	Agency Name				Date Stamp	California O O O
	Oakland Alameda County C	coliseum Authority				California 802
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Henry Gardner, Executive D	Director				
	Designated Agency Contact	(Name, Title)				
					Amendment (Must P.	myida Evalanation in Part 2.)
	Area Code/Phone Number	E-mail			_	
	510.383.4801	rsavage@gmail.co	m		Date of Original Filing: .	(month, day, year)
	Function or Event Infor	mation			,	040.00
	Does the agency have a tick	ket policy? Yes	■ No□ Fa	ace Value of	Each Ticket/Pass \$	240.00
	Event Description: Oakland	A's vs. SF Giants	D	ate(s) 08	, 06 , 22	1 1/
	2 voint 2 dodnip il din 1	Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🗆 If	no:	Name of Source	
	Was ticket distribution made	at the hehest Voc	□ Na ■ If	yes:		
	of agency official?	at the benest Yes	□ NO ■	,	Official's Name (Last, First)	-
3.	Recipients • Use Section A to identify the ager	ocy's department or unit	Use Section B to id	lentify an individu	ual Ne Section C to identif	v an outside organization
	*		Number of Ticket(s)/	i -		suant to the agency's policy
	A. Name of Agency, Depa	artificate of office	Passes	Describe to	e public purpose made pur	suant to the agency a policy
	4					
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
			of Ticket(s)/		Identify one of the f nonial Role ☐ Other ■ king "Ceremonial Role" or "Other" de	Income [
	(Last, Fir		of Ticket(s)/ Passes	If chec	nonial Role Other	Income [
	(Last, Fir		of Ticket(s)/ Passes	to promote Ceren	nonial Role Other king "Ceremonial Role" or "Other" de	Income [scribe below: ublic & max revenues Income [
	(Last, Fir	erganization	of Ticket(s)/ Passes	to promote Ceren	nonial Role Other king "Ceremonial Role" or "Other" de coliseum to general pu nonial Role Other cking "Ceremonial Role" or "Other" de	Income [scribe below: ublic & max revenues Income [

I have read and understand FPPC Regulations	18944.1 and	18942. I have	verified that the	distribution set f	orth above,	is in accordance
with the manipum and						

Comment: _

Renee Savage

Ticket Administrator

7.27.22

Title

(month, day, year)

Ag Ce	ency Report of: remonial Role Even	ts and Ticket/Pa	ass Distrib	outions	Д	Public Document
	Agency Name				Date Stamp	California 802
	Oakland Alameda County Coliseum Authority					Form OUZ For Official Use Only
	Division, Department, or Reg		1	For Official Use Only		
	Henry Gardner, Executive D	Director				
	Designated Agency Contact				1	
					☐ Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Ti di
	510.383.4801	rsavage@gmail.con	n		Date of Original Filing	(month, day, year)
	Function or Event Infor				- 1 T 1 . UD f	240.00
	Does the agency have a tic				Each Ticket/Pass \$ _	
	Event Description: Oakland	d A's vs. SF Giants	Da	ate(s) <u></u>		/
		Provide Title/ Explai	nation	no:		
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No LI II	110	Name of Source	-
	Was ticket distribution mad	e at the behest Yes [□ No ■ If	yes:	Official's Name (Last, Firs.	t)
	of agency official?				Onicial's Name (2001, 1 mo	y
3 .	Recipients • Use Section A to identify the age	an ever department or unit	Use Section B to id	lentify an individ	dual. Use Section C to ider	ntify an outside organization.
	Use Section A to identify the age	ency's department or diffe.	Number	r -		
	A. Name of Agency, Dep	partment or Unit	of Ticket(s)/ Passes	Describe t	the public purpose made p	ursuant to the agency's policy
					(4	
	B. Name of In		Number of Ticket(s)/ Passes		Identify one of th	
	•			Cere	emonial Role Other ecking "Ceremonial Role" or "Other	
	Baker, Chuck		4	1		public & max revenues
					emonial Role Other ecking "Ceremonial Role" or "Other	
	Name of Outside (include address a	Organization nd description)	Number of Ticket(s)/ Passes	Describe	the public purpose made	pursuant to the agency's policy
4.	Verification	EDDC Deculations 4907	14.1 and 18042	I have verifie	nd that the distribution se	et forth above, is in accordanc
	I have read and understand with the requirements.	FPPU Kegulations 1894	14. i aliu 10542.	THAVE VEHILE	a ciae ello didelibation de	
	(Sonce Danie	Renee Sava	age	Tic	ket Administrator	7.27.22
	Signature of Agency Head or Des		Print Name		Title	(month, day, year)
	Comment:					

	gency Report of: eremonial Role Even	ts and Ticket/Pa	ass Distri	butions	Α	Public Document
1.	Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Henry Gardner, Executive Director			Date Stamp	California 802 Form Sofficial Use Only	
	Designated Agency Contact (Name, Title)					
	Area Code/Phone Number	E-mail			1 -	rovide Explanation in Part 3.)
-	510.383.4801	rsavage@gmail.cor	n		Date of Original Filing: ,	(month, day, year)
2.	Function or Event Information Does the agency have a tick Oakland	ket policy? Yes			Each Ticket/Pass \$ 	150.00
	Event Description: Oakland Ticket(s)/Pass(es) provided	Provide Title/ Explai	nation No 🔲 🏻 If	no:	Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes	■ No□ If	yes: <u>Iglesias</u>	official's Name (Last, First)	
3.	Recipients • Use Section A to identify the age	ncy's department or unit. •		dentify an individ	ual. Use Section C to identif	y an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe ti	he public purpose made pur	suant to the agency's policy
			Number			
	B. Name of Ind (Last, Fi		of Ticket(s)/ Passes		Identify one of the f	
	CiCasa		18	If ched	monial Role Other Mocking "Ceremonial Role" or "Other" decomportunities to commi	
					monial Role Other C	
	Name of Outside C (include address an		Number of Ticket(s)/ Passes	Describe t	he public purpose made pu	rsuant to the agency's policy
4.	Verification I have read and understand Fig.	PPC Regulations 18944	1.1 and 18942.	I have verified	I that the distribution set t	orth above, is in accordance
(with the requirements.	Renee Sava	де	Tick	et Administrator	7,7.22
	Signature of Agency Head or Design	nee F	rint Name		Title	(month, day, year)

Print

Comment: _

Clear

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

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	butions	A	Public Document
	Agency Name Oakland Alameda County C Division, Department, or Reg Henry Gardner, Executive D Designated Agency Contact	ion (if applicable) Director			Date Stamp	For Official Use Only
	Area Code/Phone Number 510.383.4801	E-mail rsavage@gmail.cor	n		☐ Amendment (Must I) Date of Original Filing:	Provide Explanation in Part 3.) (month, day, year)
2.	Function or Event Information Does the agency have a ticket Description: Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?	ket policy? Yes Ankees Provide Title/ Explain by agency? Yes	nation If	ate(s)08	Each Ticket/Pass \$	
3.	Recipients • Use Section A to identify the agenta A. Name of Agency, Dep		Use Section B to id Number of Ticket(s)/ Passes			ify an outside organization.
	B. Name of Ind		Number of Ticket(s)/ Passes	W.	Identify one of the	following:
	Gardner, Henry		4	to promote	monial Role Other Other or "Other" or "Other" or "Other" or "Other" or "Other" or "Other" or "Other or "Ot	lescribe below: public & max revenues
	Name of Outside C (include address an	_	Number of Ticket(s)/ Passes	If chec	kking "Ceremonial Role" or "Other" o	
- 4.	Verification I have read and understand FI	PPC Regulations 18944	1 1 and 18942	I have verified	that the distribution set	forth above, is in accordance
	with the requirements.	Renee Savag	је		et Administrator	7.27.22
	Signature of Agency Head or Desig	nee P	rint Name		Title	(month, day, year)

Print

Comment: __

Clear

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

	ency Report of: remonial Role Event	ts and Ticket/P	ass Distri	butions	A	Public Document
1. A	Agency Name Dakland Alameda County Colivision, Department, or Regional Secutive Designated Agency Contact (oliseum Authority on (if applicable) irector			Date Stamp	California 802 For Official Use Only
	rea Code/Phone Number 10.383.4801	E-mail rsavage@gmail.com	m		Amendment (Must F	Provide Explanation in Part 3.) (month, day, year)
E T	Function or Event Information or Event Information or Event Information of Event Description: Discreption: Discreption: Daddy Your Description: Daddy	et policy? Yes ankee Provide Title/ Explain by agency? Yes	nation If	oate(s)08	Each Ticket/Pass \$	187.50
	Recipients • Use Section A to identify the agen A. Name of Agency, Depa		Use Section B to id Number of Ticket(s)/ Passes			fy an outside organization. rsuant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the f	following:
5	Campos, Xochiquetzal		6	to promote Cerer	nonial Role Other king "Ceremonial Role" or "Other" de Coliseum to general punonial Role Other king "Ceremonial Role" or "Other" de	ublic & max revenues
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pui	suant to the agency's policy
11	erification have read and understand FP	PC Regulations 18944	.1 and 18942.	I have verified	that the distribution set f	orth above, is in accordanc
(Signature of Agency Head or Design	Renee Savag	je rint Name	Ticke	et Administrator	7.7.22 (month, day, year)

Print

Comment: _

Clear

	eremonial Role Even				Α	
	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	Coliseum Authority				
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Henry Gardner, Executive D	Director				
	Designated Agency Contact (Name, Title)					
	Area Code/Phone Number	E-mail			Amenament (Must	Provide Explanation in Part 3.)
	510.383,4801	rsavage@gmail.co	m		Date of Original Filing:	(month, day, year)
						(montn, day, year)
	Function or Event Infor	mation				168.75
	Does the agency have a tic				Each Ticket/Pass \$_	100.10
	Event Description: Kendrick	k Lamar	г	ate(s) 08	<u>/31/22</u>	1 1
	LVCIII Description,	Provide Title/ Expla	nation	/u.o(o)	(====)	
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🗆 If	no:		
	AA	4.46 11 (vec:	Name of Source	
	Was ticket distribution made	e at the benest Yes	□ No ■ "	yes:	Official's Name (Last, First,	
	of agency official?					
	Recipients					
•	Use Section A to identify the age	ncy's department or unit.	Use Section B to i	dentify an individ	ual. Use Section C to ident	tify an outside organization.
			Number			
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe th	ie public purpose made pu	rsuant to the agency's policy
			1			
	R Name of Ind	that do not	Number		1-1-1-416	. fallandar.
	B. Name of Ind (Last, Fi		of Ticket(s)/ Passes		Identify one of the	rollowing:
				Cerer	nonial Role Other	Income
	Thach, Hong		2		king "Ceremonial Role" or "Other"	describe below:
				to promote	coliseum to general	public & max revenues
	-			Cerer	monial Role Other	Income [
					king "Ceremonial Role" or "Other"	
	Name of Outside O	Organization	Number			
	C. (include address an		of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agen		ursuant to the agency's policy
	X 			1		
	,——————————————————————————————————————					
_				1		
	Verification				a .a	Constant to the second
ŀ.		DDO D	1100110	I have verified	that the distribution set	TARTA SAAVA JE IN SCCARASHO
١.	I have read and understand F	PPC Regulations 1894	4.1 anu 10942.	Thave vermed	that the distribution set	Totti above, is in accordanc
	I have read and understand F. with the requirements.	PPC Regulations 1894 Renee Sava			et Administrator	7.7.22

Comment:_

Agency Report of:

	gency Report of: eremonial Role Ever	nts and Ticket/P	ass Distr	ributions	A	Public Document
_	Agency Name Oakland Alameda County Coliseum Authority Division, Department, or Region (if applicable) Henry Gardner, Executive Director Designated Agency Contact (Name, Title)				Date Stamp	California 802 Form Official Use Only
	Area Code/Phone Number 510.383.4801	E-mail rsavage@gmail.cor	n		Amendment (Must Pr	rovide Explanation in Part 3.) (month, day, year)
2.	Function or Event Information Does the agency have a ticket event Description: Kendricket Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?	ket policy? Yes k Lamar Provide Title/ Explaid by agency? Yes	nation No 🗆	Date(s)	Each Ticket/Pass \$	
3.	Recipients • Use Section A to identify the age A. Name of Agency, Dep		Use Section B to Number of Ticket(s)/ Passes		ual. Use Section C to identify	
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	Linton, Donna		2	If chec	nonial Role Other Manager Other des	cribe below:
					nonial Role Other Ching "Ceremonial Role" or "Other" des	
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
 4.	Verification I have read and understand FR	PPC Regulations 18944	.1 and 18942	. I have verified	that the distribution set fo	orth above, is in accordance
(Signature of Agency Head or Desig	Renee Savag	JE	Ticke	et Administrator	7.7.22 (month, day, year)
	Comment:		int ivallic		TIUC	(monur, day, year)

1.	Agency Name				Date Stamp	California 802
	Oakland Alameda County C	oliseum Authority				Form 802
	Division, Department, or Regi	on (if applicable)				For Official Use Only
	Henry Gardner, Executive D	irector				
	Designated Agency Contact (Name, Title)			ĺ	
					Amendment (Must)	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Tovido Explandion III i dit o.,
	510.383.4801	rsavage@gmail.com	n		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform					168.75
	Does the agency have a tick				Each Ticket/Pass \$ _	100.70
	Event Description: Kendrick	Lamar	D	ate(s)	<u>, 31 , 22 </u>	
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🗌 If	110.	Name of Source	
	Was ticket distribution made	at the behest Yes [□ No 🔳 lf	yes:	Official's Name (Last, First)	
	of agency official?		_		Oniciai s Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	cy's department or unit.	Use Section B to i	dentify an individu	ual. Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	-					
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	following:
	Baker, Chuck		4		nonial Role Other Other or "Other" d	
				to promote	coliseum to general p	oublic & max revenues
					nonial Role Other Oth	
	Name of Outside O		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
	(

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

Ticket Administrator

7.7.22

Print Name

Title

(month, day, year)

Comment: _

_	emonial Role Even	ts and licket/	Pass Dis	tributions	A	Public Document
Αç	gency Name				Date Stamp	California 802
	akland Alameda County C	-				
Div	vision, Department, or Reg	ion (if applicable)		For Official Use Only		
He	enry Gardner, Executive D	Director				
De	signated Agency Contact	(Name,Title)				
					Amendment (Must P	Provide Explanation in Part 3.)
Are	ea Code/Phone Number	E-mail			1	
51	0.383.4801	rsavage@gmail.c	om		Date of Original Filing:	(month, day, year)
Fı	unction or Event Infor	mation				
Do	es the agency have a ticl	ket policy? Ye:	s ≣ No□	Face Value of	Each Ticket/Pass \$	168.75
ΕV	Event Description: Kendrick Lamar Date(s) Date(s)			/		
Tic				Name of Source	<u>.</u>	
	as ticket distribution made	e at the behest Yes	s 🗌 No 🌉	If yes:	Official's Name (Last, First)	
0	f agency official?					
_	Name of Agency, Department	artment or Unit	of Ticket(s Passes	Describe t	he public purpose made pui	suant to the agency's policy
E	Name of Ind (Last, Fit		Number of Ticket(s Passes		Identify one of the	following:
				Cere	monial Role Other	Income
(Gardner, Henry		4		cking "Ceremonial Role" or "Other" de	
-				to promote	coliseum to general p	ublic & max revenues
					emonial Role	
-	Name of Outside Organization (include address and description)		Number of Ticket(s Passes		the public purpose made pu	rsuant to the agency's policy
2.						
Ve	erification					
	erification ave read and understand FF	DDC Regulations 180	144.1 and 189	42 I have verified	I that the distribution set t	forth above, is in

Alhee avery

Comment: __

Renee Savage

Ticket Administrator

7.7.22

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)