ionial Role Even	ts and Ticket/	Pass Distri	Dutions	<i>F</i>	A Public Document		
ncy Name		Date Stamp	California 802				
ty of Los Angeles				Form OUZ			
	ion (if applicable)		1	For Official Use Only			
rtment of Youth Develo	ppment						
				Amendment (Must Provide Explanation in Part 3.)			
		unty gov		Date of Original Filing			
			(month, day, year)				
Function or Event Information							
					22		
Description: L.A.Cour	nty Fair	г	Date(s) 05	, 05 , 23	05 , 29 , 23		
Description.	Provide Title/ Exp	lanation	Jaic(3)	·——			
t(s)/Pass(es) provided	by agency? Yes	No 🔲 🏻	f no:				
	at the behest Yes	I No ■ II	yes:	Official's Name (Last, First	<u> </u>		
gency official?							
Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy		
B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the	following:		
				_			
			1		_		
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to the agency's policy			
Healing Dialouge and Action		13	Pursuant to	suant to ticket policy Section 5.3, I			
ication							
	ty of Los Angeles on, Department, or Reg rement of Youth Develor nated Agency Contact ( ery Roman, Executive ( code/Phone Number 47-0639 etion or Event Information agency have a tick (S)/Pass(es) provided (S)/Pass(es) pr	ty of Los Angeles on, Department, or Region (if applicable) rement of Youth Development nated Agency Contact (Name, Title) ery Roman, Executive Assistant Code/Phone Number 47-0639  E-mail 2roman@dyd.lacc ction or Event Information the agency have a ticket policy? Pescription: L.A.County Fair Provide Title/Exp. (s)/Pass(es) provided by agency? Yes cicket distribution made at the behest Yes gency official?  Eipients Section A to identify the agency's department or unit.  Name of Agency, Department or Unit  Name of Individual (Last, First)  Name of Outside Organization (include address and description)  Isling Dialouge and Action	ty of Los Angeles ty of Los Angeles the policy of Los Angeles the poli	ty of Los Angeles  on, Department, or Region (if applicable)  Internet of Youth Development Inated Agency Contact (Name, Title)  ary Roman, Executive Assistant  Code/Phone Number   E-mail   zroman@dyd.lacounty.gov    Internet of E-mail   zroman@dyd.lacounty.gov    Inter	by of Los Angeles by of Los Angeles con, Department, or Region (if applicable) triment of Youth Development transted Agency Contact (Name, Title) stry Roman, Executive Assistant Code/Phone Number 47-0639  Isroman@dyd.lacounty.gov  Istino or Event Information the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$_ Description: L.A.County Fair Provide Title/ Explanation ((s)/Pass(es) provided by agency? Yes No If no:    Name of Source		

### **Agency Report of:**

<u>Ceremon</u>	ial Role Even	ts and Ticket/	Pass Distri	ibutions		A Public Document
. Agency	Name				Date Stamp	California 802
-	f Los Angeles					
Division,	Department, or Regi	on (if applicable)			1	For Official Use Only
Departme	ent of Youth Develo	pment				
Designate	ed Agency Contact (	Name, Title)				
Zachery	Roman, Executive	Assistant			Amendment (Must	Provide Explanation in Part 3.)
Area Cod	e/Phone Number	E-mail			Americanient (mass	Trovide Explanation III Falt 5.
213-647-	0639	zroman@dyd.lac	ounty.gov		Date of Original Filing	:(month, day, year)
. Functio	n or Event Infor	mation				
Does the	agency have a tick	cet policy? Yes	s ■ No □ F	ace Value of I	Each Ticket/Pass \$ _	22
	escription: L.A. Cou					
Event De	escription:	Provide Title/ Exp		Date(s)		
Ticket(s)/	Pass(es) provided			f no:		
					Name of Source	<del></del>
	et distribution made	at the behest Yes	s 🗌 No 🔳 lf	f yes:	Official's Name (Last, First	)
of agen	cy official?				,	
. Recipi	ents	· · · · · · · · · · · · · · · · · · ·				
		cy's department or unit.	• Use Section B to i	dentify an individu	ıal. Use Section C to ident	tify an outside organization.
			Number			
A.	Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pu	irsuant to the agency's policy
В.	Name of Indi	vidual	Number of Ticket(s)/		Identify one of the	following
	(Last, Firs	st)	Passes		identity one of the	
				1	onial Role  Other	
				If check	ing "Ceremonial Role" or "Other" o	lescribe below:
	·					
				T .	onial Role Other	
				If check	ring "Ceremonial Role" or "Other" d	lescribe below:
			ļ			
C.	Name of Outside O		Number of Ticket(s)/	Describe the	e public purpose made pu	rsuant to the agency's policy
	(include address and	description)	Passes			
Alma F	amily Services (AF	S)	6	Pursuant to	ticket policy Section	5.3.1
			1	Ì		
. Verifica	tion					
		PC Regulations 189	44.1 and 18942.	I have verified t	hat the distribution set	forth above, is in accordance
with the re	guirements.					
15	Mr.	Zachery Ro	man	Exec	utive Assistant	05/15/23
Signature	of Agency Head or Design		Print Name		Title	(month, day, year)
Commer		n Aberra to hand o	uı			
COMME	IL.					

