

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

A Public Document

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority Division, Department, or Region <i>(If Applicable)</i> Larry Reid, OACCA Vice Chair Designated Agency Contact <i>(Name, Title)</i>		Date Stamp	<b>California Form 802</b> For Official Use Only
Area Code/Phone Number 510.383.4801	E-mail lreid@oaklandnet.com	<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <span style="font-size: small;">(Month, Day, Year)</span>	

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes  No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 200.00

Event Description Warriors Basketball      Date(s) 03 / 18 / 14 \_\_\_\_\_  
*Provide Title/Explanation*

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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Reid, Larry	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below</i></small> to investigate the efficiencies of the operations of various sporting and other events that occur at the Coliseum Complex
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below</i></small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**  
 I have read and understand FPPC Regulations 18941.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Larry Reid	OACCA Vice Chair
Print Name	Title	(Month, Day, Year)