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, OACCA Executive Director Designated Agency Contact (Name, Title) ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . henry.gardner924@yahoo.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 □ Event Description: Marc Anthony Date(s) -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🔯 No 🗆 If yes: Was ticket distribution made at the behest Yes ☐ No ☐ 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 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: of Ticket(s)/ В. (Last, First) **Passes** Income ___ Ceremonial Role Other _ If checking "Ceremonial Role" or "Other" describe below: 4 Gardner, Henry to promote the Coliseum to general public and max reven Other Income 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)/ (include address and description) Passes 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 **Executive Director** Henry Gardner

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, OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510.383.4801 henry.gardner924@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 137, 50 Yes ■ No □ Does the agency have a ticket policy? Event Description: New Edition 18 Date(s). Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Was ticket distribution made at the behest Yes ☐ No ☐ 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 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 Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 4 Gardner, Henry to promote the Coliseum to general public and max reven 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)/ (include address and description) Passes

4. Verification

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with the requirements.				

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Sjgnatur	e of Agend	y Head or Designee

Henry Gardner

Executive Director

Title

(month, day, year)

Comment: ____

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Print Name

I .	Agency Name				Date Stamp	California OA		
•	Oakland Alameda County (Coliseum Authority				California 802		
	Division, Department, or Rec				1	For Official Use Only		
	Henry Gardner, OACCA Ex	xecutive Director			}			
	Designated Agency Contact	(Name, Title)						
	Area Code/Phone Number	E-mail			Amendment (Musi	t Provide Explanation in Part 3.)		
	510.383.4801	henry.gardner924@)yahoo.com		Date of Original Filing	g:(month, day, year)		
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	B. Name of In		Number of Ticket(s)/ Passes		Identify one of th			
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Kell any
Signature of Agency Head or Designed

Comment:

Renee Savage

OACCA Ticket Administrator

Print Name

Title

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Henry Gardner, OACCA Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510.383,4801 henry.gardner924@yahoo.com Date of Original Filing: (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes ■ No □ Event Description: PBR Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🖪 No 🗀 Name of Source Was ticket distribution made at the behest Yes ☐ No ☐ If yes: 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 Ceremonial Role Income Other If checking "Ceremonial Role" or "Other" describe below: 16 Haubert, David to provide opportunities to community groups 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 C. of Ticket(s)/

4. Verification

Comment:

I have read a	and und	lerstand FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth	above, is in accordance
1.4 41		4 =				

Passes

KINU DWUY CRénee Savage

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(Include address and description)

OACCA Ticket Administrator

Print Name

(month, day, year)

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FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Henry Gardner, OACCA Executive Director **Designated Agency Contact (Name, Title)** ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510.383.4801 henry.gardner924@yahoo.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 1 Does the agency have a ticket policy? Yes ■ No □ Event Description: New Edition 18 Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Was ticket distribution made at the behest Yes ☐ No ☐ 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Income 🔲 Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 4 Miley, Nate to promote the Coliseum to general public and max reven Other 🔲 Income [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 C. of Ticket(s)/ (include address and description) Passes

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with the requirements way

Renee Savage

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OACCA Ticket Administrator

Print Name

Title

(month, day, year)

Clear

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