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)*

Deena McClain Interim Executive Director

Designated Agency Contact *(Name, Title)*

Area Code/Phone Number: 510.383.4801

E-mail: dgmcclain@gmail.com

☐ **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 $ 660.00

Event Description: Warriors Playoffs *(Provide Title/Explanation)*

Date(s): 4, 27, 14 05, 01, 14

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:
McClain, Deena	2	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* to investigate efficiencies at 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. Verification

I (c)(1) 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Deena McClain (*Print Name*) Interim E.D. (*Title*) 4-18-14 (*Month, Day, Year*)

Comment: _____