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

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Health Care Agency Division, Department, or Region (if applicable) Public Health Services/Environmental Health Street Address 1241 E. Dyer Road, Suite 120, Santa Ana, CA 92705-5611 Designated Agency Contact (Name, Title) Richard Sanchez, Director Area Code/Phone Number E-mail	LERK OF THE UGARD OR ANGE COUNTY ARD OF SUPER VISORS Amendment (Must provide	Form 802 For Official Use Only See explanation in Part 3.)
Health Care Agency Division, Department, or Region (if applicable) Public Health Services/Environmental Health Street Address 1241 E. Dyer Road, Suite 120, Santa Ana, CA 92705-5611 Designated Agency Contact (Name, Title) Richard Sanchez, Director Area Code/Phone Number E-mail	ORANGE COUNTY ARD OF SUPERVISORS	For Official Use Only
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Richard Sanchez, Director Area Code/Phone Number E-mail	,	e explanation in Part 3.)
Area Code/Phone Number E-mail	,	
	-	
	Date of Original Filing:	month, day, year)
(714) 433-6471 Richard.Sanchez@ochca.com		
Function, Event, or Ceremonial Role Information		
OODO D. J.O. wet Avenda		. 75.00
Title OCBC Red Carpet Awards Face	e Value of Each Admission	n \$
Awards and Reception	e(s) 11 / 17 / 11	11 , 17 , 11
Description Awards and Reception Date	(S)	
	ange County Business Council	
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: Oracle	Name of Sou	irce
Yes No I If yes: Sanchez, Richard - Director Official's Name (Last, First) and Titu The identity of recipient(s) and the explanation:	the income box if the agency officia	al claims admission as
(Last, First) Or Organization (Name, Address, Description) Number of Agency official also provided in the coremon of Agency of taxable also provided in the coremon of taxable also provided in the coremon of taxable also provided in the coremon of taxable also provided in taxable also provided i	taxable income. If the agency official performed a ceremonial rol also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	
Yes 🞵		. Income
Sanchez, Richard 1 No 🗖 Program	n nominee & recipient of an	award
Yes 🖸	n nominee & recipient of an	Income
Boelter, Pearl 1 No 🗖 Program	i nominee & recipient of an	award
Yes 🔽	naminas ⁹ reginient of an	Income
1 140 L	n nominee & recipient of an	award
Yes 🖸	n nominee & recipient of an	award Income
Freed Rillie Dean 14 I Ma En Leithurain	Thominee & recipient of an	awaru 🔲
Freed, Billie Dean 1 No 🗖 Program		Income
Yes Yes	*	moone
Treed, Blille Beatt	*	Income
Yes	d that the distribution of admiss	
Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified is in accordance with the provisions.	d that the distribution of admiss	
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