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)*

Chris Dobbins, OACCA Commissioner

Designated Agency Contact *(Name, Title)*

Area Code/Phone Number	E-mail
510.383.4801	Christopher.dobbins@ousd.k12.ca.us

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 $ 195.00

Event Description POPNYE 2014 *Provide Title/Explanation*

Date(s) 12 / 31 / 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: _____ *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	8	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* to promote the Coliseum Complex by use by the general public and businesses to maximize revenues
	8	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. Veri

(d)(5)

I have r *4.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Signature	Print Name	Title	Date
	Christopher Dobbins	OACCA Commissioner	12.19.14

Comment: _____