

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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	<b>California Form 802</b> <small>For Official Use Only</small>
Division, Department, or Region (if applicable) Henry Gardner, Executive Director		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
Designated Agency Contact (Name, Title)			
Area Code/Phone Number 510.383.4801	E-mail rsavage@coliseum.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 64.00

Event Description: Oakland A's Game 07.03.04    Date(s) 7 3 24  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes  No     If yes: Iglesias, Chris  
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 or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Iglesias, Chris	16	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to provide opportunities to community groups
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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. 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.

Renee Savage
OACCA Ticket Administrator
7-1-24  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	<b>California Form 802</b>
<b>Division, Department, or Region</b> (if applicable) Henry Gardner, Executive Director		For Official Use Only	
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> rsavage@coliseum.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 64.00

Event Description: Oakland A's Game 07.04.2024    Date(s) 7 4 24

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_

Name of Source

Was ticket distribution made at the behest of agency official?    Yes  No     If yes: Iglesias, Chris  
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 or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Iglesias, Chris	16	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to provide opportunities to community groups
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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. 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.*

Renee Savage
OACCA Ticket Administrator
7-1-24  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	<b>California Form 802</b> For Official Use Only
<b>Division, Department, or Region</b> (if applicable) Henry Gardner, Executive Director			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> rsavage@coliseum.com		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 64.00

Event Description: Oakland A's 07.06.2024 Date(s) 7 6 24  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Gardner, Henry  
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.

<b>A.</b>	<b>Name of Agency, Department or Unit</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>
<b>B.</b>	<b>Name of Individual (Last, First)</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Identify one of the following:</b>
	Gardner, Henry	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the Coliseum and generate revenue
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C.</b>	<b>Name of Outside Organization (include address and description)</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>

**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.*

 Renee Savage  
Signature of Agency Head or Designee

\_\_\_\_\_ Print Name  
 \_\_\_\_\_ Title  
 \_\_\_\_\_ 7-1-24  
(month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	<b>California Form 802</b>
<b>Division, Department, or Region</b> (if applicable) Henry Gardner, Executive Director		For Official Use Only	
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> rsavage@coliseum.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 64.00

Event Description: Oakland A's game 7.7.24    Date(s) 7 7 24

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_

Name of Source

Was ticket distribution made at the behest of agency official?    Yes  No     If yes: Jenkins, Kevin

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 or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Jenkins, Kevin	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the Coliseum and generate revenues
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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. 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.

    Renee Savage    OACCA Ticket Administrator    7-1-24  
Signature of Agency Head or Designee    Print Name    Title    (month, day, year)

Comment: \_\_\_\_\_



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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	<b>California Form 802</b>
<b>Division, Department, or Region</b> (if applicable) Henry Gardner, Executive Director		For Official Use Only	
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> rsavage@coliseum.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 64.00

Event Description: Oakland A's Game 07.19.2024    Date(s) 7 19 24

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No     If no: \_\_\_\_\_

Was ticket distribution made at the behest of agency official?    Yes  No     If yes: Iglesias, Chris  
Name of Source  
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 or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Iglesias, Chris	16	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to provide opportunities to community groups
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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. 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.*

Renee Savage
OACCA Ticket Administrator
7-1-24  
Signature of Agency Head or Designee    Print Name    Title    (month, day, year)

Comment: \_\_\_\_\_

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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	<b>California Form 802</b> <small>For Official Use Only</small>
<b>Division, Department, or Region</b> (if applicable) Henry Gardner, Executive Director			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> rsavage@coliseum.com	<b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 300<sup>00</sup>

Event Description: Missy Elliot    Date(s) 07/09/2024  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: Jenkins, Kevin  
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 or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Phillips, Sonjha	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the Coliseum and generate revenues
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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. 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.*

Renee Savage
OACCA Ticket Administrator
7-2-24  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_

Print
Clear

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

A Public Document

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	<b>California Form 802</b>
Division, Department, or Region (if applicable) Henry Gardner, Executive Director		For Official Use Only	
Designated Agency Contact (Name, Title)			
Area Code/Phone Number 510.383.4801	E-mail rsavage@coliseum.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 300.00

Event Description: Missy Elliott Date(s) 07/09/2024  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Gardner, Henry  
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 or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Savage, Renee	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the Coliseum and generate revenues
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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. 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.

Renee Savage Signature of Agency Head or Designee     
 Renee Savage Print Name     
 OACCA Ticket Administrator Title     
 7-2-24 (month, day, year)

Comment: \_\_\_\_\_

Print
Clear

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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	<b>California Form 802</b> For Official Use Only
<b>Division, Department, or Region</b> (if applicable) Henry Gardner, Executive Director			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> rsavage@coliseum.com	<b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 300<sup>00</sup>

Event Description: Missy Elliott Date(s) 07/09/2024  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Gardner, Henry  
Name of Source  
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 or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Wesley, Kassim	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the Coliseum and generate revenues
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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. 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

Renee Savage Renee Savage OACCA Ticket Administrator 7-2-24  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

**Print Clear**



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

A Public Document

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	<b>California Form 802</b>
Division, Department, or Region (if applicable) Henry Gardner, Executive Director		For Official Use Only	
Designated Agency Contact (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number 510.383.4801	E-mail rsavage@coliseum.com		

## 2. Function or Event Information

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 200.00

Event Description: Chris Brown    Date(s) 07/31/2024  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: \_\_\_\_\_

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: Gardner, Henry  
Name of Source  
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 or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Wesley, Kassim	6	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to promote the Coliseum and generate revenues
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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. 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.

Renee Savage
OACCA Ticket Administrator
7-2-24  
Signature of Agency Head or Designee    Print Name    Title    (month, day, year)

Comment: \_\_\_\_\_

Print
Clear



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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority		Date Stamp	<b>California Form 802</b>
<b>Division, Department, or Region</b> (if applicable) Henry Gardner, Executive Director		For Official Use Only	
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
<b>Area Code/Phone Number</b> 510.383.4801	<b>E-mail</b> rsavage@coliseum.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 295.00

Event Description: IU Concert    Date(s) 07/31/2024  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: \_\_\_\_\_

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: Iglesias, Chris  
Name of Source  
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 or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Iglesias, Chris	6	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to provide opportunities to community organizations
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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. 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.*

Renee Savage
OACCA Ticket Administrator
7-2-24  
Signature of Agency Head or Designee    Print Name    Title    (month, day, year)

Comment: \_\_\_\_\_