

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

A Public Document

1. Agency Name <u>Oakland/Alameda County Coliseum Authority</u> <small>Division, Department, or Region (If Applicable)</small>		Date Stamp California Form 802 <small>For Official Use Only</small>
Designated Agency Contact (Name, Title) <u>Alameda County Supervisor Scott Haggerty, D1</u> <u>Lee Ann Ferguson, Ticket Administrator</u>		
Area Code/Phone Number <u>510 272-6691</u>	E-mail <u>leeann.fergerson@acga.org</u>	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>

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 Date(s) 5, 1, 14
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: GSW
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Scott Haggerty, District 1
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: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below</small>
<u>Scott Rabeneau</u>	<u>2</u>	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales <input checked="" type="checkbox"/>
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

(c)(1)

18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Ann Ferguson Ticket Administrator 4-30-14
Print Name Title (Month, Day, Year)

Comment: _____