

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

**A Public Document**

<b>1. Agency Name</b> Oakland Alameda County Coliseum Authority <hr/> Division, Department, or Region <i>(If Applicable)</i> <hr/> Mary Warren, OACCA Commissioner Designated Agency Contact <i>(Name, Title)</i>		Date Stamp	<div style="background-color: #333; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">                     California Form 802                 </div> For Official Use Only
Area Code/Phone Number 510.383.4801	E-mail maryc warren@aol.com	<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(Month, Day, Year)</i>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 150.00

Event Description KMEL Summer Jam    Date(s) 06 / 08 / 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 <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Warren, Mary	5	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> to promote the Coliseum Complex by the use of general public and businesses to maximize revenues
	5	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Mary Warren

OACCA Commissioner

05.15.14

*Print Name*

*Title*

*(Month, Day, Year)*

Comment: \_\_\_\_\_