

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

A Public Document

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|--|--|---|---|
| 1. Agency Name Oakland Alameda County Coliseum Authority | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region (If Applicable) | | | |
| Christopher Dobbins, OACCA Commissioner | | | |
| Designated Agency Contact (Name, Title) | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| Area Code/Phone Number 510.383.4801 | E-mail christopher.dobbins@ousd.k12.ca.us | 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 \$ 164.00

Event Description Luis Miguel Concert Date(s) 10, 12, 14 9, 21, 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 (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| Dobbins, Christopher | 4 | 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 investigate efficiencies of the operations of the various sporting and other events that occur at the Coliseum Complex |
| | 4 | 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 (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

Official's Signature: (d)(5) I, Christopher Dobbins, OACCA Commissioner, on 8.26.14 have verified that the distribution set forth above, is in accordance with the requirements.

Print Name
Title
(Month, Day, Year)