1. Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Henry Gardner, Executive Director Designated Agency Contact (Name, Title) Area Code/Phone Number E-mail rsavage@coliseum.com Date of Original Filling: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 150.00 Event Description: AESPA Provide Titler Explanation If no:		gency Report of: eremonial Role Events and Ticke	t/Pass Distr	ibutions	Α	Public Document	
Calkland Alameda County Coliseum Authority Form Output						California	
Hemry Gardner, Executive Director Designated Agency Contact (Name, Title) Area Code/Phone Number							
Designated Agency Contact (Namo, Tible)					1	For Official Use Only	
Designated Agency Contact (Namo, Tible)		Henry Gardner, Executive Director					
Date of Original Filing: Control					1		
2. Function or Event Information Does the agency have a ticket policy? Yes No Date of Original Filing:		Asso Code Dhane Number E-weil			Amendment (Must Provide Explanation in Part 3.)		
Does the agency have a ticket policy? Yes No Date(s) 01/30/2025 Event Description: AESPA Provide Title Explanation Ticket(s)/Pass(es) provided by agency? Yes No Date(s) 01/30/2025 Ticket(s)/Pass(es) provided by agency? Yes No Date(s) 01/30/2025 Was ticket distribution made at the behest Yes No Date(s) 01/30/2025 Was ticket distribution made at the behest Yes No Date(s) 01/30/2025 Was ticket distribution made at the behest Yes No Date(s) 01/30/2025 Name of Source If yes: Iglesias, Chris Recipients *Use Section 8 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 Passes Iglesias, Chris Number of Ticket(s) Passes Ceremonial Role Date Date Date Date Date Date Date Dat			eum.com		Date of Original Filing: .	(month, day, year)	
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Ticket(s)/Pass(es) provided by agency? Yes No If no: Was ticket distribution made at the behest Yes No If yes: Iglesias, Chris Name of Source Was ticket distribution made at the behest Yes No If yes: Iglesias, Chris Name of Agency official? Name of Agency official? Name of Agency, Department or unit. Namber of Ticket(s)/ Passes No If yes: Iglesias, Chris Name of Agency, Department or Unit Number of Ticket(s)/ Passes Name of Individual (Lest, First) Number of Ticket(s)/ Passes Name of Individual (Lest, First) Number of Ticket(s)/ Passes Oescribe the public purpose made pursuant to the agency's policy in the public purpose made pursuant to the agency's policy Passes Ceremonial Role Other Income If theology Toermonial Role Or Other describe below: to provide opportunities to community groups Ceremonial Role Organization of Ticket(s)/ Passes C. Name of Outside Organization of Ticket(s)/ Passes C. Name of Outside Organization (Income If theology Toermonial Role or Other describe below: Describe the public purpose made pursuant to the agency's policy Passes A. 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. Number of OACCA Ticket Administrator 1/27.25		Event Description: AESPA	0/2025				
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FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Clear

Comment: ____

Agency Report of:

. Agency Name				Date Stamp	Public Documen
Oakland Alameda County	Coliseum Authority			Date Stamp	Form 802
Division, Department, or Reg					For Official Use Only
Henry Gardner, Executive	Director				
Designated Agency Contact	(Name, Title)				
Area Code/Phone Number	E-mail			Amendment (Must Pro	vide Explanation in Part 3.)
510.383.4801	rsavage@coliseu	m.com		Date of Original Filing:	(month, day, year)
Function or Event Info					200.00
Does the agency have a tic		S□ No□ F	ace Value of	Each Ticket/Pass \$	200.00
Event Description: Rod Wa	ave	_	oate(s) 01/06	<u> 5/2025</u>	
T-1-1/->/D/>	Provide Title/ Exp	lanation		_	
Ticket(s)/Pass(es) provided	by agency? Yes	s■ No□ If	no:	N 60	
Was ticket distribution made	e at the behest	:■ No□ If	yes: Jenkins	Name of Source , Kevin	
of agency official?	165	· • • • • • • • • • • • • • • • • • • •	yos. ———	Official's Name (Last, First)	
Recipients		2			
Use Section A to identify the age	ncy's department or unit.		dentify an individu	ral. Use Section C to identify a	n outside organization.
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