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)*

Osborn K. Solitei

Designated Agency Contact *(Name, Title)*

Finance Director/City Controller

Area Code/Phone Number	E-mail
(510) 238-3809	osolitei@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 Information

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

Face Value of Each Ticket/Pass $ 300 00

Event Description Warrior Ticket *Provide Title/Explanation*

Date(s) 11 / 21 / 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: Osborn K. Solitei *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:
Osborn K. Solitei	4	Ceremonial Role ☒ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* To investigate the efficiencies of the operations of the various sporting and other events that occur at the Coliseum Complex
	4	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 (d)(5) [redacted] *8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Osborn K. Solitei *Print Name* | Finance Director/City Controller *Title* | 11.17.14 *(Month, Day, Year)*

11/17/14

Comment: _____