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

| 1. | Agency Name Oakland Alameda County Coliseum Authority |  |                                   |                      | Date Stamp                          | California 802                  |  |  |  |
|----|---|--|-----------------------------------|----------------------|-------------------------------------|---------------------------------|--|--|--|
|    |   |  |                                   |                      |                                     | For Official Use Only           |  |  |  |
|    | Division, Department, or Reg                          |  |                                   | To official ose only |                                     |                                 |  |  |  |
|    | Henry Gardner, Executive Director                     |  |                                   |                      |                                     |                                 |  |  |  |
|    | Designated Agency Contact                             | (Name,Title)   |                                   |                      |                                     |                                 |  |  |  |
|    | Area Code/Phone Number                                | E-mail   |                                   |                      | Amendment (Must                     | Provide Explanation in Part 3.) |  |  |  |
|    |   |  |                                   |                      | D                                   |                                 |  |  |  |
|    | 510.383.4801  | rsavage@coliseum   | .com                              |                      | Date of Original Filing:            | (month, day, year)              |  |  |  |
| 2. | Function or Event Infor                               | mation   |                                   |                      |                                     | 440.50                          |  |  |  |
|    | Does the agency have a tick                           | ket policy? Yes  | ■ No 🗆 F                          | ace Value of         | Each Ticket/Pass \$ _               | 112.50                          |  |  |  |
|    | Event Description: Jo Koy                             |  | 0222                              | 1 1                  |                                     |                                 |  |  |  |
|    |   | Provide Title/ Explai  |                                   | (0)                  |                                     |                                 |  |  |  |
|    | Ticket(s)/Pass(es) provided                           | by agency? Yes   |                                   | no:                  | Name of Source                      |                                 |  |  |  |
|    | Was ticket distribution made                          | at the hehest Vac I  | , Chris                           |                      |                                     |                                 |  |  |  |
|    | of agency official?                                   | at the beliest Yes   | ■ INO [] "                        | ,                    | Official's Name (Last, First)       |                                 |  |  |  |
|    | or agonoy emolar.                                     |  |                                   |                      |                                     |                                 |  |  |  |
| 3. | Recipients  |  |                                   |                      |                                     |                                 |  |  |  |
|    | Use Section A to identify the ager                    | • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. |                                   |                      |                                     |                                 |  |  |  |
|    | A. Name of Agency, Depa                               | artment or Unit  | Number<br>of Ticket(s)/           | Describe th          | e public purpose made pu            | rsuant to the agency's policy   |  |  |  |
|    |   |  | Passes                            |                      |                                     |                                 |  |  |  |
|    |   |  |                                   |                      |                                     |                                 |  |  |  |
|    |   |  |                                   |                      |                                     |                                 |  |  |  |
|    |   |  |                                   |                      |                                     |                                 |  |  |  |
|    |   |  | Number                            |                      |                                     |                                 |  |  |  |
|    | B. Name of Indi                                       |  | of Ticket(s)/<br>Passes           |                      | Identify one of the                 | following:                      |  |  |  |
|    |   |  |                                   | Ceren                | nonial Role Other                   | Income                          |  |  |  |
|    | Iglesias, Chris                                       |  | 6                                 |                      | king "Ceremonial Role" or "Other" d |                                 |  |  |  |
|    |   |  |                                   | to promote           | the coliseum complex                | to maximize revenues            |  |  |  |
|    |   |  |                                   | Ceren                | nonial Role Other                   | Income                          |  |  |  |
|    |   |  |                                   | If check             | king "Ceremonial Role" or "Other" d | escribe below:                  |  |  |  |
|    |   |  |                                   |                      |                                     |                                 |  |  |  |
|    | C. Name of Outside O (include address and             |  | Number<br>of Ticket(s)/<br>Passes | Describe th          | e public purpose made pu            | rsuant to the agency's policy   |  |  |  |
|    |   |  |                                   |                      |                                     |                                 |  |  |  |
|    |   |  |                                   |                      |                                     |                                 |  |  |  |
|    |   |  |                                   |                      | 1                                   |                                 |  |  |  |
|    |   |  |                                   |                      |                                     |                                 |  |  |  |
| 4. | Verification  |  |                                   |                      |                                     | <u> </u>                        |  |  |  |
|    | I have read and understand FF                         | PPC Regulations 18944  | .1 and 18942.                     | I have verified      | that the distribution set i         | forth above, is in accordance   |  |  |  |
|    | with the requirements.                                |  |                                   |                      |                                     |                                 |  |  |  |
|    | Klinke KWUG Renee Savage Tick                         |  |                                   | et Administrator     | 127-22                              |                                 |  |  |  |
|    | Signature of Agency Head or Design                    | nee Pr   | rint Name                         |                      | Title                               | (month, day, year)              |  |  |  |
|    | Commont   |  |                                   |                      |                                     |                                 |  |  |  |
|    | Comment:  |  |                                   |                      | -                                   |                                 |  |  |  |

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# 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 Reg   | gion (if applicable)   |  |  | 1   | For Official Use Only    |  |  |
|----|--|--|--|--|---|--------------------------|--|--|
|    | Henry Gardner, Executive Director  Designated Agency Contact (Name, Title) |  |  |  |   |                          |  |  |
|    |  |  |  |  |   |                          |  |  |
|    | Area Code/Phone Number   E-mail  |  |  | Amendment (Must Provide Explanation in Part 3.)                |   |                          |  |  |
|    | 510.383.4801   | rsavage@coliseum   | .com   |  | Date of Original Filing:  | nonth, day, year)        |  |  |
|    | Function or Event Information  |  |  |  |   |                          |  |  |
|    | Does the agency have a tic   | The second secon | ace Value of   | Value of Each Ticket/Pass \$112.50                             |   |                          |  |  |
|    | Event Description: Jo Koy  |  | Date(s)12  | 0222   |   |                          |  |  |
|    | Provide Title/ Explanation   |  |  |  |   |                          |  |  |
|    | Ticket(s)/Pass(es) provided by agency? Yes ■ No □ If no:                   |  |  |  |   |                          |  |  |
|    | Was ticket distribution mad  | e at the behest Yes  | f yes: Baker,  | Chuck  |   |                          |  |  |
|    | of agency official?  |  |  |  | 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.   |  |  |   |                          |  |  |
|    | - ose section A to identify the age  | ncy's department of unit.  | ual. Ose section C to identify an C                      | duside organización.   |   |                          |  |  |
|    | A. Name of Agency, Dep   | partment or Unit   | Number<br>of Ticket(s)/<br>Passes                        | Describe the public purpose made pursuant to the agency's poli |   |                          |  |  |
|    | *  |  |  |  |   |                          |  |  |
|    |  |  |  |  |   |                          |  |  |
|    |  |  |  |  |   |                          |  |  |
|    |  |  |  |  |   |                          |  |  |
|    | B. Name of Inc.  | Number<br>of Ticket(s)/<br>Passes  |  | Identify one of the following:                                 |   |                          |  |  |
|    |  |  |  | 1  | monial Role  Other  | Income                   |  |  |
|    | Baker, Chuck   | 4  | If checking "Ceremonial Role" or "Other" describe below: |  |   |                          |  |  |
|    |  |  |  | to promote   | the coliseum complex to n   | naximize revenues        |  |  |
|    |  |  |  |  | monial Role Other Other cking "Geremonial Role" or "Other" describe I | Income Income            |  |  |
|    |  |  |  |  | The second of the second of   |                          |  |  |
|    |  |  | Number   |  |   |                          |  |  |
|    | C. Name of Outside Organization (include address and description)          |  | of Ticket(s)/<br>Passes                                  | Describe th  | ne public purpose made pursuant                                       | t to the agency's policy |  |  |
|    |  |  |  |  |   |                          |  |  |
|    |  |  |  |  |   |                          |  |  |
|    |  |  |  |  |   |                          |  |  |
|    |  |  |  |  |   |                          |  |  |
| Ī. | Verification   |  | <u> </u>   |  |   |                          |  |  |
|    | I have read and understand F   | PPC Regulations 18944  | 4.1 and 18942.   | I have verified  | that the distribution set forth a                                     | above, is in accordance  |  |  |
| /  | with the requirements.   |  |  |  |   |                          |  |  |
| -  | Kenk Java  | Renee Savag  | ge   | Ticke  | et Administrator  | 12-222                   |  |  |
|    | Signature of Agency Head or Designature                                    | n <b>gé</b> P  | Print Name   |  | Title   | (month, day, year)       |  |  |

Comment:

## Agency Report of:

#### Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 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 510.383.4801 rsavage@coliseum.com Date of Original Filing: \_ (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes ■ No □ Date(s) 12 / 02 Event Description: Jo Koy Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ 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 A. Name of Agency, Department or Unit 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 Gardner, Henry 5 If checking "Ceremonial Role" or "Other" describe below: to promote the coliseum complex to maximize revenues Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization 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. (A Renee Savage Ticket Administrator

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#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **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 510.383.4801 rsavage@coliseum.com Date of Original Filing: \_ (month, day, year) 2. Function or Event Information 100.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes ■ No □ Date(s) 12 , 17 , Event Description: Rod Wave 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 ■ 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 A. of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income \_\_\_ Iglesias, Chris 6 If checking "Ceremonial Role" or "Other" describe below: to promote the coliseum complex to maximize revenues Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

| 4.          | `\' |    | <br>00 | • | on |
|-------------|-----|----|--------|---|----|
| <b>-0</b> - | v   | -  | <br>   |   |    |
|             |     | ٠. | <br>-  |   | ~  |

| verified that the distribution set forth | above, is in accordance |
|--|-------------------------|
|  |                         |
| Ticket Administrator                     | 12-17-22                |
| Title                                    | (month, day, year)      |
|  |                         |
|  | Ticket Administrator    |

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