

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
Board of Supervisor, First District			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	bgarcia@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 22.00

Event Description: Pomona Fairplex Date(s) 05 / 05 / 2023 05 / 29 / 2023

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

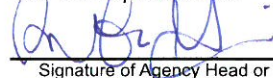
3. Recipients

• 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	6	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	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)/ Passes	Describe the public purpose made pursuant to the agency's policy

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.


 Barbara Garcia Administrative Director 5/25/2023
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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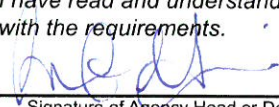
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	5	Per ticket policy 5.3 (k)

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
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Staff	10	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
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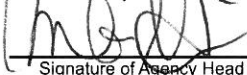
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Staff	3	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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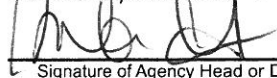
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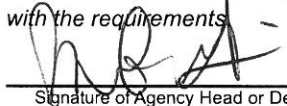
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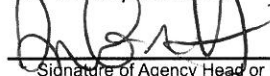
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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
Board of Supervisor, First District			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	bgarcia@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 22.00

Event Description: Pomona Fairplex Date(s) 05 / 05 / 2023 05 / 29 / 2023
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
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)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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.


 Barbara Garcia Administrative Director 5/25/2023
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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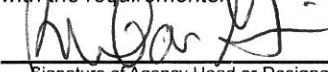
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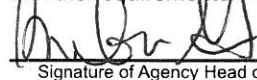
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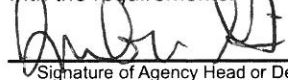
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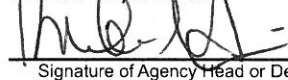
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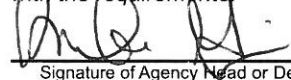
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Designated Agency Contact <i>(Name, Title)</i> Barbara Garcia, Ticket Administrator			<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>
Area Code/Phone Number 213-974-4111	E-mail bgarcia@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Event Description: <u>Pomona Fairplex</u> <div style="text-align: center; font-size: small;"><i>Provide Title/ Explanation</i></div>	Face Value of Each Ticket/Pass \$ <u>22.00</u> Date(s) <u>05</u> / <u>05</u> / <u>2023</u> <u>05</u> / <u>29</u> / <u>2023</u> Ticket(s)/Pass(es) provided by agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no: _____ <div style="text-align: center; font-size: small;"><i>Name of Source</i></div>
Was ticket distribution made at the behest of agency official? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes: _____ <div style="text-align: center; font-size: small;"><i>Official's Name (Last, First)</i></div>

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)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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.

	Barbara Garcia	Administrative Director	5/25/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment:

Print

Clear

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
Board of Supervisor, First District			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	bgarcia@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 22.00

Event Description: Pomona Fairplex Date(s) 05 / 05 / 2023 05 / 29 / 2023

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

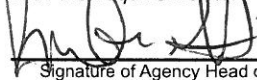
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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
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B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
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 Barbara Garcia Administrative Director 5/25/2023
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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Provide Title/ Explanation

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Official's Name (Last, First)

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B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
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 Barbara Garcia Administrative Director 5/25/2023
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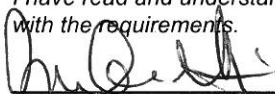
3. Recipients

• 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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 Signature of Agency Head or Designee
 Barbara Garcia
 Print Name
 Administrative Director
 Title
 5/25/2023
 (month, day, year)

Comment: _____

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Area Code/Phone Number	E-mail		
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Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 22.00

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Provide Title/ Explanation

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Official's Name (Last, First)

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• 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.

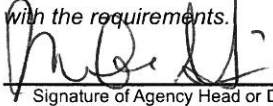
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	4	Per ticket policy 5.3 (k)

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
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 Barbara Garcia Administrative Director 5/25/2023
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

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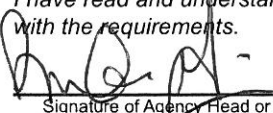
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 Signature of Agency Head or Designee
 Barbara Garcia
 Print Name
 Administrative Director
 Title
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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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 Signature of Agency Head or Designee

Barbara Garcia
 Print Name

Administrative Director
 Title

5/25/2023
 (month, day, year)

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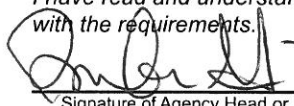
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 Barbara Garcia
 Administrative Director
 5/25/2023
Signature of Agency Head or Designee
Print Name
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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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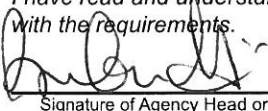
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Print Name

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Board of Supervisor, First District

Designated Agency Contact (Name, Title)

Barbara Garcia, Ticket Administrator

Area Code/Phone Number

213-974-4111

E-mail

bgarcia@bos.lacounty.gov

Date Stamp

California
Form

802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Yes ☒ No ☐

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Event Description: Pomona Fairplex

Provide Title/Explanation

Date(s) 05 / 05 / 2022 05 / 29 / 2022

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Yes ☐ No ☒

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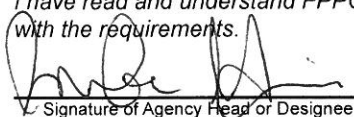
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