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

**A Public Document** 

Board of Supervisors         Designated Agency Contact (Name, Title)         Gabriela Christy         Area Code/Phone Number         [510] 272-6692         Gabriela.Christy@acgov.org         Date of Original Filling::         (Month, Day, Year)         2. Function or Event Information         Does the agency have a ticket policy?         Yes X       No         Face Value of Each Ticket/Pass \$         Q2_SD         Event Description       Hate/Fath (IND/Harb)TACC         Provide Title/Explanation       Date(s)         Date(s)       / 14 / 22         1/14 / 22       / 15 / 27         Was ticket distribution made at the behest       No         Yes X       If no:         Name of Source       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)/       Describe the public purpose made pursuant to the agency's policy         Pasa(es)       Caremonial Role       Other"       Incomu         If theosing "Coremonial Role in Or Unit"       Number of Ticket(s)/       Identify one of the following:      <	Alan	•				1		
Division, Department, or Region (If Applicable)       For Official Use On         Board of Supervisors       Designated Agency Contact (Name, Title)         Gabriela Christy       Area Code/Phone Number [E-mail]       Amendment (Must provide explanation in Part 3, Date of Original Filling: (Month, Day, Year)         Chromosofte Phone Number [Strip]       Gabriela.Christy@acgov.org       Face Value of Each Ticket/Pass \$       Q2.SD         Provide Title/Explanation       Does the agency have a ticket policy? Yes ID No ID       Face Value of Each Ticket/Pass \$       Q2.SD         Event Description       Hat/Frod Title/Explanation       Date(s)       1       1       1         Provide Title/Explanation       Date(s)       1       1       2       1       1       2         Was ticket distribution made at the behest No ID Yes ID       No ID Yes ID       If roo:       Name of Source       Official?       Official?       Official?       Official?       0       Official?       0       Official?       0       0       0       0       0       Number of If yes;       Valle, Richard- Supervisor District 2       0		meda Countv				Date Stamp		
Board of Supervisors         Designated Agency Contact (Name, Title)         Gabriela Christy         Area Code/Phone Number         [510] 272-6692         Gabriela.Christy@acgov.org         Designated Agency Contact (Name, Title)         Gabriela.Christy@acgov.org         Date of Original Filing:         (Month, Day, Year)         2. Function or Event Information         Does the agency have a licket policy?         Yes       No         Face Value of Each Ticket/Pass \$         Q2_SD         Event Description         Provide 7ttle/Explanation         Date(s)       //14/22         Provide 7ttle/Explanation         Date(s)       //14/22         Provide 7ttle/Explanation         Date(s)       //14/22         Value, Richard- Supervisor District 2         of agency official?         Name of Source         Value 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(s)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (aut ring)       Ceremonial Role Other	Divis							
Designated Agency Contact (Name, Title)         Gabriela Christy         Area Code/Phone Number         [510] 272-6692         Gabriela.Christy@acgov.org         Date of Original Filling:         (510) 272-6692         Evention or Event Information         Does the agency have a ticket policy?         Yes ID         Event Description         Hall Mith Hold Hold Tibe/Explanation         Provide Tibe/Explanation         Ticket(s)/Pass(es) provided by agency?         Yes ID       No ID         Yes Section A to identify the agency's department or unit.		sion, Department, or Regi	on (If Applicabl	e)			r or Onicial Ose Only	
Gabriela Christy          Area Code/Phone Number        E-mail          (510) 272-6692       Gabriela Christy@acgov.org       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 \$       Q2.50         Event Description       Hall Mithology       Yes No       Date(s)       1/14/22       1/15/22         Provide Tible/Explanation       Date(s)       1/14/22       1/15/22       2/2.50         Was ticket distribution made at the behest       No       Yes No       Date(s)       1/14/22       1/15/22         Was ticket distribution made at the behest       No       Yes No       If no:       Name of Source         Was ticket distribution made at the behest       No       Yes No       Yes Valle, Richard- Supervisor District 2       Official's Name (Last First)         8. 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(b)       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual       Number of Ticket(b)       Ceremonial Role       Other       Income <t< td=""><td>Boai</td><td>rd of Supervisors</td><td></td><td></td><td></td><td></td><td></td></t<>	Boai	rd of Supervisors						
Area Code/Phone Number (510) 272-6692       E-mail Gabriela.Christy@acgov.org       Immedment (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 INO I Event Description HaleTom (Nothton CC) Provide Title/Explanation       Face Value of Each Ticket/Pass \$ (Month, Day, Year)         Event Description HaleTom (Nothton CC) Provide Title/Explanation       Date(s) / 14 / 22       1 / 15 / 27         Was ticket distribution made at the behest of agency official?       No I Yes I       If no:	Desi	gnated Agency Contact (A	lame, Title)					
Area Code/Priore Number       E-mail         (510) 272-6692       Date of Original Filing:         (Month. Day, Year)         2. Function or Event Information         Does the agency have a ticket policy?       Yes X         Event Description       Hall Mith Anton Acc         Provide Title/Explanation       Date (s)         Ticket(s)/Pass(es) provided by agency?       Yes X         No       Yes X         Was ticket distribution made at the behest of agency official?       No         Yes X       Yes X         If yes:       Valle, Richard- Supervisor District 2         of agency official?       Official?         Name of Agency, 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 Tecket(p) Pass(es)       Describe the public purpose made pursuant to the agency's policy Pass(es)         B.       Name of Individual [tat /read]       Number of Tecket(p) Pass(es)       Ceremonial Role Cother       Income         If theoring 'Coremonial Role       Other       Income       Income	Gab	oriela Christy						
