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

A Public Document

California Form 802

For Official Use Only

Date Stamp

1. Agency Name
Oakland-Alameda County Gliseum Authority

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

Designated Agency Contact *(Name, Title)*
Donna Linton, Assistant County Admin

Area Code/Phone Number: 510-208-4909
E-mail: dlinton@acgov.org

☐ **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 Oakland Raiders Football *Provide Title/Explanation* Date(s) 12/15/13 ___/___/___

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:
Jason Lauren	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* to observe the conduct of the managing agents' subcontractor
Guy Ashley	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* to observe the conduct of the managing agents' subcontract.

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

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

[redacted] Donna Linton Ass't County Admin 12/12/13
Signature of Agency Head or Designee *Print Name* *Title* *(Month, Day, Year)*

Comment: _____