

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

A Public Document

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|---|----------------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| Los Angeles County | | | |
| Division, Department, or Region (If Applicable) | | | |
| Department of Health Services | | | |
| Designated Agency Contact (Name, Title) | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: 5/10/2023 (Month, Day, Year) | |
| Dr. Christina R. Ghaly, Director | | | |
| Area Code/Phone Number | E-mail | | |
| 213-288-8050 | mmartinez@dhs.lacounty.gov | | |

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 22.00

Event Description Los Angeles County Fair
*Provide Title/Explanation*Date(s) / / / / Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles County Fair Association
*Name of Source*Was ticket distribution made at the behest of agency official? No ☐ Yes ☒If yes: Andrizzi, Gwen
*Official's 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)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---------------------------------------|------------------------------|--|
| Violence Intervention Program (VIP) | 60 | The tickets will be distributed to the youth served by the VIP |
| 1721 Griffin Ave., LA 90031 | | Program |

| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
|--|------------------------------|---|
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | |

| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|--|------------------------------|--|
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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.

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|---|------------------------|----------|--------------------|
|  | Dr. Christina R. Ghaly | Director | 5/10/2023 |
| Signature of Agency Head or Designee | Print Name | Title | (Month, Day, Year) |

Comment: