A	A 0			butions	<u>A</u>	0.116
Agency Name				Date Stamp	California 802	
	and Alameda County C				1	For Official Use Only
	on, Department, or Reg					
	e Savage, Ticket Adm				1	
Desig	nated Agency Contact	(Name, Litie)				
Area (Code/Phone Number	E-mail			Amendment (Must P	rovide Explanation in Part 3.)
	383.4801	rsavage@coliseum.	com		Date of Original Filing: .	(month, day, year)
Func	ction or Event Infor	mation			_	2000
Does the agency have a ticket policy? Yes ■ No □ Face Value or					Each Ticket/Pass \$	ΔD^{o}
Event	t Description: Oakland	l A's game	- —	ote(s) 05	03 , 22	1 1
Event Description: Oakland A's game Provide Title/ Explain			ation	/ate(s)	J	
Ticket(s)/Pass(es) provided by agency? Yes ■			No □ If	no:		
	e i i e i e i e i e i e i e i e i e i e		14	yes: Iglesias	Name of Source s, Chris	
	ticket distribution made gency official?	e at the benest Yes	No □ ''	yes	Official's Name (Last, First)	
Oi uş	gono, omolar.					
Α.	Name of Agency, Dep	eartment or Unit	Number of Ticket(s)/ Passes	Describe t	ne public purpose made pur	suant to the agency's policy
	Mintello					
	Name of the dividual					
В.	Name of Inc		Number of Ticket(s)/	:	Identify one of the f	ollowing:
В.	Name of Inc (Lest, Fi					
В.			of Ticket(s)/	1	Identify one of the f	Income
В.			of Ticket(s)/	if chec	monial Role	Income scribe below:
B. C.		irst) Organization	of Ticket(s)/	ff chec Cere if chec	monial Role Other king "Ceremonial Role" or "Other" de Other Ceremonial Role Other Ceremonial Role Other Ceremonial Role" or "Other" de	Income scribe below:
<u>c.</u>	(Lest, Fi	irst) Organization	of Ticket(s)/ Passes Number of Ticket(s)/	Cere	monial Role Other king "Ceremonial Role" or "Other" de Other Cronial Role Other Crimonial Role Other Other Crimonial Role Other Crimonial Role Other Other Crimonial Role Other Other Other Crimonial Role Other Oth	Income scribe below: Income scribe below: scribe below: suant to the agency's policy
C.	(Lest, Fi	irst) Organization	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cere	monial Role Other king "Ceremonial Role" or "Other" de Other Cronial Role Other Crimonial Role Other Other Crimonial Role Other Crimonial Role Other Other Crimonial Role Other Other Other Crimonial Role Other Oth	Income scribe below: Income scribe below: Buant to the agency's policy
C. Hig	Name of Outside ((include address an gh School Graduation	irst) Organization	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cere	monial Role Other king "Ceremonial Role" or "Other" de Other Cronial Role Other Crimonial Role Other Other Crimonial Role Other Crimonial Role Other Other Crimonial Role Other Other Other Crimonial Role Other Oth	Income scribe below: Income scribe below: Buant to the agency's policy
C. Hig	Name of Outside (include address and) School Graduation kland, CA	Organization d description)	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cere- if chec Describe to	monial Role Other king "Ceremonial Role" or "Other" de Other Ciking Ceremonial Role Ciking Ceremonial Role Ciking Ceremonial Role Ciking Ceremonial Role Ciking Ciki	Income scribe below: Income scribe below: Income scribe below: Buant to the agency's policy Beneral public&busines:
C. Hig	Name of Outside (include address and gh School Graduation ikland, CA	Organization d description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 14	Cere If chec Describe to promote C	monial Role Other king "Ceremonial Role" or "Other" de Other Ciking Ceremonial Role Ciking Ceremonial Role Ciking Ceremonial Role Ciking Ceremonial Role Ciking Ciki	Income scribe below: Income scribe below:
C. Hig	Name of Outside (include address and gh School Graduation ikland, CA	Organization de description) PPC Regulations 18944 Menee Savag	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 14	Cere If chec Describe to promote C	monial Role Other ching "Ceremonial Role" or "Other" de monial Role Other ching "Ceremonial Role" or "Other" de ching "Ceremonial Role" or "Other" de che public purpose made pur coliseum Complex for gette that the distribution set for gette ching the public purpose made pur coliseum Complex for gette ching that the distribution set for gette ching the public purpose made pur coliseum Complex for gette ching the public purpose made pur coliseum Complex for gette ching the public purpose made pur coliseum Complex for gette ching the public purpose made pur coliseum Complex for gette ching the public purpose made pur coliseum Complex for gette ching the public purpose made pur coliseum Complex for gette ching the public purpose made pur coliseum Complex for gette ching the public purpose made pur coliseum Complex for gette ching the public purpose made pur coliseum Complex for gette ching the public purpose made pur coliseum Complex for gette ching the public purpose made pur coliseum Complex for gette ching the public purpose made purpose made pur coliseum Complex for gette ching the public purpose made purp	Income scribe below: Income scribe below:

A Public Document

. Agency Name					Date Sta	mp	California	802
	Oakland Alameda County C	Coliseum Authority				J	Form	
	Division, Department, or Reg	ion (if applicable)			1		For Official	Use Only
	David Haubert, OACCA Cor	mmissioner				-		
	Designated Agency Contact	(Name,Title)			1			
		_			Amendme	nt (Must Provi	ide Explanation i	n Part 3.)
	Area Code/Phone Number	E-mail			1 -	•	•	
	510.383.4801	david.haubert@acg	jov.org		Date of Origina	al Filing:	(month, day, yea	ar)
2.	Function or Event Infor	mation			Each Ticket/Pa	2-	1500	
	Does the agency have a tick	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pa	ass \$	10	
	Event Description: Paul Mc	Cartney	г	ate(s) 05	<u>, 06 , 22 </u>		05 , 08	, 22
	ZVOIN ZOOONPRON	Provide Title/ Expla	nation	(5)	-			'——
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🗆 If	no:	Name of Source			
	Was ticket distribution made	e at the behest .voc.		· yes:				
	of agency official?	e at the beliest Yes	□ No □ □	, o o	Official's Name (I	Last, First)		
3.	Recipients							
	Use Section A to identify the ager	ncy's department or unit. •	Use Section B to i	dentify an individ	ual. Use Section (C to identify a	n outside organ	ization.
	. N		Number					4
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe tr	he pubilc purpose	made pursua	ant to the agen	cy's policy
								,,,,,
						-		
	B. Name of Ind (Last, Fit		Number of Ticket(s)/ Passes	Identify one of the following:				
				Cerer	monial Role	Other	- · · · ·	Income
	Housert, Da	wid	2per date		checking "Ceremonial Role" or "Other" describe below:		be below:	
	Hausou, PC	1410		Ho pro	mote (blse	um (")	malex
				Сегег	monial Role	Other		Income 🔲
				lf chec	cking "Ceremonial Role"	or "Other" descrit	be below:	
	Name of Outside Organization		Number of Ticket(s)/	Describe the public purpos		ose made pursuant to the agency's policy		volica s'vo
	(include address an	d description)	Passes	ļ				
				!				
<u> </u>	Verification							· · · · · · · · · · · · · · · · · · ·
┿,	I have read and understand FI	PPC Regulations 1804	1 1 and 18042	I have verified	that the dietribu	ition set fort	h ahove ie ir	accordance
	with the requirements.		4. Fanu 10342.	i nave venileu	triat trie distribu	non ser iorn	n above, iş in	accordance
(Kinle Mina	A Renee Sava	ge	OAC	CCA Ticket Adr	ministrator		
	Signature of Agency Head or Desig	<u>/</u>	Print Name		Title		(mor	nth, day, year)
	Comment:							

Clear

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1.	Agency Name	Date Stamp	California 802		
	Oakland Alameda County Coliseum Authority				Form OUZ For Official Use Only
	Division, Department, or Region (if applicable)				Tor Official Coo Offin
	Chris Iglesias, OACCA Commissioner				
	Designated Agency Contact (Name, Title)				
	Area Code/Phone Number E-mail			Amendment (Must I	Provide Explanation in Part 3.)
	7 Hou oddor Hono Hallings			Date of Original Filing:	(month, day, year)
2.	Function or Event Information				21-0
	Does the agency have a ticket policy? Yes [□ No □ F	ace Value of	Each Ticket/Pass \$	215
	Event Description: Paul McCartney Provide Title/ Explain	D		<u> </u>	
			no:	Name of Source	
	Was ticket distribution made at the behest Yes of agency official?	□ No□ ^{lf}	yes:	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agency's department or unit.	Use Section B to ic	dentify an individ	ual. Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe ti	ne public purpose made pu	rsuant to the agency's policy
	· · · · · · · · · · · · · · · · · · ·				
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	following:
	Iglesias, Chriss	2	If chec	monial Role Other Other	
			to promote	Coliseum Complex fo	or use general public
			1	monial Role Other Other or "Other" o	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe t	he public purpose made pu	rsuant to the agency's policy
4.	Verification 4004	44 400 - 10		I Ab a A Ab a a 10 a A 2b a 10	
	I have read and understand FPPC Regulations 1894 with the requirements Renee Savag			that the distribution set CCA Ticket Administra	
`	00000476010	Print Name	OAG	Title	(month, day, year)
	Comment:	-			(/ // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // // -
	O STITITUTE				0 - 0-1-1

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 OACCA Executive Director Designated Agency Contact (Name, Title) ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510,383,4801 henry.gardner924@yahoo.com Date of Original Filing: (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: Paul McCartney Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 🗆 Name of Source Was ticket distribution made at the behest Yes ☐ No If yes: 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	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Gardner, Henry	2	Ceremonial Role Other Income Income Income to investigate efficiencies of the operations of events
		Ceremonial Role Other Income Income If checking "Geremonial 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
Verification		

•••	VCI III CALICII
	I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set
	with the requirements.

S/gnature of A/gency Head or Designee

Henry Gardner

Executive Director

Print Name

Title

(month, day, year)

forth above, is in accordance

Comment: _

_	ency Report of: remonial Role Events a	nd Ticket/P	ass Distrii	butions	A	New Public Document
	Agency Name Oakland Alameda County Colise	um Authority	Date Stamp	California 802		
Ī	Division, Department, or Region (i	f applicable)			1	For Official Use Only
	Renee Savage, Ticket Administrator					
1	Designated Agency Contact (Name	,Title)				
-	Area Code/Phone Number E-m	ail			Amendment (Must	Provide Explanation in Part 3.)
		/age@coliseum	.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Informati	on				24000
	Does the agency have a ticket po				Each Ticket/Pass \$ _	<u> </u>
	Event Description: Oakland A's	game	D	ate(s)	<u>/ 31 / 22</u>	
	Ticket(s)/Pass(es) provided by a	Provide Title/ Explai		ло:		
	nicket(s)/r ass(es) provided by a	gency: res	MOTT 1	710.	Name of Source	
	Was ticket distribution made at the of agency official?	ne behest Yes [□ No ■ If	yes:	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agency's di	epartment or unit. •	Use Section B to ic	dentify an individ	ual. Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Passes	Describe t	ne public purpose made pu	rsuant to the agency's policy
			Number			
	B. Name of Individua (Last, First)	I	of Ticket(s)/ Passes		identify one of the	following:
	Gardner, Henry		06		monial Role Other of Charles of C	Income Income
				promote th	e coliseum complex fo	or use by public &busines
					monial Role Other C cking "Ceremonial Role" or "Other" c	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe t	he public purpose made pu	rsuant to the agency's policy
_	V-16:4:					
	Verification I have read and understand FPPC I with the requirements.	Regulations 18944	.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
		Renee Savag	je	Tick	et Administrator	5.31.22
	Signature of Agency Head or Designee	<u> </u>	rint Name		Title	(month, day, year)

Print

Comment: _

Clear

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

A Public Document

and Alameda County Coon, Department, or Regi					Form 802
on, Department, or Regi			appropriate and become an appropriate		
	on (if applicable)		For Official Use Only		
y Gardner OACCA Exe	cutive Director				
nated Agency Contact (Vame, Title)				
				Amandment (Must 5	Insulate Evalenation in Part 2.)
Code/Phone Number	E-mail			Amendment (Must P	rovide Explanation in Part 3.)
383.4801	henry.gardner924@	yahoo.com		Date of Original Filing:	(month, day, year)
ction or Event Inform	nation				un 50
the agency have a tick	et policy? Yes				112
ot Description: Bill Burn		D	ate(s) 05	, 14 , 22	1 1
t Description.	Provide Title/ Explai	nation			
et(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:	NAME OF THE PARTY	
	at the behest Yes [□ No □ □	yes:	Official's Name (Last, First)	
gency official?					
cipients		,			
	cy's department or unit. •	Use Section B to id	dentify an individu	ual. Use Section C to identi	fy an outside organization.
		Number			
Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
		14			9
		Number			
		of Ticket(s)/ Passes		Identify one of the	following:
			Ceren	monial Role Other	Income
rdner, Henry		6	0.0000000000000000000000000000000000000	and the contract of the contra	
			to promote	the Coliseum Comple	x to genral public
			Cerer	monial Role D Other D	Income [
					ALL DESCRIPTION OF THE PROPERTY OF THE PROPERT
Name of Outside O	regulantion	Number			
		of Ticket(s)/	Describe th	he public purpose made pu	rsuant to the agency's policy
		, 20000			
		L			
	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set f	forth above, is in accordance
The requirements.	Hanni Canda		Fore	autius Disastas	
Jeny J. Mus			Exec		(many)
mature or read or Design	ide F	riiit Name		ritie	(month, day, year)
nment:					
if the state of th	ction or Event Informathe agency have a ticket Description: It (s)/Pass(es) provided ticket distribution made gency official? cipients Section A to identify the agent Name of Agency, Department, Henry Name of Outside Official (Last, Finder) Name of Outside Official (Include address and Include address	ction or Event Information the agency have a ticket policy? Yes t Description: Bill Burr	henry.gardner924@yahoo.com ction or Event Information the agency have a ticket policy? Yes No F t Description: Bill Burr Provide Title/ Explanation tt(s)/Pass(es) provided by agency? Yes No If ticket distribution made at the behest Yes No If ticket distribution made at the behest Yes No If ticket distribution made at the behest Yes No If ticket distribution made at the behest Yes No If ticket distribution made at the behest Yes No If ticket distribution made at the behest Yes No If ticket distribution made at the behest Yes No If ticket distribution made at the behest Yes No If ticket distribution made at the behest Yes No If ticket distribution made at the behest Yes No If ticket distribution made at the behest Yes No If ticket distribution made at the behest Yes No If ticket distribution made at the behest Yes No If ticket distribution made at the behest Yes No If ticket distribution made at the behest Yes No If ticket distribution made at the behest Yes No If ticket distribution made at the behest Yes No If ticket distribution made at the behest Yes No If ticket distribution made at the behest Yes No If ticket distribution made at the behest Yes No If ticket distribution made at the behest Yes No If ticket distribution made at the behest Yes No If ticket distribution made at the behest Yes No If ticket(s)/Passes Number of Ticket(s)/Passes	henry.gardner924@yahoo.com Comparison C	Date of Original Filling: Cation or Event Information

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Oakland Alameda County Colis	eum Authority			1	Form 802
	. <u>. </u>	_	Form OUZ		
Division, Department, or Region			, , , , , , , , , , , , , , , , , , , ,		
-				4	
Designated Agency Contact (Nam	e, rue)				<u>.</u>
Area Code/Phone Number E-r	nail			Amendment (Must	Provide Explanation in Part 3.)
				Date of Original Filing	I: — (month, day, year)
Function or Event Information	ion				15000
Does the agency have a ticket p	oolicy? Yes				150°00
Event Description: Oakland A's			Date(s)05	<u>/ 16 / 22 </u>	
	Provide Title/ Explan	ation			
Ticket(s)/Pass(es) provided by	agency? Yes L	J No∐ "	r no:	Name of Source	
Was ticket distribution made at	the behest Yes	Officialla Nama / and Eira	4)		
of agency official?		_		Oniciai's Marile (Last, Firs	9
Recipients					
Use Section A to identify the agency's	department or unit. • t	dual. Use Section C to ider	ntify an outside organization.		
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Passes	Describe t	he public purpose made p	sursuant to the agency's policy
	Number				
B. Name of Individu (Last, First)	al	of Ticket(s)/ Passes	Identify one of the following:		
Cal State F.B. Teachers Grad	Juation 2022	16			
our oldto E.D. Todollolo Oldt			to promote Coliseum Complex for use general publi		
			1		
Name of Outside Organization		Number of Ticket(s)/	Describe t	the public purpose made p	oursuant to the agency's policy
(IIICIADE AUGIESS AND US:		Passes			
		1			
N					
I have read and understand FPPC	Regulations 18944	.1 and 18942.	I have verified	d that the distribution se	t forth above, is in accordance
with the requirements.	je	OA	CCA Ticket Administr	rator	
Signature of Agency Head or Designee	rint Name		Title	(month, day, year)	
	Pesignated Agency Contact (Name Area Code/Phone Number E-new Event Informate Does the agency have a ticket process the agency have a ticket process (es) provided by a ticket (s)/Pass(es) provided by a was ticket distribution made at of agency official? Recipients Use Section A to identify the agency's (Last, First) Cal State E.B. Teachers Grade C. Name of Outside Organ (include address and descended in the content of th	Function or Event Information Does the agency have a ticket policy? Yes Event Description: Oakland A's Frovide Title/ Explan Ticket(s)/Pass(es) provided by agency? Yes Event Description made at the behest Yes of agency official? Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit B. Name of Individual (Last, First) Cal State E.B. Teachers Graduation 2022 C. Name of Outside Organization (include address and description) Verification I have read and understand FPPC Regulations 18944 with the requirements.	Area Code/Phone Number E-mail Function or Event Information Does the agency have a ticket policy? Yes No Fevent Description: Oakland A's Frovide Title/ Explanation Food Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No It Was ticket distribution made at the behest Yes No It of agency official? Recipients Use Section A to identify the agency's department or unit. Use Section B to A. Name of Agency, Department or Unit Number of Ticket(s)/ Passes E. Name of Individual (Last, First) Of Ticket(s)/ Passes Cal State E.B. Teachers Graduation 2022 16	Area Code/Phone Number E-mail	Amendment Amen

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_	-	Colinarias Austhamita			Date Stamp	California 802
	and Alameda County on, Department, or Re					For Official Use Only
	•	- , ,				·
	ee Savage, Ticket Adn Inated Agency Contact			-		
Desig	mated Agency Contact	t Irvaine, riney				
Area	Code/Phone Number	E-mail	<u> </u>		Amendment (Must	Provide Explanation in Part 3.)
510.3	383.4801	rsavage@coliseum	n.com		Date of Original Filing	(month, day, year)
. Fund	ction or Event Info	rmation	· · · · · · · · · · · · · · · · · · ·	·		
	the agency have a tid		■ No□ F	ace Value of I	Each Ticket/Pass \$ _	5000
	· ·				•	
Even	t Description: Oaklan	Provide Title/ Expla	nation [ate(s)	29 / 22	
Ticke	et(s)/Pass(es) provide			no:		
	() ()				Name of Source	
Was	ticket distribution mad	de at the behest Yes	□ No 🖪 🏻 If	yes:	Official's Name (Last, First	9
of a	gency official?				Onicial a Harrie (Last, Filat	,
A.	Name of Agency, De					
			of Ticket(s)/ Passes			urauant to the agency's policy
В.	Name of in (Last, F				identify one of the	
-	(Last, F		Number of Ticket(s)/	Cererr	identify one of the	following:
-			Passes Number of Ticket(s)/	Ceren # check	identify one of the onial Role ☐ Other ing "Ceremonial Role" or "Other" o	following:
-	(Last, F		Number of Ticket(s)/	Cerem If check promote the	identify one of the onial Role ☐ Other ing "Ceremonial Role" or "Other" o	Income or use by public &busines
-	(Last, F	Organization	Number of Ticket(s)/	Cerem # check promote the	identify one of the onial Role □ Other ing "Ceremonial Role" or "Other" of coliseum complex foonial Role □ Other ing "Ceremonial Role" or "Other" of	Income describe below: or use by public &busine
Igle	(Last, F	Organization	Number of Ticket(s)/ Passes 14 Number of Ticket(s)/	Cerem # check promote the	identify one of the onial Role □ Other ing "Ceremonial Role" or "Other" of coliseum complex foonial Role □ Other ing "Ceremonial Role" or "Other" of	Income describe below: Income describe below: Income describe below:
Igle C.	(Lest, Fesias, Chris Name of Outside (Include address ar	Organization nd description)	Number of Ticket(s)/ Passes 14 Number of Ticket(s)/ Passes	Cerem If check promote the Cerem If check Describe th	Identify one of the onial Role Other ing "Ceremonial Role" or "Other" of coliseum complex for onial Role Other ing "Ceremonial Role" or "Other" of the public purpose made pu	Income Inc
Igle C. Verit	(Lest, Fesias, Chris Name of Outside (Include address ar	Organization nd description)	Number of Ticket(s)/ Passes 14 Number of Ticket(s)/ Passes	Cerem If check promote the Cerem If check Describe th	Identify one of the onial Role Other ing "Ceremonial Role" or "Other" of coliseum complex for onial Role Other ing "Ceremonial Role" or "Other" of the public purpose made pu	Income describe below: Or use by public &busine: Income describe below:

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Comment: __

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

	gency Report of: eremonial Role Ever	nts and Ticket/P	ass Distri	butions	A	Public Document
1.	Agency Name				Date Stamp	California Q02
	Oakland Alameda County	Coliseum Authority			Form OUZ	
	Division, Department, or Region (if applicable)					For Official Use Only
	Renee Savage, Ticket Adm	ninistrator				
	Designated Agency Contact	(Name, Title)	· · · · · · · · · · · · · · · · · · ·		1	
					Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				TOTAL EXPLANENCE IN TURN O.
	510.383.4801	rsavage@coliseum.	com		Date of Original Filing:	(month, day, year)
	Event Description: Oakland Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?	cket policy? Yes description A's game Provide Title/ Explant by agency? Yes description	Destion If		Each Ticket/Pass \$ / 13 / 22 Name of Source Official's Name (Last, First)	1509
3.	Recipients • Use Section A to identify the age	ency's department or unit. • \	Use Section B to id	dentify an individu	ual. Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pui	rsuant to the agency's policy
					· · · · · · · · · · · · · · · · · · ·	

			to investigate efficiencies of operations			
			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			
,	4.	•				

Number

of Ticket(s)/

Passes

4.	Ve	rifi	cat	ion	

Comment:

В.

Iglesias, Chris

- 1	l have read and	understand	FPPC Regulation	ns 18944.	1 and	18942.	i have	verified that t	he distribi	ution set fol	th above	is in	accordance
	with the convice	monta	•										

Name of individual

(Last, First)

Ticket Administrator

Ceremonial Role

5.13.22

Title

identify one of the following:

If checking "Ceremonial Role" or "Other" describe below:

Other

(month, day, year)

income ___

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) Renee Savage, Ticket Administrator Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 rsavage@coliseum.com (month, day, year) 15000 2. Function or Event Information Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes No 🗀 Event Description: Oakland A's game 05 Date(s) _ 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 Name of Individual ₿. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Income Other 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 Northgate High School Latin Jazz Band 14 to provide opportinities to community groups Oakland, CA

4. Verification

- 1	have read and understand FPPC	Regulations 18944.1	and 18942.	I have verified that the	distribution set forti	h above, is ir	n accordance
	with the requirements	-					

with the requirements.	alions 10944.1 and 10942.1	mave vermed that the distribution set fort	n above, is in accordance
	enee Savage	Ticket Administrator	5.10.22
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Print

Clear

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

_	icy Report of: monial Role Even	ts and Ticket/P	ass Distri	butions	A	Public Document			
1. Age	ency Name		Date Stamp	California Q02					
	kland Alameda County (•		Form OUZ					
Divi	sion, Department, or Reg	ion (if applicable)]	For Official Use Only					
	nee Savage, Ticket Adm								
Des	ignated Agency Contact	(Name,Title)							
			Amendment (Must I	Provide Explanation in Part 3.)					
Агеа	a Code/Phone Number	E-mail				·			
510	0.383.4801	rsavage@coliseum.	com		Date of Original Filing:	(month, day, year)			
2. Fur	2. Function or Event Information								
Doe	es the agency have a tic	ket policy? Yes	Each Ticket/Pass \$ _	2007					
Eve	ent Description: Oakland	A's game	<u>, 16 , 22 </u>	2000					
		Provide Title/ Explar							
Tick	ket(s)/Pass(es) provided	by agency? Yes	Name of Source						
Ma	s ticket distribution made	at the beheet w	, Chris						
	agency official?	e at the beliest Yes	■ N0 🔲 ''	yes	Official's Name (Last, First)				
Ψ,	agonoy omolar.								
	ecipients Ise Section A to identify the ager	ncy's department or unit.	ual. Use Section C to identi	fy an outside organization.					
A. —	A. Name of Agency, Department or Unit			Describe th	the public purpose made pursuant to the agency's policy				
— В.	Name of Ind (Last, Fi	Number of Ticket(s)/ Passes		Identify one of the					
					nonial Role	Income [
					nonial Role Other L king "Ceremonial Role" or "Other" d				
C.	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ibe the public purpose made pursuant to the agency's polic				
C	al East Bay Teacher Cr	16	promote C	oliseum Complex for general public&business					
С	Clas of 2022								
	rification								
	ve read and understand Fl the requirements	PPC Regulations 18944	.1 and 18942.	l have verified	that the distribution set i	forth above, is in accordanc			
	Kenu Kera	A Renee Savag	е	Ticke	et Administrator	5.18.22			
S	ignature of Agency Head or Desig	ee Pi	int Name		Title	(month, day, year)			

Print

Comment: _

Clear

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