Agency Report of:

	remonial Role Even	is alla licke	ui uz	SO MISH	IDUUOIIS		A Public Documer	
u ,	Agency Name				Date Stamp	California 802		
	Clean Power Alliance Division, Department, or Region (if applicable) Government Affairs					Form OU.		
Ì						For Official Use Only		
٠	Designated Agency Contact (Name, Title)					1		
	Gabby Monzon, Clerk of the Board/Nancy Whang, General Counsel					□ A	Control of Control	
	Area Code/Phone Number					Amendment (Mil	ust Provide Explanation in Part 3.)	
	213-713-5995	clerk@cleanpoweralliance.org				Date of Original Filing:		
	Function or Event Information						7.5	
	Does the agency have a ticket policy? Yes No [Face Value of	Each Ticket/Pass \$	375	
	Event Description: League of Cities Installation Ceremon Date(s) 08				, 01 , 2024	1 1		
	Provide Title/ Explanation							
	Ticket(s)/Pass(es) provided	by agency? You	es 🔳	No □	If no:			
					16	Name of Source		
	Was ticket distribution made at the behest Yes ☐ No			No 🔳	If yes:	Official's Name (Last, Fi	irst)	
	of agency official?					, ,		
	A Name of Agency, Department or Unit. Clean Power Alliance			of Ticket(s)/ Passes	Promotion	Promotion of intergovernmental relations with other gov agency.		
	B, Name of Ind	SOURCE SPECIFICATION SERVICES PROPERTY OF		Number of Ticket(s)/		Identify one of t	the following:	
	(Last, Fir	st)		Passes	14 44 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		to a sur med endicage	
	Bardacke, Ted			1 /f ch		cking "Ceremonial Role" or "Othe	er la Income er" describe below: al relations with other gov	
	Goodhill, Gina			1		monial Role Othe	er	
	Goodinii, Gina			•		•	tal relations with other gov	
			8800 33	Number	T TOMORION	Of intergovernment	an relations with other gov	
	C. Name of Outside C		91 (fig. 18) 24 (fig. 18)	of Ticket(s)/	Describe t	he public purpose made	pursuant to the agency's polic	
	<u> </u>		240. S.	Passes	d I dia seria di di			
			-					
	Market Market Control of the Control							
			ļ					
_								
•	Verification							
	I have read and understand FF with the requirements.	PPC Regulations 18 7	3944.1	and 1894:	2. I have verified	that the distribution s	set forth above, is in accorda	
					011	of The selfer Offi	à/11/0a	
	Ted Bardacke				Chie	ef Executive Officer	4/4/202	
	Signature of Agency Head or Designee Print Name				THE	# #mon#st# day you		
	Signature or Agency Head-or Desig	nee	Mul	(Nam e		Title	Ymonin, day, yea	