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

A Public Document

California Form 802
For Official Use Only

Date Stamp

☐ Amendment (Must provide explanation in Part 3.)
Date of Original Filing: _____ (Month, Day, Year)

1. Agency Name

Oakland/Alameda County Coliseum Authority

Division, Department, or Region (If Applicable)

Alameda County Supervisor Scott Haggerty, D1

Designated Agency Contact (Name, Title)

Lee Ann Fergerson, Ticket Administrator

Area Code/Phone Number: 510 272-6691

E-mail: leeann.fergerson@acgov.org

2. Function or Event Information

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: GSLC (Name of Source)

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

If yes: Alameda County Supervisor Scott Haggerty (Official's Name (Last, First)) Dist. 1

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:
Giles, Charla	2	Ceremonial Role ☐ Other ☒ Income ☐ (If checking "Ceremonial Role" or "Other" describe below) To promote Coliseum Complex for use By general public 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

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

[redacted] (Signature of Agency Head or Designee) | Lee Ann Fergerson (Print Name) | Ticket Administrator (Title) | 5-15-14 (Month, Day, Year)

Comment: _____