Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form Oakland Alameda County Coliseum Authority For Official Use Only Division, Department, or Region (if applicable) Henry Gardner, Executive Director Designated Agency Contact (Name, Title) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail sarage cooliseum, can Date of Original Filing: \_ 510-383-4801 (month, day, year) 2. Function or Event Information 50.00 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Date(s) 01 12 24 Event Description: Harlem Globetrotters Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_\_ Yes No 🗆 Name of Source If yes: Haubert, David Was ticket distribution made at the behest Yes ■ No □ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s) **Passes** Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Income ... Other If checking "Ceremonial Role" or "Other" describe below: 16 Ellingsen, Roland to provide opportunities to community groups Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

**Ticket Administrator** 

Agency Report Ceremonial Ro	t of: ble Events and Ticket/F	Pass Distrik	outions	A	A Public Document
1. Agency Name				Date Stamp	California 802
Oakland Alameda County Coliseum Authority					101111
Division, Department, or Region (if applicable)					For Official Use Only
Henry Gardner, Executive Director					
Designated Agency Contact (Name, Title)					
				Amendment (Must	Provide Explanation in Part 3.)
Area Code/Phone Number   E-mail				Amendment (IMast	Fronds Explanation in Factory
510.383-4801 rsavage Ocoliseum com				Date of Original Filing	: (month, day, year)
2. Function or E	vent Information				50.00
Does the agency	y have a ticket policy? Yes	■ No□ Fa	ace Value of	Each Ticket/Pass \$ -	30.00
	n: Harlem Globetrotters  Provide Title/ Expl	Danation	ate(s)	11 24	and the second s
Ticket(s)/Pass(e	s) provided by agency? Yes	■ No□ If	no:		
	7 0		Muranie	Name of Source	
Was ticket distri	oution made at the behest Yes	No 🔲 If	yes: Muranis	Official's Name (Last, Firs	t)
of agency offici	al?				
3. Recipients • Use Section A to it	dentify the agency's department or unit.	• Use Section B to id	lentify an individ	ual. Use Section C to ider	ntify an outside organization.
A. Name o	of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe t	he public purpose made p	oursuant to the agency's policy
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of th	e following:
	(Eddy / 1109)	1 43343	Cere	monial Role  Other	Income 🔲
Muranishi, Susan		6		checking "Ceremonial Role" or "Other" describe below:	
maration, co			to promote the Coliseum and generate revenues		
				emonial Role Other cking "Ceremonial Role" or "Other	
	ne of Outside Organization ide address and description)	Number of Ticket(s)/ Passes	Describe	the public purpose made	pursuant to the agency's policy
	understand FPPC Regulations 189	)44.1 and 189 <b>4</b> 2.	I have verified	d that the distribution se	et forth above, is in accordance
To the state of th				ket Administrator	1-9-24 (month, day, year)
Signature of Ager	cy Head or Designe	Print Name		Title	(month, day, year)