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

A Public Document

1. Agency Name

Oakland - Alameda County Coliseum Authority

Division, Department, or Region *(If Applicable)*

Designated Agency Contact *(Name, Title)*

Area Code/Phone Number | **E-mail**

Date Stamp

California Form **802**

For Official Use Only

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: _____ *(Month, Day, Year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 222.00

Event Description Raiders Pre-Season Game *Provide Title/Explanation* Date(s) 08 / 23 / 2013 ___ / ___ / ___

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____ *Name of Source*

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: ~~Donna~~ Linton, ~~Donna~~ JL *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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Lenton, Donna	2	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* investigate inefficiencies
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I ha[redacted]ns 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[redacted] Donna Linton *Print Name* asst. county administrator *Title* 8/23/13 *(Month, Day, Year)*

Comment: _____