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

eremonial Role Events and Ticket/Pass Distributions				A Public Document		
1. Agency Name					0-11	
	Dakland Alameda County Coliseum Authority				Form 802	
Division, Department, or Reç	vision, Department, or Region (if applicable)				For Official Use Only	
Renee Savage Ticket Admi	enee Savage Ticket Administrator					
<b>Designated Agency Contact</b>	(Name,Title)			†		
			Amendment (Must (	Provide Explanation in Part 3.)		
Area Code/Phone Number	E-mail		···········	Amendment (wast)	-rovide Explanation in Pan 3.)	
510.383.4801	rsavage@coliseum	.com		Date of Original Filing:	(month, day, year)	
2. Function or Event Infor	mation				imena, ady, year)	
Does the agency have a tic	ket policy?	■ No 🗆 F	ace Value of	Each Ticket/Pass \$	118.25	
Event Description: Maxwell		_			·	
Event Description:	Provide Title/ Explai		)ate(s)	<u>, 16 , 22 </u>		
Ticket(s)/Pass(es) provided	·		fno:			
				Name of Source		
Was ticket distribution made	e at the behest Yes [	□ No 🖪 🏻 If	yes:	Official's Name (Last, First)		
of agency official?				Onicial's Name (Last, First)		
8. 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, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy		
B. Name of Indi (Last, Fir	· · · · · · · · · · · · · · · · · · ·	Number of Ticket(a)/ Passes		identify one of the f	following:	
Gardner, Henry	Gardner, Henry		If check	monial Role Other Income Income Country "Ceremonial Role" or "Other" describe below:		
			to investigat	te efficiencies of opera	ations of events	
				nonial Role  Other  Other  Other  Other  Other  Other  Other		
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e the public purpose made pursuant to the agency's policy		
/riicide address and			<del> </del>			
/viringe anniess suc		w				
		w				
	PPC Regulations 18944.	1 and 18942. i	have verified t	that the distribution set fo	orth above, is in accordance	
. <b>Verification</b> I have read and understand FP with the requirements.	Reпee Savag			that the distribution set fo CA Ticket Administrate		
. <b>Verification</b> I have read and understand FP	Reпee Savag					
I have read and understand FP with the requirements.  Signature of Agency Head or Design	Reпee Savag	e nt Name	OAC	CA Ticket Administrate	or 4.15.22	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Oakland Alameda County Coliseum Authority Form Division, Department, or Region (if applicable) For Official Use Only Renee Savage Ticket Administrator 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 118.25 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes No Event Description: Maxwell Concert Date(s) 04 / 16 / 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: \_ 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 Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ identify one of the following: (Last, First) Passes Ceremonial Role Other Income : Hill, Christin If checking "Ceremonial Role" or "Other" describe below: to investigate efficiencies of operations of events Ceremonial Role Other Income 🗌 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 with the requirements?

Signature of Agency Head or Designed Print Name

OAC

OACCA Ticket Administrator

4.15.22

Print Name Title (month, 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 For Official Use Only Division, Department, or Region (if applicable) Henry Gardner, OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383.4801 Date of Original Filing: henry.gardner924@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ■ No □ Event Description: Tyler the Creator Ticket(s)/Pass(es) provided by agency? Yes ■ No □ Name of Source 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income \_\_\_ Gardner, Henry 3 If checking "Ceremonial Role" or "Other" describe below: to promote the Coliseum to general public and max reven Other Ceremonial Role Income \_\_\_ 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

Comment:

I have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the distribu	ition set forth above,	is in accordance
with the requirements.				

