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

A Public Document

1. Agency Name	Date Stamp
Oakland Alameda County Coliseum Authority	California Form **802**
Division, Department, or Region *(If Applicable)*	For Official Use Only
Larry Reid, OACCA Commissioner	
Designated Agency Contact *(Name, Title)*	
Area Code/Phone Number: 510.383.4801 — **E-mail**: lreid@oaklandnet.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 / 24 / 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:
Reid, Larry	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

(c)(1)

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

Larry Reid — *Print Name* | Commissioner — *Title* | 4-18-14 — *(Month, Day, Year)*