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

A Public Document

1.	Agency Name		Date Stamp	California 802				
	Oakland Alameda County C			For Official Use Only				
	Division, Department, or Reg		1	For Official Use Offig				
	Henry Gardner, Executive D							
	Designated Agency Contact	(Name,Title)		1				
	Area Code/Phone Number E-mail				Amendment (Must Provide Explanation in Part 3.)			
	510.383.4801	rsavage@coliseum.com			Date of Original Filing:			
	310.000.4001	Tsavage@conscant	.00111		3	(month, day, year)		
2.	Function or Event Infor	mation				127 50		
	Does the agency have a tic	ket policy? Yes	No □ F	ace Value of	Each Ticket/Pass \$	137.50		
	Event Description: Martin L	awrence		Date(s) 12/07	/2024			
	Provide Little/ Explanation							
	Ticket(s)/Pass(es) provided	by agency? Yes	No □ If	f no:	Name of Source			
	Was ticket distribution made	e at the behest. Voc.	Name of Source s, Kevin Official's Name (Last, First)					
	of agency official?	o at the beneat fes	INO L.	yes. ———	Official's Name (Last, First)			
3.	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.							
	A. Name of Agency, Department	artment or Unit	Number of Ticket(s)/	Describe th	Describe the public purpose made pursuant to the agency's po			
			Passes					
					1.			
				N 100				
		Number	100 mm					
	B. Name of Ind (Last, Fir		of Ticket(s)/ Passes		Identify one of the fo	llowing:		
				Cerem	nonial Role Other	Income		
	Jenkins, Kevin	4	If checking "Ceremonial Role" or "Other" describe below:					
				to promote	the coliseum and gene	rate revenues		
				Cerem	nonial Role Other	Income		
				If check	king "Ceremonial Role" or "Other" desc	ribe below:		
			Linkey					
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the public purpose made pursuant to the ag		uant to the agency's policy		
	(include address and	d description)	Passes					
				-				
_				<u> </u>				
4.	Verification	200 D	4 - 1 100 15		0-10-20-2	4 L :- :- :- :- :- :-		
	I have read and understand FF with the requirements ✓	PPC Regulations 18944	.1 and 18942.	ı nave verified i	rnat the distribution set foi	rn above, is in accordance		
1		G / Renee Savag	CA Ticket Administrato	r 12-1-211				
(Signature of Agency Head or Design		rint Name		Title	(month, day, year)		
	and a service of the	. ·	778E 1. T-11.1-2			,, ,,		
	Comment:							

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Agency Name		***		Date Stamp	California 802		
Oakland Alameda County C	Coliseum Authority		Form OUZ				
Division, Department, or Reg	ion (if applicable)		For Official Use Only				
Henry Gardner, Executive D	Director						
Designated Agency Contact	(Name,Title)						
		Amendment (Must Pro	ovide Explanation in Part 3.)				
Area Code/Phone Number	E-mail						
510.383.4801	rsavage@coliseum.o	com		Date of Original Filing: _	(month, day, year)		
. Function or Event Infor	mation				407.50		
Does the agency have a tic	ket policy? Yes	No ☐ F	ace Value of	Each Ticket/Pass \$	137.50		
Front Department Martin L			Date(s) 12/07/2024				
Event Description: Martin Lawrence Date(s) 12/07/2024 Date(s)							
Ticket(s)/Pass(es) provided	by agency? Yes ■	No ☐ If	no:				
			Inlesias	Name of Source			
Was ticket distribution made	e at the behest Yes	No □ If	yes: Iglesias	, Chris 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.							
A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's polic			
B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:			
Iglesias, Chris		4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
			to promote	the coliseum and gene	rate revenues		
		* *************************************		nonial Role Other Ching "Ceremonial Role" or "Other" des			
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		18			44.5		
I have read and understand FI	PPC Regulations 18944.	1 and 18942.	I have verified	that the distribution set fo	rth above, is in accordanc		
with the requirements.							
KINLL WAG Renee Savage				OACCA Ticket Administrator 12-6-24			
Signature of Agency Head or Desig	nee Pri	nt Name		Title	(month, day, year)		
Comment:	e and the second	The state of the s					

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: _ rsavage@coliseum.com 510.383.4801 (month, day, year) 2. Function or Event Information 137.50 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes No 🗆 Event Description: Martin Lawrence Date(s) 12/07/2024 Provide Title/ Explanation If no: _ Yes No 🗆 Ticket(s)/Pass(es) provided by agency? Name of Source If yes: Gardner, Henry Was ticket distribution made at the behest Yes ■ No □ 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. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes Income Other \square Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 4 Gardner, Taylor to promote the coliseum and generate revenues Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ Passes C. (include address and description) 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 OACCA Ticket Administrator Renee Savage

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

Comment: _

Print Name