2. Function or Event Information	Area	Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
2. Function or Event Information       Does the agency have a ticket policy? Yes INO □       Face Value of Each Ticket/Pass \$	(510	0) 272-6692	Gabriela.Ch	risty@acgov	v.org	Date of Original Filing: _	(Month, Day, Year)	
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Provide Intel:Explanation         Ticket(s)/Pass(es) provided by agency?       Yes \rightarrow No \rightarrow Yes \rightarrow In the second of Source         Was ticket distribution made at the behest of agency official?       No \rightarrow Yes \rightarrow If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)         • 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)/Pasa(es)       Describe the public purpose made pursuant to the agency's policy Pasa(es)         B.       Name of Individual       Number of Ticket(s)/Pasa(es)       Identify one of the following:         It cast Final       Ceremonial Role       Other       Income         If checking "Ceremonial Role       Other       Income	Does	s the agency have a ticket	policy?	Yes 🔀 No	Face Value o	f Each Ticket/Pass \$	42.50	
Was ticket distribution made at the behest of agency official?       No I Yes I if yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)         • 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.         • 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.         • Use Section A to identify the agency's 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 Feat)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         It checking "Ceremonial Role I Cher"       Other I Income       Income         It checking "Ceremonial Role I Other I Income       Income	Even	nt Description Harker	Provide Title/Exp	- /0	Date(s)	14,22	1,15,22	
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of agency official?       Official's Name (Last, First)         • 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 Firat)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Image: Ceremonial Role       Other       Income         If checking "Ceremonial Role" or "Other" describe below:       Income			the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor D	istrict 2	
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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 Frad)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Ceremonial Role       Other       Income         Identify Ceremonial Role       Other       Income		•						
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C Name of Outside Organization Number of To reward a school or nonprofit					Ceremonial Role	Other	Income	
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C.     (Include address and description)     Ticket(s)/ Pass(es)     Organization for its contributions to the community     he agency's policy       Eden United Church of Christ 21455     /	Eden Birch The n	(Include address and descr United Church of Christ St, Hayward, CA 94541 members of Eden Church	iption) 21455 1 worship	Ticket(s)/ Pass(es)	Ceremonial Role [ <i>If checking *Ceremonia</i> — To reward a sch organization for — the community by welcoming all, se	Definition of the sector of th	he agency's policy	
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(include address and description) Ticket(s)/ Pass(es) Organization for its contributions to he agency's policy		(include address and descr	iption)	Ticket(s)/	Ceremonial Role If checking "Ceremonia — To reward a sch organization for	Other Other describe below:	<del></del>	
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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)  B. Name of individual     (Last Frad)  Number of     Ticket(s)/     Pass(es)  Ceremonial Role Other Income Inc	of ag	gency official?						
of agency official?       Official's Name (Last, First)         Recipients <ul> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section B to Identify an Individual.</li> <li>Use Section C to Identify an outside organization.</li> </ul> A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)           Describe the public purpose made pursuant to the agency's policy           Pass(es)         Identify one of the following:           B. Name of Individual (Last First)         Identify one of the following:           Identify one of the following:         Pass(es)           Ceremonial Role         Other           If checking "Ceremonial Role" or "Other" describe below:           Ceremonial Role         Other           Income         Income			the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor D	istrict 2	
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Was ticket distribution made at the behest of agency official?       No        Yes        Valle, Richard- Supervisor District 2 Official's Name (Last, First)         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)?       Describe the public purpose made pursuant to the agency's policy         B.       Name of individual (Last First)       Number of Ticket(s)?       Identify one of the following: Pass(es)       Income Income         B.       Name of individual (Last First)       Number of Ticket(s)?       Ceremonial Role       Other       Income	Ticke				🛛 If no:			
Provide Intel:xplenation         Ticket(s)/Pass(es) provided by agency?       Yes \rightarrow No \rightarrow Yes \rightarrow If no:		nt Description Har Fav	1 Globet	others			1,15,22	
