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 2 Gardner, Henry to promote the Coliseum and generate revenue Income Other 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ (include address and description) Passes 4. Verification

		nave verified that the distribution set forth and	ive, is in accordance
with the requirements/			
with the requirements WMM Rer	nee Savage	OACCA Ticket Administrator	05-17-24
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Print

Comment:

Clear

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

1. Agency Name			Date Stamp	California 802					
Oakland Alameda County Coliseum Authority				Form OUZ For Official Use Only					
Division, Department, or Region (if applicable)				For Official Ose Offiy					
Henry Gardner, Executive Director									
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)								
	Amendment (Must Pr	rovide Explanation in Part 3.)							
Area Code/Phone Number   E-mail				,					
510.383.4801 rsavage@coliseum.	com		Date of Original Filing: .	(month, day, year)					
2. Function or Event Information			7	195.00					
Does the agency have a ticket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	190.00					
Event Description: Zach Bryan  Provide Title/ Explan	D	ate(s)		05/31/2024					
Ticket(s)/Pass(es) provided by agency? Yes		no:	Name of Source						
Was ticket distribution made at the behest Yes ■	No. [7] If	ves. Jenkins	, Kevin  Official's Name (Last, First)						
of agency official?	INO LI	yes. ———	Official's Name (Last, First)						
or agency official?			10-						
3. Recipients	Recipients								
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.									
A. Name of Agency, Department or Unit	Number		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 f	ollowing:					
Jenkins, Kevin	4	Ceremonial Role Other Income  If checking "Ceremonial Role" or "Other" describe below:							
		to promote	the Coliseum and gen	ierate revenues					
			monial Role Other C kking "Ceremonial Role" or "Other" de						
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	rsuant to the agency's policy					
4. Verification									
I have read and understand FPPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set f	orth above, is in accordance					
with the requirements.  Renee Savag	ge	OAC	CCA Ticket Administrat	tor 05-17-24					
Signature of Agency Head or Designee P	rint Name		Title	(month, day, year)					
Comment:									

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

1.	Agency Name	A . A . A . A . A . A . A . A . A . A .			Date Stamp	California 802		
	Oakland Alameda County C Division, Department, or Reg					For Official Use Only		
	Henry Gardner, Executive Designated Agency Contact							
	Designated Agency Contact (	(Name, Hie)						
	Area Code/Phone Number	E-mail	Amendment (Must I	Provide Explanation in Part 3.)				
	510.383.4801	rsavage@coliseum.	com		Date of Original Filing:			
	3 [0.363.460]	Tsavage@collseum.	COTT			(month, day, year)		
2.	Function or Event Infor	mation				405.00		
	Does the agency have a tick	ket policy? Yes	No ☐ F	ace Value of	Each Ticket/Pass \$ _	195.00		
	Event Description: Zach Br	yan	D	ato(s)		05/31/2024		
	Event Description.	Provide Title/ Explan	ation					
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:				
			16	Hauber	Name of Source t. David			
	Was ticket distribution made	e at the benest Yes	No 🔲 II	yes:	t, David Official's Name (Last, First)			
	of agency official?							
3.	Recipients					-		
0.	• 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, Dep	artment or Unit	Number of Ticket(s)/ Passes		Describe the public purpose made pursuant to the agency's page 1.			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:			
	Nielsen, Ryan	8	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:  to provide opportunities to community groups					
					monial Role  Other Other of the Color of the			
	C. Name of Outside (include address an	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's police					
4.	Verification					The state of the s		
	I have read and understand F	PPC Regulations 18944	l.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance		
	with the requirements.	Ou on						
	tiple car	Renee Savaç		OA0	CCA Ticket Administra			
	Signature of Agency Head or Desig	gnee P	rint Name		Title	(month, day, year)		
	Comment:							

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

Does the agency have a ticket policy?  Event Description:  Oakland A's  Provide Titlet Explanation  Ticket(s)/Pass(es) provided by agency? Yes No If no:  Was ticket distribution made at the behest Yes No If no:  Was ticket distribution made at the behest Yes No If yes: Iglesias, Chris  Official's Name (Last, First)  3. Recipients  *Use Section A to identify the agency's department or unit.  *Use Section B to identify an individual.  OBescribe the public purpose made pursuant to the agency Passes  B. Name of Agency, Department or Unit  Number of Ticket(s)/ Passes  Iglesias, Chris  Iglesias, Chris  18  Number of Ticket(s)/ Passes  Caremonial Role Other If the describe below:  to provide opportunities to community groups  Commonial Role Other If the civing "Commonial Role Other Of Ticket(s)/ Passes  Caremonial Role Other Other describe below:  The civing "Commonial Role Other Other Of Ticket(s)/ Passes  Describe the public purpose made pursuant to the agency of Ticket(s)/ Passes  Describe the public purpose made pursuant to the agency of Ticket(s)/ Passes	802									
Henry Gardner, Executive Director  Designated Agency Contact (Name, Title)  Area Code/Phone Number   E-mail	se Only									
Designated Agency Contact (Name, Title)  Area Code/Phone Number   E-mail										
Area Code/Phone Number   E-mail   rsavage@coliseum.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 \$ 6										
Area Code/Phone Number   E-mail   rsavage@coliseum.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 \$ 6	Part 3 )									
2. Function or Event Information  Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$  Event Description: Oakland A's  Event Description: Oakland A's  Frovide Titled Explanation  Ticket(s)/Pass(es) provided by agency? Yes No face of Source  Was ticket distribution made at the behest Yes No fagency official?  3. Recipients  *Use Section A to identify the agency's department or unit. *Use Section B to identify an individual. Use Section C to identify an outside organization of Ticket(s)/ Passes  B. Name of Agency, Department or Unit Number of Ticket(s)/ Passes    Describe the public purpose made pursuant to the agency if the description of the following:   Describe the public purpose made pursuant to the agency of Ticket(s)/ Passes   Describe the public purpose made pursuant to the agency of Ticket(s)/ Passes   Describe the public purpose made pursuant to the agency of Ticket(s)/ Passes   Describe the public purpose made pursuant to the agency of Ticket(s)/ Passes   Describe the public purpose made pursuant to the agency of Ticket(s)/ Passes   Describe the public purpose made pursuant to the agency of Ticket(s)/ Passes   Describe the public purpose made pursuant to the agency passes   Describe the public purpose made pursuant to the agency passes   Describe the public purpose made pursuant to the agency passes   Describe the public purpose made pursuant to the agency passes   Describe the public purpose made pursuant to the agency passes   Describe the public purpose made pursuant to the agency passes   Describe the public purpose made pursuant to the agency passes   Describe the public purpose made pursuant to the agency passes   Describe the public purpose made pursuant to the agency passes   Describe the public purpose made pursuant to the agency passes   Describe the public purpose made pursuant to the agency passes   Describe the public purpose made pursuant to the agency passes   Describe the public purpose made pursuant to the agency passes   Describe the public purpose   Describe	are o.,									
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$  Event Description: Oakland A's  Event Description: Oakland A's  Provide Title/ Explanation  Ticket(s)/Pass(es) provided by agency? Yes No If no:  Was ticket distribution made at the behest Yes No If yes: Iglesias, Chris  Official's Name of Source  If yes: Iglesias, Chris  Official's Name (Last, First)  3. Recipients  - Use Section B to identify an individual. Use Section C to identify an outside organization of Ticket(s)/Passes  B. Name of Agency, Department or Unit On Ticket(s)/Passes  Iglesias, Chris  Iglesias, Chris  Iglesias, Chris  Number of Ticket(s)/Passes  Ceremonial Role Other If the charge describe below:  to provide opportunities to community groups  Ceremonial Role Other If the charge Ceremonial Role Other Other Officials Delow:  C. Name of Outside Organization (Include address and description)  Describe the public purpose made pursuant to the agency Passes  Describe the public purpose made pursuant to the agency Officials (S)/Passes										
Event Description:  Oakland A's  Event Description:  Oakland A's  Provide Title/ Explanation  Ticket(s)/Pass(es) provided by agency? Yes No Date(s) 05/24/2024  Date(s										
