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 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@ousd.k12.ca.us

☐ 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 $ 300.00

Event Description: Warrior Game *Provide Title/Explanation*

Date(s): 12 / 19 / 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

4. Verif[redacted]

I have [redacted] and 1040. I have verified that the distribution set forth above, is in accordance with the requirements.

[redacted] Christopher Dobbins (*First Name*) OACCA Commissioner (*Title*) 1.15.14 (*Month, Day, Year*)

Comment: _____