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

A Public Document

California Form 802

For Official Use Only

Date Stamp

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

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

1. Agency Name

Oakland Alameda County Coliseum Authority

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

Christopher Dobbins, OACCA Commissioner

Designated Agency Contact *(Name, Title)*

Area Code/Phone Number	E-mail
510.928.0454	christopher.dobbins@ousd.k12.ca.us

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 150.00

Event Description Warriors Basketball *Provide Title/Explanation*

Date(s) 11 / 23 / 13 ___/___/___

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: _____ *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:
Dobbins, Christopher	2	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* to investigate the efficiencies of the operations of the various sporting and other events that occur at the Coliseum Complex
		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. V[redacted]

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

[redacted]	Christopher Dobbins	OACCA Commissioner	
Signature of Agency Head or Designee	*Print Name*	*Title*	*(Month, Day, Year)*

Comment: _____