Ticket(s)/Pass(es) provided by agency? Yes No If no:  Was ticket distribution made at the behest Yes No If yes: Idlesias, Chris  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 of Ticket(s)/ Passes    Name of Individual (Last, First)   Describe the public purpose made pursuant to the agency passes	4.00									
Ticket(s)/Pass(es) provided by agency? Yes No If no:  Was ticket distribution made at the behest Yes No If yes: Idlesias, Chris  Official's Name of Source Idlesias, Chris  Official's Name (Last, First)  3. Recipients  *Use Section A to identify the agency's department or unit.  *Use Section B to identify an individual.  A. Name of Agency, Department or Unit  Or Ticket(s)/Passes  Describe the public purpose made pursuant to the agency for Ticket(s)/Passes  Idlesias, Chris  Idlesias, Chris  Or Ticket(s)/Passes  Ceremonial Role Orter Individual or Orther Orter Index or Officer or	Event Description: Oakland A's Date(s) 05/24/2024									
Was ticket distribution made at the behest Yes  No  If yes: Iglesias, Chris of agency official?  No  If yes: Iglesias, Chris Official's Name (Last, First)  Recipients  Use Section A to identify the agency's department or unit.  Use Section B to identify an individual. Use Section C to identify an outside organization of Ticket(s)/Passes  Number of Ticket(s)/Passes  Number of Ticket(s)/Passes  Recipients  Use Section B to identify an individual. Use Section C to identify an outside organization of Ticket(s)/Passes  Number of Ticket(s)/Passes  Recipients  Number of Ticket(s)/Passes  Number of Ticket(s)/Passes  Number of Ticket(s)/Passes  Recipients  Recip	Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:									
of agency official?  3. Recipients  * Use Section A to identify the agency's department or unit.  * Use Section B to identify an individual.  A. Name of Agency, Department or Unit    Number of Ticket(s)/Passes										
*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 Ticket(s)/ Passes    Describe the public purpose made pursuant to the agency passes	Ufficial's Name (Last, First)									
A. Name of Agency, Department or Unit    Number of Ticket(s)/ Passes   Describe the public purpose made pursuant to the agency										
A. Name of Agency, Department or Unit  of Ticket(s)/ Passes    Describe the public purpose made pursuant to the agency	ation.									
B. Name of Individual (Last, First)  Iglesias, Chris  Igl	's policy									
Iglesias, Chris  18  Ceremonial Role  Other  If checking "Ceremonial Role" or "Other" describe below: to provide opportunities to community groups  Ceremonial Role  Other  If checking "Ceremonial Role" or "Other" describe below:  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										
Iglesias, Chris  18  If checking "Ceremonial Role" or "Other" describe below: to provide opportunities to community groups  Ceremonial Role  Other  If checking "Ceremonial Role" or "Other" describe below:  Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  Describe the public purpose made pursuant to the agency										
C. Name of Outside Organization (include address and description)  Number of Ticket(s)/ Passes  Ceremonial Role Other Intervious Other of Ticket(s)/ Passes  Ceremonial Role Other Describe below:  Number of Ticket(s)/ Passes	Income _									
C. Name of Outside Organization (include address and description)  Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes										
C. (include address and description) of Ticket(s)/ Passes  Describe the public purpose made pursuant to the agency	Income [									
	/'s policy									
4. Verification										
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in a with the requirements.	occordance									
Renee Savage OACCA Ticket Administrator 05.	13.24									
Signature of Agency Head or Designee Print Name Title (month)	n, day, year)									
Comment:										

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Oakland Alameda County Coliseum Authority Division, Department, or Region (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@coliseum.com Date of Original Filing: . (month, day, year) 2. Function or Event Information 64.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes No 🗆 Event Description: Oakland A's Date(s) 05/25/2024 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes No 🗆 Name of Source If yes: Iglesias, Chris Was ticket distribution made at the behest Yes Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Iglesias, Chris 18 to provide opportunities to community groups Income \_\_\_ Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Print

with the requirements.

Comment: \_

Clear

Renee Savage

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

05.13.24

(month, day, year)

**OACCA Ticket Administrator** 

Title