Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: . (month, day, year) 2. Function or Event Information 125.00 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes No 🗆 Event Description: LA Phil Date(s) 02 1 2022 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes No 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 A. of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Income ___ Ceremonial Role Other \square If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. 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 with the requirements.	in accordance
	with the requirements.	7 1

gnature of Agency Head or Designee

Comment: __

Barbara Garcia

Administrative Director

Print Name

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ 213-974-4111 bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information 86.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🗆 Date(s) 02 1 2022 Event Description: LA Phil Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 Was ticket distribution made at the behest Yes ☐ No ■ If yes: _ 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 A. of Ticket(s)/ **Passes** Staff Per ticket policy 5.3 (k) 2 Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) **Passes** 4. Verification

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.

Barbara Garcia

Barbara Garcia

Print Name

Title

FPPC Form 802 (2/2016)

Agency Report of:

	gency Report of. eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	Public Document	
1.	Agency Name				Date Stamp	California 802	
	County of Los Angeles						
	Division, Department, or Reg	100 100				For Official Use Only	
	Board of Supervisor, First D						
	Designated Agency Contact	**					
	Barbara Garcia, Ticket Adm Area Code/Phone Number	inistrator TE-mail			Amendment (Must P	Provide Explanation in Part 3.)	
	213-974-4111	bgarcia@bos.lacou	inty gov		Date of Original Filing:		
	213-374-4111	byarcia@bos.iacoc	inty.gov			(month, day, year)	
2.	Function or Event Infor	mation				284.00	
	Does the agency have a tick	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$	204.00	
	Event Description: LA Phil			Date(s)	, 10 , 2023		
		Provide Title/ Expla		•			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🔳 If	f no:	Name of Source	2	
	Was ticket distribution made	e at the behest Yes	□ No 🔳 If	f yes:	Official's Name (Last, First)		
	of agency official?				Official's Name (Last, First)		
3.	Recipients		7-7-				
•	Use Section A to identify the ager	ncy's department or unit.	Use Section B to i	dentify an individu	ual. Use Section C to identif	y an outside organization.	
	A Name of Agency, Department	Number	Doscribo th	o public purpose made pur	suant to the agency's policy		
	A. Name of Agency, Department	of Ticket(s)/ Passes	Describe til	e public purpose made pur	suant to the agency's policy		
	Staff	2	Per ticket pe	Per ticket policy 5.3 (k)			
			-				
			Number		W-10-10-10-10-10-10-10-10-10-10-10-10-10-		
	B. Name of Ind (Last, Fir		of Ticket(s)/ Passes		Identify one of the f	ollowing:	
				1	nonial Role Other cking "Ceremonial Role" or "Other" de	-	
				Ceren	nonial Role Other	Income	
				If checi	king "Ceremonial Role" or "Other" de.	scribe below:	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's		suant to the agency's policy	
		A STATE OF THE STA					
_	Verification		1				
٠.	I have read and understand FF	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set fo	orth above is in accordance	
	with the requirements.	, c , logalanone , co ,				. 1	
	rack	Barbara Gar	cia	Admi	nistrative Director	3/1/23	
	Signature of Agency Head or Design	nee F	rint Name		Title	(month, day, year)	
	Comment:						

Δ	PI	h	ic	oci	ım	en	1
$\boldsymbol{\mathcal{L}}$				$\mathbf{u}_{\mathbf{v}}$	4111		L

gency Name		Date Stamp	California 802
County of Los Angeles			1 911111
ivision, Department, or Region (if applicable)			For Official Use Only
Board of Supervisor, First District			
esignated Agency Contact (Name, Title)			
Barbara Garcia, Ticket Administrator		☐ Amendment (Must	Provide Explanation in Part 3.)
rea Code/Phone Number E-mail			a pot ment de la figura de adaptir (* 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
13-974-4111 bgarcia@bos.lacou	inty.gov	Date of Original Filing	(month, day, year)
function or Event Information			162.00
Ooes the agency have a ticket policy? Yes	■ No 🗆 F	ace Value of Each Ticket/Pass \$ _	162.00
event Description: LA Phil		Date(s) 02 / 10 / 2023	1 1
Provide Title/ Explai	nation		
icket(s)/Pass(es) provided by agency? Yes [🗌 No 📗 If	Name of Source	
Vas ticket distribution made at the behest Yes[
of agency official?	_ NO ■	yes:Official's Name (Last, First,	
Recipients			
Use Section A to identify the agency's department or unit.		dentify an individual. Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pu	rsuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)	
B. Name of Individual (Last, First)	Number of Ticket(s)/	Identify one of the	following:
(Edds, 7 Hdy	Passes	Ceremonial Role Other Other	
		Ceremonial Role Other Other If checking "Ceremonial Role" or "Other" of	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pu	rsuant to the agency's policy
erification	1 1 100 10	I have verified that the distribution set	forth above, is in accordanc
/erification have read and understand FPPC Regulations 18944 yith)the requirements.	.1 and 18942.		
have read and understand FPPC Regulations 18944		Administrative Director	2/1/22

