

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

A Public Document

1. Agency Name Oakland Alameda County Coliseum Authority		Date Stamp	California Form 802
Division, Department, or Region (If Applicable) <u>Osborn Solitei, OACCA Staff</u>			For Official Use Only
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 510.383.4801	E-mail <u>osolitei@oaklandnet.com</u>	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 \$ 660⁰⁰

Event Description Warriors Playoffs Date(s) 4, 27, 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:
<u>Solitei, Osborn</u>	<u>2</u>	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>to investigate efficiencies at coliseum complex</u>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</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 hereby certify that the information furnished herein is true and correct, and that I have verified that the distribution set forth above, is in accordance with the requirements of Sections 18944.1 and 18942.

Osborn Solitei OACCA Staff 4-18-14
Print Name Title (Month, Day, Year)
secretary