

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> <small>For Official Use Only</small>
Oakland Alameda County Coliseum Authority			
Division, Department, or Region <i>(If Applicable)</i>			
Osborn K. Solitei			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <small><i>(Month, Day, Year)</i></small>	
Finance Director/City Controller			
Area Code/Phone Number (510) 238-3809	E-mail osolitei@oaklandnet.com		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 300<sup>00</sup>

Event Description Warriors    Date(s) 03 / 04 / 15  
*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: 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 <small><i>(Last, First)</i></small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Ramos, Zenaida	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> To provide incentives to City employees that provide services to the Authority
	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <small><i>(include address and description)</i></small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have (d)(5) 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

\_\_\_\_\_ Osborn K. Solitei    Finance Director/City Controller    3/13/15  
*Print Name*    *Title*    *(Month, Day, Year)*