	eremonial Role Eve	ito ana monet	1 a33 DI311	ibutions		A Public Document
1.	Agency Name				Date Stamp	California 802
	County of Los Angeles					For Official Use Only
	Division, Department, or Re	•				r of Official Ose Offiy
	Board of Supervisor, First					
	Designated Agency Contact	: (Name, Title)				
	Barbara Garcia, Ticket Adr			Amendment (Mus	t Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				
	213-974-4111	bgarcia@bos.lac	ounty.gov	L ^D	ate of Original Filing	(month, day, year)
2.	Function or Event Info	rmation				470.00
	Does the agency have a tic	cket policy? Ye	s ■ No □ F	ace Value of Ead	ch Ticket/Pass \$.	179.00
	Event Description: LA Phil Date(s)				4 , 2023	7 7
	Event Description.	Provide Title/ Exp	Jale(s)			
	Ticket(s)/Pass(es) provided	d by agency? Ye	s 🗌 No 🔳 II	f no:		
					Name of Source	
	Was ticket distribution mad	e at the behest Ye	s 🗌 No 🗐 📙	f yes:	fficial's Name (Last, Firs	<i>t</i>)
	of agency official?				, ,	1
3.	Recipients • Use Section A to identify the age	ency's department or unit.	• Use Section B to i	dentify an individual.	Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Dep	Number of Ticket(s)/ Passes	Describe the pu	iblic purpose made p	ursuant to the agency's policy	
	Staff		2	Per ticket polic	y 5.3 (k)	6
	B. Name of Inc.		Number of Ticket(s)/ Passes		Identify one of the	e following:
			1 43543	Ceremonia If checking "	I Role Other Ceremonial Role" or "Other"	_
	F			Ceremonia	I Role Other Ceremonial Role" or "Other"	
	C. Name of Outside (include address an		Number of Ticket(s)/ Passes	Describe the pu	blic purpose made p	ursuant to the agency's policy

Signature of Agency Head or Designee

Comment: ___

Barbara Garcia

Administrative Director

Print Name

Print

Clear

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Agency Report of: Ceremonial Role Eve	nts and Ticket/	Pass Distri	ibutions	Α	Public Document
1. Agency Name				Date Stamp	California 802
County of Los Angeles			Form OUZ		
Division, Department, or Ro	egion (if applicable)	1	For Official Use Only		
Board of Supervisor, First	District				
Designated Agency Contac	t (Name, Title)	1			
Barbara Garcia, Ticket Ac	ministrator				
Area Code/Phone Number	E-mail			Amendment (Must Pr	rovide Explanation in Part 3.)
213-974-4111	bgarcia@bos.laco	ounty.gov		Date of Original Filing: _	(month, day, year)
2. Function or Event Info	rmation				
Does the agency have a t	icket policy? Yes	No □ F	ace Value of	Each Ticket/Pass \$	179.00
Event Description: LA Ph		130 mm	02	<u>, 14 , 2023</u>	
Event Description.	Provide Title/ Expl	lanation	Date(s)		
Ticket(s)/Pass(es) provide	9 20 1 729 1551		f no:	Name of Source	
Was ticket distribution ma	de at the hehest V				
of agency official?	de at the benest Yes	i⊓ INO ■ "	, j ee	Official's Name (Last, First)	
3. Recipients • Use Section A to identify the ac	ency's department or unit.		dentify an individu	ual. Use Section C to identify	y an outside organization.
A. Name of Agency, De	partment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
Staff	9	2	Per ticket p	olicy 5.3 (k)	
B. Name of Ir		Number of Ticket(s)/ Passes		Identify one of the fo	bllowing:
				nonial Role Other king "Ceremonial Role" or "Other" des	

- 4							
4.	W	ri	۲í	Ca	rti	-	n
~.	w			uc	8 L I	u	

C.

Verification			
I have read and understand FPPC Rewith the requirements	egulations 18944.1 and 18942. I	have verified that the distribution set forth	above, is in accordance
MASS	Barbara Garcia	Administrative Director	3/1/23
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Number

of Ticket(s)/

Ceremonial Role

Other 🔲

Describe the public purpose made pursuant to the agency's policy

If checking "Ceremonial Role" or "Other" describe below:

Income

Name of Outside Organization

(include address and description)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title)

2. Function or Event Information

Area Code/Phone Number

Event Description: LA Phil

B.