Clear

A F	<sup>2</sup> u	b	lic	Do	cu	me	nt
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4	A 11	· · · · · · · · · · · · · · · · · · ·				
١.	Agency Name				Date Stamp	California 802
	County of Los Angeles	•				Form OUZ
	Division, Department, or Reg					For Official Use Only
	Department of Youth Develo	•				
	Designated Agency Contact	(Name, Title)				
	Zachery Roman, Executive	Assistant			Amendment (Must P	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			_	· 1
	213-647-0639	zroman@dyd.lacou	inty.gov		Date of Original Filing:	(month, day, year)
2.	<b>Function or Event Infor</b>	mation				5.74
	Does the agency have a ticl	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$	22
	Event Description: L.A. Cou	ınty Fair				
	Tipkot(a)/Dogg(ag) provided	Provide Title/ Explai		<b>.</b>		
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No □ If	r no:	Name of Source	
	Was ticket distribution made	at the behest Ves I	T No ■ H	f yes: ———		
	of agency official?	, at 1110 polloge 162 [	NO "	yes. ———	Official's Name (Last, First)	
3.	Recipients					
	<ul> <li>Use Section A to identify the agen</li> </ul>	cy's department or unit.	Use Section B to i	dentify an individu	al. Use Section C to identif	y an outside organization.
	Δ Name of Agency, Depa	ortmont or Unit	Number	Describe 4h		
	A. Name of Agency, Depa	runent or onit	of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
			Number			
	B. Name of Indi		of Ticket(s)/ Passes		Identify one of the fo	ollowing:
			1 40000	Corom	onial Role Other	Income
			,	1	ing "Ceremonial Role" or "Other" des	
		-				
					onial Role Other Other ing "Ceremonial Role" or "Other" des	
			Number			
	C. Name of Outside O		of Ticket(s)/	Describe the	public purpose made purs	suant to the agency's policy
			Passes			
	Asian Youth Center (AYC)	)	6	Pursuant to	ticket policy Section 5	.3. I
	Verification					
	I have read and understand FP	PC Regulations 18944.	1 and 18942.	l have verified ti	hat the distribution set fo	rth above, is in accordance
	with the requirements.					
	700	Zachery Roma	an	Execu	utive Assistant	05/15/23
	Signature of Agency Head or Design	ee Pri	int Name		Title	(month, day, year)
		n Aberra to hand out				
	Comment:					

Λ	D.	ubl	lic	D	cu	m	mi
$\sim$	ГΙ	וטוט		U	JUU	HIIL	:

1.	Agency Name	_			Date Stamp	California Q02	
	County of Los Angeles					Form OUZ	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Department of Youth Develo	pment					
	<b>Designated Agency Contact</b> (	Name, Title)			1		
	Zachery Roman, Executive	Assistant			Amendment (Must P	ovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Amendment (wastr)	ovide Explanation in Falt 3.)	
	213-647-0639	zroman@dyd.lacou	ınty.gov		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Information	mation					
	Does the agency have a tick	cet policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	22	
	Event Description: L.A. Cou	nty Fair		Date(s)			
	Ticket(s)/Pass(es) provided	Provide Title/ Expla		f no:			
	Ticket(s)/1 ass(es) provided	by agency: fes	INO L	1110	Name of Source		
	Was ticket distribution made	at the behest Yes	□ No ■ I	f yes:	Official's Name // not First)		
	of agency official?				Oniciai's Name (Last, First)		
3.	Recipients				· · · · · · · · · · · · · · · · · · ·		
	-	cy's department or unit. •	Use Section B to i	identify an individu	ial. Use Section C to identify	an outside organization.	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe the	e public purpose made purs	uant to the agency's policy	
			Passes		- panto parposo mado paro	autitio ino agono, o poney	
						•	
			Number	E			
	B. Name of Indi		of Ticket(s)/		Identify one of the fo	llowing:	
		-4.	F 03363	Corom	onial Role Other	Incomo 🗆	
					ing "Ceremonial Role" or "Other" desi		
				Cerem	onial Role Other	Income	
					ing "Ceremonial Role" or "Other" des		
	C. Name of Outside O		Number of Ticket(s)/	Describe the	public purpose made purs	uant to the agency's policy	
	(include audress and	description)	Passes			ket/Pass \$	
	California Conference for	Equality & Justice	7	Pursuant to	ticket policy Section 5.	3, 1	
	<del></del>				<del></del>		
1.	Verification						
••		PC Regulations 18944	.1 and 18942.	I have verified t	hat the distribution set for	th above, is in accordance	
	with the equirements.						
	X/VE	Zachery Rom	ian	Execu	utive Assistant	05/15/23	
	Signature of Agency Head or Design	ee P n Aberra to hand out	rint Name	,	Title	(month, day, year)	
	Comment:	ii Abelia to fianti ou	•				
	Commont.		_				

### Agency Report of:

Cerem	onial Role Even	ts and Ticket/	Pass Distr	ibutions		Public Document
1. Agen	cy Name		Date Stamp	California 802		
	ty of Los Angeles					Form OUZ
Divisio	on, Department, or Reg	ion (if applicable)			1	For Official Use Only
Depar	tment of Youth Develo	pment				
	nated Agency Contact	•			1	
Zache	ery Roman, Executive	Assistant				
	ode/Phone Number	E-mail			Amendment (Must I	Provide Explanation in Part 3.)
213-6	47-0639	zroman@dyd.laco	ounty gov		Date of Original Filing:	
2.00		2roman@aya.iaca	ounty.gov		Date of Originar Filing.	(month, day, year)
2. Func	tion or Event Infor	mation				
Does	the agency have a tick	et policy?	s ■ No □ F	ace Value of	Each Ticket/Pass \$ _	22
Event	Description: L.A. Cou	Provide Title/ Exp	Janatian [	Date(s)		
Ticket	(s)/Pass(es) provided			f no:		
TIONOL	(5)/1 d33(C3) provided	by agency: 168	NO LI	1110.	Name of Source	
Was ti	cket distribution made	at the behest Yes	No.■ I	f yes:		
	ency official?	100		. you	Official's Name (Last, First)	
_						
	ipients Section A to identify the agen	cy's department or unit.	• Use Section B to i	identify an individu	al. Use Section C to identi	fy an outside organization.
Α.	Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
В.	Name of Indi	vidual	Number of Ticket(s)/		Identify one of the f	ollowing
	(Last, Firs	st)	Passes			
				1	onial Role  Other  Other  or "Other" de	
				1	onial Role Other ing "Ceremonial Role" or "Other" de	
C.	Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
Cent	tinela Youth Services (	(CYS)	7	Pursuant to	ticket policy Section 5	.3, I
J. Verific						
I have r		PC Regulations 1894	4.1 and 18942.	I have verified ti	hat the distribution set fo	orth above, is in accordance
15	M-	Zachery Ror	man	Execu	ıtive Assistant	05/15/23
Signal	lure of Agency Head or Designe Provided to Eder	n Aberra to hand ou	Print Name		Title	(month, day, year)
0		ו השפוום נט וומווט 10	11			
Comm	nent:					<u> </u>

**A Public Document** 

1.	Agency Name		Date Stamp California Q 0 2					
	County of Los Angeles					Form OUZ		
	Division, Department, or Reg	ion (if applicable)				For Official Use Only		
	Department of Youth Develo	ppment						
	Designated Agency Contact	(Name, Title)						
	Zachery Roman, Executive	Assistant			Amendment (14:115	ouide Eunion-H i- C + C +		
	Area Code/Phone Number	E-mail			Amendment (Must Pi	ovide Explanation in Part 3.)		
	213-647-0639	zroman@dyd.lacou	inty.gov		Date of Original Filing: _	(month, day, year)		
2.	Function or Event Infor	mation				10000		
	Does the agency have a tick	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$	22		
	Event Description: L.A. Cou			Data(a)				
	Event Description.	Provide Title/ Explai	nation	Date(s)	<del></del>			
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🗆 If	f no:				
					Name of Source			
	Was ticket distribution made	at the behest Yes [	f 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 i	dentify an individu	al. Use Section C to identify	an outside organization.		
	A Name of Access Depart	odmond on Hold	Number	Describe 4b				
	A. Name of Agency, Depa	of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy				
	-							
				1				
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the fo	llowing:		
	(Last, Fire		Passes		identity one of the lo	nowing.		
	·			Cerem	onial Role 🔲 Other 🔲	Income		
				If check	ing "Ceremonial Role" or "Other" desc	cribe below:		
				Cerem	onial Role 🔲 Other 🔲	Income		
				If check	ing "Ceremonial Role" or "Other" desc	cribe below:		
	C. Name of Outside O		Number of Ticket(s)/	Describe the	e public purpose made purs	uant to the agency's policy		
	(include address and	description)	Passes			3,		
	Flintridge Center		6	Pursuant to	ticket policy Section 5.	3. I		
				1				
4.	Verification							
	I have read and understand FP	PC Regulations 18944	.1 and 18942.	I have verified t	hat the distribution set for	th above, is in accordance		
	with the requirements.	7.4		_				
		Zachery Rom		Execu	utive Assistant	05/15/23		
	Signature of Agency Head or Design Provided to Ede	ee	rint Name		Title	(month, day, year)		
	Comment:							
						<del></del>		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions		A Public Doo	cument
1. Agency Name	Date Stamp	California	202
County of Los Angeles		II OILIII	
Division, Department, or Region (if applicable)		For Official \	Jse Only
Department of Youth Development			

County of Los	s Angeles					Form OOL	
Division, Depa	ırtment, or Regi	on (if applicable)		1	For Official Use Only		
Department o	of Youth Develo	pment					
Designated Ag	gency Contact (	Name, Title)			`		
Zachery Rom	an, Executive	Assistant			Amendment (Must	Provide Explanation in Part 3.)	
Area Code/Pho	one Number	E-mail					
213-647-0639	9	zroman@dyd.lac	ounty.gov		Date of Original Filing	:(month, day, year)	
2. Function o	Event Inform	nation				22	
Does the age	ncy have a tick	et policy? Ye	s 🔳 No 🗌 🛭 F	Face Value of	Each Ticket/Pass \$ _		
Event Descrip	otion: L.A. Cou	nty Fair		Date(s)			
Ticket(s)/Pass	s(es) provided	Provide Title/ Exp by agency? Ye	•	f no:	·		
					Name of Source		
Was ticket dis of agency of		at the behest Ye	s 🗌 No 🔳 🦠	f yes: ———	Official's Name (Last, First,	)	
3. Recipients	<u>.</u>						
•		cy's department or unit.	• Use Section B to i	identify an individ	ual. Use Section C to ident	tify an outside organization.	
A. Nam	ne of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe th	e public purpose made pu	ursuant to the agency's policy	
Λ.			Passes				
		·					
<b>D</b>	Name of Indi		Number		Libraria and all the	5-11	
В.	(Last, First		of Ticket(s)/ Passes		Identify one of the	rollowing:	
					nonial Role Other of the Color		
				1	nonial Role Other		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's po		
Inside Out	Writers		5	Pursuant to	ticket policy Section	5.3, I	
	· · · · · · · · · · · · · · · · · · ·						
	·						
I have read an	d understand FP	PPC Regulations 189	944.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance	
with the require	ements.	Zachery Ro	oman	Fyer	utive Assistant	05/15/23	
Signatura of to	ency Head or Design		Print Name		Title	(month, day, year)	
P	rovided to Ede	n Aberra to hand			1140	(	
Comment: _	·						

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**A Public Document** 

١.	Agency Name			·····	Date Stamp	California 802
	County of Los Angeles					TOTAL COL
	Division, Department, or Reg	ion (if applicable)			] .	For Official Use Only
	Department of Youth Develo	opment				
	<b>Designated Agency Contact</b> (	Name, Title)				
	Zachery Roman, Executive	Assistant			Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				and Explanation in Fact Sty
	213-647-0639	zroman@dyd.laco	unty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				22
	Does the agency have a tick	ket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	22
	Event Description: L.A. Cou	ınty Fair	D	ate(s)		<u> </u>
	Event Becomption:	Provide Title/ Expla	anation			
	Ticket(s)/Pass(es) provided	by agency? Yes	■ No 🗆 If	no:		
	Mos tisket distribution made	at the beheat			Name of Source	
	Was ticket distribution made of agency official?	at the benest Yes	Li No ■ II	yes:	Official's Name (Last, First)	
	or agency officials					
3.	Recipients					
	<ul> <li>Use Section A to identify the agen</li> </ul>	ncy's department or unit.	Use Section B to id	dentify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	Describe th	e public purpose made purs	uant to the agency's policy
	A		Passes		1	
			<u> </u>			
	B. Name of Indi		Number of Ticket(s)/		Identify one of the fol	lowing:
	(Last, Fire	st)	Passes			
					nonial Role Other C	Income Income
	<del></del>					
					nonial Role Other Other king "Ceremonial Role" or "Other" desc	Income Income
	Name of October 0		Number			
	C. Name of Outside O (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	PCS Family Services (PC	S)	6	Pursuant to	ticket policy Section 5.	3, I
			1			
4	Verification					
••	I have read and understand FF	PPC Regulations 1894	4.1 and 18942	I have verified	that the distribution set for	th above, is in accordance
	with the requirements.	,				, ,
	1401	Zachery Ron	nan	Exec	utive Assistant	05/15/23
	Signature of Agency Head or Design		Print Name		Title	(month, day, year)
		n Aberra to hand ou	it			
	Comment:					

Clear

## Agency Report of:

agoney rep			
Ceremonial	Role Events and	Ticket/Pass	<b>Distributions</b>

**A Public Document** 

١.	Agency Name	· · · · · · · · · · · · · · · · · · ·			Date Stamp	California OOO			
	County of Los Angeles			Form 8UZ					
	Division, Department, or Reg	ion (if applicable)		For Official Use Only					
	Department of Youth Develo	ppment							
	<b>Designated Agency Contact</b>	Name, Title)							
	Zachery Roman, Executive	ery Roman, Executive Assistant				D Amandmant (that Smith End at 1 2 4 2)			
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)				
	213-647-0639	zroman@dyd.lac	ounty.gov		Date of Original Filing:	(month, day, year)			
2.	Function or Event Information	mation			12 30017	0.00			
	Does the agency have a ticket policy? Yes ■ No □ Face Value of Each Ticket/Pass \$					22			
	Event Description: L.A. County Fair Date(s)								
	Ticket(s)/Pass(es) provided	Provide Title/ Ex		no:					
	nonot(o)n ass(es) provided	by agency: Te	2   140   11	110	Name of Source				
	Was ticket distribution made	at the behest Ye	s □ No ■ If	yes:	Official's Name (Last, First)				
	of agency official?				Official's Name (Last, Pirst)				
3.	Recipients  • Use Section A to identify the agency's department or unit.  • U  A. Name of Agency, Department or Unit		Number of Ticket(s)/		fy an individual. Use Section C to identify an outside organization.  Describe the public purpose made pursuant to the agency's policy				
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the follonial Role Other ing "Ceremonial Role" or "Other" descr	Income 🔲			
				1	onial Role Other Oing "Ceremonial Role" or "Other" descri	Income In			
		Name of Outside Organization (include address and description)  Number of Ticket(s)/ Passes  Describe the		e public purpose made pursuant to the agency's policy					
	Soledad Enrichment Actio	n (SEA)	6	Pursuant to	ticket policy Section 5.3	3, 1			
	Verification I have read and understand FP with the requirements. Signature of Agency Head or Design	Zachery Ro	oman Print Name		hat the distribution set fort utive Assistant	th above, is in accordance  05/15/23  (month, day, year)			
6	0	n Aberra to hand o							

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form For Official Use Only Division, Department, or Region (if applicable) Department of Youth Development **Designated Agency Contact (Name, Title)** Zachery Roman, Executive Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 213-647-0639 zroman@dyd.lacounty.gov Date of Original Filing: ... (month, day, year) 2. Function or Event Information 22 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_\_ Yes ■ No □ Event Description: L.A. County Fair Date(s) \_\_\_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes No 🔲 Name of Source 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 Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes 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: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Youth Advocates Program (YAP) 6 Pursuant to ticket policy Section 5.3, I

4.	V					

Comment:

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.

	Zachery Roman	Executive Assistant		
Signature of Agency Head or Designee	Print Name	Title		

Clear

(month, day, year)

05/15/23

Provided to Eden Aberra to hand out