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

A Public Document

1. Agency Name

Oakland-Alameda County Coliseum Authority

Division, Department, or Region *(If Applicable)*

Commissioner Rebecca Kaplan

Designated Agency Contact *(Name,Title)*

Renee Savage, Executive Assistant

Area Code/Phone Number: 510-238-7008

E-mail: atlarge@oaklandnet.com

Date Stamp

California Form 802

For Official Use Only

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: _____ *(Month, Day, Year)*

2. Function or Event In ormation

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 295.47

Event Description: Bruno Mars *Provide Title/Explanation*

Date(s): 5 / 28 / 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: Kaplan, Rebecca *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:
Antwan Rocha	2	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* (4) to promote the Coliseum complex for use by the general public & Businesses to maximize Revenues
		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 have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[redacted] Rebecca Kaplan *Print Name* | Commissioner *Title* | 5/27/14 *(Month, Day, Year)*

Comment: _____