

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

**A Public Document**

<b>1. Agency Name</b> Oakland-Alameda County Coliseum Authority Division, Department, or Region (If Applicable)  Susan S. Muranishi, County Administrator, Alameda County Designated Agency Contact (Name, Title)		Date Stamp	<b>California Form 802</b> For Official Use Only
Area Code/Phone Number 510-272-3862	E-mail countyadministrator@acgov.org	<input type="checkbox"/> 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 \$ 600<sup>00</sup>

Event Description Golden State Warriors Basketball    Date(s) 10 / 29 / 13    10 / 30 / 13  
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 (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Muranishi, Susan S.		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> to investigate the efficiencies of the operations of the various sporting and other events that occur at the Coliseum Complex
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 a [redacted] and sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[redacted signature]	Susan S. Muranishi	County Administrator	10/6/13
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)