

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

**A Public Document**

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| <b>1. Agency Name</b><br>Oakland Alameda COunty Coliseum Authority<br>Division, Department, or Region <i>(If Applicable)</i><br>Osborn Solitei, Controller - JPA Member<br>Designated Agency Contact <i>(Name, Title)</i> |                                   | Date Stamp  | <b>California Form 802</b><br>For Official Use Only |
| Area Code/Phone Number<br>510-238-3809  | E-mail<br>osolitei@oaklandnet.com | <input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i><br>Date of Original Filing: _____<br><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 \$ 250<sup>00</sup>

Event Description Warriors Game    Date(s) 11 / 15 / 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<br><i>(Last, First)</i>                               | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
| Solitei, Osborn   | 2                            | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i><br>to provide incentives to City and County employees that provide services to the Authority |
| Charlotte Wright  | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i>   |
| C. Name of Outside Organization<br><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**

I, (d)(5) 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

(d)(5)    Osborn Solitei    Controller    11/13/14  
*Print Name*    *Title*    *(Month, Day, Year)*

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