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 Date of Original Filing: . 510.383.4801 rsavage@coliseum.com (month, day, year) 2. Function or Event Information 118.75 Face Value of Each Ticket/Pass \$_ Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: We Them One Comedy Date(s) 04/06/2024 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 I 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: В. of Ticket(s)/ (Last, First) Passes Other \square Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 4 Wesley, Kassim to promote the Coliseum and generate revenue Income 🔲 Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4 .	Vo	rifi	cati	on
	VC		vau	vII

Comment:

Lhave read and understand FPPC Regulation	ns 18944.1 and 18942.1	Have verilled that the distribution set forth abo	Ne, is in accordance
with)the requirements.			
SIN Junay Crene	e Savage	OACCA Ticket Administrator	3.22.24
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Print

Clear

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

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

eremonial Role Event	ts and Ticket/Pa	ass Distri	outions	Α	Public Document
Agency Name				Date Stamp	California 802
Oakland Alameda County C	oliseum Authority				
Division, Department, or Regi	on (if applicable)				For Official Use Only
Henry Gardner, Executive D	lenry Gardner, Executive Director				
Designated Agency Contact (Name,Title)				
	,			Amendment (Must P	rovide Explanation in Part 3.)
Area Code/Phone Number	E-mail				
510.383.4801	rsavage@coliseum.	com		Date of Original Filing:	(month, day, year)
Function or Event Infor	mation				440.75
Does the agency have a tick	ket policy? Yes [□ No □ F	ace Value of	Each Ticket/Pass \$	118.75
Event Description; We Ther	m One Comedy		ate(s) 04/06	6/2024	
Event Description,	Provide Title/ Explan	ation	` '		
Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🔲 If	no:		· · · · · · · · · · · · · · · · · · ·
Mary Halant distribution made	of the behadt V		Gardne	Name of Source r, Henry Official's Name (Last, First)	
Was ticket distribution made of agency official?	at the benest Yes	■ No LI	yes. ———	Official's Name (Last, First)	
or agency omorar:					
Recipients					
Use Section A to identify the agen	ncy's department or unit. • I		lentify an individu	ual. Use Section C to identi	fy an outside organization.
A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made pui	suant to the agency's policy
		Passes			4
		Number			
B. Name of Indi (Last, Fir		of Ticket(s)/ Passes		Identify one of the	rollowing:
			Ceren	nonial Role Other	Income _
Savage, Daniel		2		king "Ceremonial Role" or "Other" de	
			to promote	the Coliseum and ger	nerate revenue
<u> </u>				monial Role Other	
			If chec	cking "Ceremonial Role" or "Other" de	escribe below:
C. Name of Outside C		Number of Ticket(s)/	Describe th	he public purpose made pu	rsuant to the agency's policy
(include address and	d description/	Passes			
-					
. Verification	and the second second				
I have read and understand FF	PPC Regulations 18944	l.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
with the requirements.	. I Triganation 10011				
Leples Lina	W Renee Savag	је	OAC	CCA Ticket Administra	tor 3.22.24
Signature of Agency Head or Desig	Mee P	rint Name		Title	(month, day, year)
digitature of Agency Head of Desig		111111111111111111111111111111111111111			

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: -510.383.4801 rsavage@coliseum.com (month, day, year) 2. Function or Event Information 118.75 Face Value of Each Ticket/Pass \$_ Does the agency have a ticket policy? Yes ■ No □ Event Description: We Them Comedy Tour Date(s) 04/06/2024 Provide Title/ Explanation If no: _ Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If yes: Jenkins, Kevin 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: В. of Ticket(s)/ (Last. First) **Passes** Ceremonial Role Other Income ... If checking "Ceremonial Role" or "Other" describe below: 2 Nunley, Symphony to promote the Coliseum and generate revenue Income Ceremonial Role Other ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

Verification

Comment: __

I have read and understand FPPC Regulations 18944.1 and 189	42. I have verified that the distribution set forth above, is in accordance
with the requirements:	

MUCLWIG Renee Savage

OACCA Ticket Administrator

04.05.24

Title

(month, day, year)

Agency Report of:

	eremonial Role Even	ts and Ticket/P	ass Distri	butions	A Pub	lic Document
1.	Agency Name				Date Stamp Ca	alifornia 802
	Oakland Alameda County Coliseum Authority				La Calland	Form OUZ For Official Use Only
	Division, Department, or Region (if applicable)					1 of Official OSC Offiny
	Henry Gardner, Executive Director					
	Designated Agency Contact	(Name, Title)				
		1 			Amendment (Must Provide E	Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Filing:	
	510.383.4801	rsavage@coliseum.	.com		(mo	nth, day, year)
2.	Function or Event Infor	mation				118.75
	Does the agency have a tic] No∏ F	ace Value of	Each Ticket/Pass \$	
	Event Description: We Them One Comedy Date(s) 04/06				5/ <u>2024</u>	
	Ticket(s)/Pass(es) provided	Provide Title/ Explar		no:		
	ricket(s)/rass(es) provided	by agency: res			Name of Source	
	Was ticket distribution made	e at the behest Yes	■ No 🗀 If	yes: Miley, N	late Official's Name (Last, First)	
	of agency official?				Onicial's Name (Last, First)	
3.	Recipients				The state of the s	
ა.		ncy's department or unit.	Use Section B to it	dentify an individu	ual. Use Section C to identify an ou	itside organization.
	A. Name of Agency, Dep		Number of Ticket(s)/ Passes	1	ne public purpose made pursuant	
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the following	ng:
	Naji, Aquil		4		nonial Role Other Charles of the Cha	Income Income
				to promote	the Coliseum and generate	revenue
					nonial Role Other Charles (Sking "Ceremonial Role" or "Other" describe be	Income Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursuant	to the agency's policy
4.	Verification	DDO D	14 4 45045	I house wastered	that the distribution art faults	hove is in accordance
_	I have read and understand Fi with the requirements.	PPC Regulations 18944 Renee Savag			that the distribution set forth a CCA Ticket Administrator	3.22.24
	Signature of Agency Head or Design	$\underline{}$	rint Name		Title	(month, day, year)

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

Print

Comment: _____

Onlidered A	Name				Date Stamp	California 802
Oakland A	lameda County C	oliseum Authority				
Division, D	epartment, or Reg	on (if applicable)				For Official Use Only
Henry Gar	dner, Executive D	irector				
Designated	Agency Contact (Name, Title)				
					Amendment (Must	Provide Explanation in Part 3.)
Area Code/	Phone Number	E-mail				
510.383.48	801	rsavage@coliseur	n.com	1	Date of Original Filing	: (month, day, year)
. Function	or Event Infor	mation				100.00
Does the a	agency have a tick	ket policy? Yes	No 🗔 📑	ace Value of Ea	ch Ticket/Pass \$ _	
Event Des	cription: Los Ang	eles Azules	D	ate(s) 04/13/2	024	
210111200		Provide Title/ Expl	anation			
Ticket(s)/F	Pass(es) provided	by agency? Yes	■ No □ If	no:	Name of Source	
Mon tiglent	diatribution mode	at the behest Yes	- v - 16	Iglesias, C	Name of Source Chris Official's Name (Last, First	
of agency		at the beliest Yes	No LI	yes.	Official's Name (Last, First)
or agency	y Omolar:					
Recipie	ents					
• Use Section	on A to identify the ager	cy's department or unit.	• Use Section B to ic	dentify an individual.	Use Section C to iden	tify an outside organization.
Α.	Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe the p	oublic purpose made p	ursuant to the agency's policy
В.	Name of Ind		Number of Ticket(s)/		Identify one of the	e following:
	(Last, Fir	SI)	Passes	0	Sal Bala D Other	Income
Iglesias,	Chric		16	1	nial Role DOther "Ceremonial Role" or "Other"	
Tulcolas.	Omis		10	to provide op	portunities to comr	nunity groups
.g,						
				Ceremor If checking	nial Role Other "Geremonial Role" or "Other"	
<u>с.</u>	Name of Outside C		Number of Ticket(s)/ Passes	If checking	g "Ceremonial Role" or "Other"	
			of Ticket(s)/	If checking	g "Ceremonial Role" or "Other"	describe below:

I have read and understand FPPC Regulations 18944.1 and 18942. with the requirements.	I have verified that the distribution set forth abo	ve, is in accordance
Some January Renee Savage	OACCA Ticket Administrator	04.10.24
Signature of Agency Head or Designes Print Name	Title	(month, day, year)

Print

Comment: __

Clear

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