213-974-4111

gency Name		Date Stamp California Form 80
ounty of Los Angeles		
vision, Department, or Region (if applicable)		For Official Use Only
oard of Supervisor, First District		
esignated Agency Contact (Name, Title)		
arbara Garcia, Ticket Administrator		Amendment (Must Provide Explanation in Part 3.)
ea Code/Phone Number E-mail		The control of the co
13-974-4111 bgarcia@bos.laco	unty.gov	Date of Original Filing:(month, day, year)
unction or Event Information		100.00
oes the agency have a ticket policy? Yes	■ No□ F	ace Value of Each Ticket/Pass \$169.00
vent Description: LA Phil	D	ate(s) 02 / 16 / 202‡/
Provide Title/ Expla	anation	3.0(0)
cket(s)/Pass(es) provided by agency? Yes	☐ No 🔳 If	Name of Source
(as tighted distribution made at the behavior		
as ticket distribution made at the behest Yes of agency official?	∐ No ■ "	yes:Official's Name (Last, First)
n agency official:		
Recipients		
Use Section A to identify the agency's department or unit.	· Use Section B to ic	entify an individual. Use Section C to identify an outside organization.
Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's police
Staff	2	Per ticket policy 5.3 (k)
	Number	
B. Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other Incom If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Incom If checking "Ceremonial Role" or "Other" describe below:
	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's polic
Name of Outside Organization (include address and description)		

C.	Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Passes	Describe the public purpose made pursu	uant to the agency's policy
Verific	ation				
I have re wi th the	ead and understand FPPC R requirements.	egulations 18944	1.1 and 18942. I	have verified that the distribution set for	th above, is in accordance
M	DXX	Barbara Gard	cia	Administrative Director	3/1/23
Signati	ure of Agency Head or Designee	Р	rint Name	Title	(month, day, year)
Comm	ent:				
	Prin	+ (lear		FPPC Form 802 (2/2016

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
1. Agency Name	Date Stamp	California 802
County of Los Angeles		Form OUZ
Division Department or Region (if applicable)	1	For Official Use Only

١.	County of Los Angeles				Date Stamp	Form 802
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Board of Supervisor, First D	istrict				
	Designated Agency Contact	Name, Title)				
	Barbara Garcia, Ticket Adm	inistrator			Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Wast	Frovide Explanation III Fait 3.)
	213-974-4111	bgarcia@bos.laco	unty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	cet policy? Yes	■ No□ □	Face Value of	Each Ticket/Pass \$ _	284.00
	Event Description: LA Phil			Date(s)02	, 17 , 202	1 1
	Event Decomption.	Provide Title/ Expla	anation			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🔳	f no:	Name of Source	
	Was ticket distribution made	at the behest Voc			Official's Name (Last, First)	
	of agency official?	actio policoc 162	LI NO		Official's Name (Last, First)	
3.	Recipients		k ka ka manana manana ka hari mangan properti			
	Use Section A to identify the agen	cy's department or unit.	• Use Section B to	identify an individu	ıal.	ify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	Staff		2	Per ticket policy 5.3 (k)		
	B. Name of Indi (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the	Income 🗌
				Cerem	nonial Role Other C	Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
4.	Verification		•	•		
	I have read and understand FP	PC Regulations 1894	4.1 and 18942.	I have verified t	hat the distribution set t	forth above, is in accordance
	with the requirements	Barbara Gar	cia	Admi	nistrative Director	3/1/23
	Signature of Agency Head or Design	ee F	Print Name		Title	(month, day, year)
	Comment:					

١.	Agency Name				Date Stamp	California 000
	County of Los Angeles			California 802		
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Board of Supervisor, First D	District				
	Designated Agency Contact					
	Barbara Garcia, Ticket Adm	inistrator				
	Area Code/Phone Number	E-mail	Amendment (Must Provide Explanation in Part 3.)			
	213-974-4111	bgarcia@bos.laco	unty.gov		Date of Original Filing: -	(month, day, year)
2.	Function or Event Infor					274.00
	Does the agency have a tick	ket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	274.00
	9 90 (1997) - W. 1997				<u>, 18 , 2023</u>	
		Provide Title/ Expla	anation			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🔳	f no:	Name of Source	
	Was ticket distribution made	at the beheat		f yes:		
	of agency official?	at the beliest Yes	∐ No ■ '	. yes	Official's Name (Last, First)	······································
	or agonoy omolar.					
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit.	Use Section B to i	dentify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	be the public purpose made pursuant to the agency's policy		
	Staff		2	Per ticket p	olicy 5.3 (k)	
			Number			
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
			of Ticket(s)/		Identify one of the formanial Role Other Sking "Ceremonial Role" or "Other" des	Income _
			of Ticket(s)/	If check	nonial Role Other	Income Income Income
		rganization	of Ticket(s)/	If check	nonial Role Other or "Other" des	Income Cribe below:
	(Last, Fir.	rganization	of Ticket(s)/ Passes Number of Ticket(s)/	If check	nonial Role Other Other Other Caremonial Role Other des	Income Cribe below:

Print

Comment: __

Clear

Print Name

Barbara Garcia

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Administrative Director

Title

Agency Report of: Ceremonial Role Eve	nts and Ticket/P	ass Distr	ributions	Α	Public Document		
Agency Name County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title)				Date Stamp	California 802 Form 809		
Barbara Garcia, Ticket Ad	ministrator		Amendment (Must D	ravida Evalanation in Part 2)			
Area Code/Phone Number	E-mail	E-mail			Amendment (Must Provide Explanation in Part 3.)		
213-974-4111	bgarcia@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)		
2. Function or Event Info	ormation				070.00		
ā 0	Does the agency have a ticket policy? Yes ■ No			Each Ticket/Pass \$	279.00		
Event Description: LA Phi	1		Date(s)02	<u>, 19 , 2023</u>			
	Provide Title/ Explai	nation					
Ticket(s)/Pass(es) provide	d by agency? Yes [□ No 🔳	If no:	Name of Source			
Was ticket distribution made of agency official?	de at the behest Yes [□ No ■	If yes:	Official's Name (Last, First)			
3. Recipients • Use Section A to identify the ag	ency's department or unit.	Use Section B to	identify an individu	ual. Use Section C to identify	y an outside organization.		
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	scribe the public purpose made pursuant to the agency's policy			
Staff		2	Per ticket p	Per ticket policy 5.3 (k)			
B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:			
				nonial Role Other king "Ceremonial Role" or "Other" des			
				nonial Role Other cking "Ceremonial Role" or "Other" des			
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy		
Verification Apave read and understand F	FPPC Regulations 18944	.1 and 18942	I have verified	that the distribution set fo	rth above, is in accordance		
with the requirements.	ia		inistrative Director	31,122			
Signature of Agency Head or Des	gnee Pr	int Name		Title	(month, day, year)		
Comment:	**************************************		5.13 34 PM				

Agency Report of:

Ceremonial	Role	Events	and	Ticket/Pass	Distributions

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	Agency Name			Date Stamp	California OOO	
	County of Los Angeles				Form 8UZ	
	Division, Department, or Region (if applicable)		For Official Use Only			
	Board of Supervisor, First District					
	Designated Agency Contact (Name, Title)					
	Barbara Garcia, Ticket Administrator					
	Area Code/Phone Number E-mail			Amendment (Must)	Provide Explanation in Part 3.)	
	State of the state	unti ani		Date of Original Filings		
	213-974-4111 bgarcia@bos.laco	unty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Information					
	Does the agency have a ticket policy? Yes	. ■ Na □ F	ace Value of	Each Ticket/Pass \$ _	174.00	
	LA DEIL	No ☐ F				
	Event Description: LA Phil Provide Title/ Exp.	□	oate(s)	<u>, 19 , 2022</u>		
		lanation	· ·			
	Ticket(s)/Pass(es) provided by agency? Yes	s□ No ■ If	no:	Name of Source	1 - 1000-011 - 000-01	
	Was ticket distribution made at the behest Yes		yes:			
	of agency official?	. No 🔳	, cc.	Official's Name (Last, First)		
	of agency official:					
3.	Recipients	and the second			The state of the s	
	 Use Section A to identify the agency's department or unit. 	• Use Section B to in	dentify an individu	ıal. Use Section C to identi	fy an outside organization.	
		Number	St. 47 (4 15 15 15 15 15 15 15 15 15 15 15 15 15			
	A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy	
	Staff	F 43565	Per ticket po	olicy 5.3 (k)		
	otan	2	rei licket pi	olicy 5.5 (K)		
			_			
	B. Name of Individual	Number of Ticket(s)/		Identify one of the	following:	
	(Last, First)	Passes				
			Cerem	nonial Role Other	Income	
			If check	ring "Ceremonial Role" or "Other" de	escribe below:	
			Cerem	nonial Role Other	Income	
				ing "Ceremonial Role" or "Other" de		
	Name of Outside Outsid	Number				
	C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe the	e public purpose made pur	rsuant to the agency's policy	
		rasses	853 State (48, 45, 48)			
					No. of the last of	
	Verification					
	I have read and understand FPPC Regulations 1894	4.1 and 18942.	have verified t	hat the distribution set f	orth above, is in accordance	
	with the requirements.		S			
	Barbara Gar	Admi	nistrative Director	3/1/27		
	Signature of Agency Head or Designee		Title	(month, day, year)		
	Comment:					