Signature of Agency Head or Designee

Henry Gardner

OACCA Executive Director

3/28/12

Print Name

Title

onth, dav. vear)

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

**A Public Document** 

. 🗚	gency Name	****			Date Stamp	California	802
	Oakland Alameda County Coliseum Authority					1 01111	
D	Division, Department, or Region (if applicable)					For Official Us	e Only
	Chris Iglesias, OACCA Com						
C	Pesignated Agency Contact (	Name, Title)					
-		Lee			Amendment (Must	Provide Explanation in P	a <i>r</i> t 3.)
_	rea Code/Phone Number	E-mail					
5	10.383-4801				Date of Original Filing	(month, day, year)	
2. F	unction or Event Infor	mation				15-00	
[	Does the agency have a tick	ket policy? Yes	s□ No□ F	ace Value of	Each Ticket/Pass \$ _	150%	
	Event Description: Oakland	, ,		oto(a) 04	<sub>/</sub> 18 <sub>/</sub> 22		
	event Description.	Provide Title/ Exp	lanation	ate(s)	<i></i>		
7	ficket(s)/Pass(es) provided	by agency? Yes	s□ No□ If	no:		· · · · · · · · · · · · · · · · · · ·	
,				voc:	Name of Source		
١	Was ticket distribution made of agency official?	e at the benest Yes	s□ No□ "	yes:	Official's Name (Last, First	()	
	or agency official?						
3.	Recipients						
	<ul> <li>Use Section A to identify the ager</li> </ul>	ncy's department or unit.	• Use Section B to id	fentify an individ	ual. Use Section C to iden	tify an outside organiza	tion.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made p	ursuant to the agency	's policy
	A		Passes				
			1	1 m			
				,	,		
	•		Riumbar				
	B. Name of Ind		Number of Ticket(s)/		Identify one of the	e following:	
	(Last, Fir	3.7	Passes				
	Iglesias, Chris	Chris		Ceremonial Role Other Income Income Income			
igiosias, Oillis			10	to investiga	ite efficiencies of ope	erations for sportin	a event:
				1	monial Role		Income
	Name of Outside C	Name of Outside Organization Number		Describe the public purpose made pursuant to the agency's policy			
	C. (include address and		of Ticket(s)/ Passes	Describe ti	ne public purpose made p	ursuant to the agency	в ролсу
							-
		·					
				<u> </u>			
4. \	Verification						
	have read and understand FF	PPC Regulations 189	44.1 and 18942.	l have verified	that the distribution set	t forth above, is in ac	ccordance
	with the requirements.	S/ Barras Sau		040	OA Tieles A Administrator	-4	
ļ	Signature of Assessition of the	Renee Sav		OAC	CCA Ticket Administra		ala.,
	Signature of Agency Head or Desig	n <del>ee</del>	Print Name		Title	(month,	day, year)
	Comment:						
						•••	

Agency Report of: Ceremonial Role Ever	nts and Ticket/P	ass Distri	butions	A	Public Document			
<ol> <li>Agency Name         Oakland Alameda County (     </li> </ol>	gency Name akland Alameda County Coliseum Authority vision, Department, or Region (if applicable)			Date Stamp	California 802 Form Official Use Only			
	Designated Agency Contact (Name, Title)			1				
Area Code/Phone Number	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 Information  Does the agency have a ticket event Description:  Ticket(s)/Pass(es) provided  Was ticket distribution made of agency official?  3. Recipients  Alles Section A to identify the agency.	ket policy? Yes de A's game  Provide Title/ Explair I by agency? Yes de at the behest Yes [	nation  No ☐ If	Pate(s)	Official's Name (Last, First)				
Use Section A to identify the agency's department or unit.      Name of Agency, Department or Unit		Number of Ticket(s)/ Passes			rsuant to the agency's policy			
	B. Name of Individual (Last, First)			Identify one of the following:				
Iglesias, Chris		12	If choo	nonial Role  Other  Ming "Ceremonial Role" or "Other" de Coliseum Complex fo				
			Cerer	nonial Role Other Cking "Ceremonal Role" or "Other" de	Income			
C. Name of Outside Organization (Include address and description)		Number of Ticket(s)/ Describe ( Passes		the public purpose made pursuant to the agency's policy				
4. Verification								
I have read and understand Fi	PPC Regulations 18944			that the distribution set f	orth above, is in accordance 4.18.22			
Signature of Agency Head or Designature  Comment:	nee Pr	rint Name	******	Title	(month, day, year)			

Print

Clear

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