Event Description       Halefan Hille/Halefanetion         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?       Yes         Was ticket distribution made at the behest of agency official?       No         Yes       No         Yes       No         Yes       If no:         Name of Source         Was ticket distribution made at the behest of agency official?         No       Yes         Yes       If yes:         Valle, Richard- Supervisor District 2         Officiel's Name (Last, First)         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)       Identify one of the following:       Income (Last, First)         B.       Name of Individual (Last, First)       Ceremonial Role (Last, First)       Income (Last, First)         B.       Name of Individual (Last, First)       Identify one of the following:       Income (Last, First)         If the start first       Income (Last, First)       Income (Last, First) <td< td=""><td></td><td></td><td></td><td></td><td>Eace Value o</td><td>f Fach Ticket/Pass \$</td><td>Q2.50</td></td<>					Eace Value o	f Fach Ticket/Pass \$	Q2.50	
Does the agency have a ticket policy?       Yes INO       Face Value of Each Ticket/Pass \$	· · · · · · · · · · · · · · · · · · ·	·		nsty@acgo	v.org		(Month, Day, Year)	
2. Function or Event Information       Image: Section 2 (Monit, Day, Year)         Does the agency have a ticket policy?       Yes INO I       Face Value of Each Ticket/Pass \$ (Q2.50)         Event Description       Hall M (Mol/Hohdels)       Date(s)       1/14/22       1/15/27         Event Description       Hall M (Mol/Hohdels)       Date(s)       1/14/22       1/15/27         Event Description       Hall M (Mol/Hohdels)       Date(s)       1/14/22       1/15/27         Provide Title/Explanation       Date(s)       1/14/22       1/15/27         Ticket(s)/Pass(es) provided by agency?       Yes INO I       If no:       Name of Source         Was ticket distribution made at the behest of agency official?       No I Yes I if yes:       Valle, Richard-Supervisor District 2       Official's Name (Last, First)         Reclpients       • 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       Number of Ticket(s)/ Pass(es)       Ceremonial Role I Other I Income       Income         If checking "Coremonial Role I Other I       Income       Income       Income       I				ristv@acoo	vora	Date of Original Filing: _		
(510) 272-6692       Gabriela.Christy@acgov.org       Date of Original Filing:(Month. Day, Year)			E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
Area Code/Phone Number (510) 272-6692       E-mail Gabriela. Christy@acgov.org       Immedment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year)         Dest the agency have a ticket policy?       Yes IN 0       Face Value of Each Ticket/Pass \$ (Month, Day, Year)         Event Description       Hale Tan (1) 0/H								
Gabriela Christy          Area Code/Phone Number        E-mail          Gabriela Christy          Gabriela.Christy@acgov.org        Date of Original Filing:(Month, Day, Year)          Function or Event Information          Does the agency have a ticket policy? Yes No         Face Value of Each Ticket/Pass \$          Q2.50          Event Description          Hale Table Tible/Explanation           Date(s)            / 14 , 22          Ticket(s)/Pass(es) provide Dy agency? Yes No            Date(s)            // 14 , 22           // 15 , 27          Was ticket distribution made at the behest of agency official?           No            Yes            No              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)                 B. Name of individual         (tast Free)              Number of Ticket(s)             Pass(es)             Ceremonial Role           Other <tr< td=""><td></td><td>· •</td><td>Jame Title)</td><td></td><td></td><td></td><td></td></tr<>		· •	Jame Title)					
Designated Agency Contact (Name, Title)         Gabriela Christy         Area Code/Phone Number (510) 272-6692       E-mail Gabriela.Christy@acgov.org         Function or Event Information         Does the agency have a ticket policy?       Yes IN NO         Event Description       Hall Park (NoV-HopPace)         Provide Title/Explanation       Date of Original Filling:         Ticket(s)/Pass(es) provided by agency?       Yes IN NO         Was ticket distribution made at the behest of agency official?       No         Was ticket distribution made at the behest of agency official?       No         Previde Title/Explanation       If no:         Name of Source       Name (Last, First)         Reclipients       • 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 (star first)       Number of Ticket(s)/ Pass(es)       Identify one of the following: Caremonial Role Other Income         B.       Name of Individual (star first)       Number of Ticket(s)/ Pass(es)       Identify one of the following: Income       Income	Roa			-,				
Board of Supervisors         Designated Agency Contact (Name, Title)         Gabriela Christy         Area Code/Phone Number         (510) 272-6692         Gabriela.Christy@acgov.org         Function or Event Information         Does the agency have a ticket policy?         Yes X         Provide Title/Explanation         Date of Original Filing:         (Month, Day, Year)         Function or Event Information         Does the agency have a ticket policy?         Yes X       No         Frace Value of Each Ticket/Pass \$         Event Description       Harle Tot (Must provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?       Yes No X         Mast ticket distribution made at the behest       No Yes X         vise Section A to identify the agency's department or unit.       • Use Section B to identify an outside organization.         A. Name of Agency, Department or Unit       Number of Ticket(s)         Pass(es)       Ceremonial Role       Other         If cheeting "Geremonial Role       Other       Income         If cheeting "Geremonial Role       Other       Income			on (If Applicabl	e)			For Official Use Only	
Division, Department, or Region (If Applicable)       For Official Use Onl         Board of Supervisors       Designated Agency Contact (Name, Title)         Gabriela Christy       Amendment (Must provide explanation in Part 3, Jate of Original Filling:(Month, Day, Yeer)         Function or Event Information       Does the agency have a ticket policy? Yes I No I Face Value of Each Ticket/Pass \$								

# Agency Report of: Ceremonial Role E 1. Agency Name

С	eremonial Role Even	ts and Ticket/P	ass Distri	butions	A	Public Document
1.	Agency Name				Date Stamp	California 802 Form
	Alameda County					
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	Name, Title)	1			
	Lawson Bell, Supervisor's A	ssistant	Amondmont (16)	travitle Frankrish in Devid O.		
	Area Code/Phone Number	E-mail				rovide Explanation in Part 3.)
	(510) 272-6691	Lawson.Bell@acgc	ov.org		Date of Original Filing:	06/16/2022 (month, day, year)
_						(monin, day, year)
2.	Function or Event Infor	mation				62.50
	Does the agency have a ticl		No 🗌 🛛 F	ace Value of	Each Ticket/Pass \$	02.50
	Event Description:	lem Globetrotters	D	ate(s) 01		1 1
		Provide Title/ Explai	nation			//
	Ticket(s)/Pass(es) provided	by agency? Yes [	🗌 No 🔳 🛛 If	no: <u>Oaklan</u>	Name of Source	
	Mas tisket distribution mode	at the behadt of a		yes: Hauber	t, David	
	Was ticket distribution made	e at the benest Yes	No 📙 🦷	yes	Official's Name (Last, First)	
	of agency official?					
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	Ellingston, Roland		3		nonial Role Dother king "Ceremonial Role" or "Other" de	
			To promote	e attendance at events	held at a County facility	
					nonial Role D Other C	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy

#### 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. .

	Laws	on Bell	Supervisor's Assistant	06/16/2022
		Print Name	Title	(month, day, year)
Comment:				
	Print	Clear	FPPC Toll-Free Helpline: 866	FPPC Form 802 (2/2016) /ASK-FPPC (866/275-3772)

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

**A Public Document** 

1	Agency Name				Date Stamp	California 000
	Alameda County					Form OUZ
	Division, Department, or Region	(If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Nat	me, Title)				
	Gabriela Christy					
		mail			Amendment (Must p	provide explanation in Part 3.)
			risty@acgo <sup>,</sup>	v.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informa	tion				poortal, Bdy, Tody
	Does the agency have a ticket po	olicy?	Yes 🔀 No	Face Value o	f Each Ticket/Pass \$ _	137.50
	Event Description	086		- Deta(a)	15,22	
		ovide Title/Expl	anation	Date(s)		
	Ticket(s)/Pass(es) provided by ag	gency?	Yes 🗌 No	K If no:	Name of So	
	Was ticket distribution made at th		_			
	of agency official?	ne benest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor I	Last. First)
-						
э.	• Use Section A to Identify the agency's d	epartment or i	unit. 🔹 Use Se	ction B to identify an individu	al. a Use Section C to ident	tifu an outside organization
	A. Name of Agency, Department of		Number of	1		
	A. Name of Agency, Department o	or Unit	Ticket(s)/ Pass(es)	Describe the pub.	lic purpose made pursuant	to the agency's policy
				S.,		
	B. Name of Individual		Number of Ticket(s)/		Identify one of the followi	na:
	(Last, First)		Pass(es)			
					Other describe below:	Income
				In Checking Celemonic	a Role of Other describe below:	
				Ceremonial Role	Other	Income
				If checking "Ceremonie	al Role" or "Other" describe below:	
			Number of	To reward a scho	ol or nonne Gi	
	C. Name of Outside Organizati (Include address and descript		Number of Ticket(s)/	organization for i	its contributions to	» the agency's policy
	Eden United Church of Christ 2		Pass(es)	the community	tis contributions to	
	Birch St, Hayward, CA 94541	1400	13			
	The members of Eden Church v God and strive to follow Christs			by welcoming all, se caring for each other	eking Gods wisdom, g r, enriching our neight	growing spiritually, porhood, and sharing
4.	Verification					
	I have read and understand FPPC Regulation.	s 18944.1 an <u>d</u>	18942. I have ve	arified that the distribution set for	th above, is in accordance with	the requirements.
			Gabriela C		Supervisor's Assistant	1 /
		-	Print Nam			(Moduli, Day, Year)
	the good name of Co	d <sup>I</sup> o oročel	vo and unf-	Idiaa way in the second		
	Comment:Good news of Goo	u s creati	ve and unit	olding work in the work	<b>u.</b>	

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

**A Public Document** 

	marchiana					the second se
. Age	ncy Name				Date Stamp	California 80
Alam	neda County					Form OU
Divis	ion, Department, or Reg	ion (If Applicabl	le)		1	For Official Use Only
Boar	rd of Supervisors					
Desiç	gnated Agency Contact	(Name, Title)				
Gabr	riela Christy					
	Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	) 272-6692		nristy@acgov	.ora	Date of Original Filing:	
	ction or Event Infor					(Month, Day, Year)
	the agency have a ticke		Yes 🔀 No	Eace Value o	f Each Ticket/Pass \$	175.00
Event	t Description Marca MP	A EI TAKI	lenation	Date(s)1	, 29 , 22	//
		•		If no: Oaklar	d Athletics	
licket	t(s)/Pass(es) provided b	y agency?	Yes 🔲 No		Name of Sou	rce
Was t	ticket distribution made a	at the behest	No 🗌 Yes 🔯 👘 If yes: Valle		Richard- Supervisor D	District 2
of ag	gency official?			m in yes	Official's Name (L	
Reci	ipients					
	Section A to identify the agenc	y's department or	unit. • Use Sec	tion 8 to identify an individu	al. • Use Section C to Identi	fy an outside organization.
			Number of	Describe the pub	lic purpose made pursuant f	to the agency's policy
A. 	Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)			
A.   B.	Name of Individua		Pass(es)			
			Pass(es)		Identify one of the followin	ıg:
	Name of Individua		Pass(es)	Ceremonial Role		ıg:
	Name of Individua		Pass(es)	Ceremonial Role If checking "Ceremoni Ceremonial Role	Identify one of the followir Other	
	Name of Individua	al	Pass(es)	Ceremonial Role If checking "Ceremoni Ceremonial Role If checking "Ceremoni	Identify one of the followin Other I Other I Other	ig:
B. C. Union	Name of Individua (Last, Frat)	al ization cription)	Pass(es)	Ceremonial Role If checking "Ceremoni Ceremonial Role If checking "Ceremoni	Identify one of the followin Other al Role" or "Other" describe below: Other al Role" or "Other" describe below: al Role" or "Other" describe below:	ig: Income

Gabriela Christy	Supervisor's Assistant	21722
Print Norne	Title	(Month, Day, Year)

Comment: