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

A Public Document

1. Agency Name	Date Stamp	California Form 802
Oakland-Alameda County Coliseum Authority		For Official Use Only
Division, Department, or Region *(If Applicable)*		
Susan S. Muranishi, County Administrator, Alameda County		
Designated Agency Contact *(Name, Title)*		
Area Code/Phone Number 510-272-3862 / **E-mail** countyadministrator@acgov.org	☐ **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 $ 172.90

Event Description Kanye West *Provide Title/Explanation* Date(s) 10 / 23 / 13 ___/___/___

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:
Riray, Nerissa	2	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* to provide incentives to City and County employees that provide services to the Authority
		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 read [redacted] C Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sign[redacted]esignee	Susan S. Muranishi	County Administrator	10-15-13
	Print Name	*Title*	*(Month, Day, Year)*

Comment: _____