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

A Public Document California Ono

Date Stamp

1.	Agency Name	Date Stamp California 802					
	Oakland Alameda County C		Form				
	Division, Department, or Reg		For Officia	l Use Only			
	Henry Gardner, Executive D	Director					
	· ·	Designated Agency Contact (Name, Title)					
					Amendment (Must	Provide Evaluation	in Part 3.)
	Area Code/Phone Number	E-mail			Minerial livius:	FIUNDE Explanation	III I art o.,
	510.383.4801	rsavage@coliseum	.com		Date of Original Filing	(month, day, ye	ear)
2.	Function or Event Infor	mation					125.00
	Does the agency have a ticl	ket policy? Yes I	■ No 🗆 F	ace Value of	Each Ticket/Pass \$ _		
	Event Description: P1Harm	ony Provide Title/ Explai		Date(s) <u>06/14</u>	/2024		
	Ticket(s)/Pass(es) provided	by agency? Yes			Name of Source		
	Was ticket distribution made of agency official?	e at the behest Yes	■ No □ I	f yes: <u>Iglesias</u>	official's Name (Last, First))	
- 3.							
	Use Section A to identify the ager	ncy's department or unit. •		identify an individ	ual. Use Section C to ident	tify an outside orga	nization.
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the age	ncy's policy
	:						
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the following:		
	Iglesias, Chris		4	If chec	monial Role Other Other Coliseum and genera		Income 🗌
	-			Cerer	monial Role Other of the Color		Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the age	ncy's policy
4.	Verification						
	I have read and understand FF	PPC Regulations 1894	1.1 and 18942.	I have verified	that the distribution set	forth above, is i	n accordance
	with the requirements	Renee Sava	ge	OAC	CCA Ticket Administra	ator (o	14-24
	Signature of Agency Head or Desig	nee F	Print Name		Title	(me	onth, day, year)
	Comment:	1.50					

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

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C	eremoniai Role Even	to and Tickeur	สออ มาอน	IDUIIOIIS		A I ablic bocament	
1. Agency Name					Date Stamp	California 802	
	Oakland Alameda County C	oliseum Authority				Form OUZ	
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only			
	Henry Gardner, Executive D	irector					
	Designated Agency Contact (
		*				4 Devide Fundamenta in Bort 2)	
	Area Code/Phone Number	E-mail			Amendment (Mus	at Provide Explanation in Part 3.)	
	510.383.4801	rsavage@coliseum	.com		Date of Original Filing	g:(month, day, year)	
	010.000.4001	Tourago@comocann				(montn, day, year)	
2.	Function or Event Infor	mation				17500	
	Does the agency have a tick	ket policy? Yes	■ No 🗆	Face Value of	Each Ticket/Pass \$	10	
	Event Description: The Blg	3		Date(s) 06/02	/2024	6.15.24	
	Event Description.	Provide Title/ Explai	nation	Date(s)		<u> </u>	
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🗆	If no:			
	, , , , , , , ,			Cordno	Name of Source		
	Was ticket distribution made	at the behest Yes	■ No □	If yes: Gardne	r, Henry Official's Name (Last, Fin	st)	
	of agency official?						
_	Desiriente						
3.	Recipients • Use Section A to identify the ager	ocy's department or unit	Lisa Saction R to	identify an individu	ual • Use Section C to ide	ntify an outside organization.	
	- Use Section A to identify the ager	icy's department of drift.	Number				
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/	Describe th	ie public purpose made j	oursuant to the agency's policy	
			Passes				
	B. Name of Indi	ividual	Number of Ticket(s)/		Identify one of th	ie following:	
	(Last, Fir	'st)	Passes				
					Ceremonial Role Other Income		
	Savage,Dan		2		If checking "Ceremonial Role" or "Other" describe below:		
				to promote	the Coliseum and g	enerate revenues	
					monial Role 🔲 Other		
				If chec	king "Ceremonial Role" or "Other	" describe below:	
	C. Name of Outside O	rganization	Number of Ticket(s)/	Describe th	ne public purpose made	pursuant to the agency's policy	
	C. (include address and	description)	Passes				
7	Verification						
┿.	I have read and understand FF	DDC Pogulations 180/	1 1 and 18943	2 I have verified	that the distribution se	et forth above, is in accordance	
	with the requirements.	- Negulations 10944	r. 1 and 100+2	. Thave vermed	that the distribution of		
-	LOGOOF MINO	Renee Savaç	је	OAC	CA Ticket Administ	rator 6-14-24	
	Signature of Agency Head or Design		Print Name		Title	(month, day, year)	
	Signature of Agency Frede of Design	MRRS:					
	Comment:						

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: rsavage@coliseum.com 510.383.4801 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Date(s) 06/15/2024 Event Description: Big 3 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 4 Iglesias, Chris to promote Coliseum and generate revenues 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)/ C. (include address and description) Passes

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4	1//	\FI	***	71	ion
₩.	v	21 I	"	au	UII

I have read and understand FPPC Regulations 18944.1	and 18942. I have verified that the distribution set forth above, is in a	CCOrdance
with the requirements	and 18942. I have verified that the distribution set forth above, is in a	

Sence Jange

Renee Savage

OACCA Ticket Administrator

Title

(month day year)

Comment: __

Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable)					Date Stamp	California 80	2
						For Official Use Only	
Henry Gar	dner, Executive D	Director					
Designated	d Agency Contact	(Name, Title)					
		·			Amendment (Must	Provide Explanation in Part 3.)	
Area Code	/Phone Number	E-mail					
510.383.4	801	rsavage@coliseu	m.com		Date of Original Filing	(month, day, year)	
. Function	or Event Infor	mation				04.00	
Does the	agency have a tic	ket policy? Yes	No□ F	ace Value of	Each Ticket/Pass \$ _	64.00	•
		A's Game 6.21.24		ate(s) 06/21	/2024		
Event Des	scription:	Provide Title/ Exp	iariation	. ,			
Ticket(s)/F	Pass(es) provided	by agency? Yes	s■ No□ If	no:			-
			0	Inlesias	Name of Source		
		e at the behest Yes	s No 🔲 If	yes: Iglesias	Official's Name (Last, First,)	-
of agenc	y official?						
		artment or Unit	of Ticket(s)/ Passes	Describe ti	ne public purpose made pu	ursuant to the agency's pol	icy
-		arunent of one		Describe ti	ne public purpose made pu	ursuant to the agency's pol	lcy
В.	Name of Ind (Last, Fi	ividual		Describe ti	ne public purpose made pu		icy
В.		ividual	Passes Number of Ticket(s)/	Cerei	Identify one of the	a following: ■ Inco	icy
B. Iglesias	(Last, Fi	ividual	Passes Number of Ticket(s)/	Cerel If chec	identify one of the monial Role ☐ Other cking "Ceremonial Role" or "Other"	a following: Inco describe below:	
	(Last, Fi	ividual	Number of Ticket(s)/	Cerel If chec	Identify one of the	a following: Inco describe below:	
	(Last, Fi	ividual	Number of Ticket(s)/	Cerei If chec to provide	identify one of the monial Role ☐ Other cking "Ceremonial Role" or "Other"	a following: Inco describe below: nunity groups Inco	
	(Last, Fi	lividual rst)	Number of Ticket(s)/	Cerel If chec	Identify one of the monial Role Other cking "Ceremonial Role" or "Other" opportunities to comm monial Role Other cking "Ceremonial Role" or "Other"	a following: Inco describe below: nunity groups Inco	me C

-	i. Verification				
	Lhave read and understand EPPC Regulation	s 18944.1 and 18	3942. I have v	erified that the d	istrit

Renee Savage OACCA Ticket Administrator Title

Comment:

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

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1.	Agency Name		Date Stamp California 802			
	Oakland Alameda County C			Form OUZ For Official Use Only		
	Division, Department, or Reg	ion (if applicable)		TO Official Ose Offig		
	Henry Gardner, Executive D	Director				
	Designated Agency Contact	(Name,Title)				
					Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510.383.4801	rsavage@coliseum	n.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl		■ No □ F	Face Value of	Each Ticket/Pass \$	93.75
			_ 140		/2024	
	Event Description: Shreya	Provide Title/ Expla	anation	Jate(s) <u>50/22</u>		
	Ticket(s)/Pass(es) provided			f no:		
				lonkino	Name of Source	
	Was ticket distribution made	e at the behest Yes	■ No 🗆 I	f yes: Jenkins	, Kevin Official's Name (Last, First)	
	of agency official?					
 3.	Recipients					
J.	Use Section A to identify the ager	ncy's department or unit.	• Use Section B to i	identify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Depa		Number of Ticket(s)/	T	e public purpose made purs	
	-		Passes			
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Jenkins, Kevin		16	If chec	nonial Role Other Marking "Ceremonial Role" or "Other" desc	
				to provide of	opportuinities to commu	nity groups
					nonial Role Other Maring "Ceremonial Role" or "Other" descriptions	Income Income
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy
- 4.	Verification I have read and understand FF	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set fo	rth above, is in accordance
/	with the requirements.	2//				2 11 211
_	Kenge TRENT	Renee Sava	ge	OAC	CA Ticket Administrato	r 6-1429
-	Signature of Agency Head or Desig	nee	Print Name		Title	(month, day, year)
	Comment:					

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.) E-mail Area Code/Phone Number Date of Original Filing: _ rsavage@coliseum.com 510.383.4801 (month, day, year) 2. Function or Event Information 100.00 Face Value of Each Ticket/Pass \$ __ Does the agency have a ticket policy? Yes ■ No 🗀 Event Description: 85 South Date(s) 06/23/2024 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 □ 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 Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 2 Gardner, Taylor to promote the Coliseum and generate revenues Income 🔲 Ceremonial Role

C.	(include address and description)	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

Number

4. V	er/	111	ca	tio	n

Comment:

I have read and understand FPPC Regulations 18944.1 and 18942. I have	e verified that the distribution set forth above, is in accordance
with the requirements.	1 11/-1/

Signature of Agency Head or Designee Print

Print Name

OACCA Ticket Administrator

Title

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

(month, day, year)