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)*

Christopher Dobbins, OACCA Commissioner

Designated Agency Contact *(Name, Title)*

Area Code/Phone Number: 510.383.4801

E-mail: christopher.dobbins@oused.k12.ca.us

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 $ 150.00

Event Description: Warrior Game *(Provide Title/Explanation)*

Date(s): 12 / 03 / 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 efficiencies of the operations of the various sporting and other events the 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

[redacted]

...1 and 18942, I have verified that the distribution set forth above is in accordance with the requirements.

Christopher Dobbins (Print Name) | OACCA Commissioner (Title) | 1·15·14 (Month, Day, Year)

Comment: _____