Agency Report of:

A Public Document

1.	Agency Name			· · · · · · · · · · · · · · · · · · ·	Date Stamp	California 802		
	Oakland Alameda County C	Coliseum Authority				Form OUZ		
	Division, Department, or Reg	jion (if applicable)			1	For Official Use Only		
	Henry Gardner, Executive [Director			,			
	Designated Agency Contact	(Name, Title)	*					
					☐ Amendment (Must Pro	ovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				THE Explanation in Fair 6,		
	510.383.4801	rsavage@coliseum	.com		Date of Original Filing: _	(month, day, year)		
2.	Function or Event Infor	mation				The state of the s		
	Does the agency have a tic	ket policy? Ves ■	■ No □ F	ace Value of	Each Ticket/Pass \$	137.50		
	Event Description: Banda M	Provide Title/ Explar	ation	Date(s) <u>11/02</u>				
	Ticket(s)/Pass(es) provided		■ No 🗆 📑	f no:				
					Name of Source			
	Was ticket distribution made	e at the behest Yes	No 🔲 📑	f yes: Hauber	t, David Official's Name (Last, First)			
	of agency official?							
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.							
			Number					
	A. Name of Agency, Dep.	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pursi	uant to the agency's policy		
					anakan - anakan - anakan a			
	B. Name of Individual Number of Ticket(s)/			Identify one of the following:				
	(Last, Fi	rst)	Passes					
			8		nonial Role Other O	Income _		
	Haubert, David				king "Ceremonial Role" or "Other" desc			
				to provide d	pportunities to commur	nity groups		
				1	nonial Role Other Other Other Other Other Other	Income		
				ii checi	ung Gerenioniai Role di Othei desc	nde below.		
			Number					
	C. Name of Outside C		of Ticket(s)/	Describe th	e public purpose made purs	uant to the agency's policy		
	W		Passes					
			g					
Л	Verification							
٠.	I have read and understand FF	PPC Regulations 18944	1 and 18942	I have verified	that the distribution set for	th above is in accordance		
	with the requirements	1 O Negalations 10044	. r una 10042.	Thave vermea	that the alothbation det for	ur abovo, io irr aboordanioo		
(Kene Jaia	A Renee Savag	е	OAC	CA Ticket Administrato	11-1-24		
	Signature of Agency Head or Design	ee Pr	int Name		Title	(month, day, year)		
						oc.		
	Comment:							

					Date Stamp	California	
1. Agency Na		O 1'			Date Stamp	California 802	
	The state of the s	Coliseum Authority gion (if applicable)			-	For Official Use Only	
	-						
(40)	er, Executive I					4	
Designated A	gency Contact	(Name, Little)					
Area Code/Ph	one Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)	
510.383.480		rsavage@coliseun	n.com		Date of Original Filing:	(month, day, year)	
2. Function o	r Event Info	rmation				407.50	
Does the age	ency have a tic	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$ _	137.50	
Front Decem	ption: Banda I			oto(s) 11/02	2/2024		
Event Desch	iption:	Provide Title/ Expla		ale(s)			
Ticket(s)/Pas	ss(es) provided	I by agency? Yes	■ No□ If	no:			
				Inlesias	Name of Source		
		e at the behest Yes	■ No □ If	yes:	official's Name (Last, First)		
of agency o	miciai?						
3. Recipient			. U C ti D.t. i	l:£::	l. Also Sostion Chaident	if can autoida arganization	
					fy an individual. Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy		
			Passes				
			Number				
В.	Name of Ind (Last, F		of Ticket(s)/ Passes	Identify one of the following:			
Iglesias, C	Iglesias, Chris		8		Ceremonial Role Other Inc		
				to provide of	opportunities to comm	nunity groups	
				The state of the s	monial Role Other C king "Ceremonial Role" or "Other" o		
	Name of Outside (nclude address an		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy	
· (II		Approx 2000 00 000					
<u> </u>							
4. Verification							
4. Verification	nd understand F. rements	PPC Regulations 1894 Renee Sava			that the distribution set	forth above, is in accordance	

Comment: ____

Agency Report of:

nd Alameda County Con, Department, or Reg Gardner, Executive Dated Agency Contact Code/Phone Number	ion (if applicable) Director			Fo	ornia 802 rm 802 Official Use Only
on, Department, or Reg Gardner, Executive D nated Agency Contact Code/Phone Number	ion (if applicable) Director (Name, Title) E-mail				
Gardner, Executive Inated Agency Contact	Director (Name, Title) E-mail				
nated Agency Contact	(Name, Title)	*** · · · · · · · · · · · · · · · · · ·			
				Amendment (Mark Brooks Fords	
83.4801	rsavage@coliseum			Amendment (Must Provide Expla	nation in Part 3.)
	Touvago@oonloodiii	.com		Date of Original Filing:(month,	day, year)
tion or Event Infor	mation				000.00
the agency have a tic	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$	200.00
Description: Sevente	en	C	oate(s) <u>11/05</u>	<u></u>	-
(s)/Pass(es) provided	1 10 1000		no:		
., .,.				Name of Source	
	e at the behest Yes	■ No 🔲 If	yes: Gardner	Official's Name (Last, First)	
jency official?					
Recipients					
Section A to identify the ager	ncy's department or unit. •	ual. Use Section C to identify an outside	e organization.		
Name of Agency, Dep	artment or Unit	of Ticket(s)/	Describe th	e public purpose made pursuant to th	e agency's policy
B. Name of Individual (Last, First)				Identify one of the following:	
		2			Income
Boubaker, Monia		3		-	ins
			<u> </u>		Income [
					moonie <u>_</u>
		Number		e public purpose made pursuant to th	
Name of Outside C		of Ticket(s)/	Describe th		e agency's policy
Name of Outside C (include address and		of Ticket(s)/ Passes	Describe th		e agency's policy
			Describe in		e agency's policy
	Description: Sevente (s)/Pass(es) provided cket distribution made ency official? ipients section A to identify the age Name of Agency, Dep	Description: Seventeen Provide Title/ Explain	Description: Seventeen	Description: Date(s) 11/05	Description: Seventeen Provide Title/ Explanation Provide Title/ Explanation

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

Comment:

. 4	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	Coliseum Authority				
i	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Henry Gardner, Executive D					
	Designated Agency Contact	(Name, Title)				
	Area Code/Phone Number	TE			Amendment (Must P	rovide Explanation in Part 3.)
-	510.383.4801	E-mail rsavage@coliseu	m.com		Date of Original Filing: .	(month, day, year)
	Function or Event Infor	mation				400.50
	Does the agency have a ticl	ket policy? Yes	s■ No□ F	ace Value of	Each Ticket/Pass \$	162.50
	Event Description: Fuerza F	Regida		oate(s) 11/22	/2024	
		Provide Title/ Exp	lanation			
	Ticket(s)/Pass(es) provided	by agency? Yes	s■ No□ If	no:	Name of Source	
	Was ticket distribution made	e at the behest Ve	s■ No□ II	ves. Iglesias	, Chris Official's Name (Last, First)	
	of agency official?	763		, 00.	Official's Name (Last, First)	
_						
	Recipients • Use Section A to identify the ager	ocy's department or unit	• Use Section R to i	dentify an individu	ual • Ise Section C to identif	y an outside organization
	OSE SECTION A TO IDENTITY THE agen	icy's department of diffic	Number			
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
				I .		
	B. Name of Ind		Number of Ticket(s)/		Identify one of the fo	ollowing:
	B. Name of Ind (Last, Fir			Corne		_
	(Last, Fir		of Ticket(s)/		Identify one of the formanial Role ☐ Other ☐ the fixing "Ceremonial Role" or "Other" des	Income
			of Ticket(s)/ Passes	If check	nonial Role Other	Income
	(Last, Fir		of Ticket(s)/ Passes	to provide o	nonial Role Other cking "Ceremonial Role" or "Other" des	Income scribe below:
	(Last, Fir		of Ticket(s)/ Passes	to provide o	nonial Role Other Cking "Ceremonial Role" or "Other" des	Income scribe below: unity groups Income
	Iglesias, Chris Name of Outside O	Organization	of Ticket(s)/ Passes 16 Number of Ticket(s)/	to provide of Cerem	nonial Role Other ching "Ceremonial Role" or "Other" des	Income scribe below: unity groups Income
	lglesias, Chris	Organization	of Ticket(s)/ Passes	to provide of Cerem	nonial Role Other ching "Ceremonial Role" or "Other" des	Income scribe below: Inity groups Income scribe below:
	Iglesias, Chris Name of Outside O	Organization	of Ticket(s)/ Passes 16 Number of Ticket(s)/	to provide of Cerem	nonial Role Other ching "Ceremonial Role" or "Other" des	Income scribe below: Inity groups Income scribe below:
	Iglesias, Chris Name of Outside O	Organization	of Ticket(s)/ Passes 16 Number of Ticket(s)/	to provide of Cerem	nonial Role Other ching "Ceremonial Role" or "Other" des	Income scribe below: Inity groups Income scribe below:
	Iglesias, Chris Name of Outside O	Organization	of Ticket(s)/ Passes 16 Number of Ticket(s)/	to provide of Cerem	nonial Role Other ching "Ceremonial Role" or "Other" des	Income scribe below: Inity groups Income scribe below:
	Iglesias, Chris Name of Outside O	Organization	of Ticket(s)/ Passes 16 Number of Ticket(s)/	to provide of Cerem	nonial Role Other ching "Ceremonial Role" or "Other" des	Income scribe below: Inity groups Income scribe below:
	Iglesias, Chris C. Name of Outside Of (include address and	Organization d description)	of Ticket(s)/ Passes 16 Number of Ticket(s)/ Passes	to provide of Cerem If check	nonial Role Other in in onial Role Other in onial Role Other in opportunities to communities to Communities Other in onial Role in onial Role Other in onial Role in onial Role Other in onial Role Other in onial Role in onial Ro	Income scribe below: Unity groups Income scribe below: sunt to the agency's policy
	Iglesias, Chris C. Name of Outside O (include address and	Organization description) PPC Regulations 1894	of Ticket(s)/ Passes 16 Number of Ticket(s)/ Passes	to provide of Cerem If check Describe the large of the check of the c	nonial Role Other inving "Ceremonial Role" or "Other" description or "Other	Income scribe below: Unity groups Income scribe below: Sunity groups Income scribe below: Suant to the agency's policy Orth above, is in accordance
	Iglesias, Chris C. Name of Outside O (include address and	Organization description) PPC Regulations 1894	of Ticket(s)/ Passes 16 Number of Ticket(s)/ Passes	to provide of Cerem If check Describe the large of the check of the c	nonial Role Other in in onial Role Other in onial Role Other in opportunities to communities to Communities Other in onial Role in onial Role Other in onial Role in onial Role Other in onial Role Other in onial Role in onial Ro	Income scribe below: Unity groups Income scribe below: Income scribe below: Suant to the agency's policy Orth above, is in accordance.