Agency Report of:

С	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions			ic Document
_	Agency Name		Date Stamp	Cal	ifornia 802		
	Alameda County						orm OUZ
	Division, Department, or Reg			of official coc only			
	Board of Supervisors						
	Designated Agency Contact						
	Heather Cartwright	1			Amendment (Mi	ust Provide Exp	planation in Part 3.)
	Area Code/Phone Number	E-mail	Accession		Date of Original Fili	na:	
_	(510) 272-6691	heather.cartwright2	.@acyov.org		pate of original fina	(mont	h, day, year)
2.	Function or Event Infor	mation					\$225
	Does the agency have a tick	Each Ticket/Pass \$	<u> </u>	ΨΖΖΟ			
	Event Description: Nicki Mi	<u>, 1 , 202</u>		//			
	Ticket(s)/Pass(es) provided	d Arena					
			Name of Source				
	Was ticket distribution made	e at the behest Yes	t, David Official's Name (Last, F	irst)			
	of agency official?						
3.	Recipients						
	• Use Section A to identify the ager	cy's department or unit.	Use Section B to	identify an individ	ual. Use Section C to id	entify an outs	ide organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made	pursuant to	the agency's policy
						2	
	B. Name of Indi (Last, Fin		Number of Ticket(s)/ Passes		Identify one of	the following:	
	Jennings, Estella		4	If chec	king "Ceremonial Role" or "Oth		
				To promote	e attendance at eve	ents held at	t a County facili
					nonial Role Oth king "Ceremonial Role" or "Oth	er 🔲 er" describe below	Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made	e pursuant to	the agency's policy
			1				

4. Verification

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

	Heather D. Cartwright	Supervisor's Assistant	7/1/274
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Print



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1.	Agency Name				Date Stamp	California 002	
	Alameda County		Form OUZ				
	Division, Department, or Regi		For Official Use Only				
	Board of Supervisors						
	Designated Agency Contact (Designated Agency Contact (Name, Title)					
	Gabriela Christy						
	Area Code/Phone Number	E-mail			. Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6692	Gabriela.Ch	risty@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation				225	
	Does the agency have a ticke	t policy?	Yes 🔀 🛛 No 🛛		f Each Ticket/Pass \$	225	
	Event Description Nicki Minaj			Date(s)3			
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🕻	X If no:	Name of Sou	Irce	
	Was ticket distribution made a	t the behest	No 🗌 Yes 🛙	Marqu	uez, Elisa - Supervisor		
	of agency official?				Official's Name (L	ast, First)	
3	Recipients						
•••	Use Section A to identify the agency	/'s department or	unit. • Use Sect	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy		
	B. Name of Individua (Last, First)	al second	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income	
					Dther describe below:	Income	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)		ol or nonprofit its contributions to	the agency's policy	
	Community Child Care Court Alameda County 22351 City			the community			
	Community Child Care Court Alameda County exists to de			coordinate resource	es to strengthen familie	es and children.	
4.	Verification	lations 18944.1 an	d 18942. I have vei	rified that the distribution set f	orth above, is in accordance wit	h the requirements.	
	*		Gabriela Cl	hristy	Supervisor's Assistant	2/27/2024	
	gnature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
	Comment:						

A Public Document

1	Agency Name				Date Stamp		
	Alameda County					Form OUZ	
	Division, Department, or Reg	ion (if applicable)		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	Name, Title)					
	Amy Shrago, Chief of Staff	Amendment (Must Pr	ovide Explanation in Part 3.)				
	Area Code/Phone Number	E-mail				04/01/24	
	510-272-6695	Amy.Shrago@acgc	ov.org		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation				225.00	
	Does the agency have a ticl	ket policy? Yes			Each Ticket/Pass \$		
	Event Description: Nicki Min	naj	D	ate(s)	<u>, 01 , 24 </u>	//	
		FIONDE Hite/ Explai	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes [no: <u>Coliseu</u>	Name of Source		
	Was ticket distribution made	at the behest. Ves	No 🗖 If	yes: Carson	, Keith		
	of agency official?	factile beliese [Ea]		•	Official's Name (Last, First)		
3.	Recipients				L Alex Creation Can identifi	con outride exemitation	
	Use Section A to identify the ager	ncy's department or unit. •		dentify an individi	ual. Ose Section C to identify	an outside organization.	
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Describe the public purpos Passes		ne public purpose made pure	made pursuant to the agency's policy	
	BOS D5		6	To promote employee r	e, encourage, reward, o morale,	or support general	
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the fe	bllowing:	
		Ŧ			nonial Role D Other king "Ceremonial Role" or "Other" des		
					nonial Role D Other king "Ceremonial Role" or "Other" des		
	C. Name of Outside C (include address and	Irganization I description)	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. \sim

	Amy Shrago	Chief of Staff	04/01/24
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:			
Prin	nt Clear	EDBC Tell Free Helpline:	FPPC Form 802 (2/2016)

Ceremonial Role Events and Ticket/Pass Distributions					Α	Public Documen
_	Agency Name	Date Stamp	California Form 802			
	Alameda County					
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)			1	
	Amy Shrago, Chief of Staff					
	Arrea Code/Phone Number	E-mail			1	rovide Explanation in Part 3.)
	510-272-6695	Amy.Shrago@acgc	v ora		Date of Original Filing:	04/01/24
-						(montr), day, year)
2.	Function or Event Infor	mation				175.00
	Does the agency have a ticl	ket policy? Yes			Each Ticket/Pass \$	170.00
	Event Description: IVE the	1st World Tour	<u>, 16 , 24</u>	1 1		
	Event Description.	Provide Title/ Explan	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [No 📕 👖	f no: <u>Coliseu</u>	im Authority	
				yes: <u>Carson</u>	Name of Source	
	Was ticket distribution made	at the behest Yes	Official's Name (Last, First)			
	of agency official?		· .			
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	D .	Name of Individual Number of Ticket(s)/ (Last, First)			Identify one of the f	iollowing:
	Sanchez, Armando 4		4	Ceremonial Role D Other Incon If checking "Ceremonial Role" or "Other" describe below: To promote attendance at events held at a County faci		scribe below;
					monial Role D Other c	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant 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.

/ many/	Amy Shrago	Chief of Staff	04/01/24
Signature of Agency Headfor Designee	Print Name	Title	(month, day, year)
Comment:			
Prir	nt Clear	FPPC Toll-Free Helpline:	FPPC Form 802 (2/2016) 366/ASK-FPPC (866/275-3772)

5

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201011						A Fablic Document
. Age	ncy Name				Date Stamp	California 802
Alameda County					Form OVZ For Official Use Only	
Divis	ion, Department, or Reg	gion (If Applicable)				
Boar	d of Supervisors			л. П		
Desig	gnated Agency Contact (Name, Title)				
Gabi	riela Christy				Amondment (Aturt a	
Area	Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6692	Gabriela.Chr	isty@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
. Fun	ction or Event Infor	mation				100.00
Does	the agency have a ticke	t policy?	Yes 🛛 No 🗌] Face Value o	f Each Ticket/Pass \$	
Even	t Description <u>Dakland</u>	A'S VS St Provide Title/Expla	,	Date(s) 🤔	, 25, 24	/
Ticke	et(s)/Pass(es) provided b	y agency?	Yes 🔲 No 🗵	If no: <u>Ma</u>	Name of Sol	urce
	ticket distribution made a gency official?	it the behest	No 🗌 Yes 🛛		RANEZ CLUA Official's Name (1	ast, First)
	ipients Section A to identify the agenc	y's department or u	unit. • Use Secti	on B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
Α.	Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Β.	Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Ŧ	vgtugosh, Mahk	il	3	To reward a c	ial Role" or "Other" describe below: community	Income
				volunteer for	his or her service	à.
				to the public		Income
	Name of Outside Orga	hization	Number of			
С.	(include address and des		Ticket(s)/ Pass(es)	Describe the put	plic purpose made pursuant	t to the agency's policy
. Veri	ification					

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.

,

. X Signature of Agency Head or Designee	Gabriela Christy Print Name	Supervisor's Assistant	3 24 24 (Month, Day, Year)
Comment:			

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

A Public Document

1.	Agency Name				Date Stamp	California 000
	Alameda County					Form OUZ
	Division, Department, or Regi		For Official Use Only			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Gabriela Christy Area Code/Phone Number	E-mail	Amendment (Must p	rovide explanation in Part 3.)		
	(510) 272-6692	Gabriela.Chr	ristv@acɑov	.org	Date of Original Filing:	Alexander Con Maria
2	2. Function or Event Information				(Month, Day, Year)	
4.	Does the agency have a ticket		Yes 🔀 No	☐ Face Value o	f Each Ticket/Pass \$	00
	Event Description Dakland A		landervare		,28,24	
	Ticket(s)/Pass(es) provided by		Yes No	If no: Alamed	da County Name of So	
	Was ticket distribution made a	t the behast		🖼 Marqu	Jez, Elisa- Supervisor	
	of agency official?	t the benest	No 🗌 Yes	If yes: Marge	Official's Name (I	Last, First)
3	Recipients					
Ο.	Use Section A to identify the agency	's department or (unit. • Use Sec	tion B to identify an individu	al. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			Number of			
	B. Name of Individua (Last, First)	I	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			1 405(20)	Ceremonial Role	Other	Income
	maldondo, Anthom	1	3	To reward a	community	
	A AIR (On to of During)				r his or her servic	ם י
	N			to the public		3
						Income
	C. Name of Outside Organi (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
	Verification		I			
	I have read and understand FPPC Regul	ations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance wi	th the requirements.
			Gabriela Cl	hristy	Supervisor's Assistan	t328/24
	Signature of Agenav Heed or Designee Print Name				Title	(Month, Day, Year)

Comment: _____

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1.	Agency Name		Date Stamp	California 802		
	Alameda County		2	Form UUZ For Official Use Only		
	Division, Department, or Regi	on (If Applicable)			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Gabriela Christy				Amendment (Must pro	vide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Filing:	. ,
_	(510) 272-6692		risty@acgov.or	g	Date of original rining.	(Month, Day, Year)
2.	Function or Event Inform				f Each Ticket/Pass \$	127.50
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗋			
	Event Description LOVG H	Provide Title/Expla	anation		,240,24	/
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	If no: Alame	da County Name of Sour	20
					uez, Elisa- Supervisor E	
	Was ticket distribution made a of agency official?	it the denest	No 🗋 Yes 🛛	If yes: marge	Official's Name (La	ist, First)
2	Recipients					
э.	Use Section A to identify the agency	y's department or u	unit. • Use Section	n B to identify an individu	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
			Number of			
	B. Name of Individua (Last, First)	at	Ticket(s)/ Pass(es)		Identify one of the followin	g:
				Ceremonial Role If checking "Ceremon	Other D	Income
				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)		olic purpose made pursuant t	o the agency's policy
Ð	annonal Acis of Alameda ((JUM		To reward a sch	ool or nonprofit	
	BIDS adaguntar Dr Hank	Dallard	3	organization for the community	t its contributions to	
n	enprot family Resource dec	licated to		- the community		
Sm	costremy children Family	FCMDCM	& Proudler	2		
4.	Verification				÷	
	I have read and understand FPPC Regu	lations 18944.1 and	d 18942. I have verifie	ed that the distribution set i	forth above, is in accordance with	the requirements.
			Gabriela Chri	sty	Supervisor's Assistant	3KUK02T
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
	Comment:					

A Public Document

						the second se
1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form OUZ		
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact ((Name, Title)				
	Heather Cartwright				Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6691	heather.cartwright2	@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				\$137.50
	Does the agency have a tick	ket policy? Yes	and the second		Each Ticket/Pass \$	φ137.50
	Event Description:	d Love Tour	D	ate(s) 3	, 1 8 , 2024	1 1
		Provide Title/ Explai	astion			
	Ticket(s)/Pass(es) provided	by agency? Yes [🗌 No 🔳 🛛 If	no: Oakland		
			If	yes: Hauber	Name of Source t, David	
	Was ticket distribution made	e at the behest Yes [] No 🔳 👖	yes	Official's Name (Last, First)	
	of agency official?					
3.	Recipients Use Section A to identify the agen 	cy's department or unit. •	Use Section B to ic	dentify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Miller, Ferrari		2	If check	monial Role D Other D Income cking "Ceremonial Role" or "Other" describe below: e attendance at events held at a County facili	
					nonial Role D Other desc	Income
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
4.	Verification		J	1		

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.

//, //	Heather D. Cartwright	Supervisor's Assistant	4/17/2024
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Clear

Print



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	eremonial Role Even	is and nickely	a33 DI30	ibutions	~ ~	T abric Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Region (if applicable)					For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Amy Shrago, Chief of Staff				Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				04/01/24
	510-272-6695	Amy.Shrago@acgo	ov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				137.50
	Does the agency have a ticket policy? Yes No D Face Value of I			Each Ticket/Pass \$	107.50	
	Event Description:	e Hard Tour	Date(s) 03		28 24	//
		Provide Title/Explai	nation			
	Ticket(s)/Pass(es) provided	cket(s)/Pass(es) provided by agency? Yes D No M If no: Coliseu				
	Was ticket distribution made	at the behest. Vac I		If yes:	, Keith	
	of agency official?	at the beliest Yes			Official's Name (Last, First)	
	or agonoy onnoidir.					
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individu	ual. Use Section C to identif	y an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	BOS D5		. 4	To promote employee n	e, encourage, reward, o norale,	or support general
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
					nonial Role Other China Other China Coremonial Role" or "Other" dea	
					nonial Role D Other C	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e 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.

	Amy Shrago	Chief of Staff	04/01/24
Stignature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Prir	nt Clear	FPPC Toll-Free Helpline: 8	FPPC Form 802 (2/2016) 366/ASK-FPPC (866/275-3772)

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1.	Agency Name			Date Stamp	California 802
	Alameda County		Form 002		
	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Gabriela Christy	2			
	Area Code/Phone Number E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(510) 272-6692 Gabriela.Cl	nristy@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 o	f Each Ticket/Pass \$	100
	Event Description Oddand Ali NS. Cloud GNardians Date(s) 2 Provide Title/Explanation Date(s)			, 30 , 24	//
	Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 If no: Alamed			da County Name of Sour	ce
	Was ticket distribution made at the behest	No 🗌 Yes 🛛	X If yes. Marqu	iez, Elisa- Supervisor D	District 2
	of agency official?			Official's Name (La	st, First)
3.	Recipients				
	Use Section A to identify the agency's department of	al. • Use Section C to identif	y 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		
		Number of			
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)	Identify one of the following:		
				Other	Income 🔲
			Ceremonial Role If checking *Ceremon	Other	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	work Promotords 4800 mowing Ava	3		ool or nonprofit its contributions to	
n Head	work. CA 94560 why ham of and advoca y furproind	hans	— the community		·
an	drompfully realth warters				
4.	Verification				
	I have the and understand FPPC Reculations 18944.1 an				the requirements.
	Signatum of Agapta Hand or Designed	Gabriela Ch		Supervisor's Assistant	_ 28 24
	Signature of Agency Head or Designee	Print Name	5	Title	Month Day, Year)
	Comment:				

Comment: _____

A Public Document

1 4 00	ency Name				Date Stamp	California 002
	-					Form 802
	Alameda County Division, Department, or Region (If Applicable)				For Official Use Only	
		en (n ripphoanie	/			
	Board of Supervisors Designated Agency Contact (Name, Title)					
Desig						
Gab	riela Christy				Amendment (Must pro	Wide explanation in Part 3.)
Area Code/Phone Number E-mail						ovide explanation in Fait 5.)
(510) 272-6692	Gabriela.Ch	risty@acgov.or	ſġ	Date of Original Filing: _	(Month, Day, Year)
. Fun	ction or Event Infor	mation				100 100
Does	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of			of Each Ticket/Pass \$		
Even	Event Description Provide Title/Explanation Date(s)			, 30, 24	//	
				Alame	eda County	
Ticke	icket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 If no: Alamed			Name of Sou	Irce	
Was	ticket distribution made a	t the behest	No 🗌 Yes 🛛	If yos. Marq	uez, Elisa- Supervisor	District 2
	gency official?			ii yes:	Official's Name (L	ast, First)
• Use Section A to identify the agen A. Name of Agency, Departm			Number of		idual. • Use Section C to identify an outside organization. ublic purpose made pursuant to the agency's policy	
В.	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following:	
				Ceremonial Role If checking "Ceremo	Other Inter Delay Other Delay Other Delay Other Delay	Income
				Ceremonial Role If checking "Ceremo	D Other nial Role" or "Other" describe below:	Income
C.	Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
Sales	Alanedacounty			To reward a so	chool or nonprofit	
Bint		10 Oakland 6	5	organization for	or its contributions to	
CUIUS		4		the community		•
reprotei :		ry dedicated				
2 street		amulies = Ch	WDCAR9-In	uders in Ma	0.	Uman
	fication		40040	ad that the state of a	forth above is in accordance with	the requirements
I have i	read and understand FPPC Regu	iations 18944.1 and				1.124
			Gabriela Chr	isty	Supervisor's Assistant	ADer 1
	and the second se